



Women's Journeys through Homelessness: A Case Report from Linn County, Iowa

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August 2022

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Acknowledgements

First and foremost, I would like to thank the women who set aside time to participate in interviews for this project. This report would not be possible without their courage and commitment to share their experiences in hopes of bettering a community. Each of them brought their own perspective and expertise to the table and generously shared their time and story.

I would like to acknowledge those who supported this work. Thank you to the Women’s Services team at Catherine McAuley Center, who took the time to share information on community resources, referred clients to me, and offered feedback on the research materials and final reports. A particular thank you goes to my supervisor, Kristin Bratton, who provided ongoing support as this project came together and was a crucial force in navigating and overcoming challenges. A huge thank you goes to Deb Frank, who tirelessly provided volunteer support as I sorted through information from interviews. Thank you to our communications team at CMC who provided support and feedback through the final stages of this project, especially Katie Splean, Kelsey Steines, and Madison Moller.

Thank you to Kasper Kittredge, who came before me as a VISTA member researching homelessness in Linn County, and provided guidance and enthusiasm throughout the course of this project. Alicia Faust, I appreciated your willingness to provide existing research and materials that had been utilized during Kasper’s VISTA project, which formed a significant basis for the development of the interview questionnaire for this case study.

Thank you to those who brought awareness to this project and referred clients: In particular, thanks goes out to the staff at Linn County Community Services, Living Room Ministries, Linn County General

Assistance, Willis Dady, and all of the providers who referred clients to me throughout the course of this project.

Finally, thank you to those who continue to uplift this work. There is little meaning in any of this without ongoing advocacy and action.

Executive Summary

This report presents selected findings from a qualitative case study of five women in Linn County, Iowa who experienced housing instability and homelessness. Particular attention was given to their personal stories and their experiences with homeless services in Linn County.

Women often identified multiple contributing factors to their homelessness. When asked about the central causes of their homelessness:

- Four out of five participants identified *insufficient income to afford housing*
- Two identified *intimate partner violence*
- Two identified *substance use problems or substance use disorder*
- One identified *other mental health*
- One identified her *home becoming uninhabitable* in a disaster or accident

Participants stayed in a variety of sleeping places while navigating their most recent housing instability.

- All five participants experienced *unsheltered* homelessness at least once.
- Four participants accessed an *emergency shelter*.
- Four of the five participants were *doubled-up*, staying with friends, family, or acquaintances when they had nowhere else to go.
- Three participants used a *hotel* as a place to stay when they had no other housing.
- Three participants stayed at least one night in an *abandoned building*.
- Three participants used *transitional and/or supportive housing*.
- Two participants utilized *rapid rehousing* programs.
- *Residential treatment programs, jails, hospitals, and domestic violence programs* were less common, but still prevalent sleeping places for women in this sample.

Several recurring themes arose throughout interviews. Key themes include:

- **Program and staff capacity:** Participants often expressed concerns around staff capacity, emphasizing that homeless services and mental health resources seemed to lack adequate staffing. With inadequate capacity, safety concerns arose and clients' needs were delayed or unmet.
- **Resource navigation:** Participants shared experiences of being connected with either an abundance or a dearth of resources. These experiences were highly impactful to women's emotional wellbeing and journeys toward stability.
- **Structure and accountability:** Many participants shared that they valued structure and accountability from case managers, sometimes looking for additional structure, as they worked towards goals and maintained stability.
- **Impacts of Trauma:** Women were deeply impacted by trauma. Triggers influenced their sense of safety in housing and homeless services.

Introduction

The purpose of this project is to document women's journeys through homelessness in Linn County, Iowa. This report brings women's stories and pathways to light, with an emphasis on women's experiences with local homeless services. A client-centered approach recognizes that lived experience is a form of expertise. Women understand what is most beneficial to them and their community. This project provides one opportunity to uplift the expertise of those who chose to participate.

Existing data suggests women's pathways through homelessness are distinct from those of men. Point in Time (PIT) counts are conducted bi-annually in Linn County to assess the number of homeless individuals and their demographics. In a report from January 2020, issues contributing to homelessness were identified for women and men. While those surveyed may have had multiple and complex factors contributing towards their homelessness, this data was simplified to identify one primary factor for each survey participant. Women's contributing factors included domestic violence (40%), adult serious mental illness (27%), adult substance abuse disorder (22%), chronically homeless adult (7%), chronically homeless family (2%), LGBTQ (1%), and unaccompanied youth (0.4%). Men's journeys through homelessness differed from women's in some ways. For men, contributing factors were adult substance abuse disorder (31%), adult serious mental illness (25%), chronically homeless adult (20%), veteran (12%), domestic violence (10%), chronically homeless families (2%), and HIV/AIDS (0.4%) (Continuum of Care Policy and Planning Council, 2020).

In this report, we take a deep dive into the lives of five Linn County women who experienced homelessness. This report outlines their stories, housing histories, factors that contributed to their homelessness, access to daily necessities while unsheltered, sense of safety throughout housing and homelessness, and the concerns and recommendations participants provided for local social services.

Methodology

Participants were recruited from social service agencies in Cedar Rapids, Iowa. Fliers were distributed to homeless service providers from the Linn County Continuum of Care. Providers were encouraged to post fliers and share information about the project with clients. To qualify to participate in this study, individuals had to identify as a woman or other gender minority, be at least 18 years of age, and have accessed homeless services or experienced housing instability in Linn County in the past five years.

Each participant took part in a total of two to three hours of individual interviews over the course of two or three sessions. During the interviews, participants were asked a series of questions to gain insight into information about their demographics; housing history; sense of safety in housing; access to basic needs while homeless; local services and supports utilized; positive and negative experiences with those services, including gender- and race-specific feedback; recommendations for improvements in local social services; relationships and informal support network; medical needs now and while homeless, including physical health, dental health, mental health, and substance use; impacts of trauma on life; current lifestyle; and current goals. Particular attention was given to each participant's most recent encounter with homelessness and feedback for how services can best support them and their needs.

When possible, interviews were recorded and transcribed. Transcripts were reviewed for key points, and participant quotes were added to interview notes for the topics discussed. Notes from each participant were reviewed and recommendations for service providers were tracked in a spreadsheet along with the number of participants identifying each theme. When multiple participants identified a similar recommendation, this was considered a “recurring theme.” This report highlights both recurring themes and additional experiences participants emphasized during their interviews.

Individual Stories

Carol’s Story

Carol Roberts was in her early forties when she fled the domestic violence in her home. “I was married at that time. He was a meth user. And I couldn’t compete with that. I didn’t have enough money to make it on my own. He was working. I was not. And that left me with nowhere to turn but [the shelter]. After that, I used the funding that they had to get an apartment.”

However, it wasn’t long before she returned to the relationship that she had left. “[I] reunited with my husband, but the using came back, and I was homeless again.” In her mid-forties, she once again fled her relationship, this time utilizing a domestic violence program. “They didn’t have room in the shelter so they put me in a hotel for like three nights.”

Without a regular place to stay, she often was doubled up with friends and family members. “I’ve only had to try and sleep outside twice. So, I wasn’t out on the street. I went to my brother’s. I went to my best friend’s. [...] For a time, [I] actually snuck into a house that was abandoned.” These living arrangements were often temporary and unreliable. Multiple participants expressed a concern about burdening those who supported them, and Carol shared this sentiment: “I didn’t feel comfortable staying at one place too long, because I didn’t want to be a bother.” Eventually, Carol’s parents offered to take her in. “I was trying to not sleep in the apartment where my husband was because he was also abusive. It made it very difficult to try and work everything out so that I could be safe. So, I ended up with my parents and I took care of them until they died. And then I ended up homeless again.”

After a year of living with her parents, Carol was homeless. This time, her health was at the forefront of her concerns. Her medical needs had often gone unmet, as keeping insulin and other medications with her was difficult and burdensome. Now, her doctor insisted that she have a regular place to stay before she could get the medical device she needed for a heart condition. With her health in mind, she was quickly admitted to a local transitional housing program, where she was able to focus on her health and other basic needs.

“I was really sick, and my cardiologist wanted me to have a defibrillator, but I couldn’t have a defibrillator if I was homeless. He was afraid that I wasn’t going to make it. And so, getting to [transitional housing] was – like the first night it was the best night of sleep I’d ever had – even though I was nervous, and I slept with something behind my door. But it was the beginning of being able to take care of myself. And the turnaround from that time, February to April, my cardiologist couldn’t believe I had the turnaround that I had. [The transitional housing staff] had no expectations of me other than taking care of myself. So, it was fabulous. It was the biggest stepping stone I needed.”

After several months in transitional housing, she was able to move to her own apartment. Although she has not since been homeless, housing has continued to be a source of challenges for Carol. She identified several prior evictions in her past, stemming from unpaid rent and other lease violations, which she often identified as being the fault of her partner. She called into question the habitability of the apartment where she lived after leaving transitional housing: “It was a dump pretty much. The doorways weren’t wide enough and there were always things leaking from the ceiling, things breaking down. It was horrible.” Carol struggled to find an apartment that could accommodate her disability, so she stayed despite the poor conditions. “I was going to try and move to [another apartment in town], but I couldn’t get [the landlord] to put safety bars in the shower that would stay. They were always falling off. They were just suction things.”

In addition to her disability, Carol emphasized being ignored as a Black woman when searching for housing, further impacting her options.

“In finding places to live, definitely. Especially, I would find there’s a big difference when I would go and look at a place by myself, and then going with my white partner. I found they pretty much turn their back on me and talk to [my partner] a lot of the time. I really had to assert myself and just demand to be noticed. Otherwise, I would just be the quiet woman. And I couldn’t do that.”

While some landlords ignored her, others made her feel unsafe. “I had this one landlord that liked to peek through my windows. Creepy.” The same landlord would bargain with her: “I made some deals alright. I had the one that was the window peeper, was also a coke addict. So that was one thing I could get for him that would make him give me some space.” She shares that another landlord would ask sexual favors of tenants, impacting her sense of safety at home, “But he was also a pervy, druggy one. [...] So having to actually change my locks from my landlord at that time, just to make sure he didn’t have access.”

After two years in the first apartment, violence once again set foot in Carol’s life, impacting her housing. “I was having a hard time keeping people out of my house. At that time, I had my daughter and her boyfriend, who was very abusive, living in my apartment with me. He even attacked me.” She sought help from the transitional housing program she had utilized previously, this time becoming a tenant in their supportive housing program, where she spent a year.

Now Carol shares an apartment, and relationships continue to impact her sense of stability. After a recent breakup with her boyfriend-turned-roommate, she expresses, “There’s no way that I can live in this situation and maintain my sanity! I would go nuts.” Carol’s story highlights the ways that homelessness is often more complex than simply living on the streets. Although she now has a regular place to stay, that stability has at times been threatened or uprooted, as it did at times prior to her recent homelessness. She identifies independence as a significant goal, as she works towards creating stability in her housing and her life. “I want to go back to living by myself so I can manage my own household. As [my] vision continues to go, then I want to be able to do as much for myself as I can.”

Kiki’s Story

Kiki Thomas spent 20 years living in the house where she raised her children, until a few years ago when substance use disorder overtook her life. She shared, “My hard times really started in 2019. I was

trying to leave my addiction, [...] and all hell broke loose. I went downhill from there. Completely downhill.” When her home was destroyed in a disaster, she found herself on the streets.

