Somewhere Safe to Call Home:

Violence Against Women During Homelessness

By Suellen Murray

Centre for Applied Social Research, RMIT University

THE SALVATION ARMY
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RMIT UNIVERSITY

Copies of this publication can be obtained from:

The Salvation Army Crisis Services:

29 Grey Street,St Kilda VIC 3182

PO Box 2027, St Kilda VIC 3182

Telephone (03) 9536 7777

Facsimile (03) 9536 7778

Free Call 1800 627 727

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Dr. Suellen Murray
Senior Research Fellow
Centre for Applied Social Research, RMIT University
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Abbreviations

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
DHS	Department of Human Services
OoH	Office of Housing
SAAP	Supported Accommodation Assistance Program
THM	Transitional Housing Management (transitional housing)
TSA	The Salvation Army

Executive Summary

This report is based on face-to-face interviews with 29 Victorian women aged from 19 to 54 years who had recently experienced homelessness. The majority of the women had experienced long-term or chronic homelessness and violence was the primary reason that had precipitated homelessness. For all 29 women, violence had also been a part of their experience of being homeless and this report focuses on their experiences of violence during homelessness. The report also considers the impact of this violence on their health, their attempts to seek support, and policy and practice change that would improve the circumstances of women who are homeless and prevent violence against them. This study grew out of discussions with staff at The Salvation Army Crisis Services in St Kilda about their awareness of violence that many women experience during homelessness.

All of the women interviewed described violence and intimidation that occurred during homelessness. This violence was sometimes a continuation of violence they had experienced prior to becoming homeless and most women had experienced violence from within the environment of homelessness. While much of this violence was perpetrated by male co-residents in the form of sexual violence and intimidation, other violence was perpetrated by both men and women and included physical assaults and harassment. The women reported a generalised sense of lack of safety derived from both their experiences of violence and in witnessing it around them. Of particular concern were private rooming houses, to which women are often referred when no other crisis accommodation is available. They also expressed concern for their safety in future long-term housing.

Mental ill-health, including depression and anxiety, emerged most strongly as the way in which women's health was affected. For some women, homelessness had exacerbated pre-existing mental health issues; for others, homelessness was a contributing factor to their mental ill-health.

The women interviewed sought assistance in response to violence as well as in relation to other matters such as housing and other practical issues, mental ill-health, and problematic drug and alcohol use. In relation to violence, few positive responses were reported. However, the women did report positive experiences of seeking assistance for other matters, and characteristic of these positive responses was a sense of being cared about and being treated respectfully, as well as resources being available to assist them. Two issues stood out as the greatest concerns in relation to the provision of support. First, the women reported a lack of safe accommodation at all points of the service system – crisis, transitional and long-term. Second, the overwhelming demand for services meant that once women gained entry to the crisis accommodation services, their access to support was typically time and resource-limited. Being unable to access crisis accommodation or to obtain the support that they needed meant that opportunities for early intervention were lost.

Australian and Victorian public policy frames responses to homelessness in terms of access to safe, supported and secure accommodation. This study builds on previous research that indicates that there are major concerns in relation to the quality of these responses. This study demonstrates that safety is a major issue for women during homelessness. The violence that they experience during (and prior to) homelessness requires responses that address the trauma of these experiences as well as the more practical aspects of obtaining and maintaining housing. What the women who were interviewed spoke about was the need for respectful, long-term support that was tailored to individual women's circumstances. Furthermore, among the women interviewed, there was a strong desire to gain long-term, secure housing. However, many were stalled in transitional and other temporary housing with their lives on hold. Overshadowing their lives was the fear that they would end up in public housing that was also unsafe.

The women interviewed in this study send a strong message that the homelessness service system could be significantly improved. They experienced it as unsafe and inadequately resourced for supporting them to deal with their significant issues in a timely manner.

Recommendations

This report reiterates some of the recommendations that have been made in other recent reports (e.g., Chamberlain, Johnson & Theobald, 2007; Parkinson, 2004; Tually et al, 2008). Furthermore, it affirms the strategies outlined in

the Australian Government's approach to homelessness (Homelessness Taskforce, 2008) while, at the same time, highlighting the need to pay more attention to gender.

The most direct way of preventing violence is to provide safe accommodation. Addressing the inadequate resourcing of the homelessness service sector and increasing public housing stock would have a significant impact on the incidence of violence against women. Given the complexity of the issues faced by many of these women, including the cumulative trauma of violence perpetrated against them, there is clearly a strong need for more intensive resourcing of support services. It must be noted though, that additional funds will be required, rather than the sharing of existing resources. Existing domestic violence services and services for single and young women are already over-stretched.

Increase availability of women's crisis and transitional accommodation

Homeless women are currently being referred to rooming houses because there is no other accommodation available. Rooming houses can be unsafe and put women at risk of violence, intimidation and harassment. The alternatives to rooming houses, such as sleeping rough, can be at least as dangerous. There is an urgent need to increase the availability of women's crisis accommodation, and transitional and other forms of supported housing.

Address quantity and quality of public housing

Due to the limited availability of public housing stock, women who are fortunate enough to make it into transitional housing may then remain there with their lives on hold for long periods of time. Alternatively, they may be living long-term in rooming houses or other unsuitable accommodation awaiting re-housing. However, there are also grave concerns about the safety of some public housing estates, particularly those that are most readily available due to high tenant turnover. There is an urgent need to address the quantity and quality of public housing.

Increase resourcing of long-term support

Once women gain entry to homelessness services, their access to support is typically limited by time and resources. While the women interviewed reported many positive experiences of assistance, there is a need for long-term support that is respectful, enables long-term engagement and is relevant to individual women's needs. Given the

complexity of the issues faced by many of these women – dealing with the trauma of sexual abuse, sexual assault and domestic violence; addressing problematic drug and alcohol use and mental health issues; as well as developing practical day-to-day living skills – there is clearly a strong need for more intensive resourcing of support services.

Enhance early intervention responses

Nearly two-thirds of the group of women interviewed had first experienced homelessness when they were 18 years or younger and many had become chronically homeless or experienced repeated episodes of homelessness. The longer the women stayed homeless, the greater the risk of their exposure to violence, intimidation and harassment, and the greater the subsequent effects on their mental and physical health. To prevent this long-term homelessness and risk of violence, early intervention responses that have the capacity to produce sustainable, long-term outcomes should be in place. Part of this early intervention response is to ensure that those agencies most likely to encounter women at risk of homelessness are able to assist them or refer them to services where they can receive support.

Improve police responses to violence against homeless women

The women in this study reported examples of poor police responses to violence perpetrated against them while homeless. While it is acknowledged that legislation and policy guiding police work in Victoria has improved in recent times, there is still a need to ensure that those women who are most marginalised, including those who are homeless and have mental health issues, receive respectful and sensitive responses that address the violence that has been perpetrated against them.

Chapter 1: Background to the research

1.1 Introduction

Fran is 19 years old and, when interviewed, was living in a youth crisis accommodation service. Prior to coming to the service she had been living in a rooming house but her tenancy had broken down, at least partly because of harassment from her landlord. She had been living away from her family home for several years and was unable to return due to conflict between herself and other family members, and that conflict had escalated to violence on a recent visit. She had previously received assistance from homelessness support agencies but was unable to secure long-term housing. 'All I want,' Fran said, 'is somewhere safe to call home,' a request reiterated by all of the women in this study.

This report is based on face-to-face interviews with 29 women aged 19 to 54 years who had recently experienced homelessness. Unlike other studies, which have paid attention to particular groups of women, this research included women escaping domestic violence (or family violence, as it is also known), young women and single women. Many of the women had been homeless for extended periods of time over many years. For the majority of these women, violence had been the primary reason that had precipitated homelessness. For all 29 women, violence had also been a part of their experience of being homeless and this report focuses on their experiences of violence during homelessness.

The report also considers the impact of violence on their health, their attempts to seek support, and policy and practice change that would improve their circumstances.

This study grew out of discussions with staff at The Salvation Army (TSA) Crisis Services about their awareness of violence that Fran and many other women experience during homelessness. While there has been acknowledgment of violence against women during homelessness (e.g., Casey, 2002b; Chamberlain, Johnson & Theobald, 2007; D'Rozario, 2007; HomeGround Services, 2004; Johnson, Gronda & Coutts, 2008; Parkinson, 2004) there have been no detailed studies undertaken in Victoria that specifically consider women's experiences of violence in these circumstances. This study:

- explores the nature of violence against women during homelessness

- identifies the impacts of violence on their health

- examines the support that they had received in response to the violence, and

- recommends policy and practice change to reduce violence against women during homelessness.

1.2 Homelessness and violence against women

This section begins by providing a conceptual framework for understanding homelessness, followed by a brief literature review that contextualises the experiences of the women described in this report over the following chapters. It concludes by outlining the Victorian homelessness service system.

1.2.1 Homelessness and women

While it is acknowledged that there is a range of ways of understanding homelessness, the cultural definition of homelessness developed by Chamberlain and MacKenzie (1992) informs this report. This definition is widely accepted in Australia and is used by the Australian Bureau of Statistics (ABS) to quantify the number of homeless people. This definition assesses the available accommodation against prevailing community standards so that a person living in a private rooming house (also known as a boarding house) without their own kitchen and bathroom facilities is regarded as experiencing tertiary homelessness. People who stay with friends or family because they have no accommodation of their own or use emergency accommodation such as refuges and hostels are categorised as experiencing secondary homelessness. Primary homelessness includes the experiences of people living on the street, sleeping in cars or squatting (AIHW, 2007; Sharam, 2008). At the time of the 2006 Census, there were over 9,200 homeless females in Victoria, 45 per cent of the total homeless population in that state (Chamberlain & MacKenzie, 2009).

The cultural definition, however, does not describe the qualitative experience of being homeless across time. Robinson notes the importance of recognising 'iterative homelessness', or 'where there are trajectories of unstable and often unsafe accommodation constituted by *repeated* movement through many different forms of accommodation'. She stresses the significance of the experience of homelessness characterised by 'constant movement and continued vulnerability' (Robinson, 2003b, p. 15, her italics).

Casey (2002a; 2002b) describes three categories of experiences of homelessness across time. These categories are related to pathways into homelessness

and the subsequent experience of homelessness. Chronic homelessness describes the experiences of women who first become homeless as children or young people and for whom there has been no significant experience of home as an adult. Long-term homelessness is experienced by women who had previously lived independently but, due to a series of crises during their adult lives and an extended period of being at risk of homelessness, became homeless. Women experiencing long-term and chronic homelessness are most likely to have a range of complex issues such as histories of sexual abuse and/or domestic violence, problematic drug and alcohol use and mental ill-health. Responding to their homelessness requires not only providing them with assistance to obtain and maintain housing, but also providing other forms of long-term support. Situational homelessness occurs in response to an acute crisis and with early, short-term intervention and access to affordable housing, women in these situations are most likely to re-establish independent living.

Each of these categories can in turn be considered in terms of pathways into homelessness which describe the particular precipitating factors such as a housing crisis, domestic violence, mental ill-health or substance abuse, or homelessness first experienced as a young person (Johnson, Gronda & Coutts, 2008). These various categorisations will be used in chapter 2 to describe the interviewees' experiences of homelessness.

In addition to the number of homeless people identified in the census there is also data from the use of homelessness services. Over 24,000 women sought assistance from Supported Accommodation Assistance Program (SAAP)–funded homelessness services in Victoria during the year 2006–07 and each received, on average, 1.83 periods of support. The primary reason for women seeking assistance was in relation to domestic and family violence (22 per cent of all support periods) (Australian Institute of Health and Welfare (AIHW), 2008, pp. 9, 11, 16). Despite nearly two-thirds (63.6 per cent) of those seeking homelessness support being women, there is an ongoing concern about the 'invisibility' of women as a category of homeless people (AIHW, 2008, p. 16; Mason, 2007; Robinson & Searby, 2006; Sharam, 2008).

In relation to women's homelessness services, the emphasis in Australian public policy is on women with children who require immediate assistance as a result of domestic violence. In contrast, there are few services for single women (some of whom may not actually be

'single', but rather have had their children removed into state care). Single women – or, in fact, any women – cannot access domestic violence services if they are not in 'immediate danger from domestic violence' although, as noted by Robinson & Searby (2006, p. 16), they may be in danger of 'immediate violence of other kinds'. There is also reluctance to accommodate single women in specialist domestic violence services because of a preference for accepting women with accompanying children and a concern that, typically, this group has complex mental health and/or drug and alcohol issues that service workers are not resourced to address (Robinson & Searby, 2006). As noted by Grigg and Johnson (2007, p. 9):

with SAAP resources concentrated in the domestic violence sector, there are very few services for women with broader issues. As a result, many women, particularly those whose biographies are characterised by ongoing violence throughout their lives, get stuck in the homeless population where their problems tend to get even worse and more complex to resolve.

As Robinson & Searby (2006, p. 16) have stated, these concerns about the way in which the service system deals with women not in immediate danger from domestic violence:

is not intended as an attack on the domestic violence sector but instead should be seen as an attempt to examine why single homeless women remain hidden on the streets as well as in advocacy and policy … single homeless women deserve a greater voice in the landscape of homelessness and deserve the same capacity for an immediate emergency service response as those women escaping domestic violence, given their similar contexts of risk of harm.

However, others have argued that women escaping domestic violence face a similar predicament. Even though there is a specialist service system, there is 'an increasing number of women and children who because of domestic and family violence find themselves unintentionally homeless or living in inappropriate accommodation – couch surfing, living in a car, sub-standard accommodation, in caravan parks or boarding houses'. They too become 'invisible' because there are insufficient services to assist them (Tually et al, 2008, p. 2). The women interviewed for this study included women who had not made it into specialist domestic violence services as well as single women who were unable to access the limited number of services available to them.

1.2.2 Violence and homelessness

Violence is often a part of the lives of women who experience homelessness. The majority of the women interviewed in this study first became homeless because of violence, either as a result of violence in an intimate relationship or in their family of origin. There is already a considerable body of research concerned with women's experiences of violence as the cause of homelessness (e.g., Chung et al, 2000; Edwards et al, 2003; Rosenthal, Mallett & Myers, 2006; Tually et al, 2008). Half of all women using SAAP services attribute their homelessness to violence (AIHW, 2001; Homelessness Taskforce, 2008). The other half become homeless for reasons that are not necessarily violence-related such as a financial crisis or the breakdown of a relationship.

After becoming homeless, women often experience violence and intimidation or live with the fear of violence and a lack of safety. Various authors have acknowledged women's experiences of violence during homelessness. Chamberlain, Johnson and Theobald (2007) noted women's experiences of violence and intimidation in boarding houses and HomeGround Services (2004) highlighted similar safety issues for women and their children living in caravan parks. In Parkinson's (2004) study, women reported the lack of safety during homelessness associated with staying in mixed-gender environments such as cheap motels, rooming houses and public housing in areas that were perceived to be unsafe. Casey (2002a) identified violence as a reason that single homeless women did not use SAAP-funded cross-target services. In in-depth interviews with eleven women who had experienced homelessness, Casey (2002b) found that three women reported being sexually assaulted while homeless. These attacks had taken place in a private hotel, a mixed-gender accommodation service and while sleeping out. Other women in this study had witnessed violence and the presence of violence promoted an environment of fear and intimidation. In an effort to maximise safety and in response to fears of violence, chronically homeless women 'who slept out, chose very out of the way places' (Casey, 2002b, p.16).

