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PATHWAYS TO HOMELESSNESS OF HOMELESS WOMEN IN CHILE

by

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Dissertation Co-Chairs: Drs. Shanta Pandey and Paulette Landon

Abstract

Homeless women in Chile live in high-risk situations; however, little research exists about how they face homelessness. This dissertation helps address this information gap through the inquiry into the question about what are the pathways to homelessness of homeless women in Chile? For this, a mixed-method research design has been used. The quantitative data were obtained from the Annex Questionnaire for homeless people of the Social Registry of Household, Government of Chile, updated to March 31, 2019, while the Qualitative information was obtained by conducting in-depth interviews with 4 homeless women and professionals who have worked with them in the context of their participation in social programs. The findings showed three main results: (1) The paths to homelessness for women in Chile begins with residential instability and individual adjustment to deal with it. (2) Residential instability transforms into homelessness through an extended accumulation of disadvantages and loss of significant resources and social networks. (3) Women's homelessness, even though it may become permanent or chronic, is cyclical with many entries and exits within a permanent context of residential instability

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Dedication

Dedicated to my dear family, Maca, Cata, and Pedro. You have always been with me and made this project possible.

A very special thanks to the women who shared their life stories and made this thesis possible.

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Chapter I. Introduction

Homelessness is a global phenomenon that affects a large number of people regardless of their stage of economic development (Busch-Geertsema, Culhane, & Fitzpatrick, 2016; Eissmann & Cuadra, 2018; Farha, 2018; Finfgeld-Connett, 2010; Johnson, McGreevy, & Seeley, 2018). At a general level, homelessness remains high despite the social policies implemented by governments and private organizations to lower its magnitude. Most European countries show an increase in the number of homeless people within the last five years (Abbé Pierre Foundation and European Federation of National Organisations Working with the Homeless, FEANTSA, 2018, 2020). For example, in Germany, homelessness increased by 150 percent between 2014 and 2016; in England, it did so by 169 percent between 2010 and 2017, and in Spain did so by 20.5 percent between 2014 and 2016 (Abbé Pierre Foundation & FEANTSA, 2018, p. 10). Finland is an exception, where between 2015 and 2019, homelessness decreased by 32% (FEANTSA and Fondation Abbé Pierre, 2020, p. 12). According to 2017 data, Canada had 25,000 people considered chronically homeless (Government of Canada, 2017), and the estimates of recent years indicate that during a year, about 235,000 people experience homelessness, while on a given night, 35,000 people are homeless (Gaetz, Dej, Richter & Redman, 2016, Gaetz, Gulliver & Richter, 2014). Besides, the 2019 Annual Homeless Assessment Report (AHAR) to Congress indicates that 567,715 people experienced homelessness in the United States. This figure reflects an increase of 2.7% in relation to the year 2018, but a decrease compared to the year 2010 (-10.9%) (The U.S. Department of Housing and Urban Development, 2020, p. 9).

In Latin America, most countries do not have systematic census information on homeless populations. Exceptional cases are Chile, Uruguay, and Brazil, countries that have been able to establish procedures to measure the extent of homelessness over the last 15 years (Busch-Geertsema, Culhane, and Fitzpatrick, 2016; Ministry of Social Development, Mides, 2006, 2011 & 2016; Ministry of Planning, Mideplan, 2005; Ministry of Social Development, MDS, 2012 & 2017a). In Uruguay, three censuses were carried out in 2006, 2011, and 2016. In the first, 739 homeless people were counted (Mides, 2006); in the second census, there were 1,274 homeless people (Mides, 2011), while in the last census, the number of homeless was 1,651 (Mides, 2016).

Chile, on the other hand, has made counts (using different methodologies) in 2005, 2011, and since 2016 a permanent homeless register has been implemented. The first assessment was not national and considered only the three regions with the greatest number of inhabitants and counted 7,254 homeless people (Mideplan, 2005). The second assessment (national) counted at least 12,255 homeless people (MDS, 2012), while the last system recorded 11,623 people in August 2017 (MDS, 2017a), a figure that increased to 14,140 in March 2019, due to its progressive record. These data provided support for developing and implementing new public social programs. The first records (2005) were the basis for the creation of the Street Program in 2006, while the second (2011) provided the basic information for the creation of the Noche Digna Program in 2012 (Celic, 2016; Wong, 2017). This program offered accommodation services for the first time as public policy. Despite this, none of these measurements, as well as the Social Register of Homes implemented since 2016 (MDS, 2017a), have developed longitudinal measurements that

allow for observing the entry and exit of homelessness, as well as trajectories of homeless populations.

Situations and contexts that trigger homelessness vary and there is no agreement on a single definition of homeless people (Busch-Geertsema et al., 2016; Ciapessoni, 2013; Eissmann & Cuadra, 2018; Feantsa, 2006; Levinson & Ross, 2007; Office of the High Commissioner of the United Nations for Human Rights, OHCHR, 2009).

Academics and policymakers group homeless people into two large subpopulations. The first refers to those who are living on the street and shelters or other similar services. The second group includes people at risk of being homeless (Canadian Observatory on Homelessness, COH 2012; Feantsa, 2006; United States Interagency Council on Homelessness, 2015; Johnson, McGreevy, & Seeley, 2018). This second group presents a greater diversity of situations and contexts within the category, including evictions, abandonment, or expulsion from home, among others.

Theoretical and empirical research on homelessness has developed a substantial foundation in the United States, Canada, and Europe. Latin America has had a much smaller corpus of research on the topic. However, even in countries with the most research development, there is a gap in the empirical findings of homeless women. These women have remained hidden, mainly because the problem has been masculinized. Existing research has largely focused on the observation of places and dynamics that reflect the homelessness of men than women. For example, the use of shelters and living on the street are strategies used more by men than women (Baptista, 2010; Bretherton, 2017; Cheung & Hwang, 2004; Fabian, 2016; Maki, 2017; Mayock, Parker, & Sheridan, 2015; Mayock & Sheridan, 2012, 2016; Moss & Singh, 2015; Mostowska, 2016). Certain

situations intersect with other social problems, such as a woman fleeing from domestic violence and living temporarily with other family and friends or entering a care center. In this case, they are not considered homeless people but only as victims of violence (Bretherton, 2017). This makes it difficult to establish conceptual limits on defining what constitutes homelessness.

Studies have emphasized that many homeless women move in to live with relatives, close friends, or other people. This situation makes it very difficult to include and count them in the censuses of the homeless population. Some authors have called this situation, “hidden homelessness” due to the difficulty of measuring it and the scarce research that has been done on it (Baptista, 2010; Bretherton, 2017; Maki, 2017; Moss & Singh, 2015). Related to the above, the route that women follow to become homeless is important to study since there is not enough information to determine how permanent these situations of hidden homelessness are (Bretherton, 2017). We also need to understand what explains or predicts their likelihood of becoming rough sleepers or sheltered homeless in a permanent way. To delimit and analyze these roads towards homelessness, the idea of “*pathway*” has been used in The United States and United Kingdom (Bretherton, 2017; Fitzpatrick, Bramley & Johnsen, 2013; Mayock & Sheridan, 2012). The pathway has been used more as an analytical tool than a conceptual framework (Clapham, 2003) to observe the entries to homelessness, as well as life as a homeless person and the exit (and returns) of this situation (Mayock & Sheridan, 2012). Unlike trajectory ideas or homelessness careers, pathways are presented neutrally without implying linearity (Fitzpatrick, Bramley & Johnsen, 2013) but recognizing that homelessness has many episodes. It is even possible to state that the causes that originate

the first lack of housing are not the same, or they do not have the same relevance as those that lead to chronic homelessness or for longer periods (Lehmann, Kass, Drake & Nichols, 2007). For purposes of this research, I will define the concept of “pathways to homelessness” as the path that women walk toward homelessness, which can be observed cyclically by making cuts at different times: (1) Path to the loss of housing for the first time; (2) Path towards living without a stable housing over which has legal dominion; (3) Path to an autonomous housing over which has legal dominion; and (4) Path to the loss of housing for second or more times. Each of these stretches is the pathway to homelessness.

Recognizing these distinctions would make it possible to establish more precisely what the differences are by gender, which moments these differences could be more significant. As proposed by Bretherton (2017), in some groups such as the rough sleepers, the differences in the way that men and women live are not as significant as with those who are in the homelessness hidden. Likewise, often the major differences are within the same groups of homeless women. However, considering homelessness from gender, the fundamental differences are the risks and damages suffered by homeless women compared to homeless men.

In Chile, the research on homelessness has been developed from the idea of the street situation, that although it understands the problem as the lack of housing, it gives a fundamental role to the processes of vulnerability and social exclusion (Celic, 2016). The production of studies and evaluations has focused mainly on the development of undergraduate theses (Alarcón, 2013; Álvarez & Vivero, 2008; Bravo, 2016; Bustamante, 2014; Celedón, 2018; Ferrada, Montoya & Osorio, 2018; Muñoz, 2012; Ogalde, 2016;

Parra, 2016; Puebla & Salinas, 2011; Weason, 2006;), Master (Castillo, 2009; Celic, 2016; Fuentes, 2007; Fuentes, 2013; Wong, 2017). A Doctoral thesis (Baranda, 2013) has also focused on street homelessness in urban areas. Only two of the reviewed theses have focused primarily on homeless women (Bustamante, 2014; Ferrada, Montoya, & Osorio, 2018).

Another group of research has focused on the analytical characterization of homelessness or street situation, developing both typologies and descriptions of this population (Fuentes, 2008; MDS, 2012, 2015a; Mideplan, 2005; Montecinos, 2008; Rojas, 2008; STATCOM, 2017), but without deepening on the situation of homeless women. Only a few works show some descriptions associated with specific areas of homeless women's life (Fuentes, 2008; STATCOM, 2017).

Finally, the third body of work has developed evaluations reports of policies and social programs for people in street situations in Chile (Eissmann, Weason, Cuadra, & Merdech, 2015; Eissmann & Cuadra, 2018; ISUC, 2014; MDS, 2014, 2015b, 2017a; Monreal, Saldivia, & Bravo, 2015). These studies, however, do not make any distinctions by gender.

After a thorough review of the existing literature, it is clear that in Chile, there is little research on homeless women, especially considering them individually, regardless of their role as mother or wife. Therefore, this project aims to fill this gap by identifying the pathways to homelessness for homeless women in Chile.

Purpose of the Study

The research question is: what are the pathways to homelessness of the homeless women in Chile? To answer this question, it is proposed to explore the pathways to homelessness of the homeless women in Chile.

The specific aims are to:

1. Inquire the main characteristics of homeless women in Chile (using secondary data collected by the Government of Chile and primary qualitative data).
2. Analyze the events in the pathway into homelessness of homeless women in Chile (using secondary data collected by the Government of Chile and qualitative primary data).
3. Explain the meaning of losing housing for homeless women in Chile (using qualitative primary data).
4. Analyze the strategies to cope with the homelessness and housing instability used by homeless women in Chile (using qualitative primary data).

Significance of the Proposed Study

Homelessness is a recent public problem in Chile, both for public policy and social research. During the twentieth century, it was tackled mainly by the charity institutions of the Catholic Church. Only since the first decade of the twenty-first century was considered as a target population for social policies. Likewise, research has been scarce, focused on case studies, theses, researches, and evaluations of social programs. In turn, research on the homeless adult population has not made enough distinctions by gender or other relevant categories. In this context, I will develop a study oriented to knowing and understanding the pathways to homelessness of women, which will

contribute to generating knowledge on homeless women in Chile and act as a springboard to devise and improve the public policies for them.

Based on the arguments above, this research contributes to two dimensions: (1) The development of knowledge about women's homelessness and (2) How social work addresses this social issue.

The development of knowledge about women's homelessness:

My research will generate information on the pathways that lead women to live as homeless in Chile. This is important because it is still a very under-explored area in Chile. That implies recognizing the existence of processes and social dynamics that have not always been considered as part of the problem but are fundamental to designing comprehensive social policies. This involves expanding the concept of the street situation used in Chile to refer to homelessness and encompassing a larger population than those women who live literally on the street or in shelters, including situations that nowadays are not considered as homelessness. Also, I seek to bring into discussion the conceptual formulations elaborated in North America and Europe, with the problematization developed in South America, establishing transversal elements, as well as to identify particular features of Chile.

How social work addresses this social issue

The results of this research will have practical implications on how social workers understand and implement interventions with this population. On the one hand, it will contribute to the development of an analytical perspective to understand the problem of homeless women in Chile, especially in terms of its extension and linkages with other problems and populations in situations of high vulnerability. On the other hand, it will

have implications both at the academic research level, policy, and practice. The study will inform intervention designs to respond to the complexity of women's homelessness.

Chapter II. Literature Review

Homelessness

Homelessness in western countries has been defined using different approaches by scholars. In the literature, it is possible to distinguish categories that define the homeless as those who sleep strictly on the street, and others that recognize more complex processes and with different types of scenarios (Ciapessoni, 2013; Levinson & Ross, 2007). This distinction works to create operational categories that separate those who are literally homeless and those who are at risk of homelessness (Canadian Observatory on homelessness, 2012; Feantsa, 2006; Johnson, McGreevy, & Seeley, 2018; United States Interagency Council on homelessness, 2015). Regarding the causes of homelessness, the decade of the 1990s was marked by the discussion between those who placed these factors at an individual level and those who did it at the structural level (Ciapessoni, 2013; Clapham, 2003; Fitzpatrick, 2005; Levinson, & Ross, 2007), but subsequently, there was consensus in holding that there should be an integrated analysis of both levels (Clapham, 2003).

In recent decades, many authors have focused on the problem of homelessness on the difficulty of accessing and maintaining adequate housing (Johnson, McGreevy, and Seeley, 2018; Padget, Henwood, and Tsemberis, 2016). This problematization is based on the human rights perspective, recognizing not only a material dimension of homelessness (Amore, Baker, and Howden-Chapman, 2011; Busch-geertsema, Culhane, and Fitzpatrick, 2015; FEANTSA, 2006; Johnson, McGreevy, and Seeley, 2018). Important conceptual frameworks have been developed to understand homelessness from a global perspective that can be used in different contexts. Among them, three relevant

frameworks have been considered for its usefulness to analyze homelessness as a global social problem, mainly because they provide operational definitions to conceptually delimit homelessness:

The Right to Adequate Housing

An important definition has been to understand homelessness from the right to housing perspective and the negative effects of this deprivation (Farha, 2015, 2018; Johnson, McGreevy, & Seeley, 2018; OHCHR, 2009). The United Nations argues that there is no internationally agreed definition of homelessness, but that the definitions cover a wide range of situations, and from that, it is necessary to recognize the right of all people to adequate housing (OHCHR, 2009). This implies access to a home that has the possibility of enjoying freedoms and protection; have security over their tenure, equal and non-discriminatory access, and participation in the decisions of the community where the home is located. It implies having security regarding its maintenance, availability of services, accessibility to it, habitability, connectivity, and cultural adaptation (OHCHR, 2009, pp. 3-4). It is also considered an interdependent, indivisible, and interrelated right with other fundamental human rights. Access to adequate housing can affect the right to work, health, social security, privacy, or education (OHCHR, 2009, p9). In the United Nations Special Rapporteur on adequate housing, Leilani Farha (Farha, 2015) pointed out that homeless people have structural causes because of housing being treated as a commodity. Farha (2015) proposes a flexible approach that allows recognizing the experiences and interpretation of homelessness between distinct groups and in different circumstances, focusing attention on the most critical situations, allowing the people themselves to determine those circumstances (Farha, 2015, p. 5). To address

homelessness conceptually, Farha proposes a three-dimensional approach based on human rights:

“a) The first dimension refers to the absence of a home – the absence of both the material aspect of a minimally adequate housing and the social aspect of a safe place to establish a family or social relationship and participate in the life of the community.

b) The second dimension considers homelessness as a form of systemic discrimination and social exclusion and recognizes that the deprivation of a home gives rise to a social identity through which “the homeless” form a social group object of discrimination and stigmatization.

c) The third dimension recognizes the homeless as rights holders who are resilient in the struggle for survival and dignity. With a unique understanding of the systems that deny them their rights, the homeless should be recognized as central agents of the social transformation necessary for the realization of the right to adequate housing.”

(Farha, 2015, p. 6)

The European Typology on Homelessness and Housing Exclusion (ETHOS)

It is a conceptual model developed by Bill Edgar, Joe Doherty, and Hank Meert. ETHOS focuses on the life situation of people. In this formulation, three domains are defined to determine homelessness: a) Physical domain: refers to whether they have adequate space to live; b) Social domain: refers to whether they have a place with privacy and with the possibility to develop social relationships; and c) Legal domain: refers to whether they have possession or legality in the use of a home that gives them security regarding tenure (Feantsa, 2006).

From this, the authors propose that if a person presents deficient conditions in one or more domains, it could be classified as homeless or in a situation of housing exclusion (Amore, Baker & Howden-chapman, 2011, pp. 24-25). In this way, a person can be classified into one of four categories (Feantsa, 2006):

a) Roofless: People who live without a roof that protects them permanently or regularly; in this way, they consider both people who live on the public road as well as those who stay in a night shelter.

b) Houseless: People who spend the night in different specialized places devised for people in street situations.

c) Insecure: It refers to the risk of losing the house in which they live for various reasons.

d) Inadequate, which gives an account of those situations in which people live in inadequate housing, either due to the material and structural conditions of these, as well as the levels of overcrowding.

Global Framework

This formulation was elaborated by the Institute of Global Homelessness (IGH) (Busch-Geertsema, Culhane, & Fitzpatrick, 2015), who built a new typology based on ETHOS. First, they reviewed the domains while maintaining the social and physical aspects proposed in ETHOS, but added a third domain called security, where the notion of accessibility to housing is added as an element that provides security (Busch-Geertsema, Culhane, & Fitzpatrick, 2015). This construction also defines three categories: People without a place to live, people who live in temporary places, and

people who live in very inadequate and insecure places (Johnson, McGreevy, & Seeley, 2018).

The main criticisms of this type of operations allude to the difficulty of separating homelessness from housing and poverty (Sahlin, 2012), as well as the absence of processes or trajectories and other highly relevant and explanatory social dynamics (Sahlin, 2012; Roman, 2012; MDS, 2017a; Ciapessoni, 2016).

In Latin America, the concept of homelessness has been called a street situation, emphasizing the same population but placing special emphasis on the processes of social exclusion and vulnerability (Eissmann & Cuadra, 2018; Ciapessoni, 2013; Celic, 2016; Weason, 2005; Wong, 2017). Particularly in Chile, the investigation on the street situation has been concentrated in the following areas (1) Official measurements made by the government of Chile (Mideplan, 2005, MDS, 2012, MDS, 2017a), which have been used mainly by policymakers at different times of design of social programs, but in which they do not account for the variations of this population over time, nor for the trajectories of people. (2) Characterization studies of the homeless population, through the review and analysis of primary and secondary data (Alarcón, 2013; Álvarez & Vivero, 2008; Bravo, 2016; Baranda, 2013; Bustamante, 2014; Celedón, 2018; Ferrada, Montoya & Osorio, 2018; Fuentes, 2007, 2008; Fuentes, 2013; MDS, 2015a; Montecinos, 2008; Muñoz, 2012; Ogalde, 2016; Parra, 2016; Puebla & Salinas, 2011; Rojas, 2008; STATCOM, 2017; Weason, 2006), which analyze cases associated with participants of social programs, analyses of identity construction of specific groups such as migrants, or people from the same territory, cases of families, construction of profiles based on demographic data, levels of complexity, and/or use of resources, among other analyses.

However, these works have not extended over time, nor have wide dissemination and subsequent discussion.

Within these works, there has been a consensus in accepting the official definitions of the government, which currently defines people in street situations as those who:

“are staying overnight in public or private places, without having an infrastructure that can be characterized as a home, even if it is precarious (a precarious home means, at least, walls and ceilings that grant some privacy, it allows to lodge belongings and generate a relatively stable situation). (People who) Lack fixed, regular and adequate accommodation for the night and finds night accommodation in shelters/hostel run by public, private or private entities that function as commercial lodgings (paying or not for this service) and that provide temporary shelter.” (MDS, 2017b: p.5).

This definition allows us to consider the problem of homelessness broadly by assuming that the lack of a permanent residence can occur in different spaces and moments of a person's life. However, this is not explicit, and in practice, official studies and measurements have only considered the categories of living literally on the street or in shelters and transitional housing as part of the homeless population. (3) Finally, there are the reports and studies of public policies and social programs (Castillo, 2009; Celic, 2016; Eissmann & Cuadra, 2018; ISUC, 2014; MDS, 2014, 2015b, 2017; Monreal, Saldivia, & Bravo, 2015; Moviliza, 2015; Wong, 2017). Except for some theses (Bustamante, 2014; Ferrada, Montoya & Osorio, 2018), the majority of this research production has not focused on studying homeless women or use gender approaches. Only some analyses or specific considerations are observed within larger studies (Fuentes, 2008; STATCOM, 2017), in which the particularities that women face when living as homeless are described, establishing some comparisons with the life of homeless men, mainly at the level of exposure to risks and to being victims of acts of violence.

Homeless women

Regarding women's homelessness, a robust body of research has not been developed that accounts for its particularities or approaches the problem from a gendered perspective. In Chile, from the literature reviewed, it is only possible to highlight some case studies addressed in the thesis or some specific sections or mentions in research that addresses the total population (Bustamante, 2014; Ferrada, Montoya & Osorio, 2018; Fuentes, 2008; STATCOM, 2017). In these works, it is agreed to recognize that within everyday experiences of living without a home, women are more exposed to risks and suffer damage, abuse, and sexual attacks, as well as other acts of violence, compared to homeless men. As a result, they present a greater vulnerability, which they must face with very few resources. However, these studies do not go deep into these situations or the impact they have on the lives of women. In the global north, for its part, mainly in Europe, even recognizing limitations in this area, there is a greater development of research and studies on homeless women.