“During that time while I was on the street – immediately I went to the psych ward, because that’s where they took me, for drug-induced psychosis. Eventually they kicked me out of there, cause I wasn’t very pleasant. The police took me to the Overflow Shelter. I was there for about a week, and then I got out and basically went from house to house and finally landed in a hotel.”

Kiki recalls the hardships of life in shelter and on the streets. “I’m a shower or bath girl every day, and when you have to take away my personal hygiene that just puts you at a whole-nother level of defeated.” Without regular access to a phone, she was unable to stay in contact with family. The trauma of losing her home was compounded by her experience becoming homeless. “I do remember crying, saying ‘I just wanna go home.’ And I couldn’t go home. My home had been destroyed for the most part.”

Kiki decided to stay in a hotel with a friend who was there because of funding from a local shelter. However, things took a turn for the worse, when she was hospitalized with sepsis and put in the intensive care unit. When she was released from the hospital, she was once again without a regular place to stay.

“About a week later, I didn’t really have any place to go, so I went back to the house [that had been damaged]. There was no heat, there was no power, there was no water. I stayed there for a few days on, like, one of the beds that was still there – they hadn’t completely cleaned it out – and eventually just called the police on myself and went to jail. [...] But I knew I had no place left to go.”

With legal charges against her, she went to jail, where she spent about two months. “Then jail would’ve put me in a position where I had a roof over my head, and I had some food at least, and I started to slowly gain my family back.” Jail was a place where Kiki battled her first few days of sobriety, but began slowly rebuilding her relationships with family, reconnecting with faith and spirituality, and taking steps towards healing.

Leaving jail, she felt a deep sense of having nothing tangible left. “My hardest time being homeless was I never had any money. Obviously. I lost all my stuff several times. Lost everything when I went to jail.” On top of being left with only “a night gown and a leather jacket and a purse full of dumb sh*t,” Kiki still didn’t have housing. “I would’ve been homeless out of jail. I tried to go to the [halfway program]. I didn’t have enough criminal background. An opportunity was not given to release me from jail to [transitional housing] or to like the [shelter] or any other place. It was – you’re just released to the streets.” With few choices available to her, she stayed with her mom. Their relationship was at times challenging. “I was uncomfortable at my mom’s house because of the relationship there.” While staying with her mom, she focused her energy on maintaining sobriety and regaining stability, but in October she relapsed.

“It wasn’t a huge relapse. I wasn’t out there for days, it was one day – one night. And then I drove myself right to Mercy. And I said, ‘I know that I’m not okay. I don’t wanna do this again. I need help here to get me into a program one way or another that’s gonna keep me stable but teach me about my own sickness.’ And they kept me.”

Kiki began outpatient treatment for her substance use disorder while continuing to stay with her mom. A few months later, she was accepted into a local transitional housing program. She shared the sentiment that transitional housing has been a temporary home to her while maintaining sobriety and working towards her goal of getting an apartment: “When I walk through the doors here, I feel comfortable and safe because I know I’m at home. I’m around other people that should also be having a sober life and focusing on themselves.”

She now reflects on her motivation to heal and recover:

“It’s the will to want to get better. I don’t know if it’s self-will. I don’t know if it’s God’s will. I don’t know what it ends up being, but it’s the will to want to deal with ‘I am better than the choices that I made, and I’m better than what people label me as.’ I am better to my children. I want to be better. I want to feel better. I want to heal. I want to enjoy life because it’s so valuable. I didn’t always – In fact, this is probably the first time in my life I’ve actually felt that way about myself.”

The trauma of losing her home and her journey through addiction and homelessness has deeply impacted Kiki Thomas, but her resiliency continues to shine. “My road of hell eventually leads to a road to success – That is my story. And that’s the part of it I’m really proud of. I’ve gone through a lot. My drug addiction destroyed every part of me, I thought. But I’ve come back, just guns a-blazing.”

Kimberly’s Story

Kimberly Wood currently lives in supportive housing, a long-term program that allows her to pay an affordable monthly rent, build rental history, and receive ongoing case management support as she works towards her goals. She’s working through childhood trauma in therapy, strengthening relationships with her now-adult children, and paying off old fines, all while maintaining her sobriety.

Kimberly’s current experience reflects a significant change from her life during homelessness and substance use disorder. Childhood abuse, depression, anxiety, and PTSD, a lifetime of living paycheck-to-paycheck, and years of alcohol abuse had led to her eventually moving out of state with a sibling who lacked mental and emotional stability. After some time staying in a hotel with her sibling, Kimberly turned to the streets. “My drinking was bad, so half of it was my drinking and the other half was her mood swings. Very hard to get along with her.” She utilized shelters and other resources before eventually returning to Iowa in 2017.

A few years later, in early 2020, she left Iowa again to live with a long-time friend. But it wasn’t long before her friend asked her to move out, and she once again turned to the streets. Kimberly recalls the vulnerability of being unsheltered during the early months of the coronavirus pandemic: “When the pandemic started, she still left me outside. When everybody was terrified and didn’t know what was.... People were dropping like flies. When the sh*t hits the fan you should’ve let me come in. And she left me out there in that situation.” Resources were scarce. “I had a tent and was living in a tent most of that time. And just stayed drunk... every day. So you know. Put up a tent in a park where people couldn’t see me, like right by a Walmart so I could be right by a store and get things that I needed, but yeah it wasn’t fun.” Being unsheltered deeply impacted her sense of safety. “After the sun went down, I was scared. I had a knife on each side of me. Yeah, I kept a knife – two knives, and flashlights and stuff. But it was scary at night, yes, it was.”

With encouragement from family and the societal anxiety about the new pandemic, she returned home to Iowa again, where she stayed with one of her sisters. “The pandemic started, and that’s what brought me home. I was scared that I wasn’t gonna be able to leave. They were shutting everything down, people didn’t know what was going on, so I came home.” Kimberly’s alcohol use still impacted her housing, even while she was staying with her sister.

“I wouldn’t quit drinking so my sister would tell me that I couldn’t stay if I was gonna drink, so I would be living in her garage. She would let me stay but she just didn’t want my drinking. When I would get caught drinking she didn’t put me out of her garage, so I would just continue to drink and stay in her garage. There was furniture in there and a heater if I got cold so I stayed in her garage. It was a really dark time.”

By that summer, Kimberly was checked into a local treatment program:

“I laid in the middle of the street and gave up. I just surrendered to God and laid there. And somebody called the ambulance, and they came. I spent a couple days at the psych ward, and I immediately told them I wanted to go to treatment. I was ready, when I laid in that street – that was it. God was doing that. I didn’t think about it. I just laid there like, ‘I surrender.’”

She spent six months in treatment before moving to a transitional housing program and eventually graduating to supportive housing. She recalls ways her everyday life has changed during the past few years:

“I didn’t talk to my kids at all. No. I didn’t have a job. I didn’t have a car or a license. I didn’t have anything. So, everything’s changed. In every area. I’ve stabilized everything. And what isn’t done, I’m working on. So, if it ain’t done, it’s getting there. I’m working on it all. Financially. Job. What’s not done is getting done. I have three fines left that I’m working on. When that’s done, my credit score is next.”

Now a typical day looks much different: “Get up with my coffee. Coffee, news, exercise. And if I’m working, work. And then I usually come home and try to get a little exercise in. I really like to take a nap. I don’t get to every day, but I really try to get a nap in three days a week. Even if it’s just an hour.”

Kimberly works to find joy and gratitude in her work, family, and daily life.

“I love my job, for one. And I have good relationships at my job. I laugh every day at my job. I laugh every day when I’m home. I laugh every day that I come over here. So, there’s a lot of laughter. I make sure of that. I talk to my kids. [...] When we talk, there’s a lot of laughter.... A lot of laughter with my grandkids. I’m super lucky. They love to call me. That makes me really happy. Because my oldest is 11, and he gets bored, and he’ll call. He’s about to be 12 and he still wants to call his Nana. So, there’s a lot to be happy about. My daughter and I talk on the phone two or three hours at a time. I have a lot to be grateful about.”

She also has a love for learning. She shares, “I’m very interested in documentaries and history documentaries. I love knowledge. I listen to podcasts at my job when I’m at work. I stopped listening to

music the first six months I was there. It's all podcasts now. Just education. I'm a sponge. So, I love a great podcast."

School is another long-term goal. Kimberly hopes to pursue a degree that would allow her to give back by working with youth. "I really do want to go back to school. I really want to end my career in social work and service work. I really want to help troubled kids. I really want to be there for troubled kids. That's my goal. I've been wanting to do that since I was a kid."

Above all, she identifies her spirituality as key to stability and recovery for her.

"God always is going to be number one for me. That's super therapeutic for me. Talking to God. I still talk to my grandmother. I still talk to my dad. I talk to my cousin that I was close with. They've all passed away but I'm close to them. Even though they're not here, I still try to maintain their spirit and keep them close with me. That really helps a lot. Because when you know somebody really well, it's like, 'Well, what would they say in this situation? What kind of advice would my Grandma give me right now?' That keeps me solid."

Lynn's Story

When straight-A student Lynn Jackson was in her early 20s, child support for her young daughter disappeared, forcing her to leave college. As her daughter was growing up, she stayed active in her community as a Girl Scout leader and volunteer at a safe house for women who had experienced domestic violence. When her daughter turned 18, Lynn decided it was time to move in with her boyfriend of three years.

Four years later, in her early 40s, Lynn found herself in an abusive relationship until she was locked out. "I lived with an alcoholic boyfriend. He locked me out, kicked me out. ...That's how I ended up homeless. But I ended up staying with friends or whatnot and then living in my car and then living on the street eventually." With nowhere to go, she turned to family, friends, and acquaintances; doubled-up and couch-surfing until she felt like she couldn't burden her friends any longer. "I went directly to a friend's house and stayed with them until they asked me to leave. Then I had nowhere to go and would stay with friend to friend to friend. Sometimes my parents would let me stay." She occasionally stayed in buildings that were abandoned or uninhabitable. "There are places where I ended up that are abandoned. What do they call it? They're not fit." Eventually, her car became her regular sleeping place.

"I was all over the place. Just staying with anyone that would let me. I'd never been homeless before. And you don't even think, okay, now I gotta live in my car. Where am I gonna park my car? But then you can't park your car in one spot all the time. I mean, you don't even think about those things. Or how do you feel safe? You don't sleep much, I'll tell you that."

