Women's homelessness in Spain: An approach from the perspective of professionals working in social exclusion services

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ENG Abstract: The National Strategy for Combating Homelessness in Spain 2023-2030 places particular emphasis on women's homelessness, highlighting the need for specific measures to address the vulnerabilities of homeless women. This study identifies the characteristics of women who access social exclusion services in Spain, based on the perspective of professionals in the sector. A survey was conducted of 297 support workers who assist women experiencing homelessness, selected from a non-probability convenience sample. The data were analysed using descriptive and bivariate analysis with statistical tests to identify significant differences between variables. The resources that serve women experiencing homelessness vary between centres offering accommodation, centres offering meal services, day centres and other daytime support services, with the majority of women served being middle-aged, single mothers, and mostly immigrants. According to the responses of the professionals, Spanish women have greater issues with addiction and mental health compared to immigrant women. Immigrant women, especially young women, face greater difficulties, such as their irregular administrative status. This study reveals the complexity of women's homelessness and the need for more specific and differentiated approaches in care services. The differences between national and immigrant women, or between different age groups, underscore the importance of designing personalised interventions that address the particular vulnerabilities of each group.
Key words: Women's homelessness; women experiencing homelessness; care network; social exclusion; vulnerability; social exclusion; vulnerability

ES El sinhogarismo femenino en España: una aproximación desde la perspectiva de los profesionales de los recursos de la red de exclusión social

ES Resumen: La Estrategia Nacional para la lucha contra el sinhogarismo en España 2023-2030 pone un énfasis particular en el sinhogarismo femenino, destacando la necesidad de medidas específicas para abordar las vulnerabilidades de las mujeres sin hogar. El presente estudio identifica las características de las mujeres que acceden a los servicios de atención a la exclusión social en España, basándose en la perspectiva de los profesionales del sector. Se realizó una encuesta a 297 trabajadores de recursos que atienden a mujeres sin hogar, seleccionados de una muestra no probabilística por conveniencia. Los datos fueron analizados a través de análisis descriptivo y bivariado con pruebas estadísticas para identificar diferencias significativas entre las variables. Los recursos que atienden a mujeres sin hogar varían entre centro con servicio de alojamiento, centros que ofrecen servicios de restauración, centros de día y otros servicios diurnos, siendo la mayoría de las mujeres atendidas de mediana edad, madres solteras, y en su mayoría inmigrantes. Según las respuestas de los/las profesionales, las mujeres españolas presentan mayores problemas de adicción y salud mental en comparación con las mujeres inmigrantes. En el caso de las mujeres inmigrantes, especialmente las jóvenes, se enfrentan a mayores dificultades, como su situación de irregularidad administrativa. Este estudio revela la complejidad del sinhogarismo femenino y la necesidad de enfoques más específicos y diferenciados en los servicios de atención. Las diferencias entre mujeres nacionales e inmigrantes, o entre distintos grupos de edad, subrayan la importancia de diseñar intervenciones personalizadas que aborden las vulnerabilidades particulares de cada grupo.
Palabras clave: Sinhogarismo femenino; perfil mujer sin hogar; red de atención; exclusión social; vulnerabilidad

Sumario: Introduction. Methodology. Design of the study. Context and study population. Sample and selection criteria. Data collection instruments. Data collection procedure. Data analysis techniques. Ethical considerations. Results. Main characteristics of the women attended according to the surveyed professionals. Typologies of women experiencing homelessness by origin and socio-demographic characteristics. Analysis of women in care according to their addiction and mental health conditions. Substance use and socio-demographic conditions of the women served in the network. Women experiencing homelessness in relation to mental health conditions and socio-demographic characteristics. Discussion. Conclusions. Limitations of the study and future lines. Conflict of interest. References.

Introduction

The National Strategy to Combat Homelessness in Spain 2023-2030 proposes a comprehensive and specific approach to addressing women's homelessness through the implementation of a set of measures aimed at addressing the particularities and vulnerabilities of women in this situation. These vulnerabilities are mainly related to factors such as gender-based violence, the absence of support networks and housing insecurity. Among the main actions planned are strengthening women's access to safe and adequate housing services, reducing the length of stay in temporary accommodation by promoting permanent housing solutions, and ensuring that no woman is evicted without an appropriate housing alternative.