Some women seek increased safety through a male partnership (O'Dwyer, 1997) that may lead them, at least temporarily, out of homelessness and 'offer the promise of security and intimacy' (Watson, 2007, p. 17). In their study of homelessness, Johnson, Gronda and Coutts (2008) spoke to women who, to avoid living in squats, 'shacked up', or lived together with a male partner.

However, this relationship could then become a source of violence and exploitation. One woman described how the partner with whom she was shacking up turned on her and 'in a violent rage … beat me up so bad I got taken to hospital' (Johnson, Gronda & Coutts, 2008, p. 89). Moreover, women may undertake sex work to support both their own and their partner's drug use, and sexual and physical violence and exploitation can become a part of these experiences (Rowe, 2006; Sadowski, 2004).

Robinson (2005a, pp. 51–2) notes the experience of young people, who having left home because of 'dangerous situations' and 'while very vulnerable … were often victimised further while trying to find somewhere safe to stay'. Further, she argues that young people – but this could equally apply to women of other ages – experience grief in relation to their loss of home, which can be repeated over and over again during periods of homelessness. Robinson (2005a, p. 57) calls this 'a spatial relation of loss and displacement'. For young people to gain long-term, safe and secure accommodation, they need to re-build a sense of what home could be. This could mean responding to the trauma of their previous home and their experiences of 'home' during homelessness by providing 'not just … accommodation, but for nurturing places of stability, self-development and emotional safety' (Robinson, 2005a, p. 57).

These experiences of trauma were reiterated in the lives of homeless people with mental ill-health who may also require long-term support (Robinson, 2003a; Robinson, 2003b). In a study of homeless men and women with mental disorders, Robinson (2003b, p. 15) reported

extraordinary experiences of self-harm, overdose, suicide attempts, extreme violence, theft, rape, domestic violence and abuse and assault (perpetrated by family members, and also by strangers, neighbours, landlords, partners and friends), marked most participants' lives and had immediate and long-term negative impacts on tenuous housing and mental health.

Robinson's research powerfully reminds us of the ongoing effects of 'cumulative trauma' experienced not just in becoming homeless, but for those women who remain in the homeless population. She challenges 'current welfare policy discourse around "independence" and "full social and economic participation"' and rather stresses an approach that takes into account the long-term trauma of sexual assault, domestic violence and other forms of violence. She advocates for service provision that

is resourced to provide long-term support for people in supported accommodation (Robinson, 2005b, p. 5). Others have also noted the importance of long-term support for people who are homeless and have complex issues (e.g., Chamberlain, Johnson & Theobald, 2007; Johnson, Gronda & Coutts, 2008, Tually et al, 2008).

In addition to these calls for longer-term support, there is a significant concern from the specialist domestic and family violence services that 'the sector is in crisis itself because of a lack of resources to assist women and a lack of exit points from crisis accommodation into longer–term housing' (Tually et al, 2008, p.vi). Motels are used as accommodation when beds are unavailable in women's refuges. However, they provide inappropriate space for children and have non-existent or inadequate kitchen and laundry facilities. They are also potentially unsafe and are isolating as there are limited or no support services provided as there are in refuges (Tually et al, 2008, p.47). As noted by Weeks and Oberin (2004, p. 125), placing women and children in hotels, motels and caravan parks 'is a totally inadequate service response to women and children suffering the socio-cultural impact of the experience of domestic and family violence'. Furthermore, 'more safe, secure, affordable and stable housing options are needed to support women to re-establish their lives post-violence' (Tually et al, 2008, p. vi).

1.2.3 Public policy, homelessness, safety and violence against women

Two key areas of public policy are relevant to women's experiences of violence during homelessness. First, public policy provides a framework for the prevention of violence against women and for the protection and support of women and children who experience violence. Second, public policy at both federal and Victorian state levels acknowledges the importance of safety for those who are homeless.

Through its *Women's Safety Strategy*, the Victorian Government provides a policy vision in which 'women are no longer victims of violence and are no longer afraid' (Office of Women's Policy, 2002, p. 9). Several principles are outlined that guide action in this area. For example, prevention 'requires a shared understanding that violence against women *in all its forms* is unacceptable' (Office of Women's Policy, 2002, p. 38, my italics). The lack of safe accommodation and its consequences for homeless women is acknowledged in the *Women's Safety Strategy*:

Many women who are homeless have experienced family violence or breakdown. They may be subject to further forms of violence because they have no accommodation or are forced to live in unsafe housing. They often have limited access to services and reduced social networks. They may experience prejudice, marginalisation and isolation (Office of Women's Policy, 2002, p. 41).

Actions outlined in the *Women's Safety Strategy* include enhancing support and advocacy available to women and improving police responses, issues raised in chapter 6 of this report.

Published more recently, *A Fairer Victoria* provides a public policy framework for making improvements in services to assist those who are disadvantaged in the Victorian community, including people who are homeless. It specifically addresses responses to family and domestic violence, the cause of homelessness for over 40 per cent of the women interviewed (Department of Premier and Cabinet, 2005). These were women who fell through gaps in the service system, did not receive the support provided by the specialist domestic violence services and remained homeless in largely unsatisfactory accommodation.

The Australian Government's most recent response to homelessness, presented in the report *The Road Home: A National Approach to Reducing Homelessness*, is guided by principles including 'the need to focus on keeping people safe'. While this principle pays particular attention to women and children escaping domestic and family violence, it also acknowledges the impact of 'other forms of abuse', presumably including violence during homelessness (Homelessness Taskforce, 2008, p. 19). The national approach will entail a combination of initiatives centred around enhancing early intervention responses, improving services and preventing the recurrence of homelessness.

Over the last two decades SAAP has been central to the Australian government's response to homelessness. SAAP is a joint state and commonwealth-funded program that resources agencies to provide transitional supported accommodation and other related support services to people who are homeless or at risk of homelessness (AIHW, 2007). Underpinning SAAP's response to homelessness is a recognition that homelessness is determined by 'inadequate access to safe and secure housing' (SAAP Act 1994, my italics).

Victoria's public policy framework in relation to homelessness, the *Victorian Homelessness Strategy*, identifies homelessness as a priority for the Victorian Government and outlines various 'key areas for improvement'. The problems with the service system that are relevant to the women interviewed in this study include the lack of suitable exit points and an emphasis on 'short-term throughput assistance rather than longer-term outcomes' (Department of Human Services, 2002, pp. 5, 12, 14). In relation to the lack of suitable exit points, consumers of homelessness services consulted in the development of the *Victorian Homelessness Strategy* commented on the poor standards of rooming houses.

Opening Doors, the Victorian area-based service coordination framework, is the current strategy for providing better access to support services and social housing for homeless people (Department of Human Services, 2008). This framework is in its establishment phase but it suggests improved processes for dealing with some of the problems inherent in current responses while acknowledging ongoing limitations:

When resources are limited, it may not be possible to provide the consumer with the best response. Workers and consumers must often compromise with the available options. When the only option does not fully meet the consumer's needs, or carries some risk for the consumer, it is essential that contact with the consumer continues, in order to ensure the best possible outcome under the circumstances (Department of Human Services, 2008, p.8).

Hence, intrinsic to this framework is the recognition that aspects of the existing service system are unsafe. *Opening Doors* recommends an initial assessment that includes a review of vulnerability and safety planning, but it also acknowledges 'the constraints of available emergency housing options and the high-volume context of much initial assessment' (Department of Human Services, 2008, p.8). These constraints are clearly evident in the following discussion of the service system.

1.2.4 Overview of the Victorian homelessness service system

In Victoria, SAAP funds a range of services that provide support to women, including domestic violence refuges, outreach services, a specialist domestic violence crisis contact service, crisis accommodation services that are for single women who are not in an immediate situation of domestic violence, as well as mixed-gender crisis accommodation services and youth refuges that accommodate young women up to 25 years of age, two of which are for young women only. There is also a women-only drop-in centre that provides meals and other practical support and intensive case management for selected women with the most complex needs.

In Victoria, as elsewhere in Australia, demand regularly outstrips the availability of SAAP-funded beds or other support (Tually et al, 2008; AIHW, 2005; Weeks & Oberin, 2004). As noted, if domestic violence refuges are full, women are referred to motels where it is likely that they will receive very limited support or, in the case of outreach services, be placed on a waiting list. In relation to women who are ineligible to receive assistance from domestic violence services (because they are not in an immediate situation of domestic violence), there is a limited number of SAAP-funded crisis accommodation options, and even fewer that are women-only. Not surprisingly, many women who have experienced violence prefer to go to women-only services.

As noted by Chamberlain, Johnson & Theobald (2007, p. 40), 'most homeless people in the inner city [from where the participants from this study were recruited] are not in SAAP/THM [Transitional Housing Management, known as 'transitional housing'] accommodation'. While many of the women had been in SAAP-funded accommodation at some point, at the time of interview, the majority of the women were not. Given the lack of options, homeless people are referred to motels, caravan parks and rooming houses. As we will see, there are substantial risks of violence and intimidation and little or no support in 'purchased' crisis accommodation. As noted by Chamberlain, Johnson & Theobald, (2007, p. 27), 'boarding houses have become an integral part of the system of emergency accommodation'.

There is considerable variation among rooming houses regarding size, target population and quality. They range in size from large hostel-type facilities that accommodate over a hundred people to others that are large suburban houses that accommodate a maximum of five. For some people, rooming houses are their long-term accommodation; for others, and especially women in private rooming houses, it is typically a stop-gap measure while they await more suitable long-term accommodation.

Most rooming houses are profit-making ventures; others are not-for profit and run by local government or welfare organisations. The latter tend to be more affordable, of a higher standard and run by managers who are more receptive to the concerns of their residents. Rooming houses usually have limited cooking facilities, including shared kitchen and living space which may not be conducive to retaining food and equipment unless it is locked away. Some have rooms with en suite facilities, but typically they have shared bathrooms. Some not-for-profit rooming houses are being redeveloped as self-contained units. A small number of rooming houses accommodate only women.

In Victoria, transitional housing ('THMs') is a key aspect of the service system. Clients are referred to transitional housing to await long-term housing. Unlike crisis accommodation where the usual maximum period is six weeks for women's homelessness services, in some instances (typically in the specialist domestic violence services), women can remain in transitional housing for longer periods if they are deemed to be making efforts to secure appropriate housing. During this time they receive outreach support. In other instances, access to transitional housing is limited so that if long-term housing has not been secured within a pre-determined time period, the person is required to leave the property. This often means exiting into the homeless population and once again seeking crisis accommodation. As noted by Johnson, Gronda & Coutts (2008, p. 218), SAAP is 'based on the assumption that homelessness is typically a short-term crisis'. Moreover, this situation is framed by a demand for transitional housing that exceeds supply. Women moving through THMs rely on gaining access to long-term appropriate and affordable housing but, here again, there is a supply problem. Even though many of the women interviewed in this study were placed on the highest priority waiting list for public housing (known as 'Segment 1'), accessing long-term housing could often take many months. Concerns about violence do not cease when long-term housing is secured because, as we shall see, some of the women interviewed had grave concerns about the safety of some public housing estates, those most readily available due to high tenant turnover (Malone & Pullen, 2005).

1.3 Research methodology

This study involved face-to-face interviews with 29 women who had experienced violence during homelessness. The women were recruited with the assistance of TSA Crisis Services in St Kilda across a number of their programs including:

- Access Health: primary health care services for women and men

- Crisis Accommodation Centre: emergency accommodation, support and advocacy for young women and men aged 16 to 25 years

- Crisis Contact Centre: state-wide information, referral, support and advocacy service for people in crisis

- Family Violence Outreach Program: support and advocacy for women who have experienced or are at risk of family violence and live in southern Melbourne

- Young Women's Outreach Program: case management support for young women aged 16 to 25 years including those with children

Each participant provided written consent before commencing their interview. Interviews varied from 15 minutes to 1½ hours. The interviews were based around a series of open-ended questions so that each woman could provide an account of her experiences of homelessness and violence in her own words. (See Appendix 1 for the core questions asked of each woman.) A narrative approach was encouraged by asking the women to tell their story. A number of direct questions were also asked to gain demographic information such as age, whether the women had children, and current accommodation. A brief biography of each woman is provided in Appendix 2. To maintain their privacy and to ensure anonymity, pseudonyms are used. The study received approval from the Human Research Ethics Committee of RMIT University.

Due to the potentially distressing nature of the interviews, various strategies were put in place to ensure that the research participants were supported. All women were recruited through TSA Crisis Services and it was then known that each woman was linked into the service support system. While this may have produced a particular sample of women who were most likely to use these type of services (that is, crisis services, rather than other services, or none at all), it was considered more important that the women had known access to assistance if required. In addition, all participants were made aware of support services that were available to assist them. During the interviews, there were opportunities to take breaks and the women were reminded that they could cease the interviews if they wished.

Most of the women agreed to be audio-recorded and in the other interviews notes were taken. The interviews were transcribed and a copy of their transcript was provided to each research participant for their review.

The transcripts and notes were analysed across the themes central to this report – their history of homelessness, experiences of violence, health issues, support received, and support that would have been useful. The report was then structured around these themes, with the women's accounts of violence and its impact given primacy and placed at the forefront of discussion.

Chapter 2:

Demographic characteristics of the research participants

This chapter provides an overview of the demographic characteristics of the 29 women interviewed.

2.1 Age

The youngest women interviewed were 19 years old and the oldest 54 years. The average age was 32 years.

Age group (years)	18–25	26–39	over 40
Number	11	11	7

Table 1: Age of research participants

2.2 Age at first homelessness

Nearly two-thirds of the group of women interviewed had first experienced homelessness when under 18 years of age.

Age at first homelessness (years)	18 years and under	Over 18 years
Number	19	10

Table 2: Age at first homelessness

2.3 Ethnicity

Four of the women interviewed identified themselves as Aboriginal Australians and at least another two women were from non-Anglo Australian backgrounds. However, because of the small sample size, only limited analysis was conducted across these characteristics. In addition, due to its identifying nature, this information is not included in the descriptions of the individual women.

2.4 Length of homelessness over lifetime

Most of the women had experienced many years of homelessness across their lifetimes. Despite some of the women having experienced periods of stable accommodation, for most women, there had been extended periods of homelessness. Only two of the 29 women had experienced homelessness of under one year in total.

Length of homelessness (years)	Under 1 year	1-5 years	Over 5 years
Number	2	13	14

Table 3: Length of homelessness over lifetime

2.5 Form of homelessness over lifetime

Most women could be categorised as experiencing long-term or chronic homelessness (Casey, 2002a; 2002b). Most of the 12 women who were chronically homeless had left home as teenagers as a result of violence or conflict at home and had remained in the homeless population over many years. The majority of the 14 women who were long-term homeless were those who had left violent relationships or for whom securing and maintaining housing was made difficult as a result of mental ill-health and problematic drug and alcohol use. Only three women could be described as having been in (or being in) circumstances of situational homelessness. Given the high percentages of women who had experienced chronic and long-term homelessness, it is likely that this is not a typical sample of homeless women.