Life on the streets for Lynn was often about moving in an effort to stay safe. Filling her car with gasoline in the mornings, finding places to park and sleep, and using off-hours to wash up in public restrooms became her survival routine. Being homeless put Lynn in dangerous situations. She witnessed other women in situations where they faced physical or sexual violence, often under the influence of drugs. Acquaintances could exploit her need for a place to sleep, a shower, a meal, or other tangible help. Stalking was a concern for Lynn when strangers would follow her. "When I was homeless, I was stalked

by one person, I guess for a very long time.” She shared that after some time, the man approached her. Stating that he’d noticed she was down on her luck, he offered to pay her for sex. Although she rejected his so-called “help,” he continued to follow her. She recalled, “he got close enough to put his hands on me.” Although she escaped physical harm, she felt violated and outraged by his behaviors, emphasizing the emotional harm that was done throughout her homelessness. Unsheltered life continued to be unsafe for Lynn. “I was attacked by somebody else.” Vulnerability was not an option. She shared, “You have to do that to survive – you have to be brassy.” The trauma that comes with homelessness exacerbated her existing PTSD:

“I almost had no triggers, but when I became homeless, you’re around people, places, things, I was subjected to more trauma. So, I’m dealing with those, and it’s the PTSD that’s the hardest thing, because you don’t even realize the things that have triggered in a situation, until it already has, and then it might take a couple of hours or it might take a day.”

Lynn’s chronic pain contributed to her homelessness. Unable to stand for long periods of time, she hasn’t been able to maintain employment. Applying for disability has been a frustrating process for Lynn. Maintaining appointments for her case and meeting her medical needs is in the forefront of her priorities, with most of her energy going to managing her pain. In addition, her mental health has limited her ability to be out in public. Living with anxiety, depression, and PTSD, Lynn often feels on edge and is overwhelmed by crowded social settings, including the buses she uses for transportation.

Eventually, Lynn was connected with an area nonprofit that connected her to resources in Cedar Rapids, where she was placed in an apartment through rapid rehousing and provided case management. In Cedar Rapids, she found that providers helped her navigate resources and referred her to additional supports. But after a year of housing and case management, Lynn became homeless again. It took several more months before she was housed again, this time in a Housing and Urban Development income-based housing project, with the help of local assistance programs for her bills.

Unable to work, Lynn has struggled with access to basic needs. Lynn had the lowest access to basic necessities during homelessness out of all the participants interviewed, having insufficient access to meals, drinking water, bathrooms, showers, laundry, clothing, toiletries, and technology during homelessness. She identifies some of the areas she continues to struggle to afford: “Financially, the things that I have to pay for that I have trouble with are laundry, cat litter, toilet paper, and my cigarettes.” She reflected on the impacts of being in survival mode. “You don’t even think about things like a new pair of shoes.”

Lynn was deeply impacted by her homelessness, trauma, and disability. The stigma of homelessness was a source of embarrassment for her. She felt shamed by her family, rather than supported through a time of need. She believed God rejected her. Her disability and trauma impacted her ability to do activities she previously enjoyed, including learning and travel. Homelessness interrupted her life and leadership opportunities. Although she’s unable to engage in many of the activities she used to enjoy, she now finds joy and happiness in caring for her cat, reconnecting with church and spirituality, and attending free activities and classes like those available at the museums and libraries.

Her current housing comes with its own struggles. “Out where I live, I have problems with neighbors. Which takes so much of my time and energy.” She describes the violence she’s faced from a neighbor:

“I went up to the door and knocked and said, it’s me, I want my key. She opened up the door, grabbed me by my face and pushed me backwards and shut the door. And I said, I just said to her, I want my f*cking key and I want it now. And she opened up the door and she punched me in the face. [...] The police really aren’t help, because it’s always she said/she said stuff or they just, they feel bothered. When I called about my neighbor hitting me, when they came and I told them about the key and I told them about the assault, one of them turned to me and said -- well, because this is at 11:30 at night. One of them actually said to me, ‘Is this something that we can deal with in the morning?’”

This situation has taken a toll on her, and she does her best to avoid conflict with neighbors by using an alternate entrance to the building. “Nothing is ever done. And that was becoming just a hassle because I shouldn’t have to walk around on my tiptoes and that kind of thing. But [...] she’s violent. She drinks a lot. And she’s highly manipulative.” She shared that on another occasion belongings were stolen at her current residence. She also expressed concerns about stalking. “There is a guy here, I think I kind of lost him, that was following me every time he saw me come off the bus or walking.” Safety is a daily issue at her current apartment.

Lynn hopes to have other housing options in the future, but currently feels limited by her lack of income. “I don’t want to stay here. When this first happened, I wanted to leave and go find somewhere to stay. However, I’m going to tough it out. I’m hoping that I don’t get denied again for disability and I would like to move.” Despite fear of violence, she puts effort toward making her apartment a place where she can build connections with others and a safe space for herself.

“I have a couple of good friends out here who are neighbors. And one, she’s older than me, and much wiser. We do gardening together. [...] It’s become my home. I took every piece of advice or ideas from anyone and everything that I possibly could, which was decorate it how I want to decorate it. Make it your own. Do what you want. You know what I mean? And it eventually became my home.”

Rain’s Story

When Rain Evans was in her mid-twenties, she found herself unemployed, struggling with mental illness, and doubled-up – a type of homelessness that often goes unrecognized – for the first time:

“I had to leave college suddenly, and about two years after that, through a whole lot of circumstances, I lost a job again and ended up in the hospital for suicidal thoughts. When I [got] out I was still so depressed that I couldn’t even think about looking for a job at all. So I had to move back with my parents, who were part of the problem to begin with. At 26 years old this was not really what you wanna do in life.”

This time of instability in her life set the scene for a long journey with mental illness. At age 24, she was diagnosed with major depressive disorder. Over time, this diagnosis changed as she continued to receive care.

“They started me on meds. But it went on. It was probably a couple of years later that they changed it to bipolar. [Another psychiatrist] did a little bit more delving into symptoms, and what

I was experiencing, and moods, and all of that. It's changed over the years. For a while it was borderline personality. After my dad and brother died I started self-mutilation, so that tipped it into something else. PTSD's been thrown in there. So it's kind of a hodge podge, but more or less they decided on bipolar type 2."

Several years after Rain's first period of instability, she became homeless again, this time doubled-up for several months. She recalls her late thirties, eight years into a marriage: "I had to leave my husband because there was domestic violence going on. I literally had to run one night. That was about another six months to a year that I had couch-surfed."

It was early 2019 when Rain's most recent journey through housing instability began:

"I lost my job, and then I tried to start a business, and in that two-year period, I got more and more behind on rent. The business didn't go well. And then when I finally took a full time job again, about two and half years after [my previous job], I was trying to live on \$12 an hour on 37 hours a week, and I just got more and more behind. Finally, [my landlord] didn't have a choice. Either I left voluntarily or she was gonna have to evict me. So I left voluntarily. Right after I moved outta there, I lost my job. [Management came] down on Friday, said 'your last day is Monday,' and [they closed] that Thursday and that was it for my job. I thought it was very badly handled."

Her two years of employment instability coincided with additional hardships faced by our community: The coronavirus pandemic stirred fear in community members and hurt businesses, and the derecho of 2020 left homes and lives in tatters. This time, now in her late-fifties, Rain faced unsheltered homelessness, sleeping in her car without anywhere to turn.

"It was very unsafe. For a lot of that time I tried to park at truck stops or places that there were at least other people around, rather than, you know, dark alleys or something. It was lit. Truck drivers are out there, and I felt at least if I really scream, probably somebody would notice, but I still wouldn't call it safe."

The fear for her safety impacted her health as well. "I didn't get to that really deep sleep that is necessary for health because I was always kinda one ear listening."

After several weeks, there was an opening at a local shelter, where she stayed while working towards employment and housing. For her, employment came first, and she was able to secure a part-time job to help make ends meet. The local shelter she stayed at operates with a limited-time stay for clients. As Rain reached the end of her stay, she was notified that her time was running out. "That was less than a month, so I really had to scramble to look for a place to live."

With her stay at the shelter coming to an end and with her ongoing mental health needs, the stress of finding housing or ending up on the streets again was taking a toll. "It was hard. It was very stressful to try and figure it all out and keep all the pieces moving. And when I'm depressed and anxious on top of it - it was like there were some days it felt like I'm just gonna go crawl into a gutter and die there."

Rain tapped into resources at a local mental health service provider, for additional support. “They’ve been super, super good this time about saying, ‘Hey, what do you need? How can we help? Here’s what we’ve got available. It sounds like you might need this.’” Mental health resources and support were vital in helping navigate the shame and stigma associated with homelessness. At the time of our interview, Rain shared about the depression she’d been battling for the past five months:

“I have SAD [Seasonal Affective Disorder] so usually come September that’s about when I start crashing. But then also, being in the homeless shelter contributed to it. I basically have been severely depressed since October. This is the longest stretch in a really, really long time. So I’m trying my damndest to dig out of this hole. [My case manager] just keeps saying, ‘You’re just processing a lot and you’re just trying to cope with so much right now that it’s just dragging you down.’ There’s stuff that I need to work on in therapy.”

In addition to treatment and support for her mental illness, a staff member at the mental health center Rain utilized was key in connecting her with housing options:

“Honestly, part of it was her giving me lists and lists and lists of phone numbers to call. She was really good about keeping up with meeting with me every week and giving me housing information and giving me names and numbers. It wasn’t just names and numbers. It was like prices and where they were located and what kinds of housing it was and offering different things like transitional housing or the different options I had. Because it changed so fast, she would give them to me like every other week - give me a new and updated list.”

Rain also credits her therapist, friends, and coworkers as key in supporting her as she worked towards stability. While securing and budgeting for housing was a challenge, she is now housed and continues to utilize mental health resources to maintain the stability that she’s gained.

Results

Sample

Five participants were interviewed over the course of the project. All participants identified as cisgender women. Three participants identified as white, one as Black, and one as Black/biracial. Three participants identified as heterosexual, one participant identified as a lesbian, and one as pansexual. Participant ages ranged from 45-59 years old with an average age of 49.

Education levels of participants ranged from a high school diploma to bachelor’s degree. Three participants had some college. In terms of employment, one participant worked part-time, two worked multiple jobs, and two were on or applying for disability. Income ranged from \$0-2,000/month, with an average income of \$1,238/month.

Four participants had been divorced, separated, or had left a long-term cohabiting relationship, and all four of these women had experienced intimate partner violence from at least one former partner.

Participants had an average of 1.6 children, with the number of children ranging from 0-3. Four participants have children who are now adults. One participant did not have children. The age range of

participants may be linked to child care responsibilities, considering that women with children in their care may have less availability and more logistical concerns with participating in interviews.

Each participant identified at least one diagnosed mood disorder and two to three total mental health diagnoses, not including substance use disorders. Along those lines, three participants reported receiving treatment for a substance use disorder in the past. Two women received treatment for a substance use disorder during their most recent period of housing instability.

Three participants identified having some level of physical disability. Four participants experienced chronic illness and/or chronic pain.

Housing Histories

At the time of interviews, one participant was residing in a transitional housing program, one was utilizing a supportive housing program, and three were renting an apartment, with one of those three renting an apartment in HUD (Housing and Urban Development) income-based housing. Participant-reported age at onset of first experience of homelessness ranged from 25 to 44 (avg. 33) years old. Age at onset of the most recent encounter with homelessness ranged from 41 to 58 (avg. 45) years old. Below, we discuss participants' housing histories, from onset of most recent homelessness through the time of interviews:

- All five participants experienced *unsheltered* homelessness at least once. Three of these were unsheltered while living in Linn County, and two were unsheltered elsewhere.
- Four participants accessed *emergency shelter* during their most recent homelessness. The participant who did not access emergency shelter had fled domestic violence and was concerned about whether she could take a pet with her into shelter. She shared, "I never went to a shelter. Because I had my cat."
- Four of the five participants were *doubled-up* with friends, family, or acquaintances when they had nowhere else to go during their most recent homelessness.
- Three participants used a *hotel* as a place to stay when they had no other housing.
- Three participants stayed at least one night in an *abandoned building*.
- Three participants used *transitional and/or supportive housing*.
- Two participants utilized *rapid rehousing* programs at one point during their most recent period of housing instability.
- One participant utilized a *domestic-violence program* during her most recent homelessness, where she was connected with a hotel bed due to a lack of shelter space.
- One participant had been *incarcerated* for a period of time.
- One participant had lived in a *residential treatment* program.