These initiatives are aligned with the principles of the European Pillar of Social Rights, which prioritise prevention, access to housing and the promotion of autonomy as fundamental strategic axes for the eradication of women's homelessness in Spain. The strategy also highlights the importance of deepening knowledge of the characteristics of women experiencing homelessness in order to design more effective interventions based on scientific evidence.

Attention to social exclusion in Spain is articulated through a series of resources and services that seek to address the diverse needs of people in vulnerable situations. These resources are essential to mitigate the effects of poverty and exclusion. In Spain, care for people experiencing homelessness is organised through a variety of specific resources and centres operating in the different autonomous communities. These resources are designed to offer comprehensive support, including accommodation, healthcare, social services and reintegration programmes. The existence of these services is crucial, given that homeless people face multiple challenges that go beyond homelessness, such as mental health problems, addiction and social exclusion (Álvarez et al., 2021; Navarro-Lashayas, 2016).

Although each Autonomous Community in Spain decides on the planning and organisation of its resources for addressing social exclusion, these service catalogues generally include shelters, hostels and day care services. These facilities offer temporary accommodation and basic services such as food, hygiene and healthcare. In addition, specific programmes are developed to promote social and labour market integration, which not only address the problem of lack of housing, but also the psychosocial support needs and training of these individuals for their social and labour market integration.

According to the Survey of Centres and Services for Homeless People conducted by the National Institute of Statistics (INE, 2023), the classification of resources is based mainly on the type of services they provide. However, it is possible to group them in an indicative manner according to the most common services:

a) Accommodation service centres: on the one hand, there are emergency shelters. These facilities are designed to provide a safe and temporary place for homeless people. They usually offer accommodation, food and basic hygiene services. On the other hand, there are hostels, which are resources that provide temporary or emergency accommodation, with less structure than emergency shelters. Sometimes these shelters operate as night shelters.
b) Centres offering meal services: community meal services designed to meet food needs (breakfast, lunch, dinner). In some cases, these services are combined with other social support services.
c) Day centres and other daytime services: daytime care services that provide support during the day, such as access to meals, showers, healthcare and recreational or occupational activities. This daytime care is particularly important for those who cannot or do not wish to spend the night in a hostel or emergency shelter. In addition, in some cases, accommodation facilities close in the morning, forcing residents to leave and seek daytime services.

When analysing the care network in Spain's different autonomous regions and provinces, it is important to note that the quality and availability of these services can vary significantly between the resources available in different territories and even within the same locality. This can influence the effectiveness of support resources for social reintegration.

The categorisation of homelessness according to the ETHOS typology, proposed by the European Federation of National Organisations Working with the Homeless (FEANTSA, 2006), focuses on classifying

the various forms of homelessness and their specific characteristics, considering the variety of situations of residential exclusion. This typology is essential for understanding the complexity of the phenomenon, offering a common European definition and thus enabling the design of appropriate policies and intervention programmes. The main categories of the ETHOS typology and their characteristics are described below:

a) Roofless: this category refers to people who live in public spaces, outdoors or sleep in specific facilities such as shelters or emergency centres, spending much of their day on the streets. This group faces the most severe conditions of exclusion and vulnerability.
b) Houselessness: people in this category reside in temporary accommodation centres but do not have a permanent home of their own. This includes those who are temporarily housed in specific centres, which may be part of the exclusion network, women's care network, mental health network and/or immigrant network.
c) Living in insecure housing: this category includes people who, although they have a home, are at risk of losing it for various reasons, such as lack of income, health problems or family conflicts. This situation of residential insecurity can lead to emotional instability and a progressive deterioration in their quality of life.
d) Living in inadequate housing: this refers to housing situations that, although they provide a roof over their heads, do not meet minimum standards of quality, safety or health, posing a significant risk to the health and well-being of those who live there.