2.6 Pathways into homelessness

Using Johnson, Gronda and Coutts' (2008) categorisations of pathways into homelessness, the reasons why the interviewees became homeless can be identified. Thirteen of the women interviewed entered the homeless population as young people as a result of violence or conflict with their families. Twelve women became homeless as a result of domestic violence. A housing crisis and substance abuse were the pathways into homelessness for two women in each case. However, it is important to note that often these reasons were not clear-cut and typically they overlapped. For example, while none of the women explained their pathway into homelessness as precipitated by mental health issues, many of the women described experiences of mental ill-health over their lives, as discussed in chapter 4. While many women entered the homeless population as young people as a result of violence or conflict with their family, for many, mental health or substance abuse issues later contributed to episodes of homelessness.

2.7 Accommodation at time of interview and during previous homelessness

Accommodation at the time of interview included private and not-for-profit rooming houses, refuges, staying with friends or family, transitional houses, motels, and private and public rentals.

Accommodation at time of interview	Primary homelessness	Secondary homelessness				Tertiary homelessness			Housed	
	Sleeping rough	Private rooming house (short-term)	Motel	Crisis accommodation (refuge)	Staying with friends or family	Private rooming house (long-term)	Not-for profit rooming house	THM	Private rental	Public rental
Number	1	1	1	2	3	2	4	6	3	6

Table 4: Accommodation at time of interview

While at the time of interview, only one woman was exclusively experiencing primary homelessness (another woman explained that, at times, she slept rough, but otherwise stayed in unsatisfactory circumstances with her family), there were other women who had slept rough and lived in cars and squats at other times of their life. Moreover, although only two women were living in a SAAP-funded crisis accommodation at the time of interview, many women had lived at some point in youth, domestic violence, or women's or mixed-gender crisis accommodation services. Two thirds of the women interviewed had experienced iterative homelessness, repeatedly staying in many different forms of accommodation (Robinson, 2003b).

2.8 Forms of violence experienced

The women described diverse experiences of violence including physical and sexual violence, racist violence, verbal abuse, sexual harassment, intimidation, sexual exploitation, fear and lack of safety, witnessing violence, and domestic violence. The women's accounts of this violence are described in detail in chapter 4.

2.9 Children

Nineteen of the 29 women had children, some of whom were living independently as adults. Seven women had children in state care at the time of interview. A further two women had had children adopted to others. The children of two women were with their father. Four women had accompanying children at the most recent time of homelessness.

2.10 Women and state care

Eight women had spent time in state care as children and a further four had been in the care of extended family members during childhood. Most of these 12 women had had long-term experiences of homelessness. There is considerable evidence which shows that young people leaving care have limited support for their transition from care to independence (Cashmore & Mendes, 2008; Forbes, Inder & Raman, 2006). As noted by Mendes, Moslehuddin and Goddard (2008, p. 33),

'compared with most young people, they face particular difficulties in accessing educational, employment, housing and other developmental and transitional opportunities'. Moreover, as noted, the intergenerational effect of care is also evident with seven of the 19 women with children having their own children in care at the time of interview (Forbes, Inder & Raman, 2006).

2.11 Summary

Twenty-nine women aged between 19 and 54 years were interviewed. Characteristic of many of the women who were interviewed was long-term or chronic homelessness precipitated by violence or conflict in their family of origin, or as a result of domestic violence. Two-thirds of the women had first experienced homelessness when under 18 years of age and the majority had been homeless for extended periods over their lifetime. The women had used a range of accommodation (or lack of accommodation) while homeless, including crisis accommodation services, rooming houses, sleeping rough and transitional housing. For many, their experiences were characterised by repeated movement through a range of accommodation. Nineteen of the 29 women had children including seven whose children were in state care at the time of interview. Eight women had spent time in state care as children and a further four had been in the care of extended family members during childhood.

Chapter 3:

Women's accounts of violence during homelessness

The women interviewed described diverse experiences of violence during homelessness including physical and sexual violence, racist violence, verbal abuse, sexual harassment, intimidation, sexual exploitation, fear and lack of safety, witnessing violence, and domestic violence. Many of the women described violence that had commenced when they were young and still at home and that continued during homelessness, as illustrated by Bronwyn who, after more than ten years of tenuous housing is, at 27, now living in long-term stable accommodation:

I first experienced homelessness when I was 13. I left home because of an abuse situation and I stayed on the streets for about two weeks before DHS picked me up … It was really rough because I was only a kid. I got bashed up a lot and then they put me into a lot of kids' shelters and I got also bashed up there too. Then they put me in adult shelters as well and the sleazy men tried to take advantage and stuff.

Cathy, now 33, also recounted a long history of violence both before and during homelessness which included long periods of sleeping rough:

Well I've had violence throughout my whole life, my foster family, that's the whole reason I left my home town. My foster mother and my foster sisters beat me up that badly until I left … and I've been in Melbourne ever since. And that's when I met up with my son's father. The first bloke that I met after there, that was really violent to me, he's the whole reason why I lost my two kids … And that was the whole reason why I left there you know, because my daughter was seeing the violence and plus seeing the violence with my son's father too. And a kid doesn't have to see that and my daughter was traumatised because of seeing me getting beaten up … And even now on the streets, you know, violent every one.

These accounts are consistent with the cumulative trauma among homeless women described by Robinson (2003a, 2003b, 2005a, 2005b) and the long-term impact that it has on women's lives. As we shall see in chapter 6, many had sought support from among the often limited assistance available. They had all survived and shown great skill in getting by under what could only be described as difficult circumstances but sometimes at great cost to their physical and mental health, as is discussed in the next chapter. In this chapter, the women's accounts of violence during homelessness are presented and categorised according to the context in which the violence occurred, with the context related to the source and site of violence. To some extent, these various categories of experiences of violence suggest different policy responses, but it also important to note that most women interviewed across each of the three age groups experienced violence in a range of sites and from various sources.

3.1 Violence by women's partners or family members during homelessness

While it was made clear in recruiting the women that the research was not focusing on women's experiences of violence that led to homelessness, for some, this causal violence continued during homelessness. For example, some women for whom domestic violence had led to homelessness, being homeless (and 'escaping' the violence) did not lead to the violence ending. For other women, domestic violence was a part of homelessness – either because they became homeless with a violent partner, or because they formed a relationship with a violent partner during homelessness

3.1.1 Violence that led to women's homelessness and remained a part of homelessness

As we know, domestic violence is a major cause of women's homelessness (AIHW, 2005; Homelessness Taskforce, 2008). The service system is intended to provide an escape from violence, and a safe environment in which women can rebuild their lives. Women's refuges were established for this reason, as were the more recent public policy initiatives that promote the removal of the violent partner from their home. However, not all women experiencing domestic violence make their way into the service system – sometimes because they lack knowledge of the available assistance, sometimes because of inadequate referrals or inappropriate interventions, or sometimes simply because there were no available resources to assist them at that time.

Among the women interviewed, nearly half had left violent relationships that had directly led to their homelessness. But leaving their homes did not necessarily protect them from domestic violence, and often the continuing violence from their partners was compounded by the violence perpetrated around them. During the 15 years of her relationship, Carol, now aged 33, had experienced violence including daily beatings that were witnessed by her five children and demeaning emotional abuse that resulted in severe depression. She struggled to leave with the five children and her partner threatened to kill her if she did. Carol eventually left him without taking the children. She lived in a caravan park where she stayed for two years, and

where her eldest child was able to join her. She sought assistance from a support agency but was not referred to domestic violence specialist services. She continued to have contact with her children and one of their teachers advised her of other assistance she could get, from which emergency and then transitional housing became available. But while her housing situation has improved, Carol still continues to experience violence from her former partner. Even though she has an intervention order in place it has not protected her from abuse and threats.

Sandra, aged 29, had also experienced severe physical and emotional violence over the 12 years of her previous relationship. She described the violence as 'walking around with a broken nose and two black eyes every day in front of my kids … He never used to bash me with his fist, he used to bash me with sticks and iron bar'. The violence continued despite her having intervention orders in place so she 'just packed up and took off … but he's still ringing me up threatening to kill me'. And her fear is heightened because he has told Sandra that 'he won't let me rest … he'll keep looking for us'. Sandra has moved away from the town where they lived and is planning to establish a new home for herself and her children. At the time of interview she was staying in emergency accommodation in a motel and hoping that transitional housing would become available.

Sometimes the site at which the continuing domestic violence occurred was around contact with children. Twenty-one year old Cherie was involved in a violent relationship that continued during periods of homelessness. At the time of interview, she was living in transitional housing awaiting long-term accommodation. She had an intervention order in place but had contact with her former partner regarding him seeing their child. Cherie said:

He'll use her as an excuse to see me … What I'm trying to do is steer away from him because every time I get back with him he either does something stupid, like he'll threaten me with a knife or something like that, and she's always witnessed it. He's just got too much control over me. So, what I'm trying to do is get into housing and get a job and disappear and not see him at all.

Among those interviewed, there were a quarter who left home because of sexual or other violence in their family of origin, and that had directly led to their homelessness. But like the women who had left home due to domestic violence, leaving did not necessarily protect them from further violence. They then experienced violence in the situation where they had moved to and, typically, any further contact with their family continued to be

characterised by violence. Carla, now 24, left home at 14 as a result of violence by her mother and her step-father. She experienced emotional and physical abuse by her mother and, at the same time, her mother was experiencing domestic violence which Carla and her siblings witnessed. One day, Carla 'just had enough' and she intervened to attempt to stop the violence by attacking her step-father. She left home after this incident and stayed with friends but returned home, left home and returned again on a number of occasions with the periods in-between spent staying with friends, on the street, in a caravan park and in a refuge. During this time of intermittent contact with her mother and step-father, the violence between them, and also that directed at her, continued. More recently, after periods of time in stable accommodation, Carla became homeless again after experiencing mental ill-health. She is now living in transitional housing awaiting long-term accommodation. Fran whose story was told at the beginning of this report, was another young woman for whom violence by her family of origin continued after she was homeless.

Violence perpetrated by intimate partners and members of the family of origin were the most common sources of violence that precipitated homelessness. Gina, however, experienced violence by her daughter and her daughter's partner who were living with her. The young couple were using a range of drugs and 'every time they couldn't get what they wanted I'd always get hit for all my money … If something went wrong with them or if they were arguing I was the one that always got hit'. After one particularly violent attack Gina realised that 'nothing's going to stop them … so it was better off I left them than have to put up with it'. She gave up her accommodation and with the assistance of a support agency, moved to a rooming house. During this time, Gina experienced further violence from her daughter. After Gina had given her daughter food and money, Gina's daughter pushed her to the ground and hit her. Her daughter was banned from visiting the rooming house and Gina now has little contact with her.

3.1.2 Violence by women's partners during homelessness

For other women, domestic violence did not lead to homelessness, but was a part of being homeless. Zoë is 19 years old, is in a long-term relationship and has a child in state care. Throughout their relationship, including during periods of homelessness living in their car and with friends, Zoë has experienced domestic violence. She described

her partner as 'very domineering' and that 'he had done things that he knew would get to me, that would eat me up inside'. While she is unhappy about some aspects of their relationship and is aware of support services, she is not willing to end the relationship. She expressed this conflict by saying that 'I'm partners with him, we're a couple, I love him to death, but I hate him so much, he's ruined my life'. Part of the 'ruin' has been the loss of her son to state care and their eviction from two public housing rentals that resulted in further periods of homelessness. She attributes one of these evictions to a serious episode of mental ill-health precipitated by drug use. About the loss of this house she said, 'I couldn't keep it … everything else was too much around me'. At the time of interview, Zoë and her partner were living with his friends in what she found were very difficult circumstances.

Lauren, too, had been in a violent relationship during homelessness. Lauren is 32 years old and first experienced homelessness as a child. More recently, her partner's violence and drug use had been a major contributing factor in their ongoing homelessness, as she explained:

When we first came here me and [my ex-partner] were living with his sister and we had to move out of there … And then we moved to a hostel and then we had to move out of there because he was walking around off his face, and when he was hanging out he was beating me up and so we had to leave there as well.

Lauren had since made a decision to leave the relationship: 'I'm old enough and wise enough to know that that's not for me … and so I've left him behind'.

Anita, too, had ended her relationship, but it had not left her behind. Anita, now aged 30, had experienced ongoing violence from her former partner and as a result of his harassment her 'life's been absolute hell'. She had left foster care at 15 years of age and had spent much of the last 15 years in various forms of temporary accommodation.

Sometimes the women's partners were violent and exploitative. For example, Anita had experienced ongoing violence during a relationship in which she undertook sex work 'for him and his mates to supply their habit' and the sex work included degrading acts undertaken without her consent. Two of the older women also recounted experiences of exploitative relationships during which they undertook sex work. Maggie, aged 54, did not like it as she felt 'dirty' and it was 'pretty dangerous' and Judy, 43, described feeling 'intimidated and unsafe' when working.

Maggie had experienced many years of homelessness from young adulthood whereas Judy's homelessness was precipitated by a housing crisis that was resolved within weeks of it occurring. Both women now have long-term, stable accommodation.

3.2 Environment - related violence during homelessness

Almost all the women interviewed had experienced or witnessed violence or intimidation related to the environment in which they had lived during homelessness. There also arose generalised feelings of a lack of safety in these situations, undoubtedly instigated by their observations and experiences and, for some, this resulted in a long-term sense of danger.

3.2.1 Men's violence against women

The most common source of violence against women was men with whom they were living in homelessness services or other temporary accommodation. Sexual violence and intimidation were common experiences for this group of women. Anita described several experiences of sexual assault in homelessness services. As a young woman she had spent some time in a youth refuge and a neighbour of the refuge had sexually assaulted her. Later, staying in a mixed-gender crisis accommodation service, she was raped by a co-resident. Bronwyn and Marie, too, had experienced sexual violence, as had Claire. Over the past nine years since she was first homeless at 14 years old, Claire had spent periods of time sleeping rough. She said she had been raped many times but declared that what was worse was not the physical violence, but the fear that stalking evoked:

Sometimes that, for me, is worse because you never know when they're going to come and get you and attack you. Because I've been raped many times before and it's like 'oh, not again sort of thing'. So it doesn't affect me anymore. But for people stalking you at night, and the fear of when are they going to come and attack you? Is it going to be now? Is it going to be in the next few minutes?

Claire described the ways in which she perceived that her vulnerability to sexual violence had been heightened by living on the streets.

It's not just being a woman that means you're going to get attacked. It's also what you're wearing. If you look like you're a hooker like you're after sex and you sleep like that, you are going to be attacked. If you walk round looking like a bum with holes in your clothes and that, you're going to be attacked. So, not only is it hard just to live out on the streets, especially for a woman, but you have to watch your appearance. Or if you're carrying a bag that's got maybe Myer [on it] but you might have shit in it, you could be attacked because they think that you've got money. So, you have to watch what you wear, what you carry, what you have on you, because someone could take that as something else.