Participants were asked about the main cause(s) of their homelessness.

- Four participants identified *insufficient income or employment to afford their housing*.
- Two identified *intimate partner violence* as a main cause for their homelessness.
- Two identified *substance use problems or substance use disorder* as a main cause for their homelessness.
- One identified *other mental health* as a main cause for her homelessness.
- One identified her *home becoming uninhabitable* in a disaster or accident as the main cause of her homelessness.

Participants were asked about additional factors that contributed to homelessness for them. Relationships were key, with four participants identifying a substance use problem or other mental health problem of a household member or guest as a key contributor to their recent homelessness. Two of these identified substance use of a partner, and in each of these cases the participant was also experiencing domestic violence from that partner. One participant identified substance use of guests in her home as a contributing factor. Another participant identified mental health problems of someone she was staying with as a part of her reason for becoming unsheltered. Additional reasons for homelessness identified by participants include eviction for non-rent lease violations and non-acceptance to housing due to past criminal record.

Access to Basic Needs

During interviews, participants were asked about access to meals, drinking water, bathrooms, showers, laundry, clothing, hygiene products, technology, a place to sleep, overall safety, contraceptives, and childcare. Participant responses to each category were recorded on a discrete scale from -1 to 1, with negative values indicating a lack of access, and positive values indicating the participant had consistent access. Basic needs scores for individual participants reflected an average of access to all basic needs surveyed. A participant's basic need score can vary from -1 to 1, where -1 indicates a lack of access to all basic needs surveyed, and 1 indicates consistent and adequate access to all basic needs surveyed.

Lynn, a disabled woman who was living in another city after fleeing domestic violence, had the lowest access to basic needs with a score of -1, indicating she had insufficient access to all basic needs surveyed. Carol, a disabled woman of color who had fled domestic violence, had the second lowest access to basic needs, with a score of -0.6, indicating that she lacked sufficient access to the majority of basic needs. Kimberly, a woman of color who had been unsheltered out of state, had a score of 0, indicating she had sufficient access to about half of the basic needs. Kiki had a basic needs score of 0.5, with sufficient access to all basic needs except for showers and technology. Rain had the highest basic needs score of 0.6, but still struggled to access showers and laundry.

The majority of participants did not have sufficient access to showers, laundry, safety, drinking water, a toilet, and hygiene products. The majority had sufficient access to at least one meal a day, clothing, technology, and sleep. Participants in this sample did not need contraceptives or childcare during their most recent homelessness, thus these areas were not assessed.

The highest area of need was showers and laundry, with four out of five participants indicating insufficient access. Day-to-day safety was an area of concern, with three of five of participants indicating that they did not feel safe. In addition, three out of five participants indicated that they did not have consistent and adequate access to drinking water, a bathroom or toilet, and hygiene products. Participants noted a lack of access to a range of additional needs, including ability to keep medications with them, lack of access to proper care for pets, and dental care. Further assessment is needed to determine whether these patterns persist across the local homeless community, and determine whether specific populations have more or less access to basic necessities than the overall Linn County homeless population.

Being without basic necessities was often physically and emotionally taxing. Lynn struggled with laundry because of both the cost and difficulties utilizing public transportation while carrying laundry

due to her chronic pain and PTSD. Kimberly identified a sense of remorse around stealing items she needed. Kiki shared, “I’m a shower or bath girl every day, and when you have to take away my personal hygiene that just puts you at a whole-nother level of defeated.”

Implications

Expanding and promoting resources that connect community members with a place to wash laundry, take a shower, use the restroom, and access drinking water and hygiene products can be crucial in meeting these basic needs that are so essential to a person’s sense of worth and wellbeing. In addition to outreach efforts that connect clients with basic items, day centers have the potential to offer a safe place with access to basic needs. One participant shared, “It would be nice to have a space open to women during the day, even if they don’t want to move in or try to utilize all the service. Being able to come in, do laundry, take a shower, or just have a place to sit so you can think.” More dedicated places for people to shower and do laundry may address the highest areas of need among the population sampled. As need increases, mobile services may provide (more frequent) access to those who are staying in harder-to-reach areas, have busy schedules, or have barriers to accessing transportation.

Safety

Stability and Safety Concerns in Housing and Homelessness

Participants were asked about places they’d stayed throughout the past that were unreliable or unsafe. Many times, participants experienced at-risk housing when they were behind on rent or had other lease violations, such as when homeless relatives stayed with them for extended periods or when their mental health impacted their motivation to keep up with household tasks. Other times, their housing was at risk due to domestic violence. Relationships with neighbors also impacted women’s sense of reliability in housing, with one participant sharing that she believed her neighbors were speaking to management about her, in attempts to get her evicted from her apartment. Scarcity of shelter and limited-time stays were another source of anxiety for clients. One woman explained,

“I worried about stability from the standpoint that there’s not enough of that resource in this community, so time-wise they have to limit how long you can stay. Logically, I understand why that has to be. But emotionally it’s hard to know that the time is limited, and it’s possible that I could be thrown out on the street again.”

Another participant recalled her experience living in a recovery program. “Almost every week, my counselor would scare me with the insurance thing. So I had one foot in and one foot out of the door and I was constantly reminded, I don’t know how long my insurance is gonna pay for this. I was constantly reminded of that, and I hated that. I was never 100% comfortable.” In addition, life in transitional housing at times felt unstable, when clients saw high turnover rates among residents and lacked rapport with each other. “There was a chunk of time where I didn’t know what was gonna happen the next day. It was scary for a bit, but it’s getting better. I think the worst of that situation is over. I didn’t know what I was going to do any given day – what was going to happen. It was very unpredictable.”

Women who spent extended periods of time sleeping outside often felt unsafe. One woman experienced stalking, theft, and assaults while unsheltered. Fear for personal safety was pervasive, with another participant sharing, “I was in a tent. But after the sun went down, I was scared. I had a

knife on each side of me.” Another shared the fear and anxiety she faced when looking for a place to park her car and sleep at night.

“It was very unsafe. For a lot of that time, I tried to park at truck stops or places [where] there were at least other people around, rather than, you know, dark alleys or something. A lot of times I went out to the [gas station], which is relatively safe. It was lit. [...] Truck drivers are out there, and I felt at least if I really scream, probably somebody would notice, but I still wouldn’t call it safe. I didn’t get to that really deep sleep that is necessary for health because I was always kinda one ear listening.”

For some, sense of safety was impacted by trauma. Women shared trauma around being threatened with a weapon, experiencing accidents in their homes, and history of domestic violence. At times, participants felt triggered by behaviors of other residents while living in shelter or transitional housing. One of these women shared, “[At the shelter], we had one guy who had a bit of a temper. It was a big trigger for me. There were a couple of nights I didn’t sleep because I was listening for him to go off.”

At times, participants shared experiences of being asked to make bargains in order to maintain a place to stay. One woman had landlords who asked for sexual favors from tenants. In addition, she shared that one of her landlords would peer through her windows, but would “give her some space” if she got him drugs. Another participant would go to acquaintances for a shower, meal, or place to stay, sometimes finding that people would offer help only to later ask for sexual favors. Another woman shared living with a friend who had romantic feelings for her. “I feel like if I would’ve had a relationship with her then I probably would’ve never been homeless. [...] She wanted something I didn’t.”

Theft was a concern for several participants throughout their journeys. One participant lacked access to technology while homeless. “I had no phone. I mean, if I did, somebody stole it. That happened constantly. That’s why I try not to let anybody touch my stuff.” Another lived in an apartment where items were stolen from her doorstep while she was away. One participant shared that items would disappear from her room in transitional housing. Staying in shelters or being doubled-up brought challenges, when other residents or roommates would take everyday items like food, cigarettes, and clothing.

A lack of physical and emotional safety were common experiences. Three women noted staying in abandoned buildings that may have been structurally unsafe during their homelessness. Two women emphasized intimate partner violence as reasons for feeling unsafe in their housing. One shared ongoing concerns for her safety after fleeing domestic violence, “because he would always come back.” Other relationships impacted women’s sense of safety as well. One woman recalls moving in with her brother’s family after moving to a new city, and described his outbursts. At another point, living with a sister who lacked mental stability took a toll on her sense of safety. One woman recalled couch surfing throughout homelessness at various “trap houses” (houses where people congregate to use illegal drugs), and how emotionally unsafe she felt there. Another participant experienced stalking and physical violence throughout homelessness, and continued to experience these forms of violence from neighbors once housed.

Sense of Safety and Stability

Participants shared what safety and stability mean to them, giving insights into how shelter and housing projects can create a sense of safety for women and identifying considerations when connecting women with long-term housing. Here, women outline a plethora of considerations, from the physical and practical aspects of their home to emotional safety and overall wellness.

One woman emphasized a desire for physical and emotional comfort. “To me it’s someplace I can go every night or every day and be comfortable. And not just physically, but emotionally safe too. To feel like I can go there, and I can crash, and I can do anything I want to within reason. I can cry. I can sleep all day. I can do whatever.” She also valued the ability to have maintenance needs taken care of in a timely manner from landlords. “Knowing that if the appliance breaks, that I can call them, and they’ll come fix it in a reasonable amount of time, and so I’m not gonna be left without a refrigerator for months on end.” In terms of stability, she emphasized financial and emotional stability, freedom from worry, and the importance of structure. Past situations like domestic violence and the “not even day-to-day but hour-to-hour” survival of street life represented instability for her.

“[Stability] means that I don’t have to constantly worry about finances, about whether my apartment is gonna be there or whatever structure is gonna be there or not, and that I feel emotionally safe. I keep coming back to that [emotional safety]. [Before] my divorce [...] I kept 35 cents in my coat pocket, so that if I had to leave, I would have enough money for a phone call. I parked out front because I could get away quicker than the parking in back. I constantly worried about him ripping the phone out of the wall so I couldn’t call for help in the house, and he was physically stronger than me and there would’ve been no contest if we got into a physical fight. It’s those kinds of things too. I mean, knowing that I don’t have to deal with that. That I’m coming home. My plants love me. There’s food in the refrigerator. So all of those things together.”

One participant emphasized the importance of security and functionality of her living space as key to safety. “Safety means nobody can have access to me when I close my door.” She valued a secure entrance to the building she lived in. Practical day-to-day features of her home were important too, and she highlighted the need for appliances and plumbing to work properly and windows to fully open in case of emergency. Having a level and even floor was also key to her physical safety. “Sturdy floors. Just because I’m heavy set and the floor is important. I need a sturdy floor. I have horrible balance. Believe it or not, that’s one of my big things. And there’s a lot of slanted houses and apartments in this town.” Furthermore, she highlighted past experiences changing locks from landlords who would peek through her windows or ask tenants for drugs or sex, and emphasized that she wanted a landlord who respected basic ethics and privacy. Stability to her meant independence, including financial independence, a place to herself, and freedom from relationships with men.