The literature in these countries states that the homelessness of women has been invisible within both research and public policies, mainly because homelessness has been masculinized (Baptista, 2010; Fabian, 2016; Johnson, Ribar and Zhu, 2017; Mayock, Parker and Sheridan, 2015; Mostowska, 2016). On the other hand, the counts that are made focus on spaces that characterize men more than homeless women, such as street or shelters (Baptista, 2010; Mayock and Sheridan, 2016). Also, the intervention strategies have mainly focused on men, and are completely inadequate for women (Maki, 2017; Mayock, Parker and Sheridan, 2015). Evidence from North America and Europe indicates that many homeless women do not use social services for this reason

(Bretherton, 2017; Mayock, 2016) and also because they choose to develop other strategies to face their loss of housing (Bretherton, 2017; Mayock, 2016; Moss & Singh, 2015; Novack, Brown & Bourbonnais, 1996). As Mayock and Sheridan explain:

"Women appear to navigate the homeless service system in ways that, on the one hand, demonstrate their efforts to resolve their homelessness independently and, on the other, serve to conceal their ongoing homelessness because they frequently rely on or resort to situations of hidden homelessness, often in an effort to escape the conditions of emergency homeless shelters." (Mayock & Sheridan 2016: p.5)

Women faced with the loss of housing, in many cases, use their nearby networks to access transient accommodations in homes of friends or relatives (Bretherton, 2017; Mayock & Sheridan, 2016; Moss & Singh, 2015; Novack, Brown & Bourbonnais, 1996), especially women with children in their care. Also, in some cases, they alternate these strategies with the use of shelters. These kinds of situations are difficult to identify and measure by research and counts. In turn, other problems that homeless women can suffer, invisibilize in their homelessness too. For instance, as Bretherton explains:

"Women's homelessness falls outside the focus of much European homelessness research because of how homelessness is defined. Women who lose their homes due to male violence and who have to use refuges and other services are often defined – and researched – as women who are 'victims of domestic violence' not as homeless women" (Bretherton, 2017: p. 4).

Another feature that stands out in the literature about women's homelessness is that it does not occur linearly, rather it often happens over time and due to different causes (Clapham, 2003; Finfgeld-Connett, 2010; Lehmann, Kass, Drake & Nichols, 2007; Mayock & Sheridan, 2012). That is, in a period, a woman can be homeless many times and due to different causes. This implies understanding the problem longitudinally and not only at one point in time. A study developed in California and Pennsylvania by

Lehman and his colleagues (2007) indicates that the main risk factors that originate the first episode of homelessness are structural, while those that originate repeated or prolonged episodes in time are individual (Lehmann, Kass, Drake, & Nichols, 2007).

Finally, the evidence indicates that women are exposed to a greater number of risks and suffer a greater deterioration of health than homeless men, and compared to the general population (Chaudhry, Joseph, & Singh, 2011; Cheung & Hwang, 2004; Finfgeld-Connett, 2010; Johnson, Ribar and Zhu, 2017; Moss & Singh, 2015; Novac, Brown and Bourbonnais, 1996). A study by Cheung and Hwang (2004), which compares Toronto with 6 other cities in Canada, the United States, and the UK, indicates that homeless women under 45 years of age have significantly higher mortality than men (Cheung & Hwang, 2004). This is also supported by other studies that show that homeless women have lower life expectancy than the general population, mainly due to exposure to diseases, violence, and deterioration in their physical and mental health (Bretherton, 2017; Chaudhry, Joseph, & Singh, 2011; Finfgeld-Connett, 2010; Maguire & Semancik, 2016). Likewise, while there may be similarities in the way homeless men and women live, there are important differences in the risks and damages caused by homelessness for these groups (Bretherton, 2017). Women have higher exposure to physical and sexual abuse and mistreatment, violence and sexual exploitation, and loss of access to all types of basic services, especially health (Bretherton, 2017; Chaudhry, Joseph, & Singh, 2011; Maguire & Semancik, 2016).

Causes of homelessness among women

Mainly in the literature of the global north, there has been a discussion about the causes of homelessness, which has tended to distinguish between structural and

individual causes (Ciapessoni, 2013; Clapham, 2003; Lehmann, Kass, Drake, & Nichols, 2007; Levinson, & Ross, 2007) as well as to recognize that in the analysis these two types of causes must be related (Clapham, 2003; Fitzpatrick, 2005). At the same time, there is a coincidence in recognizing that the road to homelessness is not a linear process but contains inputs and outputs, and multiple episodes of home loss, with different causes and coping strategies (Lehmann, Kass, Drake & Nichols, 2007; Moss & Singh, 2015). In this sense, the idea of the pathway allows us to analyze these paths, both entry and exit, and permanence in homelessness (Bretherton, 2017; Clapham, 2003; Fitzpatrick. Bramley & Johnsen, 2013). Fitzpatrick and his colleagues point out that “the more neutral expression pathway is now generally preferred as avoids the linear implications of the other terms (career or trajectories), which can sometimes appear to imply an inevitable downward spiral” (Fitzpatrick, Bramley & Johnsen, 2013: p. 149). According to Clapham (2003) this concept has been used mainly as a framework of analysis. He defines housing pathway “as ‘patterns of interaction (practices) concerning house and home, over time and space’. The pathway of a household is the continually changing set of relationships and interactions which it experiences overtime in its consumption of housing. This includes changes in social relations as well as changes in the physical housing situation” (Clapham, 2002, quoted in Clapham 2003). In this sense, homelessness can be one or multiple episodes in a person’s housing pathway. Also, this framework has to include structural elements and the analysis of public policy interventions (Clapham, 2003) in the biography of homeless women to achieve an integral analysis of housing pathways.

Scholars agree on some causes of women's homelessness, which can be grouped into three dimensions: a) structural factors; b) stories of permanent abuse and deprivation, and c) domestic violence.

Structural Factors

There is agreement among scholars that structural factors, such as social disadvantages, poverty, economic deprivation, unemployment, or lack of access to housing (Baptista, 2010; Chaudhry, Joseph, & Singh, 2011; Finfgeld-Connett, 2010; Mayock & Sheridan, 2012) are triggers for women to lose their homes, and have to live both on the street and shelters and /or in the homes of relatives, friends or acquaintance. Some authors also recognize that these types of triggers are more important to generate the first episode of homelessness, because when this occurs longer, overall there are other problems associated, such as the misuse of alcohol and drugs (Lehmann, Kass, Drake & Nichols, 2007; Mayock & Sheridan, 2016). Social factors and social services are also among the structural factors, which play a key role in how women's homelessness is triggered and developed.

Stories of permanent abuse and deprivation

Many homeless women have had multiple episodes of homelessness in their lives, as well as being victims of sexual abuse and abuse in their homes, as well as strong social and economic deprivations (Maguire & Semancik, 2016; Finfgeld-Connett, 2010; Mayock & Sheridan, 2012). As expose by Maguire and Semancik:

"Many women who were abused as children subsequently suffer from low-self-esteem and mental health problems, which often leading to abusive relationships during adulthood and elevated risks of homelessness. Consequently, one in five women who suffered from pervasive abuse are homeless, twenty times more likely than those who have not been extensively abused." (Maguire and Semancik, 2016).

On the other hand, the pathways to women's homelessness, in many cases, have also been associated with the abandonment of the home, problematic consumption, stories of institutionalization in different social services (hospitals, jails, homes for minors, among others), which have favored their homelessness (Finfgeld-Connett, 2010; Maguire & Semancik, 2016; Mayock & Sheridan, 2012). Also, these experiences show that they have multiple needs, which in many cases are not addressed by social services for the homeless (Bretherton, 2017; Fabian, 2016; Maki, 2017; Moss & Singh, 2015), and in many cases, they even replicate exclusionary practices and violence against women (Maki, 2017; Mayock & Sheridan, 2012).

Domestic Violence

The scholars and practitioners agree that domestic violence is one of the main causes of homelessness globally (Bretherton, 2017; Chaudhry, Joseph, & Singh, 2011; Maki, 2017; Mayock & Sheridan, 2012; Moss & Singh, 2015). A study in Ireland developed by Mayock and Sheridan (2012) indicates that 72% of the women had experienced violence and/or abuse during childhood, and two-thirds had experienced intimate partner violence in adulthood. This characteristic would be especially important to understand the situation of women as it is gender violence that is present in their life stories, in their daily relationships, and even in many social services for the homeless (Bretherton, 2017; Chaudhry, Joseph, & Singh, 2011; Maki, 2017; Mayock & Sheridan, 2012; Moss & Singh, 2015). In turn, permanent acts of domestic violence, it is possible to observe causes both first episodes of homelessness and of the return to this situation in cases where they have been able to overcome it. As Mayock and Sheridan show in their research, "many of the women had left home on one or numerous occasions during their

teenage years to escape violence, abuse or neglect. This pattern of 'running' and staying in the home of a friend or relative often continued for a considerable time before they first made contact with homeless services." (Mayock & Sheridan, 2012: p.9)

The literature about homeless women shows that there is a gap in information about them, mainly in what has been called hidden homelessness. This is mainly because homelessness has been masculinized and because identifying the particular dynamics developed by the group of homeless women is complex precisely because of this hidden or invisible character. However, it is possible to find some agreements in the research developed in the global north. First, they are a group that presents different situations and ways of facing the lack of housing; second, the causes of their homelessness respond to multiple dimensions, which, in many cases, are linked to prolonged stories of abuse, domestic violence, and deprivation; third, the main differences with men who are homeless are at the level of the risks and damages to which they are exposed; and fourth, the main information gap occurs in situations of homelessness that occur in spaces other than streets and shelters. In Chile, there is little information on the situation of homeless women at all levels. Therefore, this study seeks to fill this information gap through the identification of pathways to homelessness of the homeless women in Chile, including the analysis of "hidden homelessness."

Chapter III. Theoretical Frameworks

The analysis of women's homelessness requires a conceptual framework that allows explaining this social problem both theoretically and practically. In the nineties, as a way to overcome the discussion between locating the causes of homelessness between structural and individual factors, in the United Kingdom emerged what was called the new orthodoxy, which proposed that the structures determine conditions for homelessness that affect more vulnerable individuals than others (Ciapessoni, 2013; Fitzpatrick, 2005). However, the main criticism was this approach does not sufficiently explain the causes of homelessness, for example, in contexts where these structural factors do not operate, but there are homeless people (Fitzpatrick, 2005).

The realistic social theory arose in the 1970s from the work of Roy Bhaskar's "A Realist Theory of Science" in 1975, which proposed an alternative to both positivism and constructivism (Archer, 2009; Fletcher, 2017; Outhwaite, 1998), as well as allowed progress in overcoming the classic distinctions between individualism and collectivism, as well as between agency and structure, as spheres that determine the other (Bhaskar, 2008; Archer, 1998, 2009). It works as a methodological framework for understanding social reality. This theory seeks to overcome the limitations of reducing knowledge only to the empirical or to the interpretation of meanings (Fitzpatrick, 2005; Fletcher, 2017). In this sense, it is argued that the theories help us get closer to social reality, identifying causal mechanisms that drive the social events that are selected and formed through their rational judgment (Fletcher, 2017, p. 182).

Margaret Archer, one of the authors who has further developed this theory in recent decades, points out that realism is committed to an explanatory frame of reference

that recognizes: "(a) Pre-existing structures as generative mechanisms; (b) their mutual play with other objects that possess powers and causal constraints that are their own in a social world that is stratified and; c) Unpredictable and yet explainable results that arise from the interactions between the elements mentioned above, which take place in an open system that is society. " (Archer, 2009, p.224)

Ontologically three levels are recognized (Fletcher, 2017; Outhwaite, 1998). (1) The first is empirical, where the events are experienced and can be measured, but they are always mediated by human experience and interpretation. It is a transitive level of reality, where social ideas, meanings, decisions, and actions occur, which can be causal. (2) In the second, there is no filter of human experience. (3) In the third, there are causal structures or mechanisms, which are the properties inherent in an object or structure that act as causal forces to produce events (Fletcher, 2017). The objective of the theory is to explain the social events through the reference to these causal mechanisms and the effects they can have throughout the three levels, which are part of the same reality, giving complex, emerging, and nonlinear explanations (Fitzpatrick, 2005). It is precisely the ability to participate in the explanation and causal analysis that makes this theory useful for analyzing social problems and suggesting solutions for social change (Fletcher, 2017, p. 182). This approach also has installed the center of the analysis in the relationship between agency and structure (Archer, 1998; Fitzpatrick, 2005), discussing the need to overcome the division between situating the causes of homelessness in structural factors or individual factors has also been raised (Ciapessoni, 2013; Fitzpatrick, 2005).

Suzanne Fitzpatrick proposes a causal analysis based on realist social theory. She argues that the challenge for the realistic analysis of homelessness may be to identify

separated routes within this experience (Fitzpatrick, 2005, p.11). Considering the central ontological idea of the realists that the world is structured, differentiated, and stratified, she proposes 4 levels of causes (Fitzpatrick, 2005, p.13):

Economic structures-social class interacts with other stratification processes and welfare policies to generate poverty and to determine poor individuals and households (non) access to material resources such as housing, income, employment, and household goods.

Housing structures- inadequate housing supply and a deterioration in affordability can squeeze out those on lower incomes; tenure and allocation policies, coupled with the collective impacts of private choices, may lead to residential segregation and spatial concentration of the least advantaged groups.

Patriarchal and interpersonal structures- can lead to the emergence of domestic violence, child neglect or abuse, weak social support, relationship breakdown, etc.

Individual attributes- personal resilience can be undermined by mental health problems, substance misuse, lack of self-esteem, and/or confidence.” (Fitzpatrick, 2005, p.13)

In turn, she established that:

“The fact that homelessness arises amongst non-poor people indicates only that poverty is not a “necessary condition” of homelessness; it does not remove the possibility of its being one or a range of causal factors. Similarly, the lack of universality of the homelessness experience amongst poor people is not the central concern of critical realist approaches. The key question for a realist is not what proportion of poor people are homeless, but rather what is about poverty that could cause homelessness” (Fitzpatrick, 2005, p.14).

Fitzpatrick analyzes, for instance, the relationship between poverty and homelessness, pointing out that for the realist social theory, this must be more complex

than just economic difficulty to access a dwelling. In this vein, poverty should be related to necessary and contingent relationships. (1) The relationship between poverty and spatial concentration of disadvantages could be understood as necessary since one cannot exist without the other. (2) There are other external relationships, such as domestic violence, which does not require poverty to exist (and vice versa) and can also impact situations of homelessness. However, poverty could also have an impact on domestic violence and vice versa. Therefore, the combination of poverty plus domestic violence - independent of their interrelation - can increase the possibilities of homelessness. As Fitzpatrick says:

“Domestic violence, in contrast, is “externally” related to poverty in that one can exist without the other, and either could be hypothesized to result in homelessness independently of the other. However, poverty may also (contingently) impact on domestic violence (making it more likely), and reverse causation is also possible (with domestic violence making poverty more likely). Where they are found in combination, poverty and domestic violence (regardless of their own causal interrelationship) may increase the probability of homelessness, with particular violent incidents, for example, providing the “trigger” for homelessness in a nonlinear dynamic fashion.”

The realistic social theory provides principles and guidelines that become an analytical framework that explains the homelessness of women in Chile. In this sense, I will use the morphogenetic approach developed by Margaret Archer (2009), who, using realist social theory, proposes an analysis of the agency-structure relationship through what she calls methodological dualism, and which gives me the possibility of observing the pathway to homelessness in different analytical steps. This approach will be explained in the following part.

Realist Social Theory: Morphogenetic Approach

As a contribution to realist social theory, Archer (2009) developed the morphogenetic approach as an analytical framework to analyze social reality. She proposes the need to separate structure and agency to identify emerging structures; differentiates between the causal powers and the intervening influences of people; and explain any results that occur (Archer, 2009, p. 114). Likewise, she points out that a temporal distinction must be made in the analysis, distinguishing different phases and moments, both for the agency and for the structure. In this way, although it can be argued that there is a continuous action over time, it cannot be established that there is a permanent flow of action (Archer, 2009, p. 117) since this is always interrupted, at least analytically. That is, although there are continuous processes of action of social phenomena, they can be observed analytically in a fragmented way, observing the changes that occur both at the level of the structure and of the agency. In the case of homelessness, for example, it is possible to break moments from the emergence of social policies for the homeless and observe how the scenarios and relationships between the homeless and their social and institutional environments changed and the impact of this change in the quality of life of the homeless people.

The term morphogenesis is proposed to analyze the radical and unpredictable restructuring and the fact that its origin lies in the relationship between agency and structuring (Archer, 2009, p 120). Then, morphogenesis and morpho-stasis are an approach that complements realism, making explicit the need to create knowledge on a temporal scale. It establishes a morphogenetic cycle of three phases: (1) A given structure that conditions but does not determine social interaction (*Structural Conditioning*); (2) A

social interaction that emerges from the orientations of the action not conditioned by the social organization but that also comes from its current agents (*Social Interaction*) and (3) A structural elaboration or modification, which is the change in the relations between the parties (*Structural Elaboration*). (Archer, 2009, p.121)

To develop the analysis of this morphogenetic cycle, Archer establishes the need to use analytic dualism, in which structure and agency are interrelated but not mutually constitutive since each one possesses emerging properties that are their own. (Archer, 2009, p.121). "Analytic dualism is a method to examine the mutual game between these strata; it is analytical precisely because the two are interdependent, but it is dualistic because it holds that each stratum has its own emergent properties." (Archer, 2009, p.191). Thus, even when structure and agency operate together, "the analytic element consists of breaking these flows into intervals that are determined by the problem to be studied." (Archer, 2009, p 233). Archer proposes the following propositions to understand and apply this methodological approach:

At the level of the structure (Archer, 2009; p. 233)

1. There are internal and necessary relationships within and between social structures
2. Social structures exert causal influences on social interaction
3. There are causal relationships between groups and individuals at the level of social interaction
4. Social interaction acts on the composition of the social structure, modifying current internal and necessary relationships and introducing new ones in what refers to morphogenesis (those processes that tend to elaborate or change a given form, state, or

structure of the system). Alternatively, social interaction reproduces the internal and necessary structural relationships that exist when morpho-stasis (those complex exchange processes between the system and its environment that tend to preserve or maintain the given form, organization, or state of the system) occurs.

At the level of the Cultural System (Archer, 2009; p. 234)

1. There are internal and necessary relationships between the components of the cultural system.
2. The cultural system exerts causal influences on socio-cultural interaction.
3. There are causal relationships between groups and individuals at a socio-cultural level.
4. There is the elaboration of the cultural system thanks to the fact that the socio-cultural interaction modifies the logical relations present and introduces new ones- in what refers to morphogenesis. Alternatively, sociocultural interaction reproduces the internal and necessary cultural relations when morpho-stasis takes place.

The morphogenetic task, says Archer, is to explain how the powers of the parties condition the projects of the people involuntarily but with directionality (Archer, 2009, pp. 274). For this, she establishes that it is necessary to consider that there is an involuntary location, which response to the place and position where the person born; that the people have interests created from this location and that there are differentiated opportunity costs; degrees of interpretative freedom and a directional guide to actions (Archer, 2009).

The Agency: Deepening its characteristics

The analysis of the agency, in the work of Archer, has a level of complexity and specificity that forces to extend more in its presentation, in comparison with the structure even when the same importance in the analysis is maintained.

The agency is used as the generic term to account for people. As in the case of structure, Archer also proposes a cycle for the agency. First, there are the conditions under which the agency operates, then the conditional effects; and finally, the morphogenesis or morpho-stasis resulting from this cycle (Archer, 2009; pp. 338-339).

Archer proposes a stratified model where she identifies people, agents, and actors. In this sense, she points out that the things they can do as human beings, agents, and actors are different issues and that they occur in different places, which implies different powers, interests, and reasons (Archer, 2009, p.341). Agents from the morphogenetic perspective are agents of something, of the socio-cultural system in which they are born, but they are also agents of the systemic characteristics that they transform (Archer, 2009, page 343).

Archer states that all individuals are framed in a particular social stratum, in which they are born, and which gives them particular characteristics and resources. From there, there is the possibility of becoming collectives capable of influencing the context based on their interests and expectations. (Archer, 2000). In this way, it is recognized that the social subject is a stratified agent who shares the same opportunities of life with a community. From this idea, Archer proposes that: (a) everyone is an agent, in the sense that an agent occupies a position in the distribution of low-income society; (b) The agency refers to a community that shares common conditions; (c) Unlike the agency,

which are all members of society, only some can become social actors, occupying a role that clearly expresses their identity. In summary, it is argued that we are all born under a socially stratified system, where we belong to a group involuntarily, which would correspond to the primary agency, whose members share the same "opportunities of life".

The transit to the corporate agency must be given by agents (who act) aware of what they want, who can express themselves and others, and who have organized themselves to remodel or maintain the structural and cultural characteristics. The main distinction between primary and corporate agents is that the firsts lack a voice in structural or cultural modeling. The particularity of the second, on the other hand, would be in the ability to articulate common interests, organize collective action, generate social movements, and exercise corporate influence in decision making. In this way, the notion that corporate agents are 'active' and primary 'passive' is constructed, although not intrinsically. Thus, there would be a social identity in the 'us' of the corporate agency since it is a group whose members share their objectives and organization and constitutes a step towards social transformation. All agency powers are also conditioned by the socio-cultural context in which people live. This conditional influence is transmitted by structural and cultural factors. That is, collective action is an emergent property of the agency, but the power to do so is affected by the nature of the systemic context in which agents are placed. (Archer, 2000).

Since social interaction is the only mechanism that regulates stability or change, what happens during it also determines the morphogenesis and morpho-stasis of the agent itself. "This is the double morphogenesis during which the agency, in its attempt to

maintain or transform the social system, is induced to maintain or transform the primary or corporate agents." (Archer, 2009, pp. 347-348)

Archer, considering the cycle of agents, proposes ideas about the degrees of freedom of agents and their combination potential (Archer, 2009, pp. 352-353):

1. Not all agents are equals.
2. Corporate agents maintain/change the sociocultural system and its institutional parts.
3. Not all agents have the same knowledge because of the effects of the interaction on them.
4. All changes are mediated by alterations in the situations of the agents.
5. The categories of primary and corporate agents are temporarily redefined through the interaction that seeks stability and social change.
6. The actions of corporate and primary agents are constrained and mutually empowering.
7. The action of the primary agents constitutes an atomistic reaction.
8. The interaction of corporate agents generates emergent properties.
9. The elaboration of the social agency consists of the decline of the category of the primary agent, which is incorporated or transformed into a corporate agent.
10. Social change is the result of the aggregate effects produced by primary agents in conjunction with the emerging properties generated by corporate agents.

The actors, on the other hand, are defined as the occupants of roles, and the roles themselves have emergent properties that cannot be reduced to the characteristics of their occupants. These can be demonstrated by the pre-existence of roles, their longer duration,

and the relatively autonomous powers of constriction and empowerment that are involved in the role, not in the occupation, which can be lost (or shared) with the loss of occupation. (Archer, 2009, p.361)

The social agent and the social actor are not different people; the distinction is only temporary and analytical. The actors cannot be simplified only to people, but they must, from there, take the human qualities of reflexivity and creativity to the roles they occupy. (Archer, 2009, pp. 371-372).