In Spain, 26.5% of the population is at risk of poverty or social exclusion, representing approximately 12.7 million people (EAPN, 2024). This situation is even more serious for women, whose poverty risk rate is 27.5%, compared to 25.5% for men. In addition, women experience greater severe material and social deprivation, at 9.6% compared to 8.4% for men. These data reflect the persistent feminisation of poverty, a phenomenon that highlights the social and economic inequalities that perpetuate women's exclusion and vulnerability, intensifying their cycle of impoverishment (Pearce, 1978).

In recent decades, Spain has experienced a notable increase in the number of homeless people. According to the most recent data from the National Institute of Statistics (INE, 2022) survey on homeless people, 28,552 people were homeless, representing an increase of 24.5% compared to 2012. This reflects not only a lack of housing, but also a complex social network related to poverty, economic vulnerability and social exclusion.

For years, homelessness has been interpreted primarily as a male phenomenon, which has contributed to the specific experiences of women being overlooked. However, recent research shows a steady increase in the number of women in this situation, especially those in middle age who have experienced multiple forms of accumulated social exclusion (Cabrera et al., 2023). In 2012, women accounted for 19.7% of the population experiencing homelessness, and by 2022 this percentage had risen to 23.3% (National Strategy for Combating Homelessness 2023-2030). Despite this increase, women remain a minority group in studies and statistics, not only because of traditional definitions of homelessness that focus on people sleeping on the streets or in shelters, excluding less visible situations such as housing insecurity or inadequate housing (Bretherton, 2017; Mayock and Bretherton, 2016), but also due to the predominance of an androcentric approach in research and resource design. From this perspective, women's specific needs are neglected, which limits their access to services and perpetuates their invisibility within the safety net, especially in the case of immigrant women, whose situation is exacerbated by structural dynamics of discrimination and stigmatisation (Fernández-Martínez and Avilés-Hernández, 2020; Greenwood et al., 2017). This hidden homelessness among women is exacerbated by survival strategies such as living with friends or family or resorting to high-risk options such as sex work (Johnson et al., 2017; Reina et al., 2023).

The lack of specialised services for women experiencing homelessness contributes to their invisibility. Many shelters and support resources are not adapted to the specific needs of women, which generates feelings of insecurity and vulnerability, especially in residential spaces shared with men (Galán-Sanantonio et al., 2022), particularly for those who have suffered gender-based violence or previous trauma (Lewinson et al., 2014). This shortcoming can lead many women to choose to return to abusive relationships or precarious conditions rather than face the risks of mixed shelters, which are often considered unsafe spaces (Benbow et al., 2019). This situation has also been widely reported by researchers in the Spanish context, where the need to incorporate a gender perspective into resources and mechanisms for addressing homelessness has been highlighted (Galán-Sanantonio et al., 2024).

In addition, there is a notable disconnect between the prevalence of problems associated with alcohol and other substance use and the low participation of women experiencing homelessness in treatment programmes. This gap in care is due both to the lack of adapted resources and to the existence of multiple structural barriers, such as stigma, lack of social support and the perception that services do not respond to their specific needs (Guillén et al., 2020).

In recent years, there has been growing interest in raising awareness of the situation of women experiencing homelessness in Spain. Research shows that most of these women are between 45 and 46 years old, are mainly Spanish, single and have children, although immigrant women also represent a significant group (Rodriguez-Moreno et al., 2020; Vázquez and Panadero, 2019). These women are exposed to situations of violence and abuse, in addition to having experienced trauma in childhood and adolescence that affects their physical and mental health (Rodriguez-Moreno et al., 2021; Vázquez et al., 2019).

With regard to the profile of women experiencing homelessness in Spain, data from the INE (2022) indicate that 55.6% of women experiencing homelessness in Spain are Spanish nationals, while 44.4% are

foreign nationals. Among Spanish women, those over 45 years of age predominate, while among foreign women, the most represented groups are young women between 18 and 29 years of age (32.5%) and between 30 and 44 years of age (35.5%).