However, she also knew ways to be safe on the street:

You often stay in the same area so you get to know the other people around you and some of them you can call friends and some of them you do things [with] that you regret. But they protect you and it's like your own little group. So, you know you can go off during the day or whatever, come back at night knowing that you're in a group of people. I suppose for me, some of them were okay, some of them were safe and some of them weren't but you just know that you're protected. So, you have a few hours' sleep and you know that nothing's going to happen to you and then you wake up and you keep guard for someone else sort of thing because you had that trust and bond.

Sandra had only recently slept rough and was less confident than Claire:

I get scared, you know there's a lot of crazy people out there. You sleep in the rain, you never know who's going to attack you at night. That's why you're better off like being with a mob of people that you know and trust … because it's just too scary, too many crazy people out there.

As a young teenager Zoë had a frightening experience while sleeping rough:

I was sitting in a corner [in a bus shelter] and he was standing over me like this and because I wouldn't kiss him he abused me, he punched me on the top of my head and that was quite scary. And I guess that's what sort of veered me away from the streets … even to this day I'd be too scared to go and curl up on a seat because I'm too scared someone's going to come and you know …

Sexually intimidating behaviours were also experienced by others, not just women who had slept rough. At the caravan park, Carol lived mostly around men who would 'all drink after work' and 'gather in one spot'. She

described them as 'creepy men' because they would 'gawk and stare and it's like they're perving'. Jennifer, aged 48 years, who had left a violent relationship two years ago, was living in a mixed-gender rooming house where she shared a bathroom with men. She described this as intimidating because 'if they're not flashing, they're shooting up. If they're not doing that, they're being violently abusive'. Jane, 27, had also experienced sexually intimidating behaviours. At the time of interview she was living in a women's rooming house but in the past had slept rough. She had been in a situation where a man had exposed himself which had left her feeling unsafe.

Living in women-only accommodation did not guarantee protection from harassment and intimidation. Twenty-eight year old Charlene experienced episodic homelessness for about ten years after leaving home, living at times in youth refuges and with family members. While living in a women-only rooming house, the male visitor of another female resident tried to 'force himself' onto Charlene and said 'a few nasty things'. Similarly, 23 year old Christine had shared transitional accommodation with a woman whose boyfriend was verbally abusive and 'was coming over and hitting on me':

He didn't rape me or anything, but he put his arm around me and hit on me and told me how much he wanted to be with me and … if I got him on a day that he was pissed and he was here by himself, he probably would have. That's the scary part … God knows what he could have done.

The women interviewed also described situations where they experienced sexual exploitation by men who offered them accommodation or other resources. Ingrid is 23 years old and has spent much of the past six years in youth refuges and rooming houses. She described situations where she had been offered free board in return for sex from 'sleazy' men. And for Zoë, she had only had 'bad experiences' in hotels because, as she said, 'the name precedes it, hotel … As soon as you step in there the manager thinks that you're some sort of ho and expects things from you'. Rhonda, aged 35 and with long experience of mixed-gender rooming houses, was clear that offers of assistance by men in these settings were inevitably assumed to be in exchange for sex.

The poor security within some accommodation raised the risk of sexual violence, especially in situations where men were the majority of residents, as they are in mixed-gender rooming houses (Chamberlain and MacKenzie, 2003). In the women's rooming house where Gina was living, women 'sneak' men in and, even though there were locks on the exterior door, between units and at each

room, she commented that 'they're not really security locks'. This problem was more acute in the mixed-gender rooming houses where women described virtually non-existent security in rooms and non-locking showers and toilets. The women who had stayed in mixed rooming houses all emphasised the need to have someone guard the door while showering. Lisa, now aged 36 and living in long-term stable accommodation, considered herself 'luckier' than some because she had lived in rooming houses with a partner: 'I always had him stay outside the girls' bathroom while I was having a shower'. However, he was not there much 'so whenever I was by myself I always stayed in my bedroom … I just didn't feel safe … even if you close your door, you still don't feel safe being on your own'. When Alison came to Melbourne, the most affordable accommodation she could find was a rooming house. In the small suburban rooming house where she had lived with four men, there were no locks on the doors and she had relied on two of the men – men she described as 'protective' – to ensure her safety, especially when showering. Rhonda, who had lived in a mixed rooming house with few other women and without a partner, avoided showering there, instead going to her partner's house. During a previous time staying at another mixed-gender rooming house,

I asked one of the girls that was living there if she could come and watch the door while I had my shower … the men break the locks so that it can't be locked and it's just scary, unknown water, you're scared, very scared.

One time, Rhonda was washing her hands in the bathroom and was aware of a man standing at the door watching her.

And he made an excuse, 'I just go knock on door'. And I'm thinking mate you weren't knocking on a door. And they had rules not to be anywhere in the house that you shouldn't be, your room and that's it. So because there's so many corridors and everything he was upstairs he should not have been down that end of the house. So you put every guard up possible, and the scary thing is, a woman knows you can fight for your life and you can use all your strength but when it comes to a man you're not going to out-strength them, you know what I mean? You could fight, scratch, whatever but if they're persistent you've got no hope … So I do get fearful because I think if I get trapped, I'm their dinner and that really scares me, really scares me.

While homeless, women could also experience violence and intimidation not necessarily related to them being homeless, as was the case for Josie. She is 21 years old and had been homeless for the five years since she left

home as a result of violence and conflict. She is currently in transitional housing awaiting long-term accommodation but in earlier times she had stayed in refuges and with family and friends. During this time, after accepting offers from friends of a friend to drink together, she passed out, not knowing what happened, and for some time, not caring. Later, when more cautious about whom she drank with, her drink was spiked but she was able to escape and go to hospital. She was harassed by members of her community to not report it to the police, receiving messages such as 'nothing happened to you, we'll show you what we can do, like that was nothing' and that 'nobody in the community is going to believe you because you went there with your own two legs – you brought it upon yourself'. She was branded 'easy' and 'a little slut' and sexually harassed on the phone.

3.2.2 Lack of safety, intimidation and harassment

There was a generalised sense of lack of safety, exacerbated by limited personal space in some situations where women lived during periods of homelessness. As Christine noted, 'I just don't feel safe at all' and Rhonda called rooming houses 'just nightmares, absolute nightmares'. Lauren reiterated this point: 'I don't feel safe … You never feel safe.' For Christine there was also an ongoing sense of lack of safety: 'You don't feel safe … I'm in the back behind a house, down a driveway through a metal gate that you can hear if you open it and I don't feel safe'. For several of the women, night was the worst time, and they confessed that they 'slept with a night light on'. Lisa, who had been living in rooming houses and public housing flats for nearly two decades, explained that 'it was basically not feeling safe, that you're not powerful enough, being a woman in a place like that especially if there's lots of men in the same floor where you are'. When asked what types of things were scary in rooming houses, Cathy replied:

Scary people that are aggressive. There was one bloke there … and God knows he's not all there, he kept following me all the time … and that was like everywhere … and I stared getting scared. And I had to go to the manager … I went and as soon as I got on the public phone, it looked like he was listening.

But more than this one individual harassed Cathy; there were others that 'were going past and swearing and knocking on everyone's door and it's scary'. For Claire, rooming houses were also places of danger because

those that were not secure where the front doors were open 24 hours a day, 'you can walk in any time and someone can easily pick your lock on your door and where are you going to run? What are you going to do?'

Some violence towards the women interviewed arose out of struggles over resources, typically manifested as others attacking or intimidating them because they were perceived to have things that others wanted, and often this was drug-related. Bronwyn had been attacked by co-residents in a rooming house and had also had her room broken into and trashed. Claire described her room being broken into in a rooming house as 'very frightening … another resident broke into our place while we were asleep through the window … that was quite a terrible experience'. Jennifer stayed in a mixed-gender refuge: 'they tried to abuse me there. My clothes went walkies. My food went walkies'. The risk of possessions being stolen was high because, as Cathy explained, 'the doors, anyone can just kick them in'. When asked about violence or intimidation, Samantha, aged 50, who had long experience sleeping rough having experienced periods of homelessness since she was a teenager, replied:

You get that always on the streets when you're in squats. People want money for drugs. They want money for booze. They want to know how much money you've got on you. People that hang around put their money in their bras or down the front of their pants. Most people know I've got a knife on me and most people know that I wouldn't hesitate about using it. I don't really like squats, not when there's like a couple of dozen people.

Jennifer had spent some time living on the street and she found it 'freezing, lonely, scary'. Later, living in a rooming house, she also had experiences of violence related to struggles over resources which were compounded by ongoing harassment and intimidation.

People knocking on your door or stealing your money or stealing your food or stealing whatever they can get their bloomin' hands on … I was severely abused verbally and mentally by one of the tenants in the rooming-house on the bottom level to the extent where he would just be on my door for six hours straight knocking on my door and he wouldn't go. I couldn't go out because he was at the door. He'd go ring my intercom, knock on my door, ring my intercom, knock on my door. This went for six hours. Put my PTSD [post-traumatic stress disorder] through the roof …

While some women had stayed with trustworthy friends when needing accommodation, for others, friends were a less sure option. Maggie, for example, said that she was 'never safe staying with friends … You don't know

if they're friends or not'. Zoë, too had bad experiences staying with 'friends', where she remained for lack of alternative accommodation:

It's pretty shit actually … they're friends, they're both arrogant … it's very controlling, you know. 'Who left the light on? 'They both look at me … 'Who pissed on the [toilet] seat?' They both look at me but I don't have a fucking penis, you know what I mean? Like, it's that sort of shit shits me. Like they're ganging up on me. Not nice, no.

A couple of women did not find these situations of homelessness intimidating because, as Carla explained, 'I wasn't really worried about my safety… I knew how to look after myself'. She felt 'fine' because:

If I didn't want them near me or they were pushing too much or whatever I didn't have any qualms with kicking them in the balls … Men especially were the last ones that intimidated me after my step-dad and that.

Even so, she admitted that when she stayed in a caravan park during one period of homelessness, she did not like showering in the ablution blocks and would go to a friend's place. When Samantha slept rough she kept safe by always carrying a knife and 'picking up a guy to sleep with – not screw – just to be with you'. In the past she would 'yell and scream and hit and carry on. Most people get intimidated'.

3.2.3 Women's violence against other women

Several of the women described situations where they had been attacked, intimidated or abused by other women with whom they were living during periods of homelessness. Anita had been 'bashed' by a woman in a rooming house who 'just jumped on me and started hitting me and kicking me … She kept punching me and punching me'. Bronwyn had been attacked by another female co-resident and Christine had been harassed by an older woman who followed her around all the time and spread rumours about her. Carol had been harassed and threatened by a female resident at the caravan parking where they were both living.

Rhonda commented that she did not like living in 'women's places because of all the bitchiness … because it just does your head in too much'. She described situations where a 'queen bee' would form a group:

and it makes it very hard when you've come out of a bad situation, all you want is to relax and have a free mind for

24 hours. But that doesn't happen because they sit there and they bitch, they bitch, they bitch and then they put men down that far and it makes you feel really bad. It's so wrong, you know what I mean? You're there to get yourself together but it's like being put in a zoo with just monkeys that are out of control.

Two of the women revealed that they had been involved in fights, not necessarily of their own instigation, but where they had engaged in forceful retaliation. Christine described an incident where a co-resident in a rooming house had been 'abusing her for an hour and a half'. When the other woman 'grabbed my friend and then she pushed me, I pushed her'. It then escalated to Christine attacking her: 'I split her lip and gave her a black eye and a couple of cracked ribs'. Josie revealed that she had argued and had fights with other women residents as a result of racist comments made about her.

3.2.4 Witnessing violence

The women interviewed provided numerous accounts of witnessing violence between others with whom they lived. Even when not directed at themselves, these experiences were potentially traumatic, frightening and emphasised the sense of danger in their environment. Alison, for example, was living in a rooming house with four men. One night when she was spending some time with one of the men, the girlfriend of one of the other men came into the room where they were sitting and held a gun to his head. The woman's boyfriend disarmed her and no-one was physically harmed but Alison was scared. The woman, she said, was 'drunk' and used 'too many drugs'. Immediately after this incident Alison moved out of the rooming house, forming a relationship with one of the men with whom she had lived there. However, this relationship was to become violent and she has since experienced further homelessness in trying to re-establish her life.

Some women witnessed domestic violence among those with whom they lived during homelessness. Carol, for example, 'escaped' domestic violence by going to stay with a friend but 'her husband was just the same as [Carol's husband]. I had to get out of there, so I went back to the house', and returned to her husband's violence. Christine was in shared transitional accommodation and, as noted, experienced sexual intimidation from her co-resident's partner. She also witnessed his abuse and violence towards his partner:

When he hit her and I asked her 'do you want me to call the cops?' and she goes 'no, no, no, I'm all right'. And that's

when I spent the entire night in my bedroom because there is absolutely no way I'm going to come out here when he's drunk as a skunk and on drugs. It's wrong when I have to come to a house that I don't feel safe in.

Rooming houses were sites of particularly high levels of witnessing violence. Geraldine described a mixed rooming house as the place where she had:

never panicked so much in my life. I never slept the whole three days I was there … because people were kicking doors in the middle of the night, bashing people. You hear people 'if you don't let me in I'm going to wring your neck' you know? … deals going on in front of you that you didn't want your kids to see.

For Gina, living in a women's rooming house was 'an experience'. While not all these incidents are 'violent' they add to the sense of chaos and the lack of control that Gina experienced in her immediate environment:

The first couple of days I was there, the police were there and … I'm thinking what are they doing here? And one of the women that was under Mental Health had actually been hitting into one of the girls there. So the police were involved. And then about a week later the police are there again and then someone upstairs is fighting with somebody else … a girl's banging on my door, completely naked and taken all these pills and I'm there having to dress her and get the ambulance … then a girl comes running in and said 'I've got raped at the park'.

Christine, too, had lived at this rooming house and she called it 'eight months of stress … they may as well leave it open as a mental institution'. Charlene, in a different rooming house, described it as having 'a lot of conflict'. In mixed-gender SAAP-funded crisis accommodation services, women had also witnessed violence (and as Anita's experience testifies, had experienced it as well). When Marcia had stayed at a large mixed-gender service she had seen violent assaults: 'I just walk away'. She always made sure she stayed in the women-only section and, in recent times, security had been improved in this building. Several women at various times had relied on meals from food vans but violence could also be a part of this experience, as Samantha described:

You've got about 200 people and Rosie's is sort of a drop-in van and you have Rosie's and then you've got St Vincent de Paul. So, they're all at Rosie's having a coffee and their bickies but they'll only give you two sandwiches. They're all fighting for this. I don't eat them but they're all fighting for the sandwiches. On a Thursday night down at Victoria Market, can you imagine how cold it is? They

have just Indian food, then they have the St Vinnie's de Paul, then they have pizza. So, they're always grabbing, scabbing … oh, I just stand there. But now St Vinnie's won't even come in the city on Tuesday nights because there was so much trouble.