“Stability is my own income and I gotta be without a man for a while. Trying to keep a man happy is a problem. Because relationships – I’ve always had too much importance on relationships with men. And to be quite honest, I just end up screwing myself. I pick them wrong. And each and every time, and that’s not good. So, I think that maybe if I just spent some time without one. I’ve never actually been without one. Even during my times of homelessness. I’ve never really been without a boyfriend.”

Another woman shared that she valued structure as she maintained sobriety after substance use disorder. “What does [safety] look like? Accountability, first and foremost. Structure. Discipline. And maybe a secure door.” She’s working towards providing that structure for herself.

“When I decide to live on my own, that comes with your own responsibilities, your own rules, your own curfew, your own personal space, to do with what you want to and live your life the way you want to. This [transitional housing] has to be the roll-out to that next step. So that’s what safety looks like to me.”

She also highlighted emotional comforts and having a space to herself to unwind. “Having a place where I can just go home at night where my cat is, eat something and watch TV, that also sounds like safety.”

Another participant emphasized physical safety. A place that is well-lit and visible, lighting that works, windows that lock, security cameras, a secure entrance with key card use at multiple locations, a security guard on site, a deadbolt, and being on a higher floor in the building were all factors that made her feel safe. She also shared a desire to get to know neighbors through community-building activities and events, such as cookouts and neighborhood cleanup programs.

One woman shared financial stability, a safe neighborhood, and carrying a weapon as important to her sense of safety. She shared the security that carrying a weapon offered her in neighborhoods where she felt unsafe. “Because of how I was raised, I usually keep a knife on me. I started doing that years and years ago. I was a server [...] and I would make over \$107 a shift, and I lived in the hood. Not far from here. And I would always carry. Outside of the program, I always carry so I feel safe, just in case.” She preferred to keep neighbors at arm’s length rather than getting together to chat or borrow items from each other. Income and finances impacted where she was able to afford housing. “I’ve never been able to control what area I live in because of money. Cause of income. So I’m working on changing that. To me, safety means I need to get my finances in order. Because then I can be more picky of where I live.” She’s working towards financial stability and independence.

“I have three fines left that I pay for every paycheck. Once that’s done I’m gonna start my credit score. Everything on there’s getting paid. That’s another main reason why I came here. When I leave this [supportive housing], I won’t owe a thing, anywhere. My credit score’ll be great. I have a great job. These guys are my landlord, so that’s already establishing I’ve been here for x-amount-of-however-long. At my job, July will make two years. I’m just working toward that stability and letting my next landlord know that I am reliable. He’ll look my credit score up and he won’t see anything, cause that’s the next big goal. If you look reliable, if you are reliable, and you’re financially stable, I think that plays a huge part in your safety.”

She also valued routine, a predictable schedule, trustworthiness from providers and family, spirituality, job security, housing security, her mental and physical health including maintaining sobriety, firm boundaries and situational awareness, and staying humble and grateful without becoming complacent as important to her stability.

Keys to Safety and Stability

Women recognized physical safety, security, and privacy; emotional safety of having their own space to come back to each day; financial security; adequate and timely maintenance; structural soundness; emergency preparedness; safe neighborhoods; predictability; creating accountability, structure, and routine to maintain recovery and sobriety; freedom from unhealthy relationships and violence; building positive relationships and sense of community with neighbors; maintaining situational awareness and distance from strangers; and maintaining health, wellness, and coping skills. While factors toward safety differed for each participant and were at times conflicting, these insights offer a starting point for cultivating stability in women's lives and making considerations when planning housing options for women.

Common Themes

Themes highlighted across participants helped gain insight into potential recommendations. Understanding these themes may give us deeper insight into what women in our community experience while homeless, and form the basis for ensuring our services meet women's needs.

Staff and Program Capacity

Participants emphasized the importance of capacity in social services and particularly in homeless services. Some participants mentioned this in passing, as they felt staff capacity was key to their vision of what resources are possible. One participant shared, "It would be nice if they could double the size [of the transitional housing program]. Not that [staff] could handle the workload." Another shared a lack of staffing as a key concern for her within existing projects: "I think the biggest thing I would change is more staff. I think for the most part, the infrastructure is there, I think it's mostly people to work within that infrastructure is missing."

One woman shared the way she felt unheard when she expressed concerns that a transitional housing program she utilized may not have been equipped to meet the needs of some of the clients there. She commented, "I would tell [the program director] all the time, 'You need a different kind of building for that.' Level for here and a level for that. And you need overnight staff if you're gonna have people with severe seizures having to call the ambulance and all, 'Oh my god, what do I do?' [...] If you don't have those kind of – that training. And there's no third shift staff here. Friday comes, we don't see anybody till Monday."

For one participant, her shelter stay was deeply impacted by a lack of staffing. "They could've used two people at least on every shift. They could've used at least two people if not three to help do what needed to be done, just in terms of the functioning of that facility." She emphasized a need for "more trained people. I think more social workers. More people willing to get their hands dirty." She highlighted safety concerns, a sense of guilt in taking staff time, and a worry that clients' needs were going unmet when the number of beds available vastly outweighed the number of clients that could be served effectively. She shared her experience waiting outside the building to be let in:

"Cause when there's only one person there – okay so the door was locked obviously, so we rang the doorbell. The person that was on staff that should have been in the office was off taking care of somebody who was having a crisis or who was having a problem in their room, so then you stand there at the door and you stand there at the door and you stand there at the door. I timed it once. It was 30 minutes."

In addition to being left outside waiting, she struggled to access support services at the shelter in working towards her goal of getting into an apartment. She recounted a delay in receiving support, “I know that resources are really stressed, but I didn’t even meet with the director until a month in. I sort of started out behind and didn’t get caught up.” Consistent and repeated communication was also something that she wanted more of from shelter staff, especially as she navigated the mental health challenges that contributed to her need for emergency shelter in the first place. “[The shelter] was probably the most disappointing. I’m willing to admit that some of it may have been me because, again, I was so severely depressed that I may not have been picking up information that I perhaps should’ve been. But I also do think that they were so overwhelmed and so short staffed that things slipped. And that was very frustrating.” She also expressed her own hesitancy and sense of guilt in reaching out for the support she needed. “I just always feel like they’re run so ragged, and I know they’re extremely short-staffed. Me being the mother of guilt, I feel guilty that I’m taking up their time because these are people that need you more than I do.” She expressed her continued concern for capacity at homeless shelters, stating, “I wish they weren’t so crowded and so overworked that even the people that are in them aren’t getting their needs met.”

Inadequate staffing in homeless services deeply impacted the women interviewed for this project. Without adequate staffing for the number of clients served and the level of care needed by clients, participants felt unsafe, unheard, and unsupported. Shelters and other homeless services should regularly assess staffing and capacity needs to ensure that there is an adequate number of staff; that each staff member has the capacity to provide ample support to all of their clients; that staff are available when clients need them; staff are given sufficient training and support; and projects are designed in a way that takes into account the variation in need between clients. Client feedback offered here provided insight into the impacts of capacity, and offers one tool in assessing staffing and capacity needs.

Resource Navigation

For many participants, connection to information about resources was vital to their experience. Some women shared their gratitude for adequate resource navigation, while others expressed disappointment in a lack of connection to resources.

One woman shared how much she appreciated that each provider she worked with would connect her with another resource she may not have been familiar with. Another shared her experience with receiving regular check-ins from a local mental health center: “They’ve been super, super good this time about saying, ‘Hey what do you need? How can we help? Here’s what we’ve got available. It sounds like you might need this.’”

On the other hand, women were keenly aware of the times they had been left empty-handed by providers. One participant shared her experience calling for shelter while homeless:

“There was nothing. ‘Just try back tomorrow.’ So I just – that was really cold. I noticed that, and I’ll never forget them phone calls. And I never got a bed! And no resources for food or shower or any of that stuff. When people call to see if there’s a bed available, they don’t offer anything else. That was huge. Like, at the end of each call how lonely and un-helped I was. That was

really a big deal. I'll never forget it. Because the end of those calls – that was a lonely, sad spot that they left you in.”

Another participant shared her experience in a local homeless shelter: “It was nice to have a steady roof and everything, but there was no help there. So, if they had an opportunity to have people there that could spend more time educating where these resources are. How do we get ahold of them? How do we use them? Do we qualify? All those things. We need more of that.”

These participants had differing points of contact with local resources, and thus very different experiences, but both highlighted the need for resource coordination and navigation. Providers should work to keep staff knowledgeable of local resources and to put systems in place to ask all clients what resources they may need or refer them to a resource navigator. This should be at all points of contact, from General Assistance to the Shelter Services line to staff and volunteers at meal sites. In addition, publicity and education can keep community members informed of the resources they may need, regardless of existing connection with providers.

Structure and Accountability

Three participants shared the way they valued the opportunity to have structure and accountability towards their goals from providers. Some women appreciated receiving accountability from providers, while others felt a sense of loss for themselves or their community in the lack of structure from some providers.

One woman shared her experience while in rapid rehousing. Her case manager provided resources, but being stably housed for the first time in years and struggling with her mental health, following through didn't come easily to her. “I would ask [...], and they would give me a number. But I needed more help than that. I needed to be held accountable that I'd follow through with certain things. And they never came into my apartment. So, my apartment was always in disarray. I was just sucked into my depression.” She shared,

“They would check in with me once a month. You weren't held accountable for anything. So, when she checked in with me, it could have been a phone call or I met her somewhere and we would talk. But you didn't ever have to follow through with anything. You never had to have any inspections. And this is the only thing that I'm gonna say that it needs a little work. I didn't know what I was doing. All I knew was that they would pay my rent for a year. And even though I had an itinerary planned out for the whole year, [...] that whole year was wasted. I just didn't have to worry about bills. I had a place to live. That was it. But it didn't keep me accountable for moving forward.”

Her comments reflect her need for more intensive support than what she received. Not meeting her goals while housed meant that after being housed for a year, she didn't have the income she needed to maintain housing, and once again became unsheltered.

Another woman shared a similar experience with becoming homeless quickly after her rapid rehousing funding ran out. “The funding is wonderful. But if you don't have adequate income after the assistance is over, you're homeless again.” She also identified a need for ongoing support after leaving services. “The exit plan for some services.... It's like they're there to help immediately, but nothing that helps

follow up in the long-run. Need a consistent check-in.” In addition, she shared her disappointment in the amount of accountability provided in shelters and supportive housing. She shared,

“They kind of left us women to do what we wanted, instead of having a focus. [...] They had nothing during the day. They had no requirements. I really think that they could have benefitted from having some structure for the girls. Things that they had to do in order to be there and to work on improving their situation. They didn’t do that.”

She viewed these projects as places where women needed to focus on gaining life skills, such as maintaining an income and paying rent on time. “The supportive housing, it’s too relaxed. How do I want to put that? Like women need to be accountable. They need to learn how to pay the rent. And on time.” Her comments often came from a concern for women in her community.