Contributions from the life course perspective to the analysis of Pathways to Homelessness

Studies on the courses of life have been present since the first half of the 20th century, mainly through studies such as that of Thomas and Znaniecki on Polish peasants (1918-1920). However, it is from the 1960s that longitudinal and retrospective studies began to develop further, which sought to relate life courses to social changes. (Blanco, 2011; Elder, 1991). Among the first authors are highlighted Leonard Cain (Life Course of life and social structure, 1964), Norman Ryder (The cohort as a concept in the study of social change, 1965), White Riley, with his works on sociology of aging, among others. Since the 1970s, one of the main authors who has developed the life course approach has been Glen Elder, based on his study Children of the Great Depression (1974).

The life course perspective analyze the relationship between the individual and society, considering a long-term perspective (Blanco, 2011; Crosnoe & Elder, 2015; Elder, 1998). Following mainly the development of this perspective in North America, the authors recognize three fundamental concepts and five principles that guide its theoretical-methodological approach (Blanco, 2011; Crosnoe & Elder, 2015), and which

are relevant to consider in the analysis of the pathways to homelessness of homeless women, in a complementary way to the morphogenetic approach presented above.

The first concept is a trajectory, which refers to a lifeline or career. In this sense, “Trajectories play out within specific domains of life, so that an individual life can be thought of as a tapestry of trajectories of education, work, marriage, civic engagement, and other experiences representing engagement with major societal institutions as well as psychological and behavioral trajectories, such as cognitive functioning, mental health, and criminality.” (Crosnoe & Elder, 2015, p. 80). These trajectories are dynamic and multidimensional, and in turn, develop interdependently with each other (Blanco, 2011; Crosnoe & Elder, 2015; Elder, 1998). The second concept is the transition that refers “to changes of state, position or situation” (Blanco, 2011, p. 12).

The transitions are dynamic and are presented at different times. In this way, they can be described by the moment in which they happen and how long they last (Blanco, 2011; Crosnoe & Elder, 2015; Elder, 1998).

The last concept is the turning point, which are events that cause changes in people's lives, in different dimensions of their vital trajectories (Blanco, 2011; Clausen, 2013; Crosnoe & Elder, 2015).

The life course perspective is based on five basic principles (Blanco, 2011, p. 13). (1) The principle of development over time, which refers to the need to have a long-term perspective in research and analysis. It is considered that to understand a specific stage, it is necessary to understand that it preceded it (Blanco, 2011, p. 14) (2). The principle of time and place highlight the importance of the contextual since the course of life is shaped by the historical context and the places in which it is lived (Blanco, 2011; Elder &

Giele, 2009). (3) The timing principle refers to the moment in the life of a person in which an event occurs (Blanco, 2011; Crosnoe & Elder, 2015; Elder & Giele, 2009). This is also related to the moment in which it is expected to happen, for instance, during pregnancy and maternity care (Blanco, 2011; Crosnoe & Elder, 2015; Elder & Giele, 2009). The transitions can have long-term consequences including subsequent transitions of themselves (Crosnoe & Elder, 2015, p.82). (4) The principle of linked lives, which states that human lives are always lived in interdependence (Blanco, 2011; Crosnoe & Elder, 2015; Elder & Giele, 2009). That is, in networks of shared relationships, and which is precisely in these networks where historical-social influences are expressed (Elder, 2002 quoted in Blanco, 2011, p.15). (5) The principle of human agency (Blanco, 2011; Crosnoe & Elder, 2015; Elder & Giele, 2009) emphasizes that individuals make choices, carry out activities, and build their life course within the framework of a structure of opportunities (Blanco, 2011, p. 15).

Pathways to Homelessness: A Conceptual Framework

Based on the basic elements of the Morphogenetic Approach, the logic of the morphogenetic cycle, and the central concepts and principles of the life course perspective, I have developed a conceptual framework that allows me to analytically observe the pathways to homelessness of homeless women in Chile. This framework is based on two main ideas: (1) Pathways to homelessness are not reduced to a single moment in time but occur in the course of the life history of women, which includes vital trajectories developed over a long period of time. In this way, these pathways can repeatedly occur, (re) beginning this cycle many times. (2) The pathway to homelessness is divided into different stages through which homeless women pass. Each of these stages

is separated by a breakpoint, which allows analytically defining its beginning and end. These breakpoints will be analyzed, mainly considering the loss of housing as the main element. However, associated with them, it will be possible to observe a series of turning points linked to the main vital trajectories of homeless women.

For analytical purposes (considering these definitions), the pathway to homelessness will be divided into three main breakpoints, as shown in Figure 1, which form a cycle that can be repeated multiple times within the life of homeless women, which is detailed below.

Initial Situation: Context and Characteristics of the Loss of Housing (T1)

It is the first analytical point break. This stage gives an account of the initial situation of women when they face a situation of loss of housing. Within this situation is the position they have as agents to influence their context; the socioeconomic conditions in which they were born into and lived in; the institutional responses that exist to address their situation; both at the level of recognition and assessment of the problem of women's homelessness, as well as the available social offer. The patriarchal structure and the cultural logics about the social role of women and how it is fulfilled within homelessness also operate here. Secondly, this initial situation also includes women's own stories, concerning their main events and experiences, which may also push towards the loss of housing. As the literature points out, from childhood and adolescence, there are repeated abuses, acts of violence, and socioeconomic deprivations, as well as a more or less constant relationship with different social institutions.

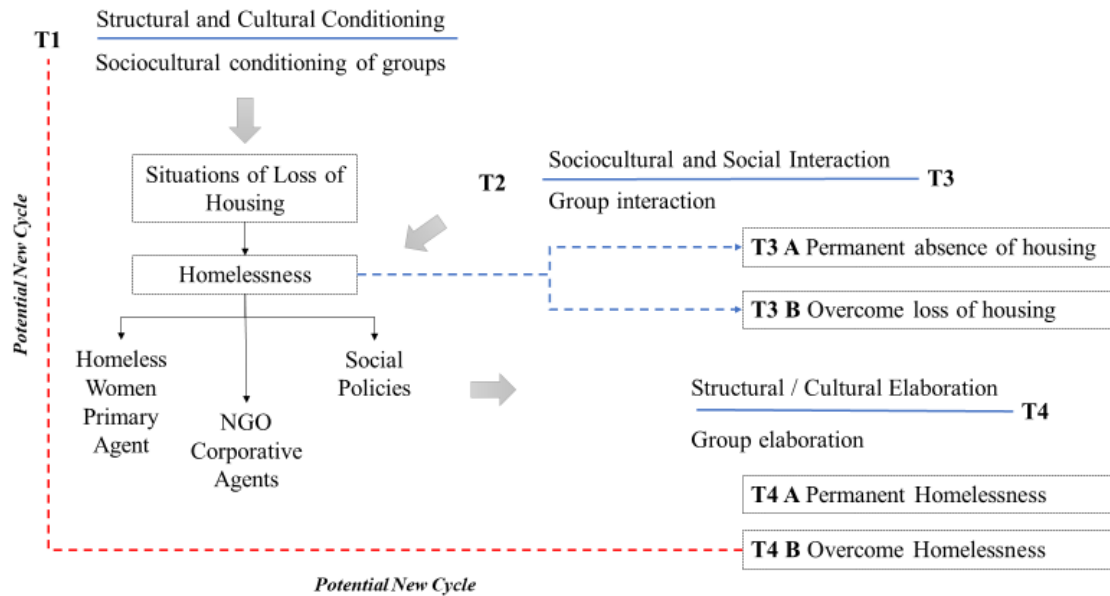


Figure 1: Pathways to Homelessness: A Conceptual Framework

Pathways from lack of housing to homelessness (T2 – T3)

In this second breaking point, the beginning of a path towards homelessness as a permanent form of life is observed (T2). Women deploy different strategies to deal with the loss of housing in specific structural and cultural contexts. In this process, as the literature points out, living in the street or going to shelters for homeless people is not necessarily the first option or the most used. On the contrary, some other spaces and strategies can be deployed and/or alternate, such as living in houses of relatives or close, enter institutions of reception of victims of domestic violence, among others (Bretherton, 2017; Mayock, 2016; Moss & Singh, 2015; Novack, Brown & Bourbonnais, 1996).

The end of this path (T3a) is the result of the constant social and cultural interactions which women have faced in their lack of housing. This result represents an absence of permanent housing over time, and that occurs at the same time as other problems such as mental health illnesses, alcohol and drug consumption, unemployment,

etc. This intersection between homelessness and other problems makes the situation of homeless women increasingly complex, chronic, and progressively damaging. Another alternative that can happen is that they solve their homelessness (T3b). In this way, the central question in this model is what the pathways to homelessness are. In other words, how does the path look from T2 to T3a?

In this path, there are central aspects that I will analyze integrally: (1) Women as primary agents that seek to face their situation and wish to move to some point, defined as a subjective or individual life project. In this sense, it will be relevant to analyze events and decisions that are taken, as well as the varying roles that are played. (2) I will also analyze the role and interactions with nonprofit organizations, which in the Chilean case, have been the corporate agents that have been organized to indirectly support the life projects of homeless women, and offer services that can affect both in the transit from T2 to T3a or T3b, as well as from T3a to T4 (explained later). In the interaction of the homeless with the NGOs, particular roles are played and interests that are created from the provision and obtaining of welfare, and where the cultural logic of how women's homelessness is observed and understood becomes fundamental. (3) Finally, I will analyze the relationship with public policies for homeless people, which began in 2006 and continue to evolve, focusing on how the problem of homeless women has been understood and how it has been addressed by the State.

Homelessness (T4)

The path from T3a to T4 is the result of permanent interactions during homelessness, which can translate into prolonged (chronic) periods of maintenance of this situation (T4a) or exit (T4b) of homelessness that are maintained over time or that

return to present a loss of housing repeating the cycle with a new T1. This occurs from the set of socio-cultural interactions described above, where it is possible to maintain or change homelessness; and where each particular cycle can be connected with previous and subsequent cycles of loss of housing within the life stories of homeless women.

The focus of my analysis will be placed on the paths from T1 to T3a since they are oriented to the specific description of the pathways to homelessness and not to the very development of life as homeless women (T4a). Also, the pathways from T3a to T4b will be used descriptively to connect different cycles of home loss in the cases of homeless women that I will analyze.

Chapter IV. Methods

Study Design

The research design was based on realistic social theory (Archer, 1998, 2009; Bhaskar, 2008; Fitzpatrick, 2005; Fletcher, 2017; Outhwaite, 1998), seeking for social theory to be both useful and usable to explain homelessness. That is, "the problematic condition of society must be addressed theoretically and also in practice" (Archer, 2009, p.193).

It was sought to obtain detailed and quality information to respond to the objectives and research question, privileging the depth, validity, and relevance of the data obtained (Creswell, 2014), as well as quantitative complementary information. Therefore, a mixed-method research was designed (QUAN + QUAL), which integrated throughout the research the collection and analysis of primary qualitative data and analysis of secondary quantitative data. Following Creswell and Plano (2007), I did a triangulation design-multilevel model (Creswell & Plano, 2007, p.84) because different data were obtained for distinct levels of information, which was integrated at the phase of interpretation and analysis.

Considering both the research question and the literature review, where it is proposed that a part of the population of homeless women is in a situation of hidden homelessness, it is necessary to recognize two limitations of this design. First, the quantitative data was collected from a data set that uses cross-sectional measurement and only addresses homeless women who are living on the street or in some type of temporary shelter. These limitations were addressed through the identification of the

questionnaire variables that allow a retrospective analysis, as well as identify the use of spaces other than the street and shelters as ways to deal with the lack of housing.

The qualitative data was primary and cross-sectional but also asked past experiences through retrospective questions. Respondents recalled past facts and experiences, which may have biased the results. To the extent possible, this limitation was addressed using the triangulation of the information produced from different sources. Both limitations led me to propose an exploratory study.

Sampling Strategy

Quantitative design.

For this dissertation, secondary data from the Annex Questionnaire for homeless people of the Social Registry of Household, Government of Chile, updated to March 31, 2019, has been used. The objective of this survey is to record information to identify, characterize, monitor, and analyze the trajectory of people in street situations (people who are homeless) through an instrument complementary to the Social Registry of Household (MDS, 2017a). The application of the questionnaire has been carried out continuously since 2016 in all regions of Chile. Progressively, the government has added homeless people to this registry. However, it is not longitudinal but transversal because each person has been surveyed only once. Thus, the dataset includes all homeless women surveyed between 2016 and March 31, 2019. The questionnaire is applied to people 18 years of age or older, who can understand and answer the questionnaire. However, the database includes cases of people under 18 years of age, which correspond to children and/or adolescents who are part of a homeless family group. Because the objective of this instrument is to register homeless people to include them in social policies, a sample is

not used but rather seeks to include all those people who are experiencing homelessness. The survey has been applied by public workers (in some communities in collaboration with NGOs that work with those experiencing homelessness), who in most cases went to the places where the homeless were, and only in a few cases were the people who requested that the survey be applied to them. In all the survey applications, the "Manual for the application of the attached Questionnaire for homeless people" (MDS, 2017b) was used as support.

The database contains information updated as of March 2019, which includes 14,140 homeless people. The homeless people not included in this survey are due exclusively to the fact that the government does not have information about them, and therefore, no one has gone to survey them. In this way, it is assumed that this dataset includes the entire homeless population in Chile until March 2019. Of the total number of homeless people, 2,188 are women. Only the cases of women have been included for this research, which is equivalent to 15% of the total homeless population. This implies a higher prevalence of homelessness among men. A similar proportion of homeless populations were women in the two national measurements previously carried out in 2005 (Mideplan, 2005) and 2011 (MDS, 2012). According to the 2017 census, women in Chile represent 51% of the population, but there is an undercount of homeless women (National Statistics Institute, 2018).

Qualitative design

The research design in its qualitative component was carried out using the case study approach (Creswell, 2013). In this way, the life histories of four cases of homeless women were explored through interviews both with them and with professionals who

work or have worked with them at some point in time. Therefore, the unit of analysis was the case. Each case was defined as "the pathway to homelessness of a homeless woman". A case was more than each homeless woman since it included other people who can tell the stories about the paths to homelessness of these women. Accordingly, each case included: a homeless woman and professionals of the intervention work team who have been involved in intervention processes with this woman. For three cases, a single professional was included, who was named as a significant person by the women themselves during their interviews. In only one case, the range was extended to two professionals, since both were significant and provided relevant information.

The research had a design of multiple case studies (Creswell, 2007). The sample was not randomly selected but was defined using theoretical and practical criteria that allowed the four cases to be selected.

The first step was to link the research with a non-profit organization¹ that develops social programs focused on homeless women, to access stories of homeless women (to select cases), to professionals involved in the processes of the intervention of homeless women. In turn, this organization gave logistical support for the realization of the fieldwork and psychological support for the research participants.

The second step was to select the women who are or have been homeless and who together had the following characteristics:

a. Have been homeless for more than 6 months at any time in their life. In this way, it was possible to ensure that their homelessness is not due to a specific situation but that they have faced this problem.

¹ The organization that supported the development of the fieldwork was Moviliza, an NGO that works with homeless people in Chile (www.movilizachile.org).

b. Participating or have participated in a temporary residence for homeless people² in the Metropolitan region. In this way, it was possible to identify practitioners and case managers who have intervened with cases of homeless women included in the research; key informants and partners to access homeless women and partners to gather psychological support for the women who participated.

It is important to note that in the selection of the women, it was considered that participation in the interviews would not cause them harm as a result of reliving stressful and painful moments or episodes. This evaluation was made together with those in charge of the social programs in which they participate.

The third step was to select the professionals or the case manager who has worked with the selected homeless women to interview them.

In each of these stages, as explained below, invitations to participate were made, and procedures were followed to respect all ethical and confidentiality aspects of the information involved in the investigation.

It is important to note that initially, a sample of 6 cases had been designed, of which 2 would be from the Valparaíso region. However, the context of Covid-19 prevented the fieldwork from being carried out. For this reason, the qualitative sample was reduced to 4 cases, all of them in the Metropolitan region.

² Temporary residence will be all the social services that in Chile are called "Residences for Overcoming" and "Shared Housing", which are part of the Noche Digna Program of the Ministry of Social Development of the Government of Chile. Also, will be include in this definition other types of residences that provide similar services, such as specialized hostels for homeless women.

Measurement

To define the research variables, I defined the concept of “pathways to homelessness” as the paths that women walk toward homelessness, which can be observed cyclically by making points break at separate times:

- Path to the loss of housing for the first time
- Path towards living without stable housing over which has legal dominion
- Path to an autonomous housing over which has legal dominion; and
- Path to the loss of housing for second or more times. Each of these stretches is

the pathway to homelessness. They do not occur linearly in a person's life, nor do they all necessarily occur. Also, in each of these paths, the homeless women live different events which impact their lives both in the pathways to homelessness and as homeless people. Therefore, these events and their relationship with the loss of housing are important to understand in-depth how the pathways to homelessness are.

Besides, I have defined dimensions and initial variables to inquire both quantitatively and qualitatively, focused on the specific objectives of my research, which will be gathered using different techniques and sources of information.

Analysis Dimensions

Characteristics of homeless women: Both at the level of the information of the data set and conversation workshop, the following variables were investigated:

- Causes attributed to homelessness.
- Demographic characteristics of the population of homeless women at the national and regional levels.
- The number of episodes of homelessness.
- Overnight places.
- Utilization of public services.
- Behaviors associated with drug and alcohol use, and women's health status.

Main events within the pathways to homelessness: The main events within the pathways to homelessness were classified within two categories: individual and structural factors. However, I used this only to organize the information since it was analyzed integrally. That is the link that exists between these events within the pathway to homelessness. For this, the dataset variables that identify general causes of homelessness, episodes of institutionalization (children's homes, mental health institutions, prison, among others), and temporality of current homelessness. Likewise, these events were investigated through semi-structured interviews about cases of homeless women with practitioners and case managers and biographical interviews with homeless women.

Meanings of losing housing: The meaning of the loss of housing was measured mainly at the exploratory level, through open questions asked to homeless women. However, it intentionally investigated the association they make between housing and the sense of security and protection, and housing and their couple relationship and/or family life. It was investigated through semi-structured interviews and biographical interviews with homeless women.

Strategies to cope with homelessness and housing instability: The main strategies to cope with homelessness and housing instability were organized into three main categories: (1) Before living the first episode of homelessness; (2) During episodes of homelessness; and (3) During stages in which episodes of homelessness have been previously overcome. This was investigated through semi-structured interviews about the cases of homeless women with practitioners or case managers and biographical interviews with homeless women.

Table 1 presents a synthesis of the dimensions, variables and information gathering techniques used.

Table 1

Analysis Dimensions

Specific Aims	Variables	Information gathering techniques
Inquire about the main characteristics of homeless women in Chile.	Causes of homelessness Demographic characteristics Overnight places Utilization of Public Services	- Analysis of secondary data
Analyze the events in the pathway into homelessness of homeless women in Chile.	Structural factors Biographical episodes Institutionalization episodes Multiple Episodes of loss of housing Time being homeless	- Analysis of secondary data - Semi-structured interviews - Biographical interviews
Explain the meaning of losing housing for homeless women in Chile	Meanings of losing housing Association between housing and perceptions of security and protection Association between housing and relationships of couple and family relationships	- Semi-structured interviews - Biographical interviews
Analyze the strategies to cope with the homelessness and housing instability used by homeless women in Chile.	Strategies used: - First episode of loss of housing - Multiple episodes of loss of housing - During life as homeless	- Semi-structured interviews - Biographical interview

Secondary data gathering techniques

The information-gathering technique that was used is the data set of the Annex Questionnaire for People in the Street Situation of the Social Registry of Households of the Government of Chile was used for the realization of statistical analysis.

Research Ethics and Sample Selection

Two kinds of participants provided data for this study—homeless women and case managers/practitioners of social service organizations that have worked with the women selected as a case in one of the programs defined in the sample.

The study was guided by the research ethics of the Institutional Review Board of Boston College. Also, as a researcher, I have completed the “*Human Research/Social and Behavioral Research Course*” from the Collaborative Institutional Training Initiative (CITI) program. Also, an approval of an application for human research was obtained from the Boston College’s Institutional Review Board.

Human Subjects Review

Interaction with homeless women in the development of research considered measures to prevent them from being damaged because of the fact to remember or relive episodes of their life that have been very harmful, painful, and stressful. In this way, it was necessary to consider not only that they give me their consent to participate in the entire research process, but also ensure that they had psychological support in case of needing them. In this way, three main actions were carried out:

First, it was requested the informed consent to homeless women for the development of this investigation considering them as a case study, which implied their consent to talk about their lives with professionals who worked with them, and access documents of that process and other personal antecedents.

Second, it was asked for the consent of homeless women to participate as informants through in-depth interviews, giving them the permanent possibility of ending their participation when they determine it and access to psychological support in case of need during the interview.

Third, it was established, through alliances with non-profit organizations, access to psychological support for participants who require and request it. To do that, an

alliance with Moviliza (Chilean NGO) was made. This organization supported the study participants with their professional teams in Santiago.

Sample Selection

Selecting homeless women for Biographical Interviews: To select and conduct the interview with homeless women, it was used as an invitation to participate, consent form, and interview guide. As indicated in these documents, the interviews were recorded with the consent of the participants. The Invitation to participate was made in the first instance through a key informant of an institution in which the interviewed participates or has participated, and subsequently, they were invited to participate through a formal letter and a face-to-face visit. In these visits, the interviews were scheduled.

Selecting case managers/practitioners for *Semi-structured interviews*: It was used as an invitation to participate, consent form, and interview guide. The invitation to participate was made directly through a formal letter and a face-to-face visit. During its implementation, all ethical protocols were applied.

Data collection

Biographical Interviews: These interviews were conducted with homeless women based on a few open questions that allowed them to develop a conversation with the interviewees about episodes of their life stories associated with homelessness. They were horizontal conversations, where they had the possibility of interrupting or ending the interview whenever they wish (Valles, 1999; Taylor & Bogdan, 1987). Due to the density and emotionality of the type of information that was discussed, these interviews were developed for 1 to 3 sessions. With these interviews, I then conducted did a thematic

analysis (Maguire & Delahunt, 2017), using the Atlas Ti software for the coding process. For this, all interviews were transcribed and codified.