3.3 Violence from strangers

As we have seen, much violence was from partners, former partners, family members or co-residents. Most of this violence was gendered violence – male violence against women – but not all. Some was violence between women, some of which was racist violence among co-residents. Additionally, some violence was perpetrated by those not known to the women. The sexual violence against women sleeping rough described earlier in this report may have been perpetrated by men unknown to them. One woman spoke of her experience of racist violence perpetrated by strangers. Cathy had lived for many years on and around the streets and on one occasion she and a friend were sleeping on Fitzroy Street in St Kilda when 'four men came and just jumped on us and body-slammed us'. Staff at a nearby rooming house came over and took them to safety. She had also had things thrown at her from cars and experienced racist verbal abuse.

3.4 Fear and concern for safety regarding future longer-term housing

There were not just concerns about safety related to current or prior circumstances. As many of these women were waiting for public housing, they were aware that what they might be offered could be less than suitable if it was located in an area perceived to be dangerous. And this was potentially a real concern, as Lisa described from her experiences of public housing:

The same thing happens. You might socialise with a few in the block but you've really just got to be careful who you socialise with and choose your friends very wisely … I get that when I go home, people yelling and screaming and carrying on. You shut the front door and I stress out that someone's at the front of my door yelling but it has nothing to do with me. So, it's almost the same living in the boarding house.

Marcia, too, had similar experiences being housed in where she considered was the 'wrong place'. It was on the tenth floor of a high rise block of flats and unsuitable due to the violence and level of drug and alcohol use by those around her. Carol said that she hoped that her long awaited new home would not be 'around bad people'. As her former partner had left her with large debts she was blacklisted from the private rental market and public housing was now her only option. Fran was also worried about the prospect of an offer of permanent housing, heightened by her self-perception of vulnerability. As we have seen, all Fran wanted was 'somewhere safe to call home'. Carol and Fran's concern regarding the possibility that they might be offered unsuitable, unsafe long-term public housing was not unfounded. As Malone and Pullen (2005, p. 7) have noted, the most common housing requests to a Victorian SAAP-funded women's housing support agency were for 'low density housing' because:

most of the women have experienced some form of violence and in many cases consequently suffer debilitating and chronic anxiety [and] depression and would not cope in the traditional OoH [Office of Housing] high-density areas. The issue of course is that these high-density properties (estates, high-rise) are often the most readily available due to the high rate of tenant turnover.

Two of the young women interviewed, while living in transitional housing, had been offered properties that they deemed unsuitable due to safety reasons, especially as they both had young children. Rose, aged 24 at the time of interview and having left a violent relationship, was offered a two-bedroom flat but declined it because:

kids shouldn't be living there. I saw people walking around with beer bottles, it was gross … and my friend said that there's a huge park next to it and that's where they do all the deals … even when I just pulled up, the feel of it, I was just like 'oh, no, not doing that'. I know that I can't be fussy but …

Similarly, Cherie did not accept the offer of a flat because a friend who lived in the same block had been attacked by a group of men as she left the building. In both instances, the refusal of properties that they deemed unsafe meant that they had to find alternative accommodation, and both returned to live with family members. Later, they received further support from homelessness services. This pattern is also not unexpected. Malone and Pullen (2005, p. 7) report that for

agencies providing support to clients in transitional housing, an offer of public housing often no longer represents the end point in the cycle of homelessness, but simply another part of the homelessness cycle to be followed by a lengthy appeal process, a transfer application, or a housing breakdown.

Whereas Rose, Cherie and Carol were concerned about the quality of the long-term accommodation that they might be offered, Bronwyn had only very recently moved to long-term public housing and her lodgings had already been broken into. Indeed, the former tenant had left because 'they kept getting broken into'. Bronwyn, however, had adopted a different strategy. After more than ten years of unstable accommodation and homelessness, she was determined to stay in her own place and was insisting that the windows be barred. She was 'going to keep asking DHS until they do it'. These concerns, notwithstanding Bronwyn's willingness to work with the current arrangements, suggest there are serious misgivings about the quality of the existing housing stock.

3.5 Summary

All of the women interviewed described violence and intimidation that occurred during homelessness. This violence was sometimes a continuation of violence they had experienced prior to becoming homeless, even though their homelessness was often an outcome of attempting to 'escape' violence. Most women had experienced violence from within the environment of homelessness. While much of this violence was perpetrated by male co-residents in the form of sexual assault and intimidation, other violence was perpetrated by both men and women and included physical assaults and harassment. The women reported a generalised sense of lack of safety derived from both their experiences of violence and in witnessing it around them. Of particular concern were private rooming houses where women can be referred when no other crisis accommodation is available. The women described inadequate security for their rooms as well as for bathrooms and showers, leaving them fearful and vulnerable to attack. They also expressed concern for their safety in future long-term housing.

Chapter 4:

Health impacts of homelessness and violence on women

The impacts of homelessness include stigmatisation, impoverishment, social isolation and ill-health. Homelessness also makes people vulnerable to abuse and violence and when homelessness is overlaid with violence, even more harmful consequences can result such as further marginalisation and greater ill-health (Chamberlain, Johnson & Theobald, 2007; Department of Human Services, 2002; Johnson, Gronda & Coutts, 2008). Domestic violence has been identified as the leading contributor to death, disability and illness among Victorian women under the age of 45 and is a greater risk factor than others more well-known such as high blood pressure, smoking and obesity (VicHealth, 2004).

While many of the women did not explicitly discuss the health impacts of violence, the environment of homelessness in which violence had occurred was certainly identified as a factor that contributed to their ill-health. The health issue that emerged most strongly was that of mental ill-health. Other areas that were highlighted included diet-related health issues, respiratory ill-health, gynaecological health issues and drug-related health issues. Parkinson (2004) also found that the majority of women interviewed in her study experienced mental ill-health as well as multiple chronic physical conditions. As noted by Horn (1995, p. 8), for women who are homeless, 'relatively minor illnesses are more likely to become chronic or debilitating illnesses'.

4.1 Mental ill-health

Among the group of women interviewed almost all disclosed some level of mental ill-health, most particularly depression and anxiety. Two women had experienced psychotic illnesses and two others were diagnosed with borderline personality disorder and post-traumatic stress disorder respectively. Many mentioned that they were receiving treatment through visits to psychiatrists, psychologists or counsellors and through medication. Some had pre-existing mental ill-health conditions prior to becoming homeless. Others attributed their mental health issues to their experiences of homelessness. That so many experienced mental health issues should not be surprising as this group of women had experienced significant trauma in their lives.

4.1.1 Pre-existing mental ill-health exacerbated by homelessness and violence

For some women the accumulative effects of abuse during childhood and the impact of long-term insecure accommodation had taken its toll. Jane experienced long-term depression and chronic homelessness for eight years from the age of 18 when she left home. While she is in more stable accommodation now, for many years she had asked 'what's there to get up to?' Similarly, Charlene attributed her depression and anxiety to 'all the trauma and stuff I've been through'. She found being in temporary accommodation 'very unsettled'.

Carla pointed out that the source of her mental ill-health was the sexual abuse that she had experienced but being homeless had exacerbated her depression and anxiety:

[W]ith the homelessness and things like that, you just don't know where you're going … if you've already got problems as well, like you've already got issues, like your depression and things like that and anxiety, sitting there not knowing where the hell you're going to be makes it so much worse, and when I first got into this place … they turned round

and said after that time's up, well you've got to go. It was 'No, you can't extend the lease, you can't do that', it's just 'You're out'. But because I was a good tenant they left me in here for that little bit longer, until this other place came available. And they don't tell you anything like that so the whole time you're in here, I'm sitting there thinking 'Well where the hell am I going to go next?' You just sit there every day thinking 'What the hell am I going to do?' And you just sit there wondering, you're left pretty much just not knowing. And it makes it so much worse, like you sit there and you think every day, 'Well am I going to have a place to live tonight?'

For other women, domestic violence was the cause of their mental ill-health, with homelessness and further violence making it worse. Jennifer experienced long-term domestic violence and now has post-traumatic stress disorder which had been exacerbated by depression and anxiety experienced during her two years of living in crisis and temporary accommodation. Gina explained that her experiences of homelessness and the violence perpetrated by her daughter and her daughter's partner that had led up to it had 'really affected my mental health. I've had a couple of breakdowns, and had to go and see psychologists … and been put on anti-depressants.' In contrast, Carol reported that her mental health had improved. She was bulimic as a result of the emotional abuse experienced during domestic violence. She was also diagnosed as manic-depressive and heavily medicated but since she left her violent partner, her mental health has improved: 'I'd lock myself in a cupboard all day and rock and just try and forget that everything existed. I hated waking up, I hated it. I'm so much better now.'

Several of the women attributed the exacerbation of their mental ill-health to a combination of drug use and homelessness, including the violence that they had experienced during homelessness. Anita described herself as being 'very paranoid now. I think it's half mental health and half of my experience and then both of them put together, it just elevates and escalates things'.

4.1.2 Mental ill-health attributed to homelessness

The environments in which these women lived had profound effects, with uncertainty about long-term housing and lack of safety during homelessness contributing to mental ill-health. Bronwyn explained the impact of living in unsafe environments:

It's always been refuges or unsafe places and I've always left because somebody older has tried to take advantage of me or I've been hit or I just felt unsafe and I've tried to commit suicide or something because I've felt unsafe. And if they're going to put me in an unsafe place, well I feel unsafe anyway, why not take my own life?

Bronwyn noted that her mental health had improved considerably with a more stable living environment: 'I haven't taken an overdose for four years'.

The impact of the uncertainty of homelessness was a common theme in response to questions about mental health. Ingrid commented that 'mental health affects you generally, but especially when you're homeless':

Depression's a bitch of a thing. It's really hard to understand and depression in general, when you have it, you feel completely hopeless but when you have it and you feel like there's nowhere to go and you don't have a place to stay and you don't have any money, then it's like you almost just want to lie on the street and rot and die because you don't really care.

Lauren reflected that she was 'developing mental health issues because I'm always fucking depressed because I don't know where I'm going to sleep'. Fran described her life as being 'on edge all the time … you're waiting for answers constantly … not having housing can lead to depression'. Although she did not consider herself as having experienced mental ill-health, Rose remembered herself as being 'down' at times, firstly because she had been evicted from a house and then when she spent two years in transitional housing awaiting long-term accommodation. She said 'I never sat there and dwelled on it but it was always in my head'.

4.2 Diet-related health issues

Being unable to prepare regular healthy meals was an issue raised by many of the women who had experienced long-term homelessness. Having restricted or no access to cooking facilities was identified as the greatest impediment to the preparation of meals and this limitation on their day-to-day living had potential implications for their health. Both Bronwyn and Cathy have a diet-related illness that requires ongoing monitoring and medication, as well as food restrictions, but as Bronwyn pointed out, this is difficult to manage when you are homeless:

It's been really hard because when you're homeless you don't have money and you can't eat. You can't cook anywhere and how are you supposed to eat? And you can't just buy junk food all the time because it just puts it out of whack.

Because of these difficulties, she has spent time in hospital on and off over the years to get the illness under control again. Gina explained that the kitchen at the rooming house where she lived was very limited, particularly as she needed to prepare meals that took account of her particular food intolerance.

It would have been a lot easier if I had my own place now because there's certain things that I know that I can do to supplement that. But I only have a certain amount of fridge space and cupboard space. There's a lot of things that I just can't buy and store and things like that. So it's usually just quick meals.

Similarly, Jennifer found cooking difficult, particularly because of the limited facilities and the risk of having food stolen. Stephanie reported that she went to the food vans every night because 'it's a real hassle just having to get all your pots and pans and then you go downstairs to the kitchen and just you know it's a real hassle lugging everything down there, bringing everything back up to my room'. Some women reported unhygienic conditions in rooming houses that were another disincentive to cooking.

4.3 Respiratory ill-health

Seven of the women interviewed described respiratory ailments that had been caused or exacerbated by periods of homelessness. Some had lived on the street where they had been exposed to cold and rain. Among those who had lived in rooming houses there was acknowledgement that there was often little or no heating, so these environments could also be cold. Several women referred to their susceptibility to colds, chest infections and pneumonia. For two women, asthma had been exacerbated by their long-term tenuous housing.

4.4 Gynaecological health issues

Four of the women interviewed disclosed that they had had miscarriages after being pregnant while homeless. Two women were pregnant at the time of interview, one of whom who had recently been sleeping rough. She reported that she was now receiving good out-patient care from a hospital. Another woman experienced a botched abortion while homeless that has led to long-term gynaecological complications.

4.5 Drug and alcohol-related ill-heath

About a third of the women disclosed drug or alcohol use and some described detrimental health effects that had arisen from it. As we have seen, several women attributed the exacerbation of existing mental ill-health to the cumulative effects of drug use and homelessness and two of the women have drug-related hepatitis C. Zoë had spent some time in hospital as a result of a drug-induced psychosis which occurred while homeless. She believes that 'it has really affected me mentally. It's really fucked with my head … a few months ago when I just got out of hospital I didn't feel physically able to go on.'

Two women directly attributed their drug and alcohol use to their homelessness. As Lauren explained, she went from 'a marijuana habit' to becoming 'a heroin addict' as a result of being homeless. For her, it was a case of 'just getting high and taking away the bullshit'. For Marie, her alcohol consumption was directly related to both her homelessness and her mental ill-health. When asked whether being homeless had affected her health, she replied:

Of course it affects my health, that's why I drink … because that's why I'm depressed … that's why I sit out the front of the [rooming house] drinking moselle, port, whatever comes along.

Marie, aged 25 at the time of interview, came to Melbourne eight years ago and has experienced homelessness since that time. She has stayed with family, in refuges and in rooming houses and slept rough. She had also experienced several violent relationships and other sexual and physical violence during homelessness. As noted by Robinson and Searby (2006, p. 7), while drug and alcohol use may contribute to homelessness, they are 'often related to women's self-management of experiences of sexual abuse and violence and mental health disorders'.

4.6 Summary

Ill-health is a well-established consequence of long-term homelessness. Mental ill-health, including depression and anxiety, emerged most strongly as the way in which women's health was affected. For some women, homelessness had exacerbated already existing mental health issues, including psychotic and other mental disorders; for others, homelessness was a contributing factor. Other health consequences of homelessness were dietary, respiratory, gynaecological and drug-related.

Chapter 5:
Help sought by the women and service responses

5.1 Responses to violence and lack of safety during homelessness

While the focus of this report is on women's experience of violence, the assistance sought often interconnected their housing, mental health and other issues. To avoid the risk of further violence, they needed to find safe, long-term housing.

As we have seen, a number of the women experienced sexual and other forms of violence that, typically, should warrant a police response and support from other agencies. However, women described situations where, in the first instance, the police response was less than adequate, or indeed non-existent, or where they did not contact the police at all because they believed that police would not assist them.