“I’m crossing the path of a lot of young women coming out of high school, entering into the workforce, trying to find their own place. And they don’t know what to do. They have no idea what their first step is going to be if they’re not going to college. So, something that, ‘these are the rules of life,’ you know? You can tweak them, but you gotta follow them. That means you’re responsible for an income.”

Another woman shared how much she valued accountability and structure, often finding that the support she received was sufficient. In terms of safety, she shared, “What does [safety] look like? Accountability, first and foremost. Structure. Discipline. And maybe a secure door.” Structure was emphasized in terms of maintaining progress through recovery. “[The program director] set the standard for me: ‘This is a sober living house. There’s groups you need to participate in. We want you to work as well. We wanna help you get stability.’” She felt that accountability was of immense importance to her through this time of her life, sharing, “It requires accountability, but accountability kind of is a given for me right now.”

Without adequate capacity in terms of funding, staff, training, and program design, the kind of intensive support, accountability, and structure that these women value may be unrealistic for providers. These factors need to be taken into account in designing, developing, and delivering programs. Service providers should prioritize consistency, and where appropriate, can take a client-centered approach by having an ongoing conversation with each client regarding how much structure and accountability the person needs and wants from their services.

Persistent Support

Two participants discussed specific ways that persistent support was deeply impactful on an emotional and human connection level, even if they were resistant to receiving that support. One woman shared that her informal network of support was highly influential to her journey. While she was unsheltered and living out of state during early 2020, her family “was relentless,” constantly asking her to come home. “I don’t think that I would’ve come back if they didn’t do that for me.” The support of her family allowed her to move from being unsheltered to safer living arrangements and eventually stability. Another woman shared that persistent support was deeply meaningful to her as she navigated this time of instability. An IHH (Integrated Health Home) worker checked in with her regularly when she became unsheltered for a second time. When she left Cedar Rapids, staff continued to reach out to her, even when she wasn’t responsive to their efforts to help.

Shelter Bed Availability

Two women discussed their struggle accessing shelter. “The biggest barrier was just getting in... I called pretty much every day for three weeks before there was finally an opening.” Being turned away again and again at a time of desperation can be demoralizing for those seeking services. “I was calling the shelter every single day and not one day did they have beds.” One woman emphasized the uncertainty she faced during her shelter stay, which was impacted by the scarcity of beds. “I worried about stability from the standpoint that there’s not enough of that resource in this community, so time-wise they have to limit how long you can stay. Logically, I understand why that has to be. But emotionally, it’s hard to know that the time is limited, and it’s possible that I could be thrown out on the street again.” Participants expressed concern over the lack of available shelter beds in the community, and emphasized the need to expand the number of shelter beds. “Just to reiterate what everybody already knows is that there needs to be so many more services and so much more, I mean mostly more of what exists, but the shelter options that this town has just are not enough.”

Social Capital and Networks

Two participants emphasized the difficulty they had accessing support services without a referral. One woman recalled, “Was it hard to get in? [I] called every week for three months and then [my] P.O. wrote a letter to [the director of the program]. And then I finally got [the director] during Christmas holiday, I believe, when it was just her and [a case manager] here. Everybody else was gone. And she said, ‘Yeah, come on in. We have some space.’” Another woman shared,

“Things were just time consuming. I had to be patient. I had to be patient. It took a while to get in [to transitional housing]. Phone calls, phone calls, phone calls, emails, emails, emails, emails. The director of [the treatment program] was instrumental in helping me. She started emailing and calling [the director of the transitional housing program]. Because I wasn’t getting a call back. [...] I might not’ve been [in transitional housing] if she hadn’t’ve helped me – all the emails and calls that she did. That’s just not right. It doesn’t help when you’re trying to deal with your self-esteem and self-worth. It’s all about who you know. A whole job description makes them better than me. That’s not fair. So yeah, it really f**ks with your self-worth, you know what I mean? I was completely ignored until the director of ASAC started reaching out. I was ignored. I was completely ignored.”

She shared a similar experience with another service, expressing a sense of helplessness and demoralization.

“It took for [my case manager] to help me even get an appointment with a therapist. Like I shouldn’t have had to ask her to help me. I think that her status kind of helped push. But what if I didn’t have her? I probably would’ve never got in to get a therapist. That’s really sickening. Because of her work status that she’s better than me? That’s not fair. So people be feeling helpless and less-than and devalued. I needed somebody with her stature to help me get into therapy, and that is so twisted.”

Although frustrated and demoralized with a lack of social capital to self-advocate, these women shared the advantage of having existing connections with services. Pressure to take on a client from a referring provider may be at play in these women’s experiences. Providers should maintain an awareness of the

power dynamics at play when referrals are made on behalf of clients, sticking to defined prioritization strategies. When possible, self-referrals should be equally valued as referrals from other service providers. Procedures should be put into place to ensure that comparable information gathered from self-referral and provider-referral. In addition to creating equitable intake processes, transparency and community education regarding factors that are considered in prioritization and intake processes can provide community members the tools to self-advocate when seeking services.

Client Self-Determination

During her shelter stay, one woman expressed frustration with a lack of self-determination in defining her priorities and timeline for transitioning to stable housing.

“The shelter I struggled with because they kept saying, ‘You have to get a place. You have to get a place. You have to get a place.’ It was really hard for me to figure out do I get a job first or do I get housing first? If you don’t have a job, you can’t get housing, so I focused on job and then felt kind of like I got penalized because I wasn’t focusing on the housing. It was really, really frustrating.”

Another woman shared her experience in a residential treatment and recovery program. As COVID-19 restrictions began to lift, clients were allowed to leave the facility to attend work. She expressed frustration that during this time, she was unable to spend time going to school and advancing her education. The restrictions on what she was and wasn’t allowed to do left her feeling that her provider valued her ability to make money rather than advance her knowledge and career options.

“When they opened it up and said we can go back out and work, I wanted to go to school. I have this opportunity to – I don’t have any bills right now, nothing but a phone bill, and I wanna go to school. She gave me permission to go out and go to work, but I couldn’t go to school. It was not an option. I was ready to pack then. My sponsor talked me out of leaving, but I wanted to leave then. Like how in the world can you tell me to risk my health?! Everybody was terrified to go out: This was in July of 2020. We can go out and work and be around hundreds of people at work, but I can’t go to the library and be in a spot all to myself or even get a laptop and be in my room and do online classes? I wanted to just dive right into full-time school and had the opportunity to. My medical’s paying for my stay here. I get food stamps, so I’m paying for my food. And it was a ‘no’ on school but a ‘yes you can go to work.’ How dare you tell me you’re gonna dictate my future?”

Staff at shelters and other housing projects should emphasize client self-determination, allowing clients to define their own goals, priorities, and timelines. Staff can provide guidance and insights into this process, while connecting each client with resources and creating accountability with clients to follow through.

Racial Disparities

Three women shared the racial dynamics they witnessed and experienced, highlighting racial disparities in housing and homelessness.

A white participant felt that there was a disproportionate number of Black women in shelters. “When I was at the shelter, there actually were more Black women than there were white. Why that is, I don’t

know. In terms of impacting me getting shelter, I don't think it did. But I found that curious. [...] Maybe it was just that particular time I was there, maybe not, but I was kinda surprised that it was as uneven as it was." According to Institute for Community Alliances (2022) data of unduplicated individuals accessing homeless services in the Iowa Balance of State (all Iowa counties with the exception of Polk, Pottawattamie and Woodbury counties) from March 2021 through March 2022, 33% of women and other gender minorities identified as Black African American, or African; another 8% identified as mixed race; and a total 43% of women and other gender minorities identified as People of Color. Estimates of the U.S. Census Bureau (2021) showed 84% of all Iowans to be white and non-Hispanic, and under 5% of all Iowans as Black or African American. This suggests a substantial racial disparity among homeless individuals accessing shelter compared to the general population.

A Black woman shared that she felt ignored by landlords because of both her race and gender when visiting apartments with her white, male partner.

"In finding places to live. Definitely. Especially, I would find there's a big difference when I would go and look at a place by myself, and then going with my white partner. I found they pretty much turn their back on me and talk to him a lot of the time. I really had to assert myself and just demand to be noticed. Otherwise, I would just be the quiet woman. And I couldn't do that."

When asked about ways her race and gender impacted her homelessness, one woman of color shared, "Oh, yeah. I've seen it happen. Some are quicker to get help than others. And me being gay doesn't help." She found that often her race and gender expression together were seen as intimidating to others. "I'm not one of those feminine lesbians. You can see me coming a whole mile down the road. Like, oh, she's gay. And even people that aren't prejudiced or against gay people, can tend to take me as a threat." When looking for housing and employment, past criminal charges often impacted her.

"I also believe that there's such a thing as systemic racism, and I think that plays a part in it. People are very biased. Once I get in a place, I pay my bills. I'm very clean. But it's hard to find places when you've been in trouble with the law. My criminal record has cost me jobs that I could've gotten and places to live. Even though I haven't been in trouble in years, but still, they look at that. That sh*t doesn't go away. They don't hear your story. They just do the background check, and it looks horrible on paper."

The connection this participant makes about her criminal record and racial identity as a Black woman is not without warrant. According to a report from The Sentencing Project (Nellis 2016), Blacks are disproportionately incarcerated in state prisons, with Iowa being one of five states with a Black to white incarceration ratio of over 10 to 1. "Disparity may be related to policy, offending, implicit bias, or some combination" (Nellis 2016). In addition to impacts on housing, her experience of policing of Black communities in particular differed from the views of her white roommates. The disparity in understanding of racial issues is a factor that has emotional and relational impacts on her life.

"We have differences. But our main difference is because I'm Black. I'm not saying they're prejudiced but there are differences. There are differences. Like today, the news was on and a cop did something else to a Black guy and a couple of my roommates were down there and I happened to come down and hear them say, 'Well, how come every time they get pulled over, they just – Why do they even have to fight?' The person wasn't literally fighting the police."

Instead of saying what I wanted to say, I continued to walk outside and have my smoke, and then I haven't said a word since. But they're looking at it from a white person's perspective. And they're not fighting. Just like how I got arrested twice. I stuck up for myself. Like, you don't have the right to – click, click, you're going to jail. If you say a f**king word, you're going to jail. Or they're going to whip your ass. You're going to look at it from your perspective because you never went through that. But I have. [...] So, it irritated me. Other than that, we're good. We laugh. We get along. But I had to tell myself, 'Don't say anything. Don't say anything. You have to pick your battles.'"

Trauma Shapes Lives

Women often identified impacts of trauma on their lives. At times, trauma was a barrier to moving forward with life, while at other times it played a significant role in shaping women's sense of self. Participants in this sample identified intimate partner violence, stalking, childhood abuse, accidents and disasters in their homes, and homelessness itself as sources of trauma.

One woman shared specific ways trauma shaped her approach to day-to-day life:

"My whole life. It's impacted almost everything I do. You know? I think that's why I'm so routine. Having that control over what happens, when it happens, who it happens with. The types of people that come in my home. When they come in my home. Call, don't just show up. I control quite a lot. [...] Some good came out of that. I was a great mother. I'm an alpha mom. I ain't playing about my babies. Because I didn't have that. No, I didn't have that protection or that loyalty. So, I'm huge on loyalty and protection and I'll believe my kids over everybody. And I didn't have that growing up. [...] Loyalty is just something that I lost very young. And safety. So, it's a big part of what I do in my daily life."