Semi-structured interviews: These kinds of interviews were applied to case managers or practitioners who worked directly with the homeless women selected as case studies. For its application, semi-structured guidelines focused on the dimensions and categories defined for each of the specific objectives were used. Also, it was oriented to the analysis of specific moments in the lives of each woman. For this interview, the person who was closest during the intervention process that was developed within one of the programs defined in the sample was selected. The interviews were recorded with the consent of the participants. For this, interviews were transcribed and codified in the Atlas Ti software. Then, I did a thematic analysis.

Data Analysis strategies

The analysis of the information was not developed as a separate process from the rest of the research; on the contrary, the data was collected and analyzed in parallel (Valles, 1999). In this way, I could return more than once on topics relevant to research. The quantitative information was analyzed through descriptive, univariate, and multivariate statistical analysis, while thematic analysis was used for qualitative information.

Data Analysis Strategies for quantitative data

In this phase, a descriptive analysis of the situation of homeless women in Chile was developed, based on the statistical analysis of the variables of the dataset. To analyze the main characteristics of homeless women in Chile using the dataset presented above, the following analyses were made:

Descriptive and bivariate analysis of the following variables:

- (i) The age of women expressed in years, and also grouped into ranges
- (ii) The length of time they have lived in homelessness, expressed in years and time ranges
- (iii) The first time that they have been in this situation or if it has happened more than once
- (iv) The age at which they were homeless for the first time, expressed in years and age ranges
- (v) Factors that trigger homelessness
- (vi) The participation or use of an institution
- (vii) The self-perception of the capabilities or difficulties that they have to carry out activities of daily life
- (viii) Substance use
- (ix) The use of resources and social networks to support their basic needs.

Multivariable logistic regression analysis was employed to test the following hypothesis: Have been homeless more than once is positively associated with factors related to the life trajectories of homeless women.

Multiple linear regression analysis was employed to test the following hypothesis: Being homeless for longer is associated with factors related to the life trajectories of homeless women and their health situation.

For both models, the missing data included 160 cases, equivalent to 7.3% of the sample. Due to the low percentage of missing data only valid cases have been used.

The distribution detail of the missing data is shown in Table 2:

Table 2

Missing Data

Variables	Sample	% Missing Data (N)
Having lived homeless more than once (Yes – No)	2,188	3.75% (82)
Age (years)	2,188	0.09% (2)
Age of first episode as a homeless person	2,188	0.69% (15)
Alcohol and drug consumption index (Average)	2,188	4.43% (97)
Having been in an institution for more than three months	2,188	0.69% (15)

Data Analysis Strategies for qualitative data

For qualitative information, I used thematic analysis. Its goal is to identify themes “in the data that are important or interesting and use these themes to address the research or say something about an issue.” (Maguire & Delahunt, 2017: p.3352). These themes can be separated into semantic and latent. The first refers to the explicit meanings of the data, while the second identifies or examine the underlying ideas under the data. To do that, the next steps were followed (Maguire & Delahunt, 2017: p.3352):

- (1) Become familiar with the data
- (2) Generate initial codes
- (3) Search for themes
- (4) Review themes
- (5) Define themes
- (6) Write-up.

Table 3 shows the macro themes, themes and coding categories used for the qualitative analysis.

Table 3*Themes and Codes*

Macro Themes	Themes	Initial codes
Maternity	Maternity	Maternity
Perception of homelessness experienced by women	Perception of homelessness experienced by women	Perception of homelessness experienced by women
Events in the pathway	Deprivation and Abuse	Abandonment Experiences Abuse Experiences Socio-Economic Deprivation
	Institutionalization	Mental Health Institutions Internment Institutions
	Development of Meaningful Relationships	Family relationships Couple relationships Break-ups
	Conflict situations	Conflict with the Law Problematic Consumption
	Residential Instability	Home Loss Episodes
Meaning of losing housing	Meaning of the Housing	Representation of a home Housing Valuations Meaning of not having a home Meaning of having a home Meaning of the use of residences (Public-Private)
	Expectations	Future's expectations Stability Expectations
Strategies to cope with Homelessness and Housing Instability	Social Networks	Social Media Support Use of Social Networks Street circuit Public Social Services Private Social Services
	Accommodation solutions	Learnings from Coping with Residential Instability Access to accommodation solutions Type of accommodation solutions Loss of accommodation solutions Accommodation solution decisions Use of accommodation solutions The temporality of accommodation solutions Public road
	Occupational development	Personal development Job

Validity and Reliability

To validate the quality of the information and its precision, the validation strategies proposed by Creswell (2007) were followed. First, the information gathered through in-depth interviews with homeless women was triangulated with information

from semi-structured interviews with professionals. These results were consistent. At a second level, these findings were triangulated at theoretical level, with respect to the evidence from other studies on homeless women. The results were also consistent in the dimensions in which there was comparable evidence.

To assess the reliability of the information, the stability of the topics defined in the information collected in each of the qualitative information techniques it was looked for, to observe that it is effectively investigating the defined research dimensions and that this information was robust and deep in the data. As for the quantitative information, initially, the data set was cleaned. An analysis was conducted to understand the nature of missing values in each of the variables included in the analysis. Likewise, for each statistical test, the steps and analyses that ensure the reliability of the analysis were carried out and followed.

Chapter V: Findings

This chapter shows the main findings of the research. It is divided into two parts. The first part, quantitative results, mainly focused on the characteristics of homeless women in Chile, and the identification of the variables that are associated with their trajectories. The second part presents the qualitative results of the investigation, substantiating the pathways to homelessness of the four cases analyzed in depth.

Results of Quantitative Data: Homeless Women in Chile

This Chapter provides the main characteristics of homeless women in Chile and the events on the pathways to homelessness associated with the following specific objectives (to): Inquire the main characteristics of homeless women in Chile and analyze the events in the pathway into homelessness of homeless women in Chile. The results are arranged in two parts:

- (1) An overview of homelessness among women. This includes the geographical distribution of homeless women, the temporality of the situation, the age of the women, and the development of daily life, based on the self-perception of capacities for daily life, the frequency of drug and alcohol consumption, and the use of social networks and social services.
- (2) Homelessness trajectories based on the experience of more than one episode of homelessness and the length of time that women have been homeless.

Overview of Women Experiencing Homelessness in Chile

Chile is administratively divided into 16 regions, which have diverse geographical and socio-cultural characteristics, representing different scenarios for the development of

homelessness. Nationally, 40% of the homeless population reside in the Metropolitan Region (40%), where the capital is located. The next regions with a high concentration of the homeless population are Valparaíso (10%) and Biobío (8%). As Figure 2 shows, among homeless women in Chile, 49.6% live in the Metropolitan Region, 13.2% in Valparaíso, and 6.5% in Biobío. As for the density of homelessness among women in Chile, Arica, the extreme northern region of Chile, has the highest density of homelessness among women, with 10.1 homeless women for every 10,000 women. In the Metropolitan Region and Valparaíso only 3 and Biobio only 1.8 out of every 10,000 women are homeless. This ratio drops further in the southern regions, from Araucanía to Magallanes.

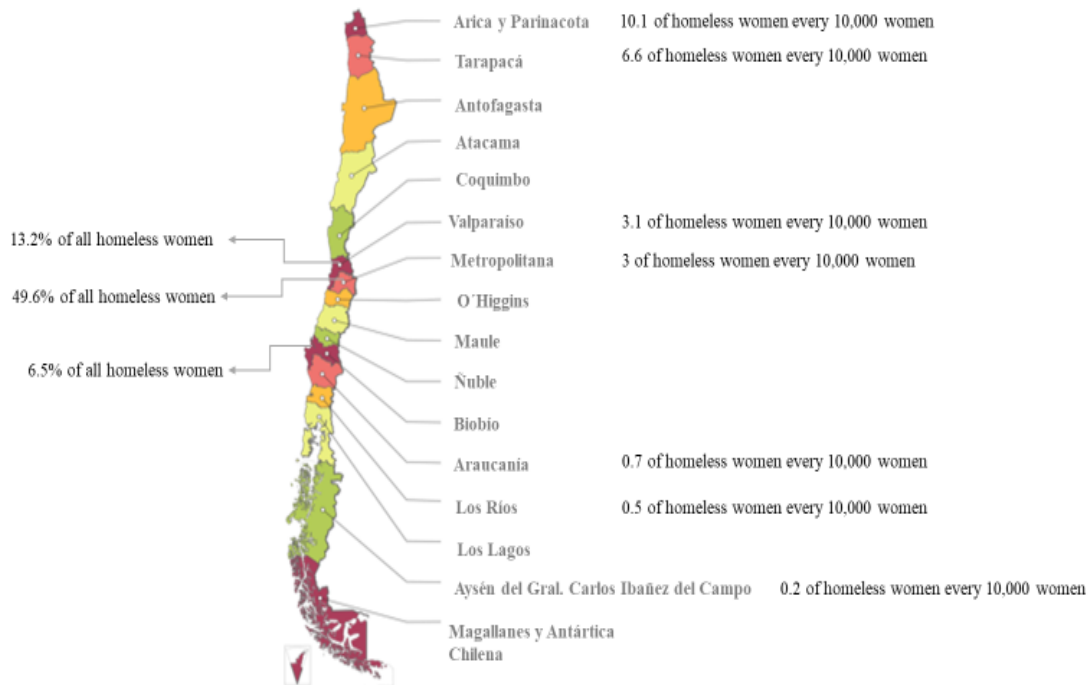


Figure 2: Distribution of Homeless Women by regions of Chile

The analysis has considered three main themes: Stages of life when homelessness began and how long they have been homeless; Factors that trigger homelessness; and Characteristics of the daily life of homeless women in Chile.

At what stage in their life did the homelessness begin, and how long have they been homeless? A descriptive analysis

An element in the characterization of women's homelessness is related to the temporality in which it develops, such as when it began, how long they have been in this situation, and at what stages of their lives. Answering these questions contributes to generating an overview of the population of homeless women. To make this general description, the variables of the Annex Questionnaire for homeless people of the Social Registry of Homes were analyzed, which are shown in Table 4.

Table 4

Descriptive characteristics of homeless women (N=2,188)

Variables	Percentage (n)	Mean (SD)
Age		40.88 (14.89)
Under 18 years	2.97 (65)	
Between 18 and 29 years	19.53 (427)	
Between 30 and 50 years	53.98 (1,180)	
More than 50 years	23.51 (514)	
Length of Time as a homeless person		4.41 (6.72)
Less than 1 year	29.07 (636)	
Between 1 and 3 years	34.05 (745)	
Between 4 and 5 years	11.79 (258)	
More than 5 years	25.09 (549)	
Between 18 and 29 years		2.93 (4.16)
Between 30 and 50 years		4.72 (6.75)
More than 50 years		5.35(8.25)
Having lived homeless more than once (Yes)	33.67 (709)	
Age at first episode of homelessness		33.52 (16.49)
They were homeless for the first time before 18	17.40 (378)	
They were homeless for the first time between 18 and 30	28.58 (621)	
They were homeless for the first time after 30	54.03 (1174)	
Between 18 and 29 years		19.61 (6.16)
Between 30 and 50 years		31.59 (10.85)
More than 50 years		51.62 (17.01)
Loss of housing for problems with her family or partner	30.43 (517)	
Between 18 and 29 years	31.87 (116)	
Between 30 and 50 years	28.03 (257)	

More than 50 years	33.16 (128)
Loss of housing for economic problems	13.02 (177)
Between 18 and 29 years	10.14 (28)
Between 30 and 50 years	10.93 (81)
More than 50 years	17.57 (55)
Loss of housing for problematic use of alcohol or drugs	9.84 (129)
Between 18 and 29 years	6.77 (18)
Between 30 and 50 years	13.16 (100)
More than 50 years	4.09 (11)
Throughout your life, have you been for 3 months or longer?	
National Service for Minors	14.21 (311)
National Service for Women	9.23 (202)
Mental Health Institution	12.02 (263)
Jail	16.00 (350)
Treatment and Rehabilitation Center for Drug and / or Alcohol Consumption	17.55 (384)

On average, women are 41 years of age. About one out of five women (19.5%) were between 18 and 29 years of age and nearly a quarter of them (23.5%) were over 50 years of age. This indicates that homelessness occurs in different stages of women's lives. While women under 18 years of age are also homeless in Chile, they are not represented in the sample of the homeless population since the survey only included those over 18 years of age. It is for this reason that women under age 18 have not been included in the analysis.

On average, women were homeless for 4 years, with a high dispersion ($SD = 6.7$). Over 70% have been homeless for more than 1 year, and more than 35% have been homeless for more than 3 years, while only 29% have been homeless for less than 1 year. About 34% of the women had been homeless more than once. On average, they had become homeless at 34 years of age ($SD = 16.4$). During the first episode of homelessness, over 50% were 30 years of age, 29% between 18 and 30 years of age, and 17% indicated that the first time they were homeless was before they turned 18 years old. This dispersion indicates that while homelessness occurs at different stages in the life of the women, it is in adulthood that it occurs more frequently. It is important to note that

the answers to this question can be interpreted differently by what each woman considers as 'homelessness'. That is, not all experiences of lack of housing are perceived as homelessness, rather, only those that involve sleeping on the street or in shelters.

Factors that trigger homelessness

Respondent identified factors that trigger homelessness are many. Table 4 shown the three more important, which are problems associated with family (30.4%), financial or economic (13%), and alcohol and drug use (9.8%). These three causes are not mutually exclusive and that they can occur simultaneously. They are consistent with the literature, which indicates that there are a multiplicity of factors in the life stories of homeless women, associated with economic deprivation, stories of domestic violence, abuse, among others (Bretherton, 2017; Maguire & Semancik, 2016; Finfgeld-Connett, 2010; Maki, 2017; Mayock & Sheridan, 2012; Moss & Singh, 2015; Chaudhry, Joseph & Singh, 2011).

Associated with the trajectories of women, another event that appears relevant in the literature, although not necessarily as a causal relationship, is the participation or use of an institution of hospitalization, which implies having gone through some situation of complexity, such as, for example, situations of violence, problematic episodes of consumption, mental health problems, conflict with the law, among others. Accordingly, the survey instrument asks if they have ever been in different types of institutions associated with the situations indicated for more than three months. As seen in Table 3, 17% of women had been hospitalized for alcohol and drug treatment and rehabilitation, 12% had been in mental health institutions; 14% were in the National Service for Minors, which has implied having experienced situations of violation of rights and forced

separation of the nuclear family, or situations of conflict with the law. Nine percent of the women were in women's houses, which implies having experienced domestic violence.

Finally, 16% of the women in the sample had been to jail.

Daily Life Capabilities and Capabilities Index

To understand the homelessness of women, it is useful to understand how they carry out their daily lives since it sheds light on the difficulties they face, the resources and networks they use, as well as the capabilities they deploy to survive in these conditions. Three aspects that help to approximate what the daily life of homeless women in Chile is like were addressed. In the first place, the self-perception of the capabilities or difficulties that they have to carry out activities of daily life is assessed; secondly, the perception of the substance use is reviewed; and finally, the use of resources and social networks to support their basic needs is described.

The capabilities to face daily life are key to social integration into different spaces and social institutions. For instance, global employment statistics indicate that the inactivity rate of workers with difficulty or disabilities tends to be much higher than that of other workers (Organización Internacional del Trabajo, OIT, 2017; O'Reilly, 2007; Servicio Nacional de la Discapacidad, SENADI, 2017). Likewise, women have more risk and vulnerability than men because they face multiple sources of discrimination both as women and possibly as people with disabilities or homelessness (O'Reilly, 2007: p.52).

A useful perspective in understanding the capabilities of homeless women to face their daily lives is the International Classification of the Functioning of Disability and Health (OMS, 2001). The main objective of this classification is to provide a standardized and unified language, likewise, to provide a comparable conceptual

framework between countries and different health disciplines, which allows for the description of health and health-related states (OMS, 2001 in MDS, 2016). The contribution of this perspective is that it does not focus only on people with disabilities but also on the larger population. In this sense, what is observed is the situation of a person within the set of health or health-related domains (OMS, 2001 in MDS, 2016), describing situations related to human functioning and its restrictions.

In this way, the functioning of a person is a complex relationship between the health condition and contextual factors (MDS; 2016, p 27). Functioning is used as “a generic term that includes bodily functions, body structures, activities, and participation. It indicates the positive aspects of the interaction between an individual and their contextual factors” (WHO, 2001, p. 231 in MDS, 2016, p 29). On the other hand, the concept of "capability" (and how it is understood in this research) indicates "the maximum possible level of functioning that a person can reach at any given time, in any of the domains included in activity and participation" (WHO, 2001, p. 232 in MDS, 2016, p 30), in this case, homelessness.

The survey used twelve items from the International Classification of Functioning, Disability, and Health, developed by the World Health Organization (2001). Each variable includes responses to the difficulties that people declare with daily activities, which range on a scale of 5 categories from 1 = no difficulty to 5 = Extreme difficulty or impossibility of carrying out the activity. Hence, a high score on these questions represents a high level of difficulty or lower level of capabilities to develop daily life. In order to group levels of difficulty more clearly, these five categories have been recoded into three, which are shown in Table 5 The main activities associated with

higher levels of difficulty are: "Seeing, without wearing glasses or optical lenses", "Remembering things or concentrating", "Sleep", and to a lesser extent "Hear, without using hearing aid", "Walk or climbing steps", "Understand what others are talking about or that they understand what you are saying", "Get along with people close to you, including your family and friends", "Work, study or do other tasks" and "Breathe". All of these capabilities are essential functions for daily life, rest, work development, among others.

This set of variables has an impact on many areas of daily life, such as, for example, access to emergency shelters, which in the Chilean context, at least, require minimum levels of self-reliance and autonomy. In this way, people who require care or have disabilities increase the chances of being excluded from these services.

To complete this analysis, a daily life capabilities index was built using these twelve variables. They include responses to the difficulties that people declare with certain daily activities. A high score on these questions represents a high level of difficulty, signifying a lower capability level to face their daily lives. The index was transformed into averages, maintaining the original range of responses from 1 to 5 points. The scores closest to 1 represent a higher capability level (lower level of difficulty), while scores closer to 5 imply a lower capability level (higher level of difficulty). The index had a Cronbach alpha score of 0.83. As can be seen in Table 5, women in the age range between 18 and 29 years have the lowest average (1.33), while those in the range between 50 years and over have the highest average (1.76)

Table 5*Frequencies of daily life variables: "Daily Life Capabilities"*

Variables	Percentage (N)			Mean (SD)
	No Difficulty	Less Difficulty	Medium or Much Difficulty	
During the last month, due to your health, how much difficulty did you have to ...?				
See, without using optical glasses or lenses	56.04 (1,197)	15.96 (341)	28 (598)	
Hear, without using hearing aid.	79.86 (1,705)	9.51 (203)	10.63 (227)	
Walk or climb steps	71.37 (1,518)	9.92 (211)	18.71 (398)	
Remember things or concentrate	62.03 (1,320)	14.47 (308)	23.50 (500)	
Washing or dressing	86.24 (1,836)	6.81 (145)	6.95 (148)	
Understand what others are talking about or that they understand what you are saying	79.70 (1,696)	9.96 (212)	10.34 (220)	
Get along with people close to you, including your family and friends	79.31 (1,687)	9.78 (208)	10.91 (232)	
Take small objects or open a container	85.71 (1,824)	6.06 (129)	8.22 (175)	
Work, study or do other tasks	75.19 (1,506)	7.24 (145)	17.57 (352)	
Sleep	62.21 (1,327)	11.02 (235)	26.77 (571)	
Breathe	77.31 (1,649)	10.74 (229)	11.95 (255)	
Caring for or giving support to others	83.20 (1,590)	8.06 (154)	8.74 (167)	
Daily Life Capabilities Index				
Between 18 and 29 years				1.33 (.42)
Between 30 and 50 years				1.41 (.46)
More than 50 years				1.76 (.69)

Substance Use

There is no consistent evidence to determine if drug or alcohol consumption has a causal relationship with homelessness, and in particular, with the situation of women. It is, however, present in the development of everyday life, and also the existing literature has documented which is an important factor to consider.

The survey originally asked about self-reported alcohol and drug use in a range of five categories from "every day" to "never", which have been recoded into three categories: every day, frequently, and never or with very low frequency. As observed in Table 6, alcohol consumption occurs most frequently. Over 40% report consuming

alcohol frequently or every day and, to a lesser extent, the base paste (27%) and antidepressants (22%). However, if we only consider daily consumption, the consumption of antidepressants is the second highest, with 17.9%.

Table 6

Frequencies of daily life variables: Substance Use

Variables	Percentage (N)		
	Everyday	Frequently	Low frequency or Never
How often do you consume the following substances?			
Alcohol	20.58 (437)	23.60 (501)	55.82 (1185)
Antidepressants	17.91 (379)	4.87 (103)	77.22 (1,634)
Marijuana	8.36 (177)	12.94 (274)	78.71 (1,667)
Base paste	16.86 (357)	10.91 (231)	72.24 (1,530)

Use of Social Networks and Social Services

Daily life in the context of homelessness requires not only the deployment of functional capabilities but also the use of social networks and social services to satisfy various needs. First, as shown in Table 7, 72% of the women declare living alone, which is increasingly accentuated as age increases. Indeed, for women over 50, this is the case for 88%. This is different in the case of women under the age of 18 since, as mentioned, the instrument is applied to adults, so these cases correspond to children and adolescents living with adults.

Secondly, when asked about the place where they spent the last night, more than half of them did so on the street, 28% in hostels or shelters, 5% in temporary residences, and the rest reported staying at friends' houses or other places. When observing these situations by age ranges, it is possible to point out that in the group of women over 50, there is greater use of shelters than in the rest of the groups, being similar to the percentage of women who sleep on the street. The group of women between 30 and 50

years old use the street as a place to sleep (59%). It is important to note that each of these spaces has different levels of exposure to risks and rules of behavior that must be followed to remain in them.

When it comes to keeping in touch with other people regularly within the past three months, most women say they do not have these kinds of relationships. The only people with whom they are linked in a higher percentage are professionals from both public (34%) and private (33%) institutions. This occurs similarly across all age ranges.

Finally, regarding the type of services that have been used or accessed in recent times, the most relevant is access to food and shelter, as well as access to medical care and medicines, especially in the group of women over 50 and under 18 years.

Table 7

Frequencies of daily life variables: Use of Social Networks and Social Services.