Anita had been raped at a mixed-gender crisis accommodation service but the response had been unsatisfactory, as she explained: 'They moved me to a motel out of the refuge. Instead of the perpetrator being moved, the victim's moved which I think really sucks'. She did not go to the police because she thought that they would blame her for using drugs and that they would not take action because she is 'a working girl' and has a mental illness. As noted by Quadara (2008, p. 20), sex workers are 'one community for whom experiences of sexual assault are frequently met with derision, skepticism or silence'. On other occasions Anita had gone to the police:

But they say 'Are you still taking your medication, Anita? How are you feeling? Are you having contact with mental health support?' Like, it's just thrown straight out the window. Anything I have to say is not taken notice of because I've got a mental illness and I'm a working girl … My mum used to always say little girl who cried wolf and that's me now. No-one believes me now because I'm sick, I'm sick, I'm sick all the time. And when you really are sick you really need help and you don't get it.

When Anita was asked what she would have liked to have happen, she replied:

Probably just to have been believed and not be told 'oh, how's your mental illness or are you still taking your medication?' … I mean you can focus on the mental illness maybe once you've assessed the whole story. Not right at the very beginning going 'How's your mental illness? Are you taking your medication?' … give the person a chance to tell their story and then assess the situation because it's very intimidating and it's like you're not being believed. It's like you're just crazy. And things do actually happen to mentally ill people, they really do… Being listened to and then just evaluating the session at the end and seeing if it's mental illness or real life or both of them put together and then evaluated so …

Anita's desire to be listened to and to have had a proper assessment of her allegations is consistent with other Australian research findings. The outcome of a police investigation of sexual assault (that is, whether the alleged offender was charged or not), is often not as important to victims as the quality of the treatment they receive and the degree of sensitivity and support that is demonstrated towards them (Lievore, 2005). Disturbingly, though, in other Australian research, Heenan and Murray (2006) found that sexual assault cases involving victims with a psychiatric disability or mental health issue were amongst those most likely to result in charges not being laid against the offender and twice as likely to be determined as false. So despite ongoing work in Victoria Police to improve responses to victims of sexual assault (Victoria Police, 2005; Victoria Police, 2002), Anita's experience is unlikely to be unique.

Police were also involved in dealing with domestic violence both during and prior to homelessness. Marcia was disappointed in the responses that she had received stating that intervention orders were 'useless' as the police 'wouldn't do anything … they would never breach'. But even getting an intervention order put in place was difficult. Anita had sought an intervention order against her former partner due to his ongoing harassment but due to his homelessness they did not proceed for lack of an address. Geraldine had a similar problem: she did not have an address for her former partner and he could not be summonsed and ordered by the court. To escape his violence, Geraldine and her two children slept in her car. Recent legislation and policy changes in Victoria mean that these women may have benefited

from the introduction of family violence safety notices that function similarly to intervention orders but can be issued immediately. However, safety notices still need to be served on the violent partner and, even more fundamentally, police need to recognise the particular circumstances of homeless women who experience domestic violence.

In contrast to Geraldine and Marcia, Stephanie had had a positive experience of police, although she suggested that this was an unintended outcome. She was living with her violent partner who was 'trying to throw me out. I had nowhere to go so I didn't want to leave the house'. In an effort to get her to leave, he called the police and they assisted her to leave. She described the police attitude towards her as if 'I was the one causing the trouble and they just wanted me to get out of there so they could go back to the station'. Helpfully, though, the police referred her to a support worker who assisted her to get accommodation at a motel and made sure she had food. From there she went to a mixed-gender crisis accommodation service that again she found was a positive experience. She had a worker there and 'I really don't know if there is anything else she could have done for me'.

Police assistance was sought in response to other circumstances of physical violence and theft, but there was little to suggest that the women involved were satisfied with the response provided. Although requested, police did not come when Bronwyn was attacked by a co-resident. On an occasion when Lauren had her room burgled in a rooming house, the police 'did nothing … police aren't any help'. But in other circumstances when she had been concerned about the harassment of co-residents, Lauren did not contact the police: 'you usually get told that "if you get the police involved, I'm going to do more" and things like that. That's what I used to be told so [I just] took it, being yelled at and screamed at'. In a similar way to avoid retribution, other women had intentionally not called the police at times of drug-related violence because, as Christine explained, the fear that 'in the drug world … if you dob someone in, you're screwed'.

In some circumstances women did not call the police but relayed their safety concerns to those who managed their accommodation, with varying outcomes. When Carol complained to the manager of the caravan park where she lived for two years about intimidation and harassment he

would 'go and tell them off and warn them and give them a talking to' but he also said 'Carol, this isn't a place for pretty women and kids', implying that her safety was not a priority. There was also a risk of retribution in complaining to the manager, as there was when reporting to the police. Jennifer commented that

the minute you put your hand up and put in one complaint, that's it … when you put in a complaint then the person that the complaint was about who did this real severe thing actually gets told, so you can just imagine, yeah?

Charlene had a more positive response from the management of the women's rooming house where she lives. In response to the concerns of a number of residents about male visitors, a new policy was introduced requiring any woman having a male visitor to check with other residents first. Because of this willingness to accommodate the safety needs of the residents, Charlene said that she felt safe living there.

5.2 Provision of housing and other support

The women interviewed relayed many positive accounts of housing and other support that they had received. They acknowledged the available assistance that had enabled them to secure better housing or support for their health and other issues. Nonetheless there were criticisms and suggestions. The strongest criticism concerned the lack of crisis, transitional and long-term housing and the impact that this had on the interviewees' ability to get on with their lives.

Before embarking on a discussion of service responses, it is important to acknowledge that the women's willingness to seek and accept support varied to some extent. All the women interviewed were familiar with at least some support services including services offering assistance concerning housing, domestic violence, drug and alcohol use, mental health and sexual assault. This should not be surprising as the interviewees were recruited with the assistance of programs at TSA Crisis Services. The perceived usefulness and relevance of these services varied according to the age and circumstances of the interviewees, as well as the service's accessibility in terms of location, cultural sensitivity, and other factors. Josie and Bronwyn, for example, acknowledged that in earlier times

they were not interested in seeking support. Josie had been homeless on and off for six years but it was more difficult now than when she was younger, and she now had a child. She explained that when she was younger she was not ready for the support that was offered:

I didn't know what housing was; I didn't know how important having a house was. I really didn't care. I thought 'Okay, just go back to mum's house', go out once in a while, come home then yeah, move out one day but not like that. Didn't think it was that important.

Ingrid was aware that she could have sought further support while at the same time taking responsibility for the choices she had made. She commented that even though she had been 'really fortunate' in the other support she had received, her mental health 'falls down on me' and she 'should have gone and seen somebody. It would have been good to have some intensive therapy or something'. She thought that her mental ill-health was related to drug use but had not sought support around that. But she also acknowledged that 'it's been the path that I've gone down and if I didn't then obviously I don't think I'd be in this position [of mental ill-health and homelessness]'.

5.2.1 Positive accounts of housing and other support

Many of the women had positive accounts of support to tell. For them, good support meant that the service system had worked for them and they were able to access some form of housing, whether crisis, transitional, or ultimately long-term. Often this valuable support was related to a particular worker or program. Sometimes it was perceived as positive because they had felt believed and the support they received reflected a sense of being cared about. Carla remembered a youth worker that she had came across when she was younger and homeless. He was someone who she said showed that he cared:

He was the best. He's the sort of youth worker that should be everywhere. Just the way that he talks to kids and the way he reacts to them is the way that it needs to be done. Instead of the pity kind of thing, maybe kids don't want that. Don't look at them like that you know? I'm living, I'm still here, don't look at me like I'm an idiot. And he was straight to the point, like if you were doing something you shouldn't have been doing, he'd go off at you and tell you,

'you're an idiot', literally like 'what the fuck do you think you're doing you bloody idiot? What do you think you're going to do with your life?' And he'd talk to you like a friend would … I just stuck in with him and he was the best there was, he actually showed that he cared.

Zoë, too, when younger had found a youth worker who had provided much support: 'It's so hard to find people out there that actually care'. In contrast to Zoë and Carla's experiences, when asked what would have helped her, Maggie said, 'someone who cared', implying that she never had that. Bronwyn acknowledged how important it was for her to receive help when she did:

I just had enough of being homeless and I was losing chances of getting the emergency accommodation and there was nothing out there for me anymore. And I was so happy when [a homelessness service] picked me up … I don't know if they understand how grateful I am … This totally changed me, it's been really good.

Ingrid had sought and successfully received assistance on a number of occasions. One time when she was staying in a friend's parents' home, they unexpectedly returned. She contacted her support worker, who referred her to a homelessness service that paid for accommodation in a motel. From there she had gone to a youth refuge and from there she was moving to transitional housing. She described this as an 'exceptionally good outcome'. Cherie had also received good support, after earlier less positive experiences. She had been offered unsatisfactory long-term housing which she refused and then moved back to live with her father. This did not work out but she was referred to an outreach program where she got 'so much support … it was really good' and which led to her accessing transitional housing. Rose reported that the young women's outreach program from which she had received assistance had been very supportive. Judy described feeling well-supported through her visits to a health clinic. This clinic provided a place for some of the women to take their various medications safely and in a controlled way. But more than this, 'they were really great people' and there was a sense that the clients were cared about, as Cathy described: 'all them other doctors they just give you what you want and then you're gone. And the doctor here, she actually goes through everything with you and she sees you for about half an hour to an hour.'

Through the health clinic she had been referred to a specialist who, in turn, had proved helpful.

Only last week I came and seen the psychiatrist here and he's diagnosed me with borderline personality disorder … he's booked me in to see a psychologist here … Like everyone's got issues and problems and all that, but when he explained everything to me, because of all the violence … it all just builds up and just explodes and then I retaliate against people. And when he sat there and explained it all to me. That's why I'm booked into see a psychologist now so I can talk about everything that's happened to me in the past, violence and all that too. So it really helps.

Cathy had also received good support relating to domestic violence. When asked if she had stayed in a violent relationship because she had nowhere else to go, she replied: 'I thought it was normal'. What had changed her view was that she had started seeing a domestic violence worker and getting counselling. In doing so, she realised that 'it wasn't my fault, no woman deserves to put up with that'. Geraldine also recounted her positive experiences of receiving support:

[The support person] was the type of person that would like to sit there. She'd know when you were sad and she'd sit there and she'd say 'what would you like to do? Is there anything you could do?' … But no, I think they do quite well. I just think they cop a lot of shit from the world outside because they haven't got enough of this and enough of that … And like I've done everything mostly for myself but I've had the help. I've had to get help from the church because everyone needs something.

A number of the women commented on a day time women's drop-in centre that had provided good support to them. In a similar vein, Jane suggested a night time safe place for women: 'a drop-in centre for the night time'. Marie had also received good support from a women's refuge when she was escaping from a violent former partner but otherwise, she admitted, 'I probably don't go looking for [help]'. But she did want a better home than the 'housing' she had, namely, staying with family with whom she did not feel welcome or sleeping rough with her partner.

5.2.2 The limited availability of public housing stock and crisis accommodation

The women interviewed expressed concern about the lack of safe and appropriate housing at all points of the service system: crisis, transitional and long-term. Many of the women had experienced difficulties in getting accommodation at each of these points, and at least half were (or had been in the recent past) on the public housing waiting list. And concerns recounted here were just those regarding the *quantity* of housing available. As we have seen earlier in this report (3.4), the women interviewed also expressed concern about the *quality* of the housing, especially in relation to its safety.

One of the problems with the limited crisis accommodation was that women could not get into refuges or other crisis accommodation and, once there, they usually could not stay longer than six weeks because of the demand on services. Given the complexity of the issues confronting these women – typically a combination of two or more factors such as lack of long-term housing, domestic violence, sexual assault, a history of childhood sexual abuse, violence experienced during homelessness, mental health concerns and problematic drug use – six weeks is a remarkably short period of time. Some had received assistance from support workers in crisis accommodation, or from outreach workers or other specialist support workers once they had left, but this was certainly not routine. And as we have seen, due to the lack of crisis accommodation, women are often referred to rooming houses as a form of transitional accommodation awaiting long-term housing, where they can remain for long periods.

For those fortunate enough to get into transitional housing, there is also the concern that it may be time-limited, in which case, if long-term accommodation has not become available, they then return to the homeless population to seek crisis accommodation. Ultimately, the success of the transitional housing program relies on homeless people moving to safe, affordable long-term accommodation that is certainly not always available. These problems with the service system – the lack of suitable exit points and an emphasis on 'short-term throughput assistance rather than longer-term outcomes' – were highlighted in the introduction to this report (Department of Human Services, 2002, pp. 12, 14).

Several women expressed their deep concerns about the failings of the homelessness service system. Jennifer came to Melbourne to escape domestic violence:

But there was no refuges. There was nowhere to go. I slept in a police station. I slept on a park bench. I slept in a cardboard box … Then I got put to a motel, no money, no nothing, but I was very grateful for the motel but no food. So I had seven days of no food. Nothing. And because it wasn't in the city and it was out-out – don't ask me to tell you where – so therefore I had nothing. I had water, that's it. So that to me is not right either. But don't get me wrong. I didn't expect to stay at the Hilton, the Hyatt and live like a queen. That's not what I'm saying. But there was nothing, zilch, zero, nothing.

As Jennifer concluded:

when you look for a service to help you, they are there and they're not there. I came to Melbourne with nothing, no money, no nothing … a change of clothes … no family, nothing … But I'm still homeless today [two years later] because there's nothing there.

Gina did not end up in a women's refuge either despite experiencing domestic violence, albeit from her daughter and her daughter's partner. Whether she was offered this supported accommodation is unclear but she went to a women's housing agency with her belongings in a shopping trolley. She was referred to crisis accommodation and stayed a week but was told she would have to find somewhere else. While at a shopping centre she spoke to a stranger who told her about the rooming house where she has now lived for the past three years.

Like Gina, for whom a week in crisis accommodation was insufficient time to find longer-term accommodation, Marcia found the length of time that she spent at a refuge inadequate. Marcia also suggested that refuges should have 24-hour access and Rhonda was frustrated by a policy that required approval for admission to a crisis accommodation service to be made over two to three days: 'you haven't got two to three days to wait. You're there to get help then and there'. Furthermore, Rhonda pointed out the lack of crisis accommodation services for women compared to men.

I'd love to see something for the women. And good for the women, I've had friends go, blokes go to Flagstaff and they get flats and that and they haven't done anything, all they've done is sit in this place for three months, take

drugs and steal off people, everything, and then they get given a flat with all new things in it. Like okay, you get it for women too, but you've got to go through the processes of being homeless and everything. There's only so many places they have for you to be homeless in and it is so rare for women. It's about time people started asking questions. Okay, why aren't people getting off the streets? Like Crisis Care are giving us help, but why do you end up back there?

Carla noted that she had received help in getting assistance around housing but felt that that you had to be 'lucky':

It's like well, you're pretty much screwed kind of thing. They might as well say it on their brochures or pamphlets whatever, come to us and you're screwed anyway. Because like we can try and help but we'll still get nowhere. Unless you just happen to be in at that right time…

Josie said that she asked for support to get housing but:

I didn't get it. I didn't get the help that I wanted. Some of them would be like 'no, there's nothing available tonight'. They weren't really helpful. When I was younger it was helpful because of my age but it doesn't matter what age you are, you still should get help … it's dangerous on the streets.