Emphasizing its pervasive effects, she noted, "It impacts everything. Everything. It's affected almost everything." She reflected on both positive and negative impacts of her trauma, and reiterated how it impacted her parenting. "It's affected me in good and bad ways. [...] A lot of parents mirror what they went through and I did a very, very good job of not doing that. Breaking that cycle. I prayed about it."

Another participant shared, "[Traumatic experiences] have made me who I am. And right now, I like who I am, so I can't fault that, but it was tough stuff," highlighting again how trauma shapes lives in complex ways.

One participant implicated trauma and PTSD as factors that made it more challenging for her to use public transportation, with crowded spaces and physical closeness being overwhelming and triggering for her. All aspects of her life were impacted by trauma. "It's stopping me from focusing on what I need to. It's affecting my sleep, my daily life, everything."

Trauma also impacted participants' sense of safety. Recalling her shelter stay, one woman shared, "[I felt safe there] for the most part. The caveat there is we had one guy who had a bit of a temper. It was a big trigger for me. There were a couple of nights I didn't sleep because I was listening for him to go off." Another woman shared her experience in transitional housing. "I have felt safe every day except the day that there was almost a fire. That was the one day I didn't feel safe. And that's based on my own trauma."

Another woman identified trauma as something that she plans to work through with a therapist when she is ready. She identified a few of her triggers: “I still struggle with firetrucks, ambulances, the police – just the sound of all of it.” Her trauma is closely related to barriers to accessing housing, including her criminal record. “So I ended up with a guilty plea on a charge that I didn’t do. Could it have been prevented? Could I have opened it back up? I’ve thought about it, but I don’t know if I can replay the trauma again in my life.”

Providers should maintain an awareness of trauma and its ongoing impacts on clients’ lives, adopting or strengthening trauma-informed approaches to care. Ongoing training and onboarding for staff regarding trauma-informed approaches, and the specific ways those are applied to services, are critical in creating services that avoid triggering and retraumatizing clients.

Education and Recovery for Men

Two women who had utilized gender-specific services that focused on personal growth, healing, and education for women, shared that they wanted to see similar resources for men.

“The things that I get [in transitional housing], and I know there are safe places out there, this should be offered to men. It can be any men that really, really just want to get better. What you guys have to offer here, great. You could have like 20 of these for women and that would be amazing in this town, although there’s probably not funding for it. And it could probably get kind of crazy at times, just like it does here. But there is no substitute for men here to do that. There’s not. Those services that are more catered towards women, that men don’t have the access to, I feel that we do.”

Participants pointed out the ways they wish the men in their lives would have access to these resources. One participant felt that a cycle of trauma often impacted men and that through healing and education, men could learn to break that cycle. She shared,

“I think men need more help. That could be my brother, that could be my dad, that could be my son out there. [...] Women go through domestic abuse and stuff, but do something to help the guys not do that. [Services] target the women, which is fine. But you need to be helping these guys [men] and you wouldn’t have to help these guys [women]. There’s a reason why men are that way. Not all men, but there’s something going on here. And trauma. So if you work on that, the stem of the problem, you wouldn’t have to help all these women.”

Four of the five women interviewed had experienced domestic violence or abuse from a male partner at some point in their lives, three of whom identified becoming homeless when fleeing domestic violence. The desire to see support for men to work through trauma likely reflects how many of these women valued the men in their lives and were often highly impacted by men’s journeys.

Women in this sample suggested the development and implementation of support programs designed specifically for men in our community. In addition, providers can help address participants’ concerns by encouraging men to participate in skill-building and therapeutic groups, activities, and programs. Engaging men in opportunities for personal growth and healing from trauma, substance use problems,

and other mental health problems not only helps men, but addresses women's concerns for men in our community.

Ambiguity Around Transgender Clients

Two participants shared a sense of uncertainty around how the needs of transgender clients may be met. One woman who utilized a project specifically for women shared her discomfort with a transgender man using these gender-specific services, while recognizing a need for safety and access to services for transgender clients. This participant highlighted the comfort she felt by being in a gender-exclusive living environment. She identified her own discomfort in the disruption of that gendered living environment, particularly considering that white men in specific had been a force of trauma and oppression in her life.

“I had a moment when realizing that there was going to be somebody here that wasn't a woman – didn't identify as a woman anymore. And that made me very uncomfortable. Because if that person identified as a male, I didn't want to spend my emotional time with another man. [...] I think [he] should have to use like the men's services. There's just no gentle way to handle that. You know what I mean? There's no gentle way. Well, you can't start a shelter, or can you, for just transgender persons? But then that makes them a target. It could make the house a target. So, I'm also kind of torn about it. Like I'm glad he had some place to go, but then I'm like, really? Because that's my thing. White men. You know? I don't want a white man in my codependency class.”

Another woman shared that she was unaware of any resources specific to LGBTQ+ (lesbian, gay, bisexual, transgender, and queer) needs: “I'm sure that [for] the LGBTQ+ community there's not a lot. And I think that could be improved, but not being part of that community, I can't speak to it.”

In addressing these concerns from clients, program design and implementation should closely consider legal requirements and precedents, recognizing that both sexual orientation and gender identity are currently protected statuses under the Iowa Civil Rights Act (Iowa Civil Rights Commission 2022). While gender identity is often complex, nuanced, and very individual, providers should aim to outline a clear policy for any services that are gendered in nature. These policies may offer a framework for ensuring transgender and nonbinary clients can safely utilize those services in accordance with their gender identity (Mottet and Ohle 2003), and can provide guidance when questions or concerns arise from staff and clients.

Recognizing that not all staff, volunteers, and clients will come from the same understanding of issues impacting transgender clients, education and training opportunities for both staff and residents provide an additional chance to address confusion or concern (Mottet and Ohle 2003). Trainings also offer an avenue to build awareness around the specific needs of transgender clients and inform providers of resources available to these clients, especially when it comes to unique legal and health needs of many transgender people who may be socially or medically transitioning.

Spirituality and Religion

While interviews did not include questions about spirituality or religion, all five participants interviewed brought up spirituality or religion as an important influence in their lives. This topic arose organically

throughout the course of interviews. Providers should maintain an awareness of the importance of spirituality in many women's lives as clients navigate homelessness and healing.

One woman shared that connection to nature was closely tied to spirituality for her, and was a strategy she used to maintain her mental health: "Now that spring's coming, I try to get outdoors. I'm very connected to nature."

Another participant shared the ways she was able to reconnect to spirituality during her recovery from a substance use disorder. She spent several weeks in jail, and shared the opportunity that was provided for her there to connect with spirituality and religion:

"They actually do quite a few good things there. They do a Bible study, lots of prayer, lots of conversation of what we can do to make our lives better, talking about our families. The chaplain there is probably at the end who I give a lot of credit for saving – my saving grace. Because I wasn't very religious or even spiritual at all when I first entered that place, cause remember, I was high as a kite when I first got in there."

When asked about day-to-day life and what brings her joy, another participant shared, "Sitting at home and listening to my worship music. That's most of my comfort." She also discussed how much she values her relationship with a woman who she considers to be a spiritual mentor to her, even though their friendship is now long-distance: "She's somebody that I can go to to talk to and help figure things out. Like a spiritual mentor." For her, this friendship was one place she turned for emotional support.

One participant shared a sense of being rejected by God during her homelessness, and at the time of this interview, was reconnecting with church and her spirituality.

Another woman discussed her closeness with God and ancestors as key to guiding her through difficult decisions and keeping her rooted in her recovery:

"God always is going to be number one for me. That's super therapeutic for me. Talking to God. I still talk to my grandmother. I still talk to my dad. I talk to my cousin that I was close with. They've all passed away but I'm close to them. Even though they're not here, I still try to maintain their spirit and keep them close with me. That really helps a lot. Because when you know somebody really well, it's like, well, what would they say in this situation? What kind of advice would my Grandma give me right now? That keeps me solid."

Additional Recommendations

Affordable Housing and Community Attitudes

When discussing barriers to reaching stable housing, one woman highlighted a lack of affordable housing and hesitancy among community members to adopt housing solutions in their neighborhoods. "I mean I really wanted to stay in Marion. Marion, even worse than Cedar Rapids, just doesn't have [affordable housing]. They know it, but they're slowly coming around to actually doing something about it, because it's kind of a snobby town. It's not the mayor and the city council that are that way, it's the people. Not everybody makes \$50,000 a year and can afford \$800 in rent. They just don't. If you want people to stay here, which I know you do, and you wanna draw people here, you're gonna have to come up with housing *solutions* that you may not like. So you're gonna have to choose."

Families and Children

While in a homeless shelter, one participant witnessed the challenges of families with young children, giving the sense that shelter spaces were not always designed with children in mind. She emphasized a need for more engaging toys for all ages, games, play areas and playgrounds, and supervision for kids.

“There were several families that came through that had kids too young to be in school, and being in a shelter for them was especially tough. Mom was stuck with two or three little kids, all day, at the shelter, with really no toys to speak of or anything to do. They basically just had to figure out ways to entertain them. Some of us tried to give them a little bit of relief by distracting the kids or interacting with the kids so mom could have five minutes to breathe and maybe go out for a cigarette. They weren’t supposed to be left unattended, but we kind of tried to pick up slack. They did have kind of a little play area at [the shelter] with some toys. There was kind of a wide range of stuff, but not a lot of it.”

Families were at times confined to small spaces. She recalled wondering how one mother with several children was able to get all of the kids bathed in the shared bathroom in a timely manner. For another family, she saw that beds doubled as time-out areas for discipline.

“She was a very patient woman and I think the kids were maybe three and four, and very active. I mean really active. But they were stuck in that little room for a lot of the time and of course mom would get frustrated ‘cause they wouldn’t listen, or they’d be doing something, or you know. And trying to like – if you ever try to give time-out in a room half this size. So the punishment was you have to sit on the bed. Well, then the bed becomes both a place of punishment and a place you sleep. That’s confusing to a child, I can imagine. And so it was situations like that, I felt really bad for parents who had children in shelter. Cause there’s really no accommodation for that.”

Challenges also arose with a lack of supervision for kids while parents cooked meals.

“There’s a big open room and then the kitchen, but it’s open too. So the kids were not supposed to be in the kitchen but how do you – I mean there was no divider. It was all essentially the same space, so how do you cook, and keep the kids entertained, but keep them out of the kitchen while you’re trying to fix a meal? For safety’s sake, I mean, I get it. There’s sharp knives. There’s hot stove. There’s hot oven. It makes perfect sense, but it’s not practical. There’s no way to really accomplish that without something giving. So most of the kids ran around in the kitchen. So just the logistics of it were not well done. [...] I mean ideally you would have somebody to entertain the kids while mom or dad cooked dinner would be ideal.”

When planning and evaluating shelters, careful consideration should be taken in terms of accommodations and policies for families with children.