Variables	Percentage (N)
Live alone or accompanied	
Alone	72.10 (1,553)
Accompanied by other people	27.90 (601)
Where they slept last night	
Shelter	9.31 (198)
Temporary residence	5.79 (123)
Hostel	19.38 (412)
Street	51.27 (1,920)
Housing of another person	5.32 (113)
Another Place	8.94 (190)
During the past three months, not counting the people who regularly live with you, have you had contact with ...? (Yes)	
A close relative	52 (999)
Another relative	18.76 (357)
Friend, neighbor, or acquaintance	25.73 (558)
Professional of public institution	34.80 (666)
Professional or volunteer of civil society organization	33.53 (640)
During this winter (or the last), have you received any of the following social supports? (Yes)	
Accommodation in shelters	38.31 (819)
Free food	62.28 (1,331)
Blankets or coat	48.76 (1,042)
Cleaning supplies	43.55 (931)
During the last year, have you received any of the following services for free? (Yes)	
Medical care in the doctor's office, health post or other health service.	54.30 (1,162)
Delivery of medicines	44.21 (946)

Psychological or psychiatric care	26.95 (576)
Rehabilitation of drug or alcohol use	13.04 (279)

Bi-variate analysis

To complement the previous findings, bivariate analysis has been conducted for the main themes presented. An ANOVA was performed to compare Time as a homeless person and Age of the first episode as a homeless person by the age of women.

The results in Table 8 show that the average length of time as a homeless person vary significantly by different age groups (F-test 16.38 ***). The group of women over 50 years of age have an average length of time of homelessness .63 years more than the group between 30 and 50 years, and 2.42 years more than the group between 18 and 29 years, while the group between 30 and 50 years old, have an average length of time of homelessness 1.79 years more than the group between 18 and 29 years. These results show that if a woman becomes homeless after the age of 30, her length of time of homelessness tends to become longer (more continuous episodes). Indeed, there is a significant positive correlation ($r=.12$; $p<000$) between the age of women and the length of time one had become homeless. It indicates that younger homeless women develop shorter cycles of homelessness, with multiple entries and exits, but that they are not perceived as homeless because they are not persistently homeless over time.

Likewise, as the age at the first time homeless increased, the age of the women also increased (F-test 632.75 ***). When women became homeless for the first time, on average, those within 18-29 years of age were 11.9 years younger than those within 30-50 years of age and 32 years younger than those over 50 years of age. Likewise, the women within 30-50 years of age were 20 years younger when they became homeless for the first time than the group over 50 years of age. Indeed, there is a positive correlation ($r=.77$;

p<.000) between the age of the first time homeless and the age of women. As can be seen in Table 8, the difference in the average length of time as homeless was statistically significant between the older and younger age groups. That is, there was a difference in the average length of time as homeless between the group of 18 to 29 years with the group of 30 to 50 years and more than 50 years. Regarding the age at which they became homeless for the first time, statistically, significant differences were observed between all age ranges.

Table 8

Comparison of Time as a homeless person, Age of the first episode as a homeless person, and Daily Life Capabilities by Age_recoded (Bonferroni, Scheffe, Sidak)

	Between 18 and 29 years	Between 30 and 50 years
Length of Time as a homeless person		
Between 30 and 50 years	1.79***	
More than 50 years	2.42***	.63
r = .12 (p <.000).		
Age of first episode as a homeless person		
Between 30 and 50 years	11.97***	
More than 50 years	32.00***	20.02***
r = .77 (p <.000).		
Daily Life Capabilities		
Between 30 and 50 years	.07	
More than 50 years	.42***	.34***
r = .36 (p <.001)		

*p < .05, **p < .01, ***p < .001

On the other hand, to observe the differences between the averages of the daily life capabilities index by age ranges, an ANOVA test was performed (F-Test 79.76***). The results in Table 8 show that except for the comparison between the group of 18 to 29 years and 30 to 50 years, among all the others, there are statistically significant differences. The widest difference is observed between the group of more than 50 years and the group between 18 and 29 years. The first group has .42 points more in the average of the daily life capabilities index. Also, there is a positive, statistically significant correlation between age and the level of difficulty perceived by women

($r=.36$; $p<.001$) In other words, there is a slight tendency that as age increases, the level of difficulty perceived by women increases.

Regarding the association between experiences in institutions ((National Service for Minors, National Service for Women, Mental Health Institution, Jail, Treatment, and Rehabilitation Center for Drug and/or Alcohol Consumption), the results of the chi-square test in Table 9 show that there is an association between all of them, which implies that women are likely to have been in one or more institutions. To understand this, a participation index in these institutions was created, which shows us that 45% of women have been in some of them for more than three months, 27% have only been in one, and over 15% have been in two or more institutions.

Table 9

Chi-square test to assess the association between participation in different institutions

	National Service for Women	Mental Health Institution	Jail	Treatment and Rehabilitation Center for Drug and / or Alcohol Consumption
National Service for Minors	43.78***	40.05***	36.65***	9.76**
National Service for Women		34.11***	8.75**	15.91***
Mental Health Institution			18.41***	26.59***
Jail				110.53***

The association between substance use and age ranges is shown in Table 10. The results of the chi-square test show a statistically significant association between age and the consumption of different drugs and alcohol. (i) Regarding alcohol, there is a higher level of consumption in the range from 18 to 29 years and from 30 to 50 years. In the first case, 47% do it frequently or every day, and in the second, this occurs in 51%. (ii)

Regarding the consumption of antidepressants, although it is lower, it shows a tendency

to increase as the age increases; in effect, the transit of 50 years or more, presents 30% of women who consume every day or increase. (iii) Marijuana, meanwhile, is used frequently or every day by 30% of women between 18 and 29 years old, and 25% of women between 30 and 50 years old. (iv) Finally, 30% of women between 18 and 29 years of frequent or daily consumption of paste. We have also carried out an index of drug and alcohol consumption, which includes the sum of all the questions by the frequency of consumption of alcohol, marijuana, base paste, antidepressants, and other substances. This index has an average that maintains the range from 1 to 6, where 6 is daily consumption and 1 no consumption. From this index, the average consumption is 2.11, with a standard deviation of 1.07. There is a weak correlation with the age of the women (-.06, $p < .01$). However, the association of a range of age and drugs and alcohol consumption is statistically significant in all cases.

Table 10

Analysis of the association between age and substance use among women experiencing homelessness, using the chi-square test

Age recoded by	Pearson chi2(2) / Pr
How often do you consume the following substances?	
Alcohol	121.6527***
Antidepressants	79.5151***
Marijuana	94.2605***
Base paste	104.3166***

* $p < .05$, ** $p < .01$, *** $p < .001$

Trajectories of Homelessness

To characterize homelessness, it is important to emphasize the processes that lead women to develop these episodes and maintain them over time. To contribute to the understanding of these trajectories, two regression analyzes have been performed. The first seeks to analyze the association of having been homeless more than once with variables related to their life stories, with the characteristics in which they develop their

homelessness and the self-perception of their capabilities for the development of life daily. The second analyzes the association of the years that women have been homeless with their age and health condition, the place where they live and the services they use, as well as the occurrence of more than one episode of homelessness.

Predicting Episodes of Homelessness: Multivariable Logistic Regression Analysis

Assuming that homelessness is not static and can represent a set of entries and exits that represent cycles of homelessness, it is relevant to identify which variables are associated with the occurrence of more than one episode of homelessness in women's lives. To do this, a binary logistic regression model has been performed using the dependent variable, "Having lived homeless more than once." For this model, the following independent variables have been used: (i) Age (years); (ii) time as a homeless person (years); (iii) Age of the first episode as a homeless person (years); (iv) Having been in an institution for more than three months; (v) Alcohol and drug consumption index (average), and (vi) Daily life capabilities index(average). From this, the following hypothesis was tested: Have been homeless more than once is positively associated with factors related to the life trajectories of homeless women.

Table 11 shows the results of the binary logistic regression analysis. The LR chi² p-value is statistically significant ($p < .001$). The Goodness of Fit test shows that the levels of statistical significance are less than 0.05, which implies that they do not fit properly and that there is a discrepancy between the observed and predicted frequencies. However, this may be due to the small sample size. Hence, other test results should be evaluated, as well. Regarding McFadden's R^2 or Pseudo R^2 value, it is .316. The Classification Table indicated that 84% of the cases were classified correctly.

The model seeks to identify the association of aspects of the life trajectories of homeless women with the probability of having been in this situation more than once. Table 11 shows that age, daily life capabilities index, and has been in an institution for more than three months are positively correlated with being homeless more than once. One unit increase in age is associated with a 28.7% increase in the odds (OR=1.28) of having been homeless more than once. Homeless women who have spent three or more months in two or more institutions are twice as likely to have been homeless more than once, in comparison with those who have never been in an institution. Also, one unit increase in Daily life capabilities index or self-perception of difficulty in carrying out activities of daily living is associated with a 33.9% increase in the odds (OR=1.33) of having been homeless more than once.

Among the negative effects, one unit increase in the length of time in years spent as homeless is associated with a 20.4% decrease in the odds of having been homeless more than once. Similarly, one unit increase in the age at the first episode of homelessness is associated with a 23.6% decrease in odds of having been homeless more than once.

The squared semi-partial correlation, shown in Table 12, indicates that the highest values are age (.15) and age of the first episode as a homeless person (.26), indicating that these are two important predictors in the model.

Table 11*Logistic Regression Model Predicting Having Lived Homeless More than once*

Having lived homeless more than once (0=No / 1= Yes)	Model		
	Coef	Odds Ratio	95% Conf. Interval
Age (years)	.25***	1.28***	1.24, 1.33
Length of Time as a homeless person (years)	-.22***	.79***	.76, .82
Age of first episode as a homeless person	-.26***	.76***	.73, .79
Having been in an institution for more than three months (No)			
Once	.24	1.27	.96, 1.67
Two or more	.71***	2.04***	1.48, 2.81
Alcohol and drug consumption index (Average)	.07	1.07	.96, 1.19
Daily life capabilities index (Average)	.29*	1.33*	1.06, 1.68
_cons	-1.73***	.17***	.10, .29
Obs		2,028	
LR chi2		815.53***	
Pseudo r2		0.315	
GOF test		48319.88***	
Pearson chi2			
Measures of fit			
McFadden's R2:		.316	
Count R2		.838	
Adj Count R2		.515	

*p<.05, **<.01, ***p<.001

Table 12*Semipartial Correlation and VIF*

Having lived homeless more than once	Semipartial Corr.^2	VIF
Age (years)	.15	3.75
Time as a homeless person (years)	.05	1.52
Age of first episode as a homeless person	.26	3.82
Having been in an institution for more than three months (No)		
Once	.00	1.16
Two or more	.00	1.23
Alcohol and drug consumption index (Average)	.00	1.08
Daily life capabilities index (Average)	.00	1.19
Mean VIF		1.96

Multiple Linear Regression Model to Understand Homelessness Over Time

A highly relevant aspect is the prolongation of homelessness over time because this represents a growing deterioration in the health of people. As discussed earlier, the

average time of women in homelessness in Chile is over 4 years, which under many international standards would be classified as a chronic situation. Therefore, it is relevant to identify which variables are associated with the time that women remain homeless. To understand if being homeless for longer is associated with factors related to the life trajectories of homeless women and their health situation, a multiple regression model has been developed. The dependent variable, "Time as a homeless person (years)" was regressed on the following independent variables: (i) Age (years); (ii) Age of the first episode as a homeless person (years); (iii) Daily life capabilities index (Average); (iv) Alcohol and drug consumption index (Average); (v) Having been in an institution for more than three months; and (vi) Have been homeless more than once.

As observed in Table 13, the overall model is statistically significant ($F=185.66$; $p<.001$). It has an Adjusted R-square of .39, indicating that the independent variables accounted for 39% of the variance in the dependent variable, time as a homeless person. The regression coefficients show that older women, those who were homeless for the first time at a younger age, those who have higher self-perception of difficulties in carrying out daily life, those who consume alcohol and/or drugs more frequently, and those who have been homeless more than once, had significantly increased time as a homeless person. Holding all the other variables constant, one unit increase in age (years) is associated with a .41 unit increase in time (150 days or almost 5 months increase) as homeless women. Similarly, one unit increase in the age of their first time as homeless is associated with -.41 unit decrease in time as homeless women. One unit increase in drug and/or alcohol consumption index score is associated with a .29 unit increase in time (106

days or 3.5 months increase) as homeless women. Likewise, women who had been homeless more than once had 3.46 years less time as a homeless woman ($p < .001$).

Related with the standardized coefficient of the equation, as shown in Table 13, when the rest of the variables remains constant, for the increase of one unit in the standard deviation of age, the time as homeless women increases on average in .95 standard deviation. When the rest of the variables remains constant, for the increase of one unit in the standard deviation of the Age of the first episode as a homeless person, the time as homeless women decrease on average in 1.07 standard deviation. When the rest of the variables remains constant, for the increase of one unit in the standard deviation of the frequency of drug and/or alcohol consumption, the time as homeless person increases in .05 standard deviation. Also, when the rest of the variables remains constant, the women who have been homeless more than once have, on average, .25 standard deviation less than those who have not been homeless more than once.

Table 13

Regression Models to Understand Homelessness Over Time

Length of Time as a homeless person (years)	Coef	Model 1		Beta
		95% Conf. Interval		
Age (years)	.41***	.38	.43	.95
Age of first episode as a homeless person	-.41***	-.43	-.38	-1.07
Daily life capabilities index (Average)	.35	-.08	.78	.02
Alcohol and drug consumption index (Average)	.29**	.08	.49	.05
Having been in an institution for more than three months (No)				
Once	.21	-.29	.72	.01
Two or more	.21	-.41	.85	.01
Having lived homeless more than once (NO)				
Yes	-3.46***	-4.00	-2.93	-.25
_cons	1.07	.16	1.98	
Obs		2,028		
Prob > F		185.66***		
Adj R-squared		0.389		

* $p < .05$, ** $p < .01$, *** $p < .001$

The squared semi-partial correlation, shown in Table 14, indicates that the two most important independent variables associated with length of time as a homeless person are age (.29) and age of the first episode as a homeless person (.33).

Table 14

Semipartial Correlation and VIF

Time as a homeless person (years)	Semipartial Corr.^2	VIF
Age (years)	.29	3.11
Age of first episode as a homeless person	.33	3.40
Daily life capabilities index (Average)	.00	1.20
Alcohol and drug consumption index (Average)	.00	1.07
Having been in an institution for more than three months (No)		
Once	.00	1.16
Two or more		1.24
Having lived homeless more than once (NO)		
Yes	.04	1.37
Mean VIF		1.79

Results of Qualitative Data: Pathways to Homelessness

This section presents the results associated with the specific objectives 2 (Analyze the events in the pathway into homelessness of homeless women in Chile), 3 (Explain the meaning of losing housing for homeless women in Chile) and 4 (Analyze the strategies to cope with the homelessness and housing instability used by homeless women in Chile) of the dissertation which are focused to the pathways to homelessness of the cases of homeless women studied. These analyzes have been carried out from the qualitative investigation on four cases of homeless women in the city of Santiago in Chile. For this, in-depth interviews were conducted with these four women, as well as semi-structured interviews with practitioners and case managers who work or have worked with them in different social programs.

The section is organized into three parts: (i) First, it describes the main events observed in the pathways to homelessness, from situations that occurred since childhood

to the moments before losing the housing. (ii) Secondly, the experiences and meanings that women attribute to their episodes of housing loss are described; and (iii) finally, the main strategies they have used to cope with homelessness are presented.

The references to each of the life stories have been made using fictitious names to help maintain the anonymity of the women.

Events on the pathways to homelessness

At the time of conducting the interviews, all the women were experiencing homelessness and living in temporary residences³ in the city of Santiago. Before entering these places, they had been living on the street or in emergency shelters. The interviews carried out allowed them to relate how their life had been from childhood to the present, considering their experiences of living without a home as the focus of the conversation. In this way, the definition of the main events in their experiences of homelessness uses the conceptual framework presented in figure 1. From it, two levels of observation can be distinguished, as shown in Figure 3. The first involves considering these stories as extended periods within the life stories of women, where stages of high residential instability and episodes of home loss are interspersed, which have finally ended with prolonged situations of homelessness. The second level, meanwhile, observes each of these situations in particular, and how they configure a permanent situation of residential instability and critical episodes of homelessness that involve different strategies and living spaces, such as the street, public places, hostels, shelters, temporary residences, homes of friends, families, or couples, among others. The relationship between these

³ These residences are located in the city of Santiago and are implemented by Corporación Moviliza. About 20 people live there, mostly men. All these people are experiencing homelessness, and through this place it is hoped that they can improve their well-being and in the future be able to access a housing independently.

levels leads to establish that the homelessness that these women have experienced does not respond to particular situations or events over time, but rather to their living conditions and their individual and family trajectories, and therefore, even when possible observing them fragmented in time, their understanding forces us to look at them longitudinally.

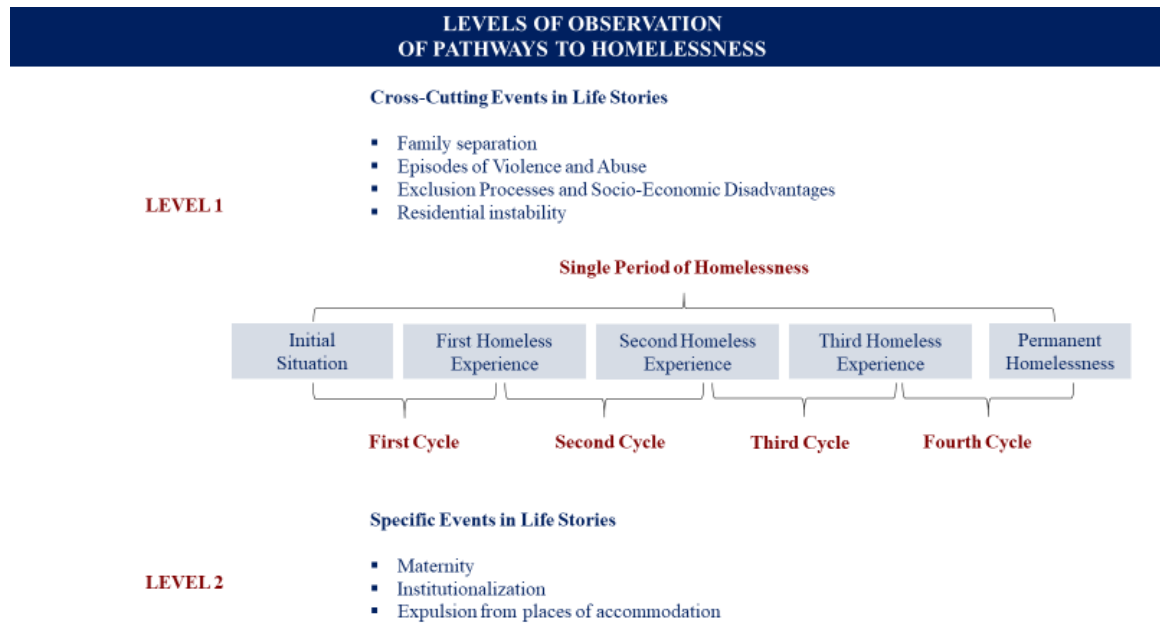


Figure 3: Levels of Observation of Pathways to Homelessness

Cross-Cutting Events in Life Stories

The main cross-cutting events observed in the life stories could be summarized in the following:

Family Separations. In all the life stories studied, permanent family separations are observed, which occur at different times in their lives, generating different impacts. In some cases, they are episodes during childhood, which involve separation from the mother and having to live with other people or even go to institutions to protect children and adolescents who do not have a home to stay in inadequate conditions. Then, mainly

during adulthood, these separations are frequently caused, within the framework of the impossibility of living permanently with their relatives, as well as by the decision to break these relationships more definitively. This has occurred both with their nuclear families but also with their children, with whom they have not been able to develop their maternal role closely and in the same space. A common element of these separations is the decision in all cases to make individual decisions regarding how to develop their lives and what types of accommodation to use, not involving permanent family projects.

Victims of violence. There is a coincidence in the life stories regarding suffering and being exposed to different types of abuse and violence, both from close people, as well as from social institutions and the context in which they have had to live. There are frequent stories of having been harmed by people with whom they have shared the sleeping spaces or homes or of having been direct witnesses of the abuses suffered by other women in the same spaces. These events implied high situations of permanent stress, psychological damage, and even the beginning and development of processes of social isolation, especially in periods in which one lived with an abusive partner.

This is how Susana relates to one of these situations:

“They are imagining a movie. Meanwhile, they have a few drinks, and I knew that by the third drink you have to flee, (laughs). There are many things that one sees. I went through a lot of good things and a lot of bad things. I am going to tell you about a time when we were drinking at the house of some "huasos"⁴ in Curicó, I was with a girl younger than me. A guy raped her and beat her a lot. He left her very badly and then he stands up and sits next to me and tells me you are different, like you don't cheat, you understood us very well.” (Susana)

Some incidents of violence carried out at the institutional level also stand out, both by control and security institutions such as police, as well as by social institutions in

⁴ It is how people who live in the countryside are called.

which they have been receiving assistance. These situations have led the interviewees to have to deploy protection and defense strategies, such as seeking protection in couples or developing equally violent behaviors. As Paola remembers:

“Yes, first they asked some questions, like what was my name? Later they began to speak badly, as aggressive. I told them to leave me alone and they kept bothering me. I called the "aunt"⁵ and the "aunt" did not come. I covered my face, and they hit me with everything. Then I told the "aunt" that I wanted to go, and she said I couldn't go from there.” (Paola)

“That time a gendarme locked me in a room. They doused me with water and gave me a beating with some sticks. I was with a chain on my hands and feet. I was crying, the only thing I knew was to cry.” (Paola)

Socio-economic disadvantages. From childhood, there are situations of economic difficulty that led their families to live in the houses of friends and relatives, and in the most critical situations, for example, being homeless living on the street, or under the protection of the foster care system, because the family could not be responsible for them, the respondents had to separate from their parents and the rest of their family. This also implied being in contexts of risk, violence, and abandonment, and gradually accumulating disadvantages as a result of the damage that these situations cause to their health and well-being, as well as the growing exclusion they are suffering, mainly due to the breakdown of their relationships with their networks primary. This has also implied suffering processes of permanent multidimensional exclusion, along with the breakdown with the family, there are also stages of expulsion from the school system, high barriers to access the labor market, as well as access to health and care services specialized for women.

This is how Paola remembers it:

⁵ “Aunt” is a way of naming the professionals who work in children's foster homes.