While Anita could relate a positive experience where she had received immediate and very helpful assistance,

there's been other occasions where I've gone into the [homelessness services] looking for accommodation and they say 'oh sorry, there's nothing' so I've had to go and do a job for $100 to get a motel room. I've had many occasions where I've paid for my own hotel room.

And there were other consequences of the lack of suitable accommodation. For example, Alison returned to her violent partner. When she was asked what help would have been useful during her periods of homelessness, she replied:

I don't know about [at] the boarding house, because I think pretty much I felt okay most of the time because I felt safe with two of them … But it was more when I was with [my ex-partner] and I had [my first child] and I was pregnant with my second, we split up for a bit. He was violent and I just wanted to get a place around here … I went to [a homelessness service] and they said 'oh, you will have to come back every couple of days, we've got nothing'. And I wasn't going to go into a refuge being pregnant and with a little boy, I didn't want to risk getting my son taken off me … I was just stressed. I didn't really know what to do. So I ended up having to go back [to the violent relationship].

When there was no other accommodation available, women often stayed in rooming houses. But Claire did not think that they helped a great deal, other than by providing a roof over their head.

I think putting people out on the streets into rooming houses is a bad idea. I know they're trying to help to get them off the streets. It's good for that, but a lot of them are drug addicts, hookers, so you're just giving them a roof over their heads to do the same thing. All you have to do is pay rent and it comes out of your payment before you get paid sort of thing. So, you're not really helping at all. You're just giving them a warm place to keep doing what they're doing.

Claire commented on the difficulties of waiting for public housing to come up, and the lack of support during the wait when staying in a private rooming house.

The government's doing the right thing trying to get us off the streets. I understand that but I don't think they really thought of exactly how to do it because there are so many people on the streets now … An application for public housing takes so long and when you're in a rooming house you're left on your own. Like, you've got no support workers; you've got no-one to come in even once a week to help you. You haven't got a list inside your room to say, okay if you're this person what about going here? Or, support workers and their phone numbers and food aid and things like that. You're just put from out on the streets from an open area to a room. That's all it is and it just does not help.

To some extent the problem that Claire has identified is beginning to be addressed. The *Opening Doors* policy framework includes the funding of interim support workers whose job it is to provide some limited assistance to people living in rooming houses awaiting referral to transitional housing. The first of these interim support workers have recently been employed. However, as others have identified, there is a need for longer-term intensive support.

There were some particular issues around transitional housing, particularly accommodation for single women which required them to accept shared housing. Several women talked about the difficulties of shared transitional housing. While Ingrid's difficulties with sexual harassment by a former co-resident's boyfriend have already been discussed, she lived in another shared arrangement which was set up to be supportive, but that she ended up leaving 'because when you go into places like that … you all have the same problems and you kind of feed off each other … I've never

had as much drugs as I've had in that house'. Stephanie lived in similar circumstances with disastrous results: 'You can't put two junkies in a house together and expect everything to go fine and expect the bills to get paid, the rent to get paid, because it just won't happen. And it just seems like it's just set up to fail'. After her co-resident began selling off the furniture, she took off. Christine was in the difficult situation of having to move out of a previously shared THM to make way for a family with no accommodation to move to, and no prospect of any arising. After moving, she will have a further six weeks support from the program but no guarantee of alternative accommodation, despite having a Segment 1 application in place.

Once women got in the queue to receive long-term housing – even when the temporary accommodation was unsatisfactory – they were reluctant to give it up because it meant losing their place on the waiting list. Jennifer agreed to a room change in the mixed rooming house where she lives to avoid the harassment of a co-resident but, in doing so, unknowingly, lost her place on a waiting list for a new one-bedroom unit, and was told 'you can stay in the room where you are for ten years'. Previously, she had been offered a caravan to live in for a period of time, which in her view would have been much better than the mixed rooming house where she currently lives, but she declined because it would mean she would lose her place on the waiting list. Jennifer was, as she said, 'between a rock and a hard place'.

What all the women identified was the need for safe, long-term housing. As Lauren summarised: 'it's the end all … I need somewhere to fix everything, to have my children back, to be able to live, to fix my health issues'. Similarly, Jennifer wanted 'my health and a roof over my head, just my own space'.

5.2.3 Other concerns about support received

Other concerns related to the ways that the women perceived themselves as having been treated by workers and what was considered to be workers' lack of skills or experience. Sometimes there appeared to have been major service system failures. The importance of early intervention was also highlighted.

Two of the younger women highlighted the importance of early intervention, relating it to their own circumstances in which the lack of appropriate early intervention had resulted in longer-term homelessness and other serious issues. Alison explained that

the first time I went to [a homelessness service], they didn't do anything whereas when I'd split up, my kids were gone, I was living on a couch at a friend's dad's place in town and that's when they finally put me on to a young women's outreach program. So it's just taken a lot of time for them to actually do anything.

Even though Alison now has stable accommodation and the prospect of long-term housing, she has experienced several years of domestic violence and the loss of her two children.

Carla's comments reflected how important it is for early interventions to take into account young women's individual circumstances:

The thing with young women especially when they're homeless, they've come to that spot in their lives … there's not as much support as there should be … it's almost like they're herded like sheep into this one little box kind of thing and you're all the same, we'll just do the same thing with you as we did with the last, where some might need differen things as well. Like some might need … something put in place, like a counsellor that comes along with it as well, because they might not be comfortable living straight away on their own … myself I needed to live on my own because of my anxiety, my panic attacks, I can't live with people.

Related to this was workers' ability to provide high-quality counselling. Carla had sought assistance for her mental ill-health and she was on medication and had sought counselling. However, she said 'I've seen that many of them and you come across the ones that blame you for it, ones that just sit there: "Oh well, I don't know". And then you find the ones that are good, but then they leave …' Several other women commented on the skills and experience of workers in the homelessness and related fields, and were also dissatisfied with some aspects. As Claire recounted:

[W]hat I found is people who are counsellors for drug addicts or alcoholism or child abuse or whatever because I've been to so many, that they have to have gone through the situation. So, if you're counselling drug addicts you should have been a drug addict yourself because a lot

of people you speak to have no idea what you're going through … They only hear stories. They haven't actually gone through what you went through … So for example an ex-addicts support group so that way the counsellors know exactly what you've been through because they've been through and you talk the same language.

Lauren, too, thought it was important for people working in the areas associated with homelessness and drug and alcohol use to have been through these experiences. She found that such service workers otherwise 'treat you like shit, basically' and she felt like 'a second-class citizen'. Although Josie had received 'good' support from workers at a refuge and an outreach program, she was critical of other homelessness agencies, regarding what they have to offer and, like Lauren, their attitude:

They say they help you and they put on the windows 'We can help you with everything, that's fine'. And you go and they don't even help you … it's like why have you got that up there? And they've got attitude too, the people. They don't know how to talk to people nicely. It's like we're already homeless, come on. Some people are worse, like the attitude you give, just be nice.

In addition to concerns about the support that the women themselves received, there was an awareness that others were not receiving adequate and appropriate support, in particular with relation to mental health. There were numerous references to other people living on the street, in rooming houses or in crisis accommodation who were experiencing mental ill-health. As Christine said, they were 'unsupported' and 'it's sad, like I mean they need help and being in there [rooming houses] …' Robinson (2003a, p. 5) has also noted that homeless services are 'full of people with significant mental health issues' and that 'the SAAP sector has become a de facto support service, despite never having been mandated or resourced to provide support to homeless people with a mental illness' (Department of Family and Community Services and Department of Health and Aged Care, 2000, p. 6, cited in Robinson, 2003a, p. 6). This need for greater support is reiterated in several other recent public policy documents which point to the need to provide better and earlier support to people with mental health issues (Department of Premier and Cabinet, 2005; Homelessness Taskforce, 2008).

What many of these comments reflect is a need for support that is respectful, enables long-term engagement and that is relevant to individual women's needs. Given the complexity of the issues faced by many of these women such as dealing with the trauma of sexual abuse, sexual assault and domestic violence, addressing problematic drug and alcohol use and mental health issues, as well as developing practical day-to-day living skills, there is clearly a strong need for more intensive resourcing of support services, as indicated by Chamberlain, Johnson & Theobald (2007), Johnson, Gronda & Coutts (2008), Robinson & Searby (2006) and Tually et al (2008).

5.3 Lack of information about support

A number of the women interviewed commented that when they were first homeless they had no information about what assistance was available. It was largely down to others they met along the way after they became homeless who pointed them in the right direction. This lack of knowledge of support services is a good reminder of the importance of ensuring that this information is made available and accessible to the widest possible audiences. For some of these women, the lack of information was an impediment to early intervention and meant that the period of time that they were homeless was extended significantly.

Christine, for example, said that 'I had absolutely no idea that there were refuges' and Charlene only found out about support services through other friends who had had similar experiences:

they helped me the first time with numbers and that's been where they've stayed and that's how I started to know about homelessness and what the options were.

Like Charlene, Rose knew about the support she could receive when homeless because she had a friend who 'knew the system because she was out of home since she was real young. She told me where to ring, otherwise I don't think I would've even known'. Similarly, Cherie only knew about support services because of her sister having been in similar circumstances. Carol did not know about refuges either and the support service she went to did not refer her to one. It was only when she was living

at a caravan park after having left her violent partner that the teacher of one of her children advised her of other assistance she could get, which led to placement in emergency and then transitional housing. When she rang the support service,

I was so relieved, I started crying when I spoke to the [domestic violence outreach worker] and she said she'd come and see and get me out of the park … I said 'three years I've been waiting for someone to say that to me, that "I'll come and help you Carol"' … My life's been on hold and it's still on hold until I can get accommodation.

Jennifer, too, did know about domestic violence services. When asked how she found out she responded:

By sheer accident. I ran into a lady who saw me sitting there and it turns out she was a district nurse and she said to me, 'if I didn't know better you've got nowhere to go'. And I'm sort of like 'oh'. Because I didn't know her I didn't know what to expect, you know? And she goes 'look, this is an address, I'll give them a ring, they'll expect you.' And I'm like 'oh look', you get, not just afraid, you get very wary because of the place [a men's hostel] that [a homelessness service] stuck me into, you know?

These accounts remind us of how important it is for the range of services that are likely to have contact with women at times when they are vulnerable to homelessness to have information about support services. These services include those working with women during and after pregnancy, child health and welfare services, school welfare services, general practitioners and emergency departments of hospitals (Tually et al, 2008). *Opening Doors*, the current Victorian strategy to provide better access to support services and social housing for homeless people, is attempting to improve the visibility of entry points to the service system and, in doing so, make 'access easier and clearer for consumers, allied services and networks' (Department of Human Services, 2008, p. 7).

5.4 Summary

The women interviewed sought assistance in response to violence as well as in relation to other matters such as housing and other practical issues, mental ill-health, and problematic drug and alcohol use. In relation to violence, few positive responses were reported. It was felt that because they or their violent partner were homeless, or they had a mental health issue or were in some other way marginalised, their concerns were not taken seriously by police. Sometimes women did not report incidents of violence because they did not think anything would come of it, or they feared retribution if they did. Despite these concerns, the women reported positive experiences of seeking assistance for other matters, and characteristic of these positive responses was a sense of being cared about and being treated respectfully, as well as resources being available to assist them.

Two issues stood out as the greatest concerns in relation to the provision of support. First, a lack of safe accommodation at all points of the service system – crisis, transitional and long-term – meant that women were exposed to the dangers of inadequate and unsafe accommodation such as private rooming houses or sleeping rough. Second, given the overwhelming demand for services, once women gained entry to crisis accommodation services, their access to support was typically time and resource-limited. Moreover, since many women were unable to access crisis accommodation, opportunities for early intervention in a woman's experiences of homelessness were lost. A lack of early knowledge about support services was also found among the women, suggesting a time delay between the emergence of the issues that led to homelessness and helpful responses being offered.

Chapter 6:
Policy and practice implications

6.1 Policy and practice implications

Victoria has in place a policy framework for a homelessness service system that is safe and supportive but, in practice, as these women's experiences tell us, the service system is, at times, failing. The women interviewed in this research reported violence during homelessness that by any standard is unacceptable. An underpinning tenet of providing support to people who are homeless must surely be that safe accommodation is provided, during both crisis and longer-term periods. Indeed, the right to feel safe (and the responsibility to respect the right of others to feel safe) is included in the Victorian Government's charter for people accessing homelessness assistance and social housing (Department of Human Services, 2006). Clearly, the standards established by the charter are not being met.

Even though there are specialist domestic violence services, women aged in their thirties to fifties, such as Carol, Sandra, Gina and Jennifer, had fallen through the cracks. Each of these women had endured long-term domestic violence but because of a lack of knowledge of the services available, no available services, or inappropriate referrals, they had not made their way to receive the support of refuges or outreach services. Instead of getting supported crisis accommodation, which women in these circumstances are expected to receive, they had ended up in caravan parks, rooming houses and sleeping rough for extended periods of time. More recently, Carol and Sandra have begun to receive specialist domestic violence support which should mean that they obtain long-term housing

– whether this long-term housing is safe or not is another matter. Gina and Jennifer remain long-term residents of private rooming houses hoping that they will eventually find better accommodation. Each of these women reported experiences of intimidation and harassment during homelessness that had severely impacted on their mental health and well-being.

Nearly half of the women interviewed had entered the homeless population as young women typically having left home due to violence. Most of these young women remain homeless for many years, moving around a range of crisis accommodation services, sleeping rough, staying with friends and, for some, managing for periods of time in independent housing. Anita, Bronwyn, Carla, Charlene and Jane, now aged in their twenties to thirties, were some of the women who had these experiences. Even though these women were accessing youth and other services, they remained homeless and were exposed to further violence and intimidation. The level of trauma in their lives suggests the need for a service system that is better resourced to provide the level of support needed to assist them in maintaining independent housing. Other young women, such as Alison, Marie and Zoë, now aged in their twenties, had their children removed to state care, reflecting the difficulties that they were experiencing in their life, such as substance abuse, mental health issues, domestic violence and homelessness.

Due to the limited number of crisis accommodation services, single women such as Lauren and Rhonda, both aged in their thirties, had stayed at private rooming houses with little assistance to help them move to better, long-term

accommodation or support for addressing their health and other issues. Several of the oldest women, including Maggie, Marcia and Samantha, aged in their forties and fifties, are now in long-term secure housing. However, their accounts revealed extended periods of homelessness and violence from a young age.

Four of the women interviewed were Aboriginal and two were from other non-Anglo Australian backgrounds. While experiences of sleeping rough were not confined to this group, there was evidence of long periods of this form of homelessness, particularly among the Aboriginal women. In addition, not only had these women experienced sexual violence and intimidation, they also had racist violence perpetrated against them while homeless.

