4-1-2015

Sunshine: A Case Study on Elderly Female Homelessness

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Recommended Citation
DOI: 10.15368/paideia.2015v2n1.4
Available at: http://digitalcommons.calpoly.edu/paideia/vol2/iss1/10

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CONTRIBUTOR BIO

SARAH GLENDON is a graduating Political Science and Communications major with a concentration in Pre-Law. During her time at Cal Poly, Sarah enjoyed participating in intramural sports, volunteering, and using Cal Poly’s beautiful Rec Center. In her free time, Sarah enjoys the local beaches, and works on do-it-yourself projects. After graduation, Sarah plans to attend law school.
Many women face additional risks as a result of being homeless that go beyond the typical disadvantages homeless men face. These disadvantages include increased risk of sexual exploitation, domestic violence, and the inability to care for their children. During my overnight stay at the El Camino Homeless Organization (ECHO) Shelter in Atascadero, I met a woman in her late seventies known only as Sunshine. She told me about her life before homelessness, her children, and the disease that is taking her life. My conversation with Sunshine mirrors past and present research concerning the disproportionately poor conditions endured by older homeless women. These women are particularly prone to such poor conditions because of economic disadvantages, physical and mental problems, and a lack of family support.

I first met Sunshine when she stopped in the hallway to catch her breath after taking a shower. During our chance encounter, I learned that Sunshine is one of seven women who attended Cal Poly in 1956—the first year Cal Poly allowed female students to enroll after a temporary ban on female students was repealed. Sunshine laughed when I asked her what she had done with her two majors and replied, “Absolutely nothing. I got married and had children.”
Sunshine is a part of a significant demographic of elderly women who never worked and remained, throughout their lives, reliant on their spouses’ income. Before homelessness, Sunshine—and many women like her—held low-wage jobs or remained unemployed for extended periods of time. According to a study commissioned by the Women’s Institute for a Secure Retirement, 49% of surveyed women over the age of 70 lost 50% or more of their income after their husbands’ death. The study also reports that only three in ten widows held primary responsibility over their household finances. Like many of these women, Sunshine’s work as a homemaker leaves her financially insecure today.

The economic issues elderly women face emerge from the difference between past homemaking practices and the modern expectation of the working woman. As a result, the previously gender-segregated labor market influences the benefits elderly females receive today. Traditionally, “[a]fter age 65 economic inequality has been thought to narrow as government benefit programs replace the labor market as elderly people’s primary source of income.” This is not the case for Sunshine and similar elderly women who find that their lack of past employment exponentially intensifies their low economic status. Moreover, current data shows that economic inequality increases with age: “[a]mong persons ages 35 to 44, the poorest 40 percent had 18.4 percent of the total economic resources, and the richest 20 percent had 40.2 percent. By age 75, the poorest 40 percent of the population had only 14.9 percent of the total resources, and the richest 20 percent had 46.7 percent.” These figures may be a representation of the economic inequalities that elderly women faced in midlife, which have worsen with old age.

Economic figures worsen when observing poor elderly women who often have severely limited economic resources and therefore are more susceptible to homelessness than their impoverished male counterparts. Reports show that about “three fourths of the older persons who live below the poverty line are women, with most dependent on social security…. These factors render older women more vulnerable than older men to becoming homeless, a trend that will continue as the baby boom generation ages.”

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3 Ibid.
4 Anne Kisor, and Lynne Kendal-Wilson, “Older Homeless Women: Reframing the Stereotype
that elderly females are subject to are often a result of their lack of planning for retirement. Social security can only do so much for this group of women because they, unlike elderly males, never had the opportunity to acquire a pension or other employer retirement saving plans. This is evidenced by a study conducted by Boston University professor, Judith Gonyea, who found that “social security was 84 percent effective in helping white men escape the official poverty rate... [and for] white women it was 69 percent effective in raising them above the poverty line.” Thus, it appears as though white males are the only group that can consistently use social security to stay above the poverty line.

Physical health and mental illness are also significant issues for elderly homeless women. Sunshine revealed that she was diagnosed with Parkinson’s disease a couple of years ago. The disease not only affects her physical wellbeing, but her mental health as well. As a result of dealing with her failing physical health, Sunshine developed depression. Studies show that Sunshine’s situation is more common among the elderly homeless population than it is among the younger homeless population. One study found that between younger and older homeless populations, “respondents over age 50 were significantly more likely to report a chronic medical condition (85.1% vs. 55.6%), 2 or more medical conditions (59.4% vs. 27.8%), or a mental health condition (74.0% vs. 56.7%).” Although the study does not confirm any causal connection between physical illness and homelessness, the data does show an increased likelihood that the elderly homeless will suffer from physical and mental illness.