“What I remember is that I have images that we lived in "La Vega" and that we rented a room elsewhere. In "La Vega"⁶, yes because her husband, who is the father of my other brother, had a business. There we made some mattresses. He sold in "La Vega", had a place of sale, but now he died.” (Paola)

Residential instability. The residential instability begins from childhood or youth. It has been part of their stories, and they have learned to deal with it mainly through the way their mothers did. During childhood, it implied assuming situations of abandonment and high stress without having any decision-making power, while, during adolescence and youth, it involved experiencing homelessness due to family breakdown and with greater exposure to the risks of living on the street, due to lack of resources to do so.

During adult life, in all cases, residential instability has been a constant, which has been interspersed with stages of homelessness, independent housing rentals, and living in housing depending on other people. They have practically never achieved socioeconomic stability that allows them to feel secure about homeownership, at least in the medium term. On the contrary, future projections are day today, or in the better case until the following month, when they are renting a room.

This is what Paola and Verónica point out:

“Little time, because we did not have money to pay and there, we went to Independencia, from Recoleta to Independencia⁷.” (Paola)

“No, it was like 1 year. Then I started working and rented a room at Joaquín Godoy on Larraín street. I started working there but fell into depression. I left work, and there in depression, I fell on the street again.” (Verónica)

Specifics Events in Life Stories

⁶ “La Vega” is a fruit and vegetable market in the city of Santiago, where many homeless people live.

⁷ Recoleta and Independencia are communes of the city of Santiago.

The main specific events observed in an episodic way within the life stories could be summarized in the following:

Institutionalization. Three of the four women have been institutionalized at some point in their lives, in psychiatric hospitals, drug treatment and consumption centers, and child protection centers. All these situations coincided in that when they left these institutions, they had to find a place to live. In one case, it meant returning to the mother's house under the condition of not consuming alcohol again; in the case of the psychiatric institution, it implied going for social help to nonprofit organizations, and also slept in the street at times; and in the case of child protection centers, it involved returning with the mother and living in rooms, shelters and finally, going to temporary residences for homeless people. In all cases, the outcome after leaving these institutions ended in prolonged periods of homelessness.

This is how Susana recalls her experience:

“The nurse who is in charge and the doctor who was in charge said to make a deal for her because this little girl comes without tutors. Let us leave her for a while longer until we find a protected place for her. As they did not find a protected place for me, they sent me to La Francisca Romana⁸.” (Susana)

Expulsion from places of accommodation. Although the stories have a diversity of situations regarding the loss of homes, a common element that appears in the life stories is having been expelled from the place where they were staying. These expulsions have occurred for two main reasons. The first is because the homeowner decides that they should leave, and they are immediately evicted, leaving them without accommodation solutions. This is how Alice describes one of these episodes:

“I was working at the Salvador Hospital; it was for September 18. I came home from work tired; the lady was angry when I arrived because she told me that her

⁸ Francisca La Romana is a hostel for homeless women.

money had been stolen. \$ 35,000. And I did not steal it, because I was at work as I was going to steal it and the day before less. Then she and her daughter expelled me to the street. I couldn't get anything out of my room.” (Alicia)

The second reason is when they must leave a place because it is no longer safe to stay in it because acts of violence occurred or are likely to occur. It also includes situations in which women have been abused and ill-treated for long periods and ultimately escape these relationships but without a clear and accessible housing solution.

Maternity. Even though homelessness is not related directly to the relationship they have with their sons and daughters in these stories, motherhood is an event that is present in the life stories of all four women, and that is signified and developed differently. In three cases, after their children were born, they did not live with them but were left in the care of relatives, and in the fourth case, the daughter was not yet born.

This is how Verónica describes their separation:

“Pascal suffered a lot from the fights I had with my mother. She ran out and went to the neighbors' house, so I disappeared from her life until Simon, my son, was born. I went with my newborn son to see her. My mother had no affection for him; Pascal took him. She had affection. In fact, it was the last time I saw her until she came here. My mother gave her the address; she came two or three weeks ago.” (Verónica)

The case of Alicia

Alicia came to Santiago with her parents and siblings when she was a child. They were living in a working-class neighborhood in the downtown of Santiago until their mother was able to access a home of her own in another area of the city and moved with her entire family. Alicia remembers that when she was 17, she was already working. Although she is not sure how old she was, she remembers that she was young when she decided to go from her home to the streets, mainly because she could no longer bear the

abuse and pressure her father exerted on her. In this way, she left home, despite having a daughter, whom she left with her mother.

The first place she arrived was the Plaza de Armas⁹ in the downtown area of the city. There she was living with a group of people. She chose that place because she knew people who slept there, and she had heard of it. However, she did not stay for long because there were many situations of abuse and violence and decided to look for another alternative.

“(I went to) the Plaza de Armas (...) because there I knew some people. It wasn't very good either, there were some guys with bad intentions, so why am I going to tell you the other thing?” (Alicia)

The second place which she went to is the Barrio San Borja, also in the downtown of the city. There are parks, emergency centers, shopping places, and universities, which give the possibility of finding spaces to sleep and to obtain subsistence resources, as money or food. There she was also accompanied by a group of people who allowed her to feel more secure. Although she does not remember the dates and the order of how things happened, she points out that she was also a user of a shelter for homeless women of the Hogar de Cristo Foundation¹⁰, and that she began to go to the soup kitchen. During this period, she was also a first-time mother and was living with her parents again. Indeed, they were the ones who raised her daughter and lived with her to this day.

Although Alicia does not give precise dates, she points out that at approximately 30 years of age, she left her parents' house again, and since then, she has been,

⁹ The Plaza de Armas, is the main square of Santiago City, and has historically been used as a place for the homeless to spend the night. It is also a high-risk space at night, and with activities associated with the sex trade.

¹⁰ It is a charitable foundation that has worked with homeless people in Chile for more than 75 years.

alternately, in many places such as shelters, public places such as squares and parks, and temporary residences. Alicia also tells of having always worked, which also allowed her to rent parts on many occasions. At this time, she also remembers moments when she returned to her parents' house, but that she has never been able to stay long as a result of her relationship with her father, but she has also always maintained some type of communication with her daughter, who nowadays value as very good.

The last time she was living with her parents was when her second son, who is 10 years old today, was born. Alicia was in a relationship and renting a room at the time of getting pregnant. Before her son was born, she went to live with her parents and later her partner, too, since he lost the room which they were renting. However, as a result of difficulties in living together, they had to leave, while their son remained with her parents, and later, he was under the care of one of her sisters. Alicia also maintains frequent contact with her son.

“Joan, only sometimes. My sister has a partner, Gonzalo. With Gonzalo, they go everywhere. With Karina (sister) he lacks nothing. My sister rents a house, she bought everything before Joan left” (Alicia)

“Yes, (she lives) with her two sons and my daughter. My daughter my mom raised her for me. (...) 23 years old it seems she is. (...) She studies and works.” (Alicia)

For the last 10 years, Alicia has been mainly renting rooms and living for short periods on the street or in temporary residence. Regularly, she has kept working in different places, which allowed her to rent but did not help overcome her residential instability. Currently, she is working and renting a room.

The case of Paola

Paola has always lived in Santiago city. Until the age of five, she lived with her mother and seven other siblings in "La Vega"¹¹, where her mother worked and shared a rental space with her partner. At that age, she was admitted to a home of the National Service for Minors (SENAME) of the State of Chile due to the impossibility of continuing to live with her mother. Although it is not clear how this situation came about, her memory is marked for a violent separation from her mother. She points out that one day the police arrived and took her to a police station and later to a children's home, separating her from her mother.

“A social worker, a tall skinny girl. We were in a police station, and they told me “Paolita come here” they take me by the hand and my mother stays seated. They take me to buy candy, we go into a candy store. We returned to the police station, and my mother was not there. I cried and shouted, "Mom, where are you, Mom, where are you?" Later the social worker took me in a car, in a police patrol, and there they took me to the home (foster home for children). And there they told me, they explained to me, they told me “Your mom doesn't have a house to have you, this and this other, the only thing that was crying, crying, crying.” (Paola)

From then until she was 17, she was in three different children's foster homes and had visits from her mother sporadically. When she turned 18, Paola could officially leave these homes. However, she escaped before that to be with her mother. This is how she remembers the events:

“I used to flee away and came back. But the police come to look for me at my mother's place, and they told me: now Paola, let's go.” (Paola)

“I ran away earlier; I ran away just when I was going to turn 18 like a week before. Later, I received a paper that was graduated. That the police will never look for me again because I am over 18 years old.” (Paola)

¹¹ La Vega Central is a market in the City of Santiago, where there is a lot of commercial activity and informal work, around which it is recurrent to observe people who are experiencing homeless or living in informal or precarious places.

During her stay in these homes, she experienced and witnessed episodes of violence. Today she is surprised to have learned from television reports of many girls who died and were abused in these homes and who were her companions. This is how she relates it:

“The day before they moved me to another home, they raped all the girls. That report was on TV. That report was on TV, I remember. One day before they would bring me, the next day, I saw on the news that an “uncle¹²” raped them in the bathroom. He went in for the showers. They showed it on TVN.” (Paola)

After leaving SENAME, she began to live with her mother in a room that she rented but could not continue to maintain, and that led them to seek accommodation in emergency shelters for the homeless. This solution did not last long, since Paola had a fight with another person and was expelled from the place, having to spend the night in the street. After this, her mother contacted Paola's father and asked for his help, and they went to live with him. This was the first time that Paola knew who her father was and met him. They lived with him for a few months but had to leave due to violent situations. First, her mother left, and then she and in both cases, the departure was due to acts of violence; in Paola's case, it also involved a complaint against her, and she was detained by the police. After this situation, Paola was 18, alone in the street, without any accommodation solution.

“Yes, in the short time I met him, we always fought. There came a time when he consumed "falopa" (cocaine) and alcohol. With that, the person is not the same. So I just defended myself because he just hanged me around the neck like that, and his face was purple. Then the owner arrives with the police and they arrest me. Not my dad, I was just in the prosecution.” (Paola)

¹² “Uncle” is a way of naming the professionals who work in children's foster homes.

In this period, Paola also started to study again in high school for adults (she had not attended school for 3 years). This institution was her most important support network. Hence, she went to ask them for help, and they managed to get Paola accepted into the temporary residence where she is today. Today, she is 19 years old, seven months pregnant, and finishing high school. She maintains communication with her mother, who she says she cannot count on, and with a brother with whom she reports she is close.

The case of Susana

Susana was born in northern Chile, where she lived with her family until she was 21 years old. As she recalls, when her parents separated, there was a family division that made her fight with her mother and siblings and also led her to not finish her secondary education, as a way of hurting them. In this context, when she was 21, she decided to leave home and took advantage of the invitation of some friends who were going to go to work in Santiago. With them, she went, first, to Santiago, and later to Florence, Italy, where she met a couple, with whom she had a daughter. Susana does not remember exactly when and how long she was in Italy, but she remembers it as the best stage of her life. However, after a few years, she was deported for not having her legalized documents and had to return to Chile, leaving her daughter in Italy. Initially, she planned to set her legal situation and return to Italy. For this reason, her partner gave her a lot of money, but she did not, and as she says, she spent all the money living a crazy life with friends and initiating alcohol consumption. And drugs that became troublesome. As she remembers:

“It is that I return to those times and what is called and the department. A nice apartment in San Francisco street, right in the downtown, and that is where I started living the crazy life. There I jumped, there I jumped Ignacio. There I met cocaine, I knew, that is, I already knew things, but I had not consumed it. Do you understand

me? Because I was young and I don't know, I came to have fun, I think I did or to entertain myself or to live life and I had 20 million pesos for that. I remember that I took all the money out of a bag and threw it up. How was I going to run out of so much money? but I ran out of everything, and I owe it (laughs).” (Susana)

She also had a partner, who, as she recalls, abused her permanently. After several years she left her when her money ran out. Remember that she felt free because she thought she could never have left her out of fear. However, without money, she could no longer pay the rent for the apartment in which she lived and began working in nightclubs. Developing this activity, she managed to generate resources and also access accommodation since her employers gave her a place to live. She maintained this type of work for many years and developed it in different cities of Chile, having as a common denominator the problematic consumption of substances and being in permanent risk situations such as..., as well as being a witness to multiple acts of violence and abuse against other women.

“Moreover, she mistreated me and told me, if the Italian comes looking for you, I will kill you, and I was complicated. I thought it was true and then I had to wait for her to get bored with me. She got bored when my money ran out. She went to Punta Arenas after another old woman she had. So was the story. The bad part is that I start to go to work at night.” (Susana)

After spending a year working in different cities in southern Chile, she returned to Santiago and found a new partner, with whom she stayed for 10 years. Although, in this case, she did not report a violent relationship, and on the contrary, a lot of affection and mutual care, it involved high-risk contexts because her partner developed activities related to drug trafficking. When her partner died, Susana lost her home again because all her partner's assets were confiscated by the police, and she could not pay for a place to sleep herself.

“When he dies (I was left) without a house, without drugs, without anything. Because he owed money there. That house was rented.

Did they stop the lease?

Yes, they took advantage of me a little, of my madness that I had and of the schizophrenic outbreak that had given me. Because first I was, I was like I was crazy, crazy, then I heard voices.” (Suzanne)

At this stage in her life, Susana decided to stop using alcohol and drugs. This caused, as she recalled, a withdrawal crisis or other psychiatric pathologies, specifically schizophrenia appeared. The same people who at that time helped her bury her partner also helped her to enter a health center, where she spent about a year. This is how Susana remembers:

“It was bad. I had all kinds of crises. I wanted to start; it was a thing like a shiver. My whole body was shaking. It was abstinence. I heard voices; I saw things. It was schizophrenia. I think it was abstinence, but the doctor says that I had it declared, and I did not know and covered it with drugs. Of course, many times I was drugged and heard voices there, but I said: I have already used a lot, I am going home. It scared me a little, sometimes I was like Robocop.” (Susana)

Upon leaving this center, Susana was unable to access any independent housing autonomously and spent the last 10 years or so passing through different hostels and temporary residences, with a need for support and care that has increased over time. She is currently in a temporary residence.

The case of Verónica

Verónica arrived in Santiago when she was a child because, together with her mother, she had to move due to financial problems when her grandfather died, who was the one who supported them financially. In Santiago, they lived in permanent residential instability until they were 16 years old. First, they lived with an uncle who came along with them until he started a relationship and told them that he could no longer help them.

Later, they went through different rooms that they were able to rent to the extent that their mother had a job.

“Yes, then he started a relationship. He went to live with his partner, so my mother started working, she started working as a store manager. We are Jews, so the colony got a job in a store there on San Diego Street. She started working as a store manager, and there I went to live with my mother in a room.” (Verónica)

At this time, she also had to be separated from her mother, who was admitted to a mental health institution. This situation led to Verónica being admitted to a National Service for Minors home. However, she was not long in that place because her paternal grandmother found her and took her to live with her and Verónica's father. This episode was also brief, since she had to leave this place due to attempted aggression from her father, and this time it is her mother's half-sisters who helped her out of that house and took her with them. Later, and once their mother left the health center and began to work more stably, they managed to access a permanent home.

Verónica remembers that from the age of 16 or 17, she began to consume drugs and alcohol because she liked to go out and have a good time. This was a behavior that was increasing over time:

“At Flemming High School. Marijuana issue, alcohol issue, cocaine issue, thus evolving and then everything together and there I never stop again in my life.” (Verónica)

In her youth, Verónica had a daughter, with whom she lived until she was approximately 3 years old. However, as a result of her problematic consumption of alcohol and drugs, her mother expelled her from the house twice, forcing her to face homelessness. The first time, after her mother asked her to leave, Verónica spent a few days living on the street and in a hostel for women, but she does not remember many of

the details of that moment, only that she agreed to go to a rehabilitation center as a requirement to return home. In this way, Verónica underwent the treatment and returned to live with her mother. However, she considers that the treatment was bad and did not work, and she continued using it. Thus, soon after, her mother threw her out for the second time, and this time, with the intervention of the police. This led to a definitive break in the relationship with her mother and a distancing from her daughter, whom she saw again on very few occasions and who is now over 18 years old.

“The first time I had to go to the street, I felt like nowhere. I slept two nights there, then they called me, I received a note at the family mediation house, and there they proposed to rehabilitate me.” (Verónica)

Verónica, after the second time she was evicted from her home, began a long path of residential instability and homelessness that she continues to today. First, she was in the houses and rooms of friends and people that she got to know and who offered her help. During this time, she maintained her alcohol consumption, and according to her account, she had to change places of accommodation when she felt that she was at risk because those who were helping her had other types of intentions with her. At this time, one of the people she met was the father of her second child. Although she does not define it as a relationship, she remembers that they were together and that he had violent behavior with her on some occasions. Also, she remembers that he never believed that she was pregnant with his son. Just a few weeks before his son was born, he was closer to her, but she was alone with one friend at the born moment.

She also remembers those moments as conflictive. First, because he kicked her out of the place where they lived as a result of continuing to consume while pregnant, and then because the birth of her child was complex because she was alone with a friend.

Then she entered an adoption home because she had decided to give her child up for adoption, but then she changed her mind and left him in the care of her sister, who lived in another city. In those days, she also met again with the father of her son but without maintaining a relationship or living together again. After a few years, her sister gave the care of the son to the father, which is maintained to this day.

“I lived in Ortuzar street with this guy, but I was outside. He left me outside the house because I started using it while pregnant, so I went to the house of my best friend, Patricio Godinez. He received me until the day my contractions arrived, and he took me to give birth. Then they took me home and told me: you have to give the child up for adoption. You are not in a position to raise a child alone. I went to the San José foundation. It is on Eleuterio Ramírez street, near Plaza Sargento Aldea. I was there, but finally, I fell in love with the baby. I wanted to leave the baby in a children's home until I settled down, and Aldo appeared. He didn't believe I was pregnant, and he took me out of there and took me home. I was there in the house the last days of my pregnancy, but I fought with him because I consumed alcohol.”

After the birth of her son, Verónica intermittently passed through rooms with friends, with family members, and finally stayed on the street. Although she is not clear about the order in which things happened or the exact dates of each of her stories, she says that she lived for a while with a friend who was much older than her and who helped her but had to leave this place because his family did not let him continue to support her. Later, she went to live in a square with a couple and some friends. She was also there for a while, but then she went to live with her sister for a while, but this experience ended as a result of fights and conflicts that made Verónica return to Santiago, directly to the square where her partner and her friends were. She stayed there for a few months until she decided to leave that couple when she discovered that she is involved in sex trade activities, which is very risky for her.

When she left this place, she met another person who became her partner for three years. With this couple, she lived in two houses as a close friend, but in a context of high violence and abuse and maintaining a high consumption of drugs and alcohol. Verónica remembers this stage as a hell from which she managed to escape after a long time. From there, she went to an emergency shelter and later to a temporary residence, where she began a process of drug and alcohol rehabilitation and reengagement with her children, especially her son and his father.

“I had that relationship for 3 years. The first year was wonderful, then the man started... he trafficked, he trafficked drugs, he really wanted me for other purposes. He proposed to me to work in a scam, in prostitution and when he saw that I was not giving him results in those things, which I refused, he began to leave me alone; abandoned, no TV, no food” (Verónica)

Currently, she is not living in this residence but has moved to the emergency shelters in which she had previously been.

Experiences and meanings of losing of housing

As has been shown in the previous section, the experiences of home loss are varied and are associated with a set of assessments and meanings that respond directly to the contexts in which they occur, as well as to the solutions that can be found. In this sense, the idea of home loss is not necessarily understood in these terms but rather refers to situations of abandonment, separation, lack of protection, and anguish. The clearest connotation of home loss is when they have had to spend the night on the street. It is these situations that are meant as "reaching the street." Other mediated situations are access to the homes of friends or relatives, where although it is not necessarily considered as an experience of homelessness, it represents and is problematized as episodes of anguish and instability. Finally, the use of shelters and temporary residences are

experiences that occur within the framework of an episode of homelessness, almost always as a second stage after being on the street, and that therefore represents a moment of interruption of the homelessness and to find a kind of protection or alternative to improve or overcome the experience that is being lived.

Loss of housing as an experience of family breakdown or separation.

Losing one's home that has occurred transversally in the four life histories occurs in the context of episodes of the breakdown of family relationships or as a forced separation by factors external to them, or at least in the face of which cannot intervene. These events mark the first clear episode of homelessness or have led to spending the night on the street. In the case of Paola and Verónica, they experienced experiences of separation from their mothers that took them from the homes they used to the home of the National Service for Minors. In a second moment, for Verónica, it was also the context in which her stage of homelessness began in adult life and which has remained until today.

“That time was the first time. The second time was when I was admitted to rehabilitation. I did the intern year, I went out and took another drink, I relapsed, and after a month or two, they threw me out of the house, after having been an intern.”
(Verónica)

For Susana, the death of her partner generated a natural breakdown that transformed her life, moving from life as a couple to living alone using temporary accommodation in social institutions. Finally, for Alicia, in two moments of her life, she left her parents' house to start life on the streets and in temporary accommodation, which she also interspersed with the rental of rooms. It is also important to note that in the cases of Alicia and Verónica, it also involved temporary separation from their children.

All these situations have generated traumatic situations, which although they are not recounted in detail, they remember themselves in a state of shock, without understanding what was happening, and arriving at different places where they could give immediate answers to their need for accommodation and finding new primary groups in the context of the street and social institutions.

“I walked down Paul Harris street without knowing where to go. There I met a friend, "El Flaco", who worked at the sushi restaurant. He tells me: where are you going? They kicked me out of the house. I have nowhere to stay. (...) I was going to a friend's house, but I just ran into him in the middle of Chinatown, the middle of the drug trafficking neighborhood. He told me I don't want to see you smoking pasta. But things were changing. The guy wanted to go the other way. But he had a lot of patience for me. It was a month that I did not get up and full of beer cans. Not know what to do. I went to the prosecutor's office; they didn't give me a solution. I didn't know what to do. I was in a horrible depression.” (Verónica)

After these situations, the responses and trajectories varied in each case. For Alicia, the street space was the one in which she settled the most in the first instance, while Susana became a frequent participant in temporary accommodation, where she remains to this day. In Paola's case, she began the development of her childhood and adolescence in homes of the National Service for Minors, without ever returning to live in a permanently non-institutionalized home. Finally, for Verónica, it was the beginning of a long period of residential instability with frequent episodes of life on the street and in shelters and temporary residences.

“What happened was that I rented and stopped renting, and I went there, (Shelter for Homeless Women), and it was like my second home, and I always got there.” (Susana)

“In general, did you stay more on the street than in hostels?