Across each of these groups – women escaping domestic violence, single young women, young women with children, single women and older women – the need for greater long-term support was evident. While there were many examples of positive support that the women received, there was also much more that could have been done. None of these women experienced only homelessness; being homeless also meant responding to sexual assault, domestic violence, sexual abuse and/or other forms of violence, mental ill-health, difficulties with parenting, and/or substance abuse. Providing assistance to these women requires a greater resourcing of the agencies working in the homelessness service sector and the skilling of those who work in mainstream organisations to better work with the range of issues the women face.

Moreover, across each of these groups, there was evidence of women having to stay in unsafe and inadequate accommodation because there was nowhere else to stay. Homelessness services routinely refer women to rooming houses even though they are known to be unsafe. That this routinely occurs reflects the parlous state of the resourcing of crisis accommodation services to homeless people, especially single women. The women also expressed serious safety concerns about both transitional and long-term housing, and the need for more public housing stock.

As we have seen, the Australian Government's response to homelessness is guided by principles including 'the need to focus on keeping people safe' (Homelessness Taskforce, 2008, p. 19). One of its priorities is to reduce the number of people sleeping rough. While this is clearly a desirable goal, ensuring that the alternatives offered are not places where women are exposed to violence, intimidation and exploitation, must be a priority. However, we also know that significantly fewer women than men sleep rough (Chamberlain & MacKenzie, 2003) because women find sleeping rough extremely dangerous, as this report has demonstrated. At the same time, women make up nearly

half of the homeless population and nearly two-thirds of those seeking homelessness assistance in Victoria. In other words, homeless women, while often not sleeping rough, also have pressing needs that need to be addressed. The Australian Government could make significant contributions to reducing women's homelessness by ensuring that gender is placed at the forefront of decision-making regarding the implementation of their national approach (Homelessness Taskforce, 2008).

This study has provided evidence that women's lack of safety during homelessness is an outcome of a service system that is inadequately resourced to assist them. Violence against women during homelessness would be greatly reduced if women were not referred to temporary housing that was known to be unsafe, and if there were more safe and supported alternatives available, both for the short and long-term.

6.2 Recommendations

This report reiterates some of the recommendations that have been made in other recent reports (e.g., Chamberlain, Johnson & Theobald, 2007; Parkinson, 2004; Tually et al, 2008). Furthermore, it affirms the strategies outlined in the Australian Government's approach to homelessness (Homelessness Taskforce, 2008) while, at the same time, highlighting the need to pay more attention to gender.

This study has focused on a group of women of whom the majority had experienced chronic or long-term homelessness. It is acknowledged that their experiences are not typical of all women who become homeless. Nevertheless, their accounts provide important information that can be used to inform the development of improved responses to homelessness and to prevent violence against women.

The most direct way of preventing violence against homeless women is to provide safe accommodation. Addressing the inadequate resourcing of the homelessness service sector and increasing public housing stock in themselves would have a significant impact on the incidence of violence against women. Given the complexity of the issues faced by many of these women, including the cumulative trauma of violence perpetrated against them, there is clearly a strong need for more intensive resourcing of support services. It must be noted though, that among the women's services, additional funds will be required, rather than the sharing of existing resources. The existing domestic violence services and services for single and young women are already over-stretched.

6.2.1 Increase availability of women's crisis and transitional accommodation

Homeless women are currently being referred to rooming houses because there is no other accommodation available. Rooming houses can be unsafe and put women at risk of violence, intimidation and harassment. The alternatives to rooming houses, such as sleeping rough, can be at least as dangerous. There is an urgent need to increase the availability of women's crisis accommodation, and transitional and other forms of supported housing.

6.2.2 Address quantity and quality of public housing

Due to the limited availability of public housing stock, women who are fortunate enough to make it into transitional housing may then remain there with their lives on hold for long periods of time. Alternatively, they may be living long-term in rooming houses or other unsuitable accommodation awaiting re-housing. However, there are also grave concerns about the safety of some public housing estates, particularly those that are most readily available due to high tenant turnover. There is an urgent need to address the quantity and quality of public housing.

6.2.3 Increase resourcing of long-term support

Once women gain entry to homelessness services, their access to support is typically limited by time and resources. While the women interviewed reported many positive experiences of assistance, there is a need for long-term support that is respectful, enables long-term engagement and is relevant to individual women's needs. Given the complexity of the issues faced by many of these women – dealing with the trauma of sexual abuse, sexual assault and domestic violence; addressing problematic drug and alcohol use and mental health issues; as well as developing practical day-to-day living skills – there is clearly a strong need for more intensive resourcing of support services.

6.2.4 Enhance early intervention responses

Nearly two-thirds of the group of women interviewed had first experienced homelessness when they were 18 years or younger and many had become chronically homeless or experienced repeated episodes of homelessness. The longer the women stayed homeless, the greater the risk of their exposure to violence, intimidation and harassment, and the greater the subsequent effects on their mental and physical health. To prevent long-term homelessness and risk of violence, early intervention responses that have the capacity to produce sustainable, long-term outcomes must be in place. Part of this early intervention response should ensure that those agencies most likely to encounter women at risk of homelessness are able to assist them or refer them to services where they can receive support.

6.2.5 Improve police responses to violence against homeless women

The women in this study reported examples of poor police responses to violence perpetrated against them while homeless. While it is acknowledged that legislation and policy guiding police work in Victoria has improved in recent times, there is still a need to ensure that those women who are most marginalised, including those who are homeless and have mental health issues, receive respectful and sensitive responses that address the violence that has been perpetrated against them.

Appendix 1: Core interview questions

In addition to direct questions concerned with demographic characteristics such as age, current accommodation, and whether she had children, the following open-ended questions were asked of each woman interviewed. Prompts were also used to seek further information as required.

- When (and why) did you first experience homelessness?

- What has happened since? What are your current circumstances?

- Do you think that your experience of homelessness has affected your health?

- How has violence been a part of your experience of homelessness?

- What happened in response to the violence? Did this change your circumstances?

- If assistance was sought, was it helpful? What else would have been helpful?

Appendix 2: Biographies

Alison

Alison is 22 years old and living in transitional housing while awaiting long-term public housing. Over a period of six years she had lived in a range of housing including shared private rentals, staying with friends and family, and in a small suburban rooming house. After a violent incident in the rooming house, she moved out, established a relationship and had two children. She has since left this relationship due to violence and continues to experience depression, exacerbated by her periods of homelessness and the loss of her two children to state care.

Anita

Anita is 30 years old and, at 15, was put in state care as a result of violence in her family. Foster care did not work out and she stayed at a youth refuge, followed by the past 15 years of living in a range of accommodation services including rooming houses and women's and mixed refuges. Anita has experienced sexual and physical violence from co-residents and domestic violence, including undertaking sex work to fund a former boyfriend's drug use. She continues to be concerned about her safety in relation to this previous relationship, and experiences mental ill-health which she partly attributes to a pre-existing mental health condition and partly to her experiences of violence and homelessness.

Bronwyn

Bronwyn is 27 years old and left home at 13 due to abuse. First, she slept rough. For the following ten years she stayed in rooming houses, and youth and adult refuges in which she experienced physical and sexual violence and intimidation from co-residents. More recently she has moved to stable accommodation and her mental and other health issues have improved considerably.

Carla

Carla is 24 years old and is from rural Victoria. She left home when she was 14 due to violence in her family. During the following years she had periods of stable accommodation and other periods of living in youth refuges, a caravan park, shared private rental, staying with friends, and returning to live with her family, from whom she continued to experience violence. Recently, she experienced a mental health breakdown and is now living in transitional accommodation awaiting long-term public housing.

Carol

Carol is 33 years old and has five children, three of whom currently live with her. She was in a violent relationship for 15 years and continues to experience violence from her ex-partner. Upon leaving her ex-partner she moved to a caravan park for two years where she experienced harassment and intimidation. More recently she has moved to transitional housing awaiting long-term public housing.

Cathy

Cathy is 33 years old and is from rural Victoria. She has two children who are in state care. She moved around rural Victoria without stable accommodation, eventually coming to Melbourne where she lived rough and in rooming houses with her violent ex-partner. More recently she stayed in a women's refuge and from there has moved to transitional accommodation. During her time on the street, she experienced physical violence and abuse. Cathy attributes her physical and mental health issues to violence and homelessness.

Charlene

Charlene is 28 years old and has experienced episodic homelessness since leaving home about ten years ago. She lived for periods of time in youth refuges and with family members, but has now long-term accommodation in a rooming house. Charlene has experienced depression and anxiety that she partly attributes to her experiences of violence and homelessness.

Cherie

Cherie is 21 years old and first became homeless when she was kicked out of home having fallen pregnant at 16. She was involved in a violent relationship that continued at times during periods of homelessness. After declining public housing in an estate that has a reputation for violence she returned to live with her father but this arrangement was not sustainable. She is now living in transitional accommodation with her daughter awaiting suitable long-term housing.

Christine

Christine is 23 years old and first became homeless when she was kicked out of her foster home at 20. Over the following three years she has lived with a partner, with friends, in a refuge, a rooming house and shared transitional housing. Christine experienced harassment and intimidation and suffered health problems that she attributes to homelessness.

Claire

Claire is 23 years old and has been homeless over a nine-year period. She left home at 14 due to her mother's mental ill-health and stayed with friends. Later, she lived in a refuge after leaving a violent relationship, slept rough, and is currently living in a rooming house. She has experienced sexual and physical violence and intimidation, and has suffered poor health due to drug use.

Fran

Fran is 19 years old and has experienced homelessness over the past three years, initially as result of conflict with family members. Fran has stayed in refuges and in transitional housing. A recent tenancy broke down when she experienced harassment by her landlord. She considers herself vulnerable and she is concerned about her long-term housing.

Geraldine

Geraldine is 43 years old and first experienced homelessness as a result of domestic violence 20 years ago. She stayed in her car with her children on and off for over a year, and later lived in rooming houses, in refuges and in transitional accommodation. She has had stable accommodation more recently but remembers the violence from her relationships as well as in the environments where she lived when she was escaping domestic violence. Both her mental and physical health suffered as a result of these experiences.

Gina

Gina is 52 years old and has experienced homelessness for three years. She moved out of her home due to drug-related violence and intimidation by family members which has continued during her period of homelessness. After leaving home she stayed at a women's refuge, then for several years at a private rooming house awaiting long-term public housing. As a result of homelessness and the experiences that led to it, her mental health has been affected by anxiety and depression.

Ingrid

Ingrid is 23 years old and at 16 moved to Melbourne from rural Victoria. Over the following six years she has spent periods of homelessness staying at youth refuges and rooming houses and returning for short periods of time to stay with family. Ingrid attributes her homelessness to her mental ill-health and drug use.

Jane

Jane is 27 years old and has been homeless since she was 18 as a result of violence in her family. After leaving home she stayed with friends, on the street, and in women's refuges. She now has long-term housing in a rooming house. Jane has experienced chronic depression.

Jennifer

Jennifer is 48 years old and became homeless two years ago after leaving a violent relationship. She stayed at a motel, a mixed-gender refuge and slept rough, and is currently living in a rooming house awaiting public housing. During the period of homelessness she experienced harassment and abuse that has exacerbated her existing mental ill-health.

Josie

Josie is 21 years old and first became homeless when she was 16 as a result of family conflict and violence. She has stayed in refuges, with family and friends, and in transitional housing. While homeless, she has been harassed and verbally abused. Her child is currently in state care and she is awaiting long-term public housing.

Judy

Judy is 43 years old and became homeless after the sale of her house two years ago. At the time she did not know where to live and ended up living on the street. During this time she was doing sex work and using drugs. She has since been able to secure long-term stable housing.

Lauren

Lauren is 32 years old and first experienced homelessness as a child when she received intermittent care from her extended family. Later, she was involved in a long-term violent relationship and drug use that led to the loss of her children to state care. Harassment from a former partner resulted in the loss of stable accommodation. She has stayed in rooming houses and a women's refuge. Her mental and emotional health have both suffered as a result of these experiences of violence and homelessness.

Lisa

Lisa is 36 years old and has had stable accommodation for the past five years. Prior to that she had ten years of episodic homelessness during which she and her husband sought accommodation in rooming houses where she felt intimidated and witnessed violence. She has also lived in public housing that she considers not much better. During some of this period she had her children with her. Her mental and physical health has suffered as a result of these experiences.

Maggie

Maggie is 54 years old and when she left home as a young adult she became involved in sex work. She has been involved in violent relationships and has stayed in a range of accommodation including rooming houses and with friends. She currently has long-term stable accommodation.

Marcia

Marcia is 47 years old and is living in public housing. She left home as a teenager due to the breakdown of her family and experienced episodic homelessness over the following 30 years as a result of violence from former partners and family members. She has stayed in refuges, rooming houses and transitional accommodation and slept rough with her children. The impact of these experiences has been catastrophic on her physical and mental health.

Marie

Marie is 25 years old and is from rural Victoria. She came to Melbourne eight years ago and has experienced homelessness over this period of time. She has stayed with family, in refuges and rooming houses, and slept rough. During this time she has experienced violence from ex-partners and from others that has adversely affected her mental health and has lost her children to state care.

Rhonda

Rhonda is 35 years old and became homeless after leaving a relationship five years ago. Due to health problems she has been unable to work. She has stayed in rooming houses, in which she has experienced intimidation and harassment. Her mental and physical health has deteriorated as a result of living in long-term tenuous and unsatisfactory accommodation.

Rose

Rose is 24 years old and has a young child. When she was pregnant she moved between the homes of her family and her former partner's family before establishing a shared house with her partner and others. She separated from her partner due to domestic violence and the tenancy broke down. She has recently moved from transitional accommodation to a long-term private rental. She is concerned about the suitability and lack of safety in some available housing stock.

Samantha

Samantha is 50 years old and has experienced periods of homelessness since she was a teenager. She has slept rough and lived in rooming houses and squats but more recently has lived in a public housing flat. She has experienced violence and intimidation while homeless and her physical health has suffered.

Sandra

Sandra is 29 years old and is from rural Victoria. She has four children who are in state care. She came to Melbourne so that she could stay with family and escape domestic violence. She was unable to stay with family long-term so she has slept rough and was staying in a motel awaiting transitional housing.

Stephanie

Stephanie is 38 years old and she first became homeless eight years ago when she spent several years living in a car with her partner and then with his family, having been evicted from a private rental due to non-payment of rent and drug use. She later separated from her partner due to domestic violence and stayed in a motel and a mixed-gender refuge. From there she went to shared transitional housing that did not work out. Stephanie is now living in a community rooming house awaiting long-term public housing.

Zoë

Zoë is 19 years old and spent time living on the street and with friends during her younger teenage years. At 16, she came to Melbourne with her partner and lived in their car, on the street and with friends. Two public housing rentals have broken down at least partly due to her and her partner's drug use. They have had a child together but the child is now in state care. Her drug use has resulted in periods of mental ill-health.

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St Kilda VIC 3182
PO Box 2027
St Kilda VIC 3182
Telephone (03) 9536 7777
Facsimile (03) 9536 7778
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St Kilda VIC 3182
PO Box 2027
St Kilda VIC 3182
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Facsimile (03) 9536 7721
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