The homeless are more likely to have certain degenerative syndromes associated with old age. One study found: “syndromes including functional and mobility impairment, frailty, depression, visual impairment and urinary incontinence were significantly more common in the homeless compared to their housed counterparts.” Many geriatric syndromes result in cognitive impairment to varying degrees. Carl Cohen, Psychiatry Professor at SUNY Downstate


University, found that “cognitive impairment can precipitate homelessness… [with] levels of cognitive impairment [among the elderly homeless ranging] from about 10-25%.”\(^8\) Some data suggests that geriatric syndromes that cause cognitive impairment could, in fact, cause homelessness among those affected. A review of data reports that the cognitive impairment among the housed is “about 2–3%, whereas most studies of the homeless have shown much higher rates reaching 30–40%.”\(^9\) The data available suggests a significant correlation between cognitive impairment and homelessness.

Many geriatric syndromes make it difficult for the homeless to take adequate care of themselves and often cause severe depression. Furthermore, elderly homeless women report mental illness more frequently than elderly homeless males. A study in Baltimore, “found that [50%] of homeless men and [60%] of homeless women aged 50 and older had psychiatric disorders.”\(^10\) Physical and mental illnesses are often debilitating without proper treatment. A study done on Boston’s elderly homeless population reports that “nearly 40 percent experienced major depression, and one-quarter suffered from cognitive decline, primarily impaired executive function (decision-making, planning and judgment).”\(^11\) These statistics mirror Sunshine’s own experiences and beliefs as she attributes her depression to her Parkinson’s disease.

A lack of family support is yet another issue that many homeless women face. Sunshine spoke briefly about how proud she is of her children, but quickly veered to a new topic. An ECHO staff member mentioned that many of the older women staying at the shelter have physical and mental illness that family members cannot handle or do not want to deal with. One study reveals, “Reasons for homelessness were arguments with friends or family members, spousal abuse, family violence, and the lack of social support [reported by] 73.5% [of homeless elderly female respondents].”\(^12\) Some researchers have gone so far as to say that after economic factors, family breakdown and neglect


\(^10\) *Op. Cit.*, fn. 8


are the second major causes of homelessness among elderly women. Jennifer Davis-Berman, a professor of Social Work and the University of Dayton, Ohio, found that “older adults [often tip] into homelessness in later life as unresolved issues continue to mount. Related to this, lack of family support and stressful life events were seen to predict homelessness in older adults in New York.”¹³ Family breakdown is a recurring in elderly female homelessness. Davis-Berman’s studies also suggest “up to one third of older homeless respondents said that they had family with whom they could stay, but that family problems and dissent prevented that from being a viable option.”¹⁴ Elderly women are more likely to become homeless because of a family crisis than their male counterparts are. Thus, the importance of social networks for poor elderly females is vital for remaining housed.

In many of these cases, these women tend to rely on family members until they have exhausted their social networks. Eventually, their temporary housing with family members falls through and elderly women must fend for themselves. Instances of homelessness among this population are worse when family dysfunction in the form of elderly abuse and neglect is a factor. Neglect occurs when caregivers fail or refuse to meet the basic needs of the elderly dependent. For these women, “abuse and neglect can tip the balance from marginal housing to homelessness, supporting studies that indicated that family dysfunction is a significant factor in older women’s homelessness.”¹⁵ Elderly homeless women like Sunshine need care that is both time-consuming and costly. If family networks are unable or unwilling to provide the extensive care needed by women like Sunshine, then those women have no choice but to survive on their own.

The cumulative disadvantages of economic inequality, physical and mental illness, and a lack of family support disproportionately affect elderly homeless women. For many of these elderly women, poverty is a new experience. Like Sunshine, they come from a middle class background and relied on their husbands’ income. For these women, homelessness is a harsh reality of how little social security can actually do to keep them above the poverty line. Most

homeless elderly women face physical conditions, mental conditions, or a combination of the two. These issues make it more difficult for them to find housing in the future. The final straw for this population of the homeless is often a lack of familial support, which can tip them from temporary housing into homelessness. The subpopulation of homeless elderly women may be small but it is growing. The economic basis for their poverty is largely a result of the working norms of their youth. Mental, physical, and familial issues only exacerbate this problem. Sunshine, and other elderly homeless women like her, represents the reality that homelessness is often caused and worsened by things outside their control.