Yes, because it was calmer. Because they did not scold me like at home. Nobody told me to get up. But other things happened. I was hungry, I was cold, I got wet with the Rain.” (Alicia)

Loss of housing as an experience of violence

Another way in which they have lost their homes or temporary non-institutional accommodation solutions such as residences or shelters is produced from the experience of situations of a serious violation. That is, as a result of being victims of aggression or mistreatment by the people with whom they live, and that lead to fleeing, or they have been forcibly expelled and abandoned.

In Verónica's case, this has been a situation that has repeated itself several times in the last 10 years. In their stories, many situations are mentioned in which they were forced to remain on the street by their partner, without allowing them access to the house, or of being permanently expelled, having to seek a new solution. Likewise, she also had to flee from some of these places, mainly due to the damage suffered by her partners. For Paola, this occurred when she had a fight with her father, which included physical assaults, and which meant that she had to leave the place permanently.

These situations have implied, on the one hand, the need to generate new strategies for accessing accommodation solutions, and on the other, to continue accumulating situations of disadvantage and damage that are not attended to or repaired in any instance, and that will probably have an impact in your mental health. In turn, it should be mentioned that regardless of the effect on the home, the situations of violation are present in the life histories of the four women, affecting the living conditions they have had in the spaces they have inhabited. That is, these situations have occurred in homes, in relationships, on the street, and in rented rooms, etc.

“Sure, to my baby's dad's house. I would fight and take all my things back and get there. But I was always kicking out. I would go out into the street at two and half in the morning, with all my belongings, using pajamas without shoes. So, I had to find a

place to sleep, around with local people, people that I knew. I managed to get some people to host me at their house, two old men.” (Verónica)

Loss of housing due to a lack of economic resources

Residential instability is associated with the above situations, in the sense that it is one of the factors that prevent access to permanent housing solutions. However, the lack of economic resources as a source of homelessness is mainly associated with family contexts during childhood and with a job or productive instability that occurs during adulthood. In this way, it is a factor that triggers the loss of more permanent solutions such as the rental of individual rooms or in pairs, and not so much about the departures from family homes or temporary accommodation of NGOs.

The explanation for these situations, in general, is associated with not having been able to maintain a job that would support the monthly payment of the rent. In some cases, this led to processes of worsening of the accommodation solutions to which they have access, and in other cases, how the last years have been for Alicia, alternating between the use of temporary residences, the street and the rental of pieces, the latter being the most constant. Now, labor or productive instability is not only associated with economic factors, the labor market, or the context, but also with relational problems, motivation, or episodes of depression or other mental health problems that have led to do not stay in their jobs or productive activities.

“I stayed with some friends there in Mapocho who supported me that night. I stayed in a tent that their mother had. After a few days I quit my job.” (Alicia)

Loss of housing due to relational problems

Other situations of loss of housing have occurred due to relational problems with the people with whom they live, and that ended up causing them to be expelled or leave.

For Verónica, this happened when she went to live with her sister and her son. She remembers that she took the opportunity because she was bad and living on the streets, but that it did not work out because they got on badly, and it became untenable. Although she does not give details and does not have clear memories about what happened, she indicates that she decides to leave and returns directly to the square from which she had previously left.

“Yes, we always talked to each other. I travel there once. You're very lonely, she told me, so come here. I went there, but we didn't get along very well with my sister, typical problems. Also, we did not know each other. I took my suitcase and left.”
(Verónica)

For Alicia, this is a constant every time she goes to her parents' house. According to her, the relationship with them, and the harassment that her father carries out towards her, have caused that the times she lives with them are increasingly shorter.

“My dad was an alcoholic. He hit me a lot. He kicked me out of the house because he said it was useless to look for work because he didn't have to support us. So when I go home, I just visit. I'm leaving on Saturday with Paty, and I'll come on Sunday, or if I don't, I'll come early Monday morning.” (Alicia)

In Susana's case, a different situation has occurred. As a result of her schizophrenia and other mental health problems, she always had bad relationships with the people with whom she lived in shelters and residences, having to abandon some of them on more than one occasion, as well as all her attempts to rent a piece with other people.

“He had a beer, but then he got contaminated and got sick, the devil entered him. I fight with me and kick myself out of the apartment. He had a lot of things, the department was his, I challenged him the same because I was older than him, like two years.” (Susana)

“Yes, I was easily angered, too, so I'm going to play dumb. I would search other people's rooms without permission, and that was a problem. That could not be done.”
(Susana)

These relational problems also limited her in her productive activities since she was a street vendor, and she can no longer do so. It is difficult for her to be alone on the street. Hence, she is always in transitional housing. However, she has been able to treat her mental health illnesses and notably improved her relationship with other people, which is why she has been able to remain without difficulties in the residence in which she currently lives.

Housing expectations

The analysis of the loss of housing from the perspective of future expectations shows that in none of the four cases is it explicitly mentioned as something central to be achieved in the future, but rather as one of the components of their desired situations. In Alicia's case, it is the wish of renting a room where she can be with her partner. A collective project with which he is motivated, and which is close and realistic since she has achieved it at other times in the past. Today she has a job and a salary to do it.

“Yes, I want to lease, he also wants to lease. So as soon as they pay him he said he was going to rent. He is younger than me, just like Andrés. Andrés was younger.”
(Alicia)

For Verónica, her dreams are to have a house or an apartment where she can be alone, calm, and with a suitable place to receive her children, but not to start a life with them or with another person. However, there are many things she needs to achieve before, such as overcoming the problem of alcohol and drug use and get a job.

“Yes, what I have to do now is an urgent computer course. Because I don't know anything, hopefully, the email. To look for a job, because it is assumed that already in February, I should be able to work. Take advantage of the last trips to the beach to be

with my son, and then I get involved in the housing subsidy. I already have everything ready, I just need to raise the money, that is my goal now "the house". A house, a roof where no one comes to kick me out, and that my children are well. A place where I can receive them, and if a life partner appears like people, better if we do not continue living the same." (Verónica)

Paola knows that she needs a place to live, especially now that she is pregnant, and that she is going to have to get a job and looking for help with parenting. However, she has not a clear image of a home. Before pregnancy, it was a space where you can be calm, have privacy, and not be disturbed. Now her vision is more concrete and functional to her needs. It is important to note that Paola has been living in institutional centers since the age of five, and this would be something new.

"Yes, it allows me a lot of things, for example, suddenly I want to share, drink something, but I can't come here with alcohol. I am conscious of it. So, from time to time, have a drink. You cannot here for that more than anything." (Paola)

Susana's case is even more different. Her idea of housing is not to return to what she once had or a space that offers something different from residences such as greater freedom of action and decision, but rather she seeks a space where she feels accompanied and be cared for due to her illnesses.

"(I want to live) Accompanied. Be safe with food, lodging, and other people. I already have a pension; I pay a pension, and I pay my little things. I will always have Pablito. I know that he is going to see me." (Susana)

In none of the four cases is there a clear idea or a model of what it would be like to live in an independent house independently. Their life stories do not have this type of experience since they have always depended on other people to maintain spaces of these characteristics, or they have rented intermittently. On the contrary, their experiences are more associated with life in institutions, in permanent residential instability, and with

many situations of violence, abuse, and abandonment. Likewise, the need for protection and tranquility has not always been associated with a home, but rather with a relationship or with spaces that should ensure these characteristics, such as temporary residences. Now, the desire to be calm without the anguish of not having a place to live and having to be exposed to the risks of homelessness is explicit, and access to a permanent home, regardless of its characteristics, is central and desired.

“That situation bothers me, it bothers me because whenever I was on the street, I passed from house to house, I don't like that life, I like having what is mine.” (Paola)

“A small house, I would not like it to be in a neighborhood where drugs are sold. I do not know where it can be. A house or an apartment. I would prefer a house, a small house, but I will have it very cute, clean, where I can rest and receive my people. Where my children and my grandchildren can go. Live quietly and free me from the nightmare of having nowhere to be. It is one thing that I do not give to anyone.” (Verónica)

Strategies to cope with homelessness and residential instability

As has already been pointed out, the life stories of the four women have been marked by residential instability and homelessness, and it is difficult to establish when these situations begin and end and make distinctions in the strategies that are deployed in each of these moments. However, it is possible to establish some common elements that have been present in their stories.

Learning to cope with residential instability

The residential instability experienced since childhood showed a way of dealing with this problem, which in some way has been replicated at least in their first experiences of homelessness. In the first place, they are individual strategies, which imply seeing a solution for each person, regardless of whether they form a family group.

The cases of Verónica and Paola are the clearest in this sense because they had to separate from their mothers and spend time in children's homes or other people's homes, making this something habitual and permanent in their life stories. In the case of Susana and Alicia, there is a voluntary abandonment of their homes as a result of feeling uncomfortable or being pushed to do so, from which they undertake individual strategies to access places of accommodation, which did not involve other people who constituted a primary group.

Second, some strategies depend on other people to work. Living with relatives in the home of couples, friends, or relatives has always depended on the will of the owners of these homes, and they have constituted experiences that frequently end with abrupt departures.

“We rented ourselves or went from house to house (...) from her friends or family members.” (Paola)

“Sure, there I had a fight with this friend, and I got there and met him. They threw some buckets of water on me. I remember that with the person I was with, who was homosexual, we fought, he threw a bucket of water on me, and I went to a 70-year-old friend who always welcomed me. I walked all wet, nervous towards the Prince of Wales tube station. There I met him, and the woman who later went to live with me. He offered me to stay with him, I stayed with him for several days, then eventually he offered me to go live in his house.” (Verónica)

This also implies that they are essentially temporary strategies, which do not propose a definitive or medium-term solution, but contingent. That is, they respond only to the current situation, such as going to a shelter, paying for a night in a hostel or a room for 15 days or a month, or staying at friends' houses for a few days without knowing what will happen after that time. Finally, they are strategies that imply exposing oneself to the

risk of suffering damages product of the environment or potential aggressors, and that was experienced by the four in different situations.

Dynamic solutions away from the street

At the beginning of the most acute or prolonged episodes of homelessness, as well as in short periods of homelessness, the strategies have frequently been away from living on the street because there is greater exposure to risks, and it is inconvenient. On the contrary, there is a tendency to seek very different solutions, such as renting a room if they have resources or accessing a temporary residence that gives them greater peace of mind and allows them to project their future.

Likewise, strategies are always dynamic and change over time in search of better living conditions. In this sense, there is a permanent state of alertness that leads them to seek better solutions or project themselves over time. This translates into changing places to avoid risks, seek, and use new support networks that allow them to leave the old ones, and access accommodation solutions; seek to develop productive activities that allow them to improve their situation through leasing. On the contrary, the situations in which there has been less dynamism in their strategies have coincided with periods of high consumption of alcohol and/or drugs or presenting untreated mental health illnesses, which have led them to spend the night on the street or staying in harmful contexts without mobilizing actions to change them.

Use of supportive social networks

Coping strategies for homelessness always include the use of supportive social networks, from the most basic ones such as solidarity dining rooms and the support of acquaintances who offer help, to the use of the network of accommodation services for

people in need of street, implemented by the government through NGOs. In this way, women not only seek the solution to where to sleep but also hope to develop other actions, such as accessing jobs, obtaining care in the health service, educational levels, etc.

“I called (the school) and said if I could speak better in person. They told me to come this day at this time. I went on a Friday and the following Monday I entered the school, and I enrolled myself.” (Paola)

Even in the most critical moments, all of them have managed to link to some networks, which have helped them improve their situations. The case of Paola, for example, shows remarkably, as during life in shelters and allegiances, and with episodes of violence, she has also managed to resume her secondary education, and through precisely that institution, she accessed the residence where she is today. Susana also managed to connect to mental health support networks after her partner died, and she experienced acute schizophrenia.

Short term solutions

The characteristics of homelessness force women to subsist on a day-to-day basis because they constantly need to find a housing solution, as well as other basic resources such as food or cloth. Even in the cases where they are working, they are not permanent jobs or that allow them to hold a lease for a long time. For these reasons, they do not have the possibility of projecting themselves over time, and the ability to think in the long term is even lost due to the daily habit of focusing on the day today. For this reason, solutions also tend to be day-to-day or "while it lasts", considering that in the vast majority of times, decisions about the place of accommodation do not belong to them. When they were younger, the decision was with their mothers, and today it is the social institutions,

the people who receive them, or the employers who decide on the duration of their jobs and the possibilities of renting. In this way, even in periods when it seems that their situations have improved considerably, the main option is the monthly rent of a room individually.

Chapter VI: Discussion

The chief purpose of this research was to answer, what are the paths towards homelessness for women in Chile. The life stories of women who are experiencing homelessness at different stages were cut out to understand them separately and also as an interconnected whole. This has allowed an analytical look at both the specific triggers of each episode of homelessness, as well as the entire process that they have experienced up to their current situation, recognizing various entrances and exits of homelessness, as well as the experimentation of residential instability between these entrances and exits, which in the literature has been called hidden homelessness.

This chapter presents, first, the main results obtained from the integrated analysis of qualitative and quantitative findings. Second, the limitations of the research are presented. Subsequently, the implications of these results for the development of new research, social policies, and social work are described. Finally, the conclusions of the dissertation are developed, including their conceptual and methodological contributions.

Integrated Analysis

The qualitative and quantitative findings from the previous sections support four main results:

- (1) The paths to homelessness for women in Chile begins with **residential instability** and the development of individual learning on how to deal with it.
- (2) **Residential instability transforms into homelessness** through an extended process of accumulation of disadvantages and loss of resources and significant social networks.

(3) **Women's homelessness**, even though it may become permanent or chronic, has a **cyclical** movement that allows us to observe many entries and exits within a permanent context of residential instability.

(4) The **age** at which homelessness is experienced impacts the chances that it may occur more than once, as well as the length of time women can keep experiencing it.

Residential Instability Situations

As presented in the findings section, homelessness is preceded by permanent events and factors that configure residential instability, which in some cases begins from childhood, and teaches a way to cope with the lack of housing that goes on replicating over time. Also, involving the previous experience of living in contexts of risk and violence, sporadic or permanent separations with significant others, and initiating processes of multidimensional exclusion, which begin mainly with the break with the traditional social institutions of integration, such as the education system, the labor market, and the family, among others.

Residential instability as a permanent factor in the stages before homelessness specifically refers to ceasing to have a permanent place to live in, over which decision-making power is available, and from which women can be adequately linked to spaces of participation and social integration, as well as allowing them to rest and feel protected. In this way, residential instability encompasses a wide diversity of situations that include sporadically living on the street, living in the houses of relatives and/or friends for short periods, renting rooms inside houses or hotels, paying for the day or month, use of the public housing system for the homeless, as well as being in houses provided by other people in the framework of activities related to the sex trade, or that are used only as

spaces for drug consumption, among other situations. This residential instability requires women to be constantly looking for new housing alternatives since none of them become permanent, and most of them represent high risks of suffering sexual attacks or violence of different kinds. Not even the rental of rooms, which is the most stable in this situation, manages to be projected over time because the generation of minimum levels of income is not permanent. These results are consistent with the literature that indicates that women use a variety of strategies to cope with homelessness, which are not only limited to the use of shelters and the street or public places (parks, hospitals, etc.). (Bretherton, 2017; Mayock & Sheridan, 2016; Moss & Singh, 2015; Novack, Brown & Bourbonnais, 1996). Likewise, it is consistent with the global definitions of homelessness that recognize a wide diversity of situations, which include situations of risk of being homeless that are directly associated with the idea of residence instability presented above (Busch-Geertsema, Culhane, & Fitzpatrick, 2015; Feantsa, 2006).

In the case of women who are experiencing homelessness, these processes of residential instability did not imply accumulating resources that allowed them to improve their situation in the future, nor did they join a group of peers that would allow them to develop community capital for the development of wellbeing strategies that go beyond subsistence. On the contrary, these processes were an accumulation of disadvantages and social isolation that gradually lead to homelessness.

Notwithstanding the foregoing, during this process, which includes stages of living on the street and experiencing homelessness, it is also possible to observe a high capacity for the agency of women to function in these contexts and of reflexivity regarding their situation and position within homelessness. This is expressed in the fact

that despite the difficulty of not having permanent accommodation solutions and of facing constant risks of suffering abuse and violence by other people, they manage to find and use social services and establish networks of support through family, friends, and acquaintances. In turn, they have the ability to look at and observe themselves in these contexts, distinguishing their position of disadvantage as a woman in an environment that is structurally "machista", patriarchal, and violent. From this, they generate learnings and decide the best strategies to stay safe and access the most suitable place to live. All of the above are being put into practice, mainly in accessing and using social and health care services. Indeed, it is striking that despite the exclusion in which they find themselves, more than 50% of the population of homeless women in Chile resort to health services and places where they are provided with food, as well as about 40% go to NGOs in search of access to hygiene implements and services, and about 35% maintain contact with professionals from public or private organizations. This recognition of the agency capacity of women is present in the literature, through the recognition of their capacity to diversify survival strategies (Bretherton, 2017; Farha, 2015; Mayock & Sheridan, 2016; Moss & Singh, 2015; Novack, Brown & Bourbonnais, 1996).

In the case of women who are experiencing homelessness for prolonged periods, their life trajectories are progressively moving towards situations of greater multidimensional exclusion, transforming their social ties from the more traditional institutions and integration groups to others belonging to the context of homelessness.

Yes, we always talked to each other, I once traveled there, you are very alone, she told me so come here. I went there, but we did not get along very well with my sister, typical problems, and we did not know each other. I took my bags and left.

Did you come back?

I turned back and went straight to Tobalaba Park. My friends welcomed me.

Did you know that (living on the street again) when you took the bus?

Of course, if logical.

What friends received you?

This is my friend who was my ex-boyfriend who turned out to be homosexual, a friend "la banana" that her partner Gabriel had. They are friends with each other. It was a not so terrible time because it was the time of December, January and February, there are no people in Santiago, there was no one in the park, it was almost like camping. (Verónica)

In Chile, the concept of "circuit of street" has been used informally to understand all those bonding and support networks generated for homeless people, as well as all the daily practices typical of homelessness, which respond to codes, norms, and assessments developed in this context, which do not have a social extension or apply to other social groups. In this way, it is possible to observe in the circuit of street: (1) The public and solidarity network of food and accommodation services for the homeless; and (2) The socio-cultural dynamics that develop mainly through interaction on public roads and emergency shelters. In this way, when more activities and spaces for socialization are transferred to the circuit of street, the more intense the processes of exclusion and vulnerability become.

From residential instability to homelessness

As has been pointed out, the transition from residential instability to homelessness is marked by an increase in exclusion processes, the accumulation of disadvantages, and the precariousness of the accommodation solutions that are being accessed, in a process in which women are active agents in their environment, but without being able to reverse their situation or collectively articulate with other homeless women to improve their situations. Within this, the role of NGOs that implement social services and accommodation for homeless people, and that offer accommodation alternatives that can interrupt these processes of homelessness, is also fundamental.

The process of residential instability, as mentioned, is faced by women actively looking for alternatives other than living on the street or using emergency shelters; however, there are moments or episodes in which this is not achieved, and homelessness is experienced for long periods, for example, more than a year. These moments are driven, in many cases, by specific triggers that negatively impact women and lead to homelessness. Some examples of these triggers are the abrupt loss of the primary networks that support their housing solutions, which could be the family or a relationship; prolonged periods of alcohol and/or drug abuse; the maintenance of harmful relationships with abusive partners or couples; as well as the increased difficulty of maintaining paid activities over time.

It is also possible to observe that individual agency capacity is maintained despite difficulties; in many cases, they choose to link with organizations that work with homeless people in search of support or accommodation solutions. As an alternative to the street, services such as temporary residences, emergency shelters, shelters can also be used. In this relationship, there are two important aspects to consider. The first is that the possibilities of joining a service depend mainly on the presence of these in the cities where women are. The second aspect is that these services interact only with people who are on-street or in this type of service. Therefore, all situations of the instability of different residential statuses are not observed or not supported for these social services, as part of the public policy for homeless people.

On the other hand, awareness of what it means to be a homeless woman remains, especially because of the risks to which they are exposed and the need to seek safety and protection. This same thing leads to maintaining diversification of the strategies used,

alternating the gathering and rental of rooms with the use of temporary residences, shelters, or the public highway. One of the most important consequences of this, as mentioned, is that all the situations in which they are not spending the night in a shelter or on the street become invisible, even when their situation of residential instability is very high, with much deterioration of health and suffering permanent violence from the people with whom they may be sharing these accommodation solutions.

The closure of each episode in which homelessness is reached shows a result in women that is characterized for: (1) A deterioration of the well-being and individual health condition as a result of the damages that are suffered; (2) Generation of resources (mainly linked to social services) and learning from the experience of survival in the context of homelessness; (3) Increase in the levels of exclusion, because of the progressive breaks with their traditional ties, and increased integration and participation in what has been called the circuit of street; and (4) Permanent absence over time from a residence other than homeless accommodation or the public highway. These situations can also coincide with the increase in the problematic consumption of alcohol and drugs, the exacerbation of mental health pathologies that cannot be found with treatment, as well as experiencing higher levels of violence and stress as a result of the dynamics of living on the street. Likewise, there is a greater awareness and identification of themselves with people who are experiencing homelessness, as they increasingly stop accessing different solutions when living on the street or in shelters.

These results are consistent with the literature that highlights that women who experience homelessness are exposed to great risks and suffer a significant deterioration in their health (Chaudhry, Joseph, & Singh, 2011; Cheung & Hwang, 2004; Finfgeld-

Connett, 2010; Johnson, Ribar and Zhu, 2017; Moss & Singh, 2015; Novac, Brown and Bourbonnais, 1996). Likewise, in many cases, they have been victims of sexual assault and abuse throughout their lives (Bretherton, 2017; Chaudhry, Joseph, & Singh, 2011; Maguire & Semancik, 2016), as well as strong social and economic deprivations (Maguire & Semancik, 2016; Finfgeld-Connett, 2010; Mayock & Sheridan, 2012). In the case of Chile, despite the scarce development of research, this situation of greater exposure to violence has also been evidenced as a distinctive feature of women's homelessness. (Bustamante, 2014; Eissmann & Takeuchi, 2020; Ferrada, Montoya & Osorio, 2018; Fuentes, 2008; STATCOM, 2017)

Women's homelessness is cyclical

Even though the homelessness experienced by women can become a prolonged situation for many years or become chronic, in general, it is a cyclical process that can present different entrances and exits to situations in which they regularly spend the night on public roads or in emergency shelters. These situations are sometimes interrupted when they manage to access some type of temporary housing, which in no case represents medium or long-term housing solutions. These periods in which women do not use accommodation services for the homeless or are living on public roads implies invisibility of their situations, at least for social programs and policies, since although they have some type of accommodation, they keep in a high residential instability in contexts that are often very precarious and suffer constant episodes of violence.