Clear Communication of Program Expectations

One woman shared a sense of confusion and ambiguity around the role of staff during her shelter stay. “It wasn’t made clear to me during the intake that I was supposed to be using them as a resource.” She

also felt the shelter lacked a clear exit conversation. “[During] my last meeting with the director there, she said, ‘Well, next time we meet we’ll talk about budgeting and looking for housing,’ and the next night I come home and under my door was, ‘Your last day here is December’ whatever-it-was, and I thought there was gonna be more conversation.” The lack of a clear conversation during this stressful time was emotionally impactful, and she shared, “It triggered all my abandonment issues.”

Maintaining Friendships in Sober Living

A woman who was living in a program that requires abstinence from alcohol and other mind-altering substances expressed the ways she felt restricted from taking part in her friendships. Although she’d been in recovery from alcohol use disorder for over a year, she had concerns that the housing program staff would lose trust in her if she spent time outside the housing program with friends who frequently used substances.

“Man, I do miss my friends. I have a really good network as far as friends too. I just – I’m choosing to be absent. I just don’t wanna put myself in a position to – not be in trouble because I’m not taking part in what they’re doing – but I don’t need to be coming back smelling like weed neither. I’m solid in my sobriety. I’m not worried about ‘Oh my god, am I gonna wanna take a hit?’ So I wouldn’t mind going around once in a while. You know, once every couple weeks, and say ‘Hey, what’s going on?’ But because I live in a program like this, I don’t at all.”

Women often identified friends as a source of both tangible and emotional support. This woman was put in a place where she felt she had to make a choice between maintaining her support network or maintaining stability in her housing, despite feeling stable in her recovery and unconcerned about relapse. While staff presumably did not overtly restrict her from seeing friends, this woman valued staff trust and arguably expressed feelings of anxiety around the possibility of losing that trust. Recovery and housing staff should maintain an awareness of the value of relationships to women, encouraging clients to nurture friendships while maintaining a sobriety plan as needed. As many women in this sample had also experienced abuse from a former partner, staff should maintain awareness of the ways restricting visits with friends may reflect abusive power dynamics women had faced in abusive relationships. Ideally, clients would feel a sense of safety, trust, and security with program staff, allowing them to openly discuss any concerns about sobriety that may arise.

Vocational Support

One woman valued job fairs and mock interviews that were offered to her and other clients in a housing project she used. She hopes that women will be provided with resources and support in securing and maintaining employment. “I like that [transitional housing] does their little job fair thing here, where the employers come in and mock interviews. I think that’s awesome. That’s something we need.”

Availability of Mental Health Appointments

Multiple participants struggled to access therapy and other mental health resources. One woman described a shortage of available resources.

“I think the community could use probably twice as much, at least. For instance, to get an appointment with [my psychiatrist] usually we go six to eight weeks. It took nine, almost ten weeks out before he had an appointment available. Fortunately, my meds are doing what

they're supposed to do and I'm not in any crisis that way, but nine weeks is a long time to go without seeing a psychiatrist."

Support and Skill-Building Groups

One woman shared a desire to see more support and skill-building groups throughout the community. For her specifically, she emphasized wanting to see groups that highlight coping strategies for mental health.

"Groups to talk about different things. There was one on like self-love that I've been trying to figure out how to get to, cause I had another commitment that night. But on different topics or aspects. More support groups. [A local hospital] has an anxiety and depression group that meets once a month which I think should be once a week. You know once a month is – I don't see the point in that very much."

Community-Building

Expressing concerns about isolation, one participant shared a desire for more community-building activities for clients living in the same housing project. "We used to have music and cook-outs. And it's getting the people to want to. I don't know how to motivate people. Motivational things maybe. Get people out of their rooms. So many people are isolating." She shared recommendations including music, art, food and barbeques, outdoor sports like volleyball, movies, and going to parks. Another woman shared a similar sentiment, centered around having transportation for clients to various activities in the community. "Being able to get the ladies out into the community to do things would be nice. But transportation is a barrier. And whether it's an educational thing or purely a social thing, we still need those things, too. So yeah, I think having transportation to the community."

Coordination of Peer Support

One of the participants utilized a peer support program through a local mental health resource. While she enjoyed meeting with peer support, she fell through the cracks in terms of staying connected through turnover.

"I guess the one thing that didn't turn out too well was the peer support. The guy that was supposed to be my peer support person – and I don't know if this was just my case or not – but I met with him a couple of times and then he left the [program]. I was told someone else would be assigned to me, and that never happened. Now, kind of in lieu of that they did of course give me the Warm Line. There was that, so I didn't really feel like I needed the peer support, but I was kinda disappointed."

Adequate capacity and sustainability to keep these programs organized may mitigate situations like this. Regular, open communication regarding expectations and timeline of the program may also serve to mitigate client disappointment.

Mental Health Education

Basic mental health training and education for clients may be beneficial in destigmatizing mental illness as they navigate both their own mental health and mental health challenges of those close to them. For a woman who lived in a communal living based homeless service, the mental health of her peers often impacted her, and she felt unequipped to respond to situations that arose. In part impacted by past

trauma, she expressed fear of other residents who were experiencing psychosis or mental disorder. Residents came from a vast array of different backgrounds and experiences, some who hadn't achieved stability in their lifestyle and some who's behavior and actions appeared unpredictable or unsafe. This made it difficult for her to feel safe, especially because it felt like staff weren't addressing her concerns.

As a client, there should be no expectation that she be able to address another client's mental health crisis. However, she may have been more comfortable living in an environment with others whose mental health needs were different from her own had she been given basic knowledge, resources, and strategies. Having a toolkit of de-escalation strategies, knowledge of various mental health problems, strategies for addressing a crisis while waiting for professional-level help, and information about mental health resources and crisis lines may be beneficial for clients. Hand-in-hand with this knowledge comes the expectation that clients center their own wellbeing first, defining their own boundaries and role when it comes to the mental health of those they interact with. Ensuring clients feel safe can come in many forms, including being equipped to handle the mental health needs of clients, communication with clients around expectations and decision-making processes, helping clients build safety plans and coping skills, and sharing knowledge that de-stigmatizes populations that some clients may have bias or fear towards.

Processes of Change

One participant emphasized her own desire for recovery from substance use disorder, and how important it was for her to transition from apathy to action. "A year ago I probably would not have used those resources, cause I was in active addiction. They were still offered to me, but I wasn't ready. I hope that people get to the point where they realize life is better. It's heartbreaking sometimes for me because life does get better, but it is a lot of mind over matter." She expressed wanting to find pathways for people with substance use disorders to consider recovery. "I wish there was more community liaisons out there. I know a lot of people that are still deep in addiction and they're really good people. *I really just can't seem to pinpoint if there's anything in between.* But it's just a very dark, dreary place. But you can see a ray of hope in them." When considering gaps in local services, she speculated, "I don't really know where I could say we're missing gaps except for in the substance abuse area and the mental health area with people wanting to get better. [...] The people that want to get these services have to want to get better."

Stages of change (including precontemplation, contemplation, preparation, action, and maintenance) from the transtheoretical model of behavior change – a tool often utilized for understanding how individuals move through stages of active addiction, recovery, and relapse – are at times referred to in basic trainings for staff and community members, but less often do training and community education delve into the *processes* of change and techniques offered by the transtheoretical model. These processes – consciousness-raising, dramatic relief, self-reevaluation, environmental reevaluation, social liberation, self-liberation, helping relationships, counterconditioning, reinforcement management, and stimulus control – are crucial in driving movement between stages of change (Prochaska and Velicer, 1997). Conversations and techniques to encourage change should be informed by recognition of which stage a person is at and which processes underlie movement from one stage to the next (Prochaska and Velicer, 1997).

Publicity for Services

One of the women expressed frustration that she and other community members were unaware of the resources that turned out to be most helpful to her. “Just not knowing actually what services are there. Like I’d never heard of [transitional housing]. I had no idea what it was. And how could I have not known that this place was in existence? And there are lots of women that don’t know that this place exists.” In addition to a lack of awareness of services, she expressed a desire to share her positive experiences with others who may be in need. She recommended peer education and increased publicity towards those seeking services.

“Really getting our voices out there to the community. I know it would have to be voluntary because there are things with anonymity and stuff, but for those people who are willing to share, it would be nice to get them out there and introduce them to the community and let them know how their life has changed since they’ve received services, and how much the services mean.”

Conclusion

In this case study, five women highlighted their various pathways through homelessness. Homelessness often was a source of fear and danger for women. Trauma was incredibly prevalent, and women identified varying triggers that impacted their sense of safety in housing and homeless services. Women were often impacted on an emotional and tangible level by the implementation of services and supports offered (or not offered) to them.

Key recommendations and practices for providers outlined in this report include the following:

- Regularly assess program capacity and staffing needs with input from both clients and staff. Many participants felt that social services were understaffed, making it difficult to provide the support clients needed.
- Provide resource navigation at all points of contact with local homeless services, including the shelter services line. Resource navigation can be provided immediately, or clients can be transferred or referred to a designated resource navigation specialist. Those seeking assistance should be asked if they need help accessing other basic needs such as showers, laundry, food, and medical care. Staff and volunteers at local homeless services should receive ample training, which may be ongoing, regarding available resources. In addition to resource navigation, information about services in our community should be broadly publicized and easily accessible. Updates to the Linn County resources page may be necessary. An online resource navigation tool may be beneficial in determining which resources are needed by and available to an individual.
- Many clients were frustrated with the need for staff-provided referrals to services. When possible, self-referrals should be equally valued as referrals from other service providers. Procedures should be put into place to ensure that comparable information is gathered from self-referral and provider-referral. Providers should stick to defined prioritization strategies when referrals are made on behalf of clients. Transparency and community education regarding factors that are considered in prioritization and intake processes can provide community members with additional tools to self-advocate when seeking services.
- Many women in this sample valued and sought structure and accountability from providers, especially in making progress towards self-determined goals. Service providers should prioritize consistency, and where appropriate, can take a client-centered approach by having an ongoing

conversation with each client regarding how much structure and accountability the person needs and wants from services. The amount and forms of structure and accountability desired by clients should be taken into account in evaluating, developing, and delivering programs.

- When self-determination was lacking, women felt frustrated. Self-determination, especially regarding client goals and priorities, should be emphasized when developing policies and working with clients to define and reach their goals. If allowing for self-determination of goals and priorities is in no way possible in a situation, staff should maintain transparency and open discussion with clients.
- A trauma-informed approach should be a key component of providing services. Women experiencing homelessness often have fled domestic violence (Continuum of Care Planning and Policy Council, 2020), and described an array of traumatic experiences that at times implicated complex trauma. Triggers stemming from trauma commonly shaped women's experiences in shelters and other homeless services. Measures should be taken to mitigate re-traumatization and ensure women have the tools to cope with triggering situations that may arise.
- Women shared a variety of concerns regarding safety, and discussed factors they considered crucial to their sense of safety and stability. These varied widely between participants and were sometimes conflicting. Providers should determine what each client deems as important and necessary for safety, especially when discussing long-term housing options.

These recommendations offer a starting point for providers based on the insights of women who shared their experiences for this report. However, these recommendations are in no way set in stone. With the use of a small sample, there are clear shortcomings to generalizability, especially when considering women's backgrounds and demographics. It's important to recognize that the needs of our community may vary over time and from client to client, and the information and recommendations provided here do not overrule the needs of the clients and communities served.

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