As was mentioned, the situations in which the experience of homelessness is prolonged over time are mainly associated with growing processes of multidimensional exclusion, the loss of the main support networks for the generation of accommodation

solutions, mainly family or other close and significant people, and the strengthening of networks and resources present in the group of peers who experience homelessness and social organizations that provide services for the homeless.

In these situations, it is also possible to find greater certainty in defining homelessness as the problem that is being experienced, since there are no nuances as in residential instability when living in homes of other people may be considered as a different situation to homelessness. The material lack of housing and the presence of other critical situations such as drug abuse, or untreated psychiatric pathologies, make the problem more tangible.

Cycles of homelessness make the understanding of this problem include reviewing the life histories of women who were experiencing homelessness. As the quantitative results show, the possibility that homelessness occurs more than once is mainly associated with the increasing age of women and with having a lesser amount of time as a homeless woman. This implies, first of all, that homelessness happens throughout a woman's life, and not just at specific times. The cycles are not prolonged periods, but that they are interspersed with situations that are not necessarily considered homelessness. Likewise, the extension in time of homelessness is also associated with the increase in the age of women, having been homeless at an older age and not having been homeless more than once. In this way, when these cycles occur is relevant both to understand and predict future cycles of homelessness, as well as to observe the processes of accumulation of disadvantages that chronify or maintain homelessness over time, mainly after the age of 30.

The cyclical characteristic is also present in the literature, through the idea that women's homelessness often occurs over time and can be triggered by different causes (Clapham, 2003; Finfgeld-Connett, 2010; Lehmann, Kass, Drake and Nichols, 2007; Mayock and Sheridan, 2012). However, in the literature reviewed, the specific characteristics of each episode in which women experience homelessness and the cumulative effect that it generates have not been studied in-depth. In the case of Chile, the cyclical dimension of women's homelessness has not been studied, but rather the focus has been on the diagnosis of the last episode of homelessness that women are experiencing at a given time.

Age as a predictor of women's homelessness

As shown in the results of the multivariate logistic regression on the prediction of homelessness episodes and the multiple regression model to understand homelessness over time, the age and the age at which homelessness was experienced for the first time are important predictors of both length of time as homeless women as having been homeless more than once. These results indicate that the paths to homelessness and its prolongation overtime may vary as a result of the age at which this situation begins to be experienced and the age at which these episodes occur in the lives of women.

As these results show, the older women are likely to have experienced more than one episode of homelessness in their lifetime. Hence, the current homelessness episode is the consequence of an extensive process within their life stories. Similarly, women who experience homelessness for the first time when they are younger are likely to repeat these episodes. These means that towards adulthood they accumulate more social disadvantages and more time of exposure to damage and deterioration of their health.

This is consistent with the fact that older women and those who experienced homelessness when they were younger have more time as homeless. Based on the above, it is possible to establish that in their adult life, vulnerability, and exclusion processes as well as deterioration of physical and mental health increase, while the resources and possibilities of overcoming homelessness in an autonomous way diminish. As a result, the situation of homelessness experienced in adulthood lasts longer than during youth.

These results are consistent with the cyclical characteristic of homelessness presented above. Also, allow to establish as a hypothesis that:

a. In the cases in which the women experience homelessness when they are younger, homelessness pathways will be more extensive within their life stories. This means that the longer they will be going in and out of homelessness. In turn, they will probably be short episodes at first, not even considered homeless by them. Still, they will get worse over time because their capabilities to respond to these situations will be negatively affected.

b. In the cases in that the women experience situations of homelessness when they are younger, the episodes of loss of housing, sleeping on the street, and use of shelters will be more frequent within their life stories. First of all, this means that the contexts of vulnerability, exclusion, and poverty are present since childhood or youth of women. Therefore, homelessness or living in shelters or houses of other people has been part of their daily lives and is a learned way to cope with residential instability, which they have used throughout their lives. Second, it implies that they have suffered multiple deprivations from childhood or youth that have limited their opportunities to achieve permanent residential stability.

c. In the cases in that the women experience situations of homelessness when they are younger, they will experience longer episodes of homelessness during their adult life. This means that, as a result of trajectories with two or more than one episode of homelessness, the resources, and possibilities of overcoming this situation are diminishing, and they are transformed into longer situations during adult life and the aging of women.

It is also possible to hypothesize that in each of these cycles, there are events that could affect more than others, and in some stages of life more than others. For example:

(1) Considering the age at which homelessness first occurs, it could have different effects on the women's life trajectories. For instance, if it occurs during childhood or youth, it could involve new homelessness episodes in the future; if they occur in adulthood, it may imply a high level of deterioration and a tendency to persist over time. Also, during childhood, there is greater availability of services and resources than when they are adults, so they become more observable by social policy, compared to adults, where they may find themselves more excluded from social institutions. Likewise, motherhood can also affect differently, depending on the age at which it is experienced. In this sense, an analysis from the perspective of life courses would be very useful.

(2) On the other hand, considering the situations or problems associated with homelessness episodes, it could be possible to predict the future impact that each of these episodes will have. For example, the type of drug and alcohol consumption, and its effects, are different according to the women's age, and therefore the damage and dynamics in which these uses occur. Untreated psychiatric pathologies are also an

important trigger, and in many cases, it even limits participation in accommodation services.

Finally, it is important to highlight that these types of results were not observed in the literature reviewed, both internationally and in the particular case of Chile.

Limitations

It is important to note two major limitations in the research, which, despite being addressed and mitigated in the methodological design and analysis strategy, also represent aspects of future research.

One of the main ideas of this thesis is the need to recognize the life stories of homeless women to understand their situation; however, the information collected and used in the analyzes has not been longitudinal, and therefore, has not been possible to observe their trajectories in time. On the one hand, the database used is cross-sectional, in that the interviews with the women were carried out only in a period in their lives. To face these limitations, two actions were used. In the case of the database (quantitative data), questions were analyzed that could account for the trajectories of women and analyze their association with their current situation, such as the age at which they were homeless for the first time, the internment in different types of institutions, the time that they have been homeless, etc. Likewise, in the case of the interviews, these included retrospective questions that allowed them to reconstruct their life stories. This second technique represented a second limitation, which was recall biases, which in general, all the interviews had. To face this difficulty, interviews with key informants were included that could complement the construction of these life stories, and in this way, fill the

information gaps and chronologically reorder some events that the interviewees themselves did not remember clearly.

A second important difficulty is that both the quantitative and qualitative samples do not represent the entire population of women living on the streets. In the case of the dataset used, it only considers women who are - mainly - in homes for the homeless or on public roads, not considering those in situations of high residential instability. The literature reviewed to called as hidden homelessness. The qualitative sample, for its part, has included a reduced group of women, so many dynamics and situations are not observed in these life stories, and that should be included in future research.

Notwithstanding the foregoing, and the need to deepen this study through the inclusion of a greater variety of life stories and the inclusion of a longitudinal perspective, the findings allow us to account for central elements to consider when observing the pathways to homelessness of women in the Chilean context, and that can also be implemented in future research.

Implications

Implications for future research

The methodology and analysis framework used in this study, as well as its definitions and findings, allow the development of a line of research and analysis of homelessness in Chile that extends its problematization beyond current Latin American definitions, which place the problem mainly in the context of the street and of temporary and emergency accommodation for the homeless and turn, incorporate longitudinal analysis to understand the life stories of the homeless. Including a broader vision of the problem is relevant for studying subpopulations that are at high risk of losing their home

(permanent or temporary), of permanently suffering from residential instability, and of developing increasing processes of multidimensional exclusion and loss of significant social networks. In addition to women who experience homelessness and residential instability, other groups could also be considered, such as young people between 14 and 29 years old, migrants, refugees, families, among others. Similarly, it lays the foundation for the design and implementation of longitudinal investigations that include homeless women's life stories.

Implications for Public Policies and Social Programs

Permanent residential instability is part of the problem of homelessness in Chile. This intersects with other situations such as violence against women, vulnerability, exclusion processes, among others, that make homelessness probable and extended over time, forcing not only to develop responses to homelessness that is experienced, but also preventive strategies so that women do not have to live on the street or in shelters or emergency shelters, with all that that implies.

The analysis framework and the results of this study can contribute to the design and monitoring of different intervention strategies, such as preventing the first episode of homelessness; preventing homelessness from becoming a cyclical situation in women's stories life; prevent the intergenerational reproduction of residential instability; and include interventions based on the gender approach.

(1) Preventing the first episode of homelessness implies developing social protection policies that include a set of strategies and programs that ensure access to housing (delivery of housing, access to supported housing, rental subsidies, etc.).

Through this, it could be avoided that women find themselves in situations of permanent

residential instability and that their living conditions gradually become more precarious. For women with children, episodes of separation and/or abandonment could also be avoided. It is necessary to emphasize that, together with access to housing, it must also ensure access to basic social services and health services.

(2) Preventing homelessness from becoming a cyclical situation in women's stories life implies the development of specialized strategies. First, there must be early detection services for homelessness situations, which make it possible to provide temporary accommodation and then link women (including children if they are with them) to the social protection system and access to housing. At the same time, services for detecting situations of violence, abuse, or other traumatic experiences and providing the necessary psychiatric care should be considered. Second, in the event that women have chronic illnesses, mental health, or abusive consumption of alcohol and drugs, access to treatment services must be promoted, ensuring that this is not a trigger for new episodes of homelessness. Finally, in the case of women who need permanent assistance to develop their daily lives, they must access residential services with support. Otherwise, it is very likely that they will be living on the street in very poor conditions.

(3) Prevent the intergenerational reproduction of residential instability is related to the cyclical characteristic of homelessness of women. Childhoods in contexts of vulnerability, as well as, experiencing episodes of home loss are associated to family life stories more than individual life stories. In fact, the episodes of home loss and residential instability also happen to siblings, and parents of the women, therefore, have been reproducing over time. Addressing this situation implies generating systems of social protection and access to housing for the entire population, which understand the

homelessness as a structural social problem and not just as isolated situations with individual solutions.

(4) To include interventions based on the gender approach is also a fundamental challenge. Understanding the homelessness that women experience from their particular characteristics as women is a fundamental condition to design comprehensive intervention strategies that are adjusted to their needs. This implies not only working at the level of the methodological and operational design of interventions, but also at the level of the professional training of the work teams, in order that they can effectively integrate the gender perspective in the intervention practices. At a methodological level, differentiated interventions must be designed, which recognize the need to develop specialized services, as well as adequate infrastructures to provide care and accommodation services. At the level of the work teams, it implies, firstly, developing a cultural change regarding how the problem of women experiencing homelessness is understood, and secondly, training professionals in a gender approach and how to use it in their professional work. The challenges at the work team level are probably the most difficult to achieve because it is an important cultural change, in a socio-cultural context of high gender inequality, masculinity of homelessness, and gender violence.

For these types of strategies, it is essential to consider age and life cycle as a factor that allows the design of specialized services. For example, 18-year-old women, along with providing protection and access to housing, must also be accompanied, and guided in their transition to adulthood and not treated as a 35-year-old woman would be treated.

Implications for Social Work

Both the implications for future research and public policies and social programs apply to the professional practice of social workers in Chile. Therefore, they are also applicable to social work as a discipline and professional development. The implications associated with the intervention strategies and design of public policies to avoid the first episode of homelessness and prevent cyclical homelessness also imply a change in the way of understanding the field of action of social work in these interventions. Overall, it involves broadly understanding the problem beyond the specific episodes of homelessness. In the case of social work in Chile, it also implies developing the clinical social work, including the field of health within the work itself, and not as separate areas of work. This also implies moving towards interdisciplinary work with health professionals to provide answers to the multidimensional problems that homeless women present, especially in the field of mental health. This is relevant in the Chilean context because the areas of health and social work are separated both at the level of public agencies and private non-profit organizations that work with this population. Therefore, it is a challenge for the professional development of work with people who experience homelessness, both at the level of training and of professional work practices themselves.

Finally, the treatment of homelessness from residential instability, as a multidimensional problem, is also associated with an understanding of homelessness from human rights, and specifically the right to adequate housing, which is also related to the defense and promotion of human rights from social work, both at the level of academic and interventional development in the public and private sphere.

Conclusion

As already noted, understanding the situation of women experiencing homelessness requires looking at their life stories longitudinally. Although this view can be analytically fragmented into cycles or stages, as has been done in this research, it is necessary to review all the fragments of her history, or a good part of them, to understand why a woman becomes homeless, and still more, because she can remain in this situation for a long time.

Knowing life histories allows observing permanent processes of accumulation of disadvantages, situations of abuse, violence, and damage that are generally not treated or repaired and harm mental health. In this sense, patriarchal and discrimination structures are present and affect women to a great extent, both because of the violence they suffer, and the lack of services aimed primarily at them, their characteristics, and their needs. Likewise, given that women do not resort directly to the street or emergency shelters as a space for solving their problems, it is necessary to consider that the homelessness they experience is based on a residential instability that extends over time. This means that a large part of their life stories takes place in a diffuse and invisible area for external observers (and therefore for public policies), characterized by multiple risk factors and behaviors that determine their objective and subjective well-being, as well as they are also configuring their homelessness as a situation that progressively spreads over time.

The transition from residential instability to homelessness as a prolonged situation (living on the street or emergency shelters) usually begins quickly and abruptly. This does not mean that it is generated in a short period. On the contrary, because women tend to resist situations of high instability, damage, risks, violence for a long time when they

can no longer do so, there is a large accumulation of damage and a decrease in all or a large part of the networks that they had counted on until then to sustain themselves and access accommodation solutions. In this way, they come directly to live on the street or in emergency shelters with a significant deterioration in their health condition, or with other highly complex triggers, such as abusive drug or alcohol consumption, untreated acute psychiatric pathologies, serious episodes of abuse, among others, for which most social programs are not prepared to attend.

It is possible to notice in each of the stages or cycles of life histories, different specific milestones operate as triggers of episodes of homelessness and increase the accumulation of disadvantages, and in some cases, their negative effects are amplified in the well-being of people due to homelessness, and the context in which they develop, such as problematic drug and alcohol use, the development of untreated psychiatric pathologies, episodes of expulsion from homes or temporary accommodation, etc. Each of these triggers appears at different stages of women's lives, impacting them differently. Thus, the findings show that early experiences of homelessness are associated with longer periods of homelessness in adults and the occurrence of homelessness more than once. Also, homeless periods tend to be longer during adult life than when they are young. A probable hypothesis, to be tested in future research, is that the events in which women live on the street or in shelters imply an accumulation of disadvantages and prior biopsychosocial deterioration that causes them not to use other types of strategies or else generate an event so critical that they lead her to choose or to be on the street. In this sense, these cycles, although they are reversed on many occasions, as has been pointed out, are generating an accumulation of disadvantages and loss of resources that can lead

to persistent homelessness. Likewise, the earlier these processes begin, the greater the long-term impact would be.

Another relevant aspect of homelessness experienced by women in Chile is that a part of it remains hidden. Only are partially visible those situations that develop on the street or in shelters. All situations of homelessness, which have been resolved through the temporary use of other people's housing (houses, rooms, etc.), are not considered as homelessness, even when women are in situations of high housing instability, with episodes of expulsion to the street literally, or in situations which the staying in some place implies suffer violence and sexual assaults or develop sexual deal activities. As has been shown in the previous sections, these situations are presents in the life stories studied. Also, they are characteristic of the lives of women who experience homelessness however are not considered as such by official measurements. On the other hand, those situations that develop on the street or in shelters, although they are visible, and addressed by interventions and research as situations of homelessness, are mostly understood from general population characteristics, where the highest prevalence is male. Therefore, their main characteristics, as women, are not highlighted enough. Some consequences are that the social policies do not have a gender perspective as well as the accommodation and housing services have been thought and designed for men.

Although this research has not sought to compare the situation of women who experience homelessness with the situation of the men who experience it, it is also possible to observe particularities that are typical of women and not men. There are two mains to highlight: (1) They develop strategies other than the use of the street or of shelters which implies a more widespread use of the resources available in the

environment. This could one of the causes that the censuses show a prevalence so high number of homeless men compared to women, since they are not always in the spaces associated with homelessness where measurements are usually applied (Street, Hostels, Hostels, etc.). This use of resources is not only for accommodation, but also to the use of other types of services, such as health care, education service, among other. This does not necessarily mean that they have better results to solve their homelessness, or that they are in better condition than men, because they are also more exposed to damage. (2) Related to the above, when they live on the street, they tend to show a comparatively higher deterioration, because the accumulation of damage resulting from greater exposure to situations of abuse and violence generates even more negative consequences than for men, and with a lower level of access to specialized services for them, since most of them are designed for homeless men.

Conceptual contribution

The conceptual framework developed to guide the analysis of the results of this research was based on realistic social theory, specifically on the central elements of the morphogenetic approach of Margaret Archer (2009), all to explain women's homelessness as a social reality, as well as to give clues for the definition of solutions, especially for the public policy. The analysis framework allows the development of two levels of analysis: at the macro level, considering the entire homeless population of a given territory, and at the micro-level, individually analyzing a single homeless people, and in this particular case, the longitudinal analysis of homeless women.

Considering the three central stages of the approach: a pre-existing structure to the experience of homelessness; a socio-cultural interaction on the way to homelessness, and finally a result of these processes, it is possible to observe the following:

(1) There is a previous structure marked by residential exclusion, patriarchy, and social inequality, which allows processes of residential instability to take place from childhood, and that in the case of women, they become more difficult and hostile. In this sense, the protection and promotion system observes and acts on homelessness as an eminently masculine situation. Therefore, the situations of women are not always, or very rarely, considered.

(2) It is possible to observe socio-cultural interactions both during residential instability and when experiencing homelessness. At an individual level, there is a relationship-focused on the search for accommodation solutions to improve well-being, where the main interactions occur between peers, with close people, and also with social organizations that work with homeless people, as well as some public services, mainly health. At the level of the structure, it is observed - on the one hand - the relationship between social organizations and public policies in terms of finding and promoting solutions for the homeless - and on the other hand, a partial capacity to observe homelessness as a problem social, where the situation of women is invisible, especially in periods of residential instability when they are not on public roads or in shelters, as well as the life history of women who are actually in these situations and interact with social programs. The social structure, through its social protection and promotion systems, is linked to homelessness, assuming that it is an eminently masculine social problem.

(3) At the level of the results of these interactions, it is observed that the capacity and exercise of agency of women does not evolve towards turning them into social actors or corporate agencies but remains at the individual level and stratified in the circuit of the street in the most critical cases, and within groups that suffer from residential and multidimensional exclusion at a more general level. At the structural level, no substantial changes are observed in homelessness in Chile, despite the corporate agency developed by social organizations pressuring the government to solve the problem of this population. However, this analysis has been approached only tangentially and should be the subject of other focused longitudinal studies.

Considering the analysis of the individual histories of the women who experience homelessness, it is possible to observe at a longitudinal level a tendency to prolongation in time, as a result of two or more entries and exits to homelessness, which allow identifying critical junctures or turning points that move the trajectories of residential instability towards trajectories of homelessness, but not necessarily in a linear way but rather in a spiral. Likewise, the presence or absence, as well as the evolution of social programs and their effects on life trajectories, could be analyzed in parallel, following the logic of the morphogenetic approach. They could interact with homeless women causing interruptions of homelessness, or even prevent entry into these situations, and in the opposite sense, act as a passive trigger by not being an available resource, or else inhibit the participation of women in them, due to their inadequacy or excessive masculinization. Within these cycles - triggers such as contingency relationships can be identified, which, although they do not necessarily cause of homelessness, affect this situation by amplifying their negative effects and accentuating the possibilities of developing

permanent homelessness trajectories. Some examples observed in the cases studied are problematic drug and alcohol use and psychiatric pathologies without treatment or support networks, as well as prolonged episodes of domestic violence.

In summary, this approach and conceptual framework is a tool for analyzing: (a) household social policy and its interaction with the population in understanding what is observed as a social problem and what impact the policy has on the evolution of the problem; (b) homeless people or other social groups of interest have the advocacy capacity to generate solutions to homelessness; and (c) understand in detail how homelessness develops in the life stories of those who experience it.

It is possible to establish the importance to develop researches that address women's homelessness from other relevant theoretical perspectives, where it is possible highlight the following:

(1) Life-course perspective, investigating in depth the differences it presents homelessness in the different stages of women's lives, and the impact of age when it occurs for the first time, as well as other episodes that have been highlighted as relevant, such as family separations during childhood, motherhood, and episodes of abuse, among others.

(2) Analyze homelessness from a gender perspective, for determining the differences that occur both in the daily lives of people who experience homelessness, as well as the way in which their situations are approached from social policies.

(3) Intersectionality is also a relevant perspective to incorporate since homelessness is multidimensional. Therefore, intersects with other situations, especially in the current context in which the Covid-19 pandemic has generated an increase in

vulnerability and poverty in Chile. In this way, it is possible to incorporate new categories such as, for example, being a woman experiencing homelessness as a migrant, or being a homeless woman and have a disability situation or being a homeless woman and younger or older.

(4) Territorial analysis is also important not only to understand homelessness but also for the design of social policies since this issue shows different characteristics in each city within a country. In the case of Chile, there are differences at the level of social support resources and access to housing that are available in each city. For instance, only large cities have a diversified service for homeless, as well as the capacity to serve a large number of people. On the other hand, there are cities that do not have any public accommodation support service. Another important example is the intersectionality that occurs with other situations, such as migration. The cities that receive the greatest number of migrants generate different dynamics and situations that should be considered, for example, the greater presence of women and families within the population experiencing homelessness. Other relevant variables to consider could be the price of housing, the labor market, and characteristics of the type of jobs available (mining, agriculture, services, etc.). All these variables must be fully understood within a territory or area, and their impact on homelessness.

Methodological Contributions

This research has also made an important methodological contribution. It proposes the combination of qualitative and quantitative methods for understanding the situation of homeless women, which allows integrating the analysis of the population as a whole, through a representative quantitative sample, with the deepening of the most

relevant dimensions through case analysis, using qualitative data collection techniques. It is possible to observe a single analysis scheme from different analytical levels and with different data production strategies.

On the other hand, considering the pathways to homelessness as cases has allowed us to observe this process from different perspectives. In the first place, from the narrative that women make of their own life stories, and second place, from the observation that other people make of these cases of homeless women. This increases the scope of the analysis as well as the possibilities of including cases, in the future, of people who are not there but who could still be analyzed. Likewise, and as has been pointed out, it is a methodology applicable to other groups such as homeless women who share this characteristic of being at high levels of invisibility.

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