To better understand this reality, it is essential to investigate women's homelessness from a gender perspective that integrates the views of professionals. Their experience and knowledge can enrich our understanding of this highly invisible group. The aim of this study is to analyse the characteristics and situations of vulnerability of women who access social exclusion services, based on the views of the professionals involved in these services. Unlike other studies focused on understanding the profile of women experiencing homelessness, our purpose is to identify the characteristics of those women who do receive care from these types of services, understanding that they do not constitute a homogeneous group, as their different life experiences are conditioned by multiple structural, contextual and individual factors, as well as multiple vulnerabilities that interact with each other and make them unique.

Methodology

Design of the study

This is a descriptive study with a quantitative approach, based on a survey designed specifically for this study and aimed at the professionals of the resources of the social exclusion care network that attend to women in a situation of homelessness. The aim is to obtain information from the professionals about the characteristics of the users they attend to in their respective resources. In all cases, only one response was collected per resource, and it was completed by a professional representing the centre. Although the study focuses on the resources, the information has been collected through the responses of the professionals who work in them. Therefore, the data reflect the perception of these professionals regarding the characteristics of the women users they attend to.

Context and study population

The target population of this study is made up of women experiencing homelessness who receive direct care in different resources located in Spain. The information has been collected from the professionals who work in these facilities, whose perceptions allow for a qualitative approach to the characteristics, trajectories and needs of the users. In order to locate the different care facilities, an exhaustive mapping was carried out based on the social services care networks available in local entities, autonomous communities and the resources included in the survey on homelessness of the National Institute of Statistics (N=1213). Professionals from both public and private entities were considered, including different types of centres: centres with accommodation services, centres offering meal services, day centres and other basic care facilities.

Sample and selection criteria

Non-probabilistic convenience sampling was used. The professionals of the different resources from which e-mail addresses were obtained were contacted by e-mail (n=548), with subsequent follow-up by mail and telephone to maximise the response rate. Responses that did not meet the study criteria were excluded: centres that do not serve homeless people (117), centres exclusively for men (22) and those that declined to participate (16). After eliminating also the incomplete questionnaires, the final sample consisted of 297 professionals from resources working with homeless women, distributed in all provinces except Ceuta, where the non-existence of this type of resources was reported.

As for the professionals who responded to the survey, 45.6% are social workers, 11.2% educators, 15.8% psychologists, 2% legal professionals, and other less common social science professionals (25.5%). The professionals surveyed have extensive experience in working with these people, most of them (almost 37%) have been working for 10-19 years, 22.8% for more than 20 years, and 24% for less than 5 years.

Data collection instruments

An ad hoc questionnaire, structured in several sections, was used:

- Initial filtering on the type of centre, to ensure the inclusion of resources that work specifically with homeless women.
- Client characteristics. Many resources specialise in specific population sectors, for which they were asked about the main characteristics of their clients, whether they had specific care profiles such as age, family status, origin, whether they were victims of gender-based violence, physical and mental health condition, and criminal record. 'No profile' refers to those resources whose users do not have a specific profile within the categories presented, such as age, family situation, origin, etc., i.e. those resources that do not limit their attention to these particular characteristics.
- Type of resource (centre with accommodation service, centres offering meals, day centres and other day services, etc.) and the characteristics of the resource, such as the type of protocols or actions aimed at improving the conditions of homeless women (access with children, pets, protocols for detecting gender-based violence, etc.).
- Characteristics of the worker responding to the survey, such as gender, work experience with homeless women, degree or speciality and position in the organisation.

Data collection procedure

The questionnaire was distributed by e-mail. Information about the aims of the study and the conditions of participation were included in the invitation message. This information was reiterated at the beginning of the questionnaire, together with aspects of confidentiality, data protection and informed consent. Data collection was carried out in a single, uninterrupted phase.

Data analysis techniques

The data were analysed using descriptive statistics, focusing on frequencies and percentages, in order to characterise both the respondents and the resources and clients they serve. The analysis has allowed us to extract general trends based on the professional experience of those who work directly with this population.

Ethical considerations

Confidentiality and anonymity of all responses were guaranteed. Participation was voluntary, and the objectives of the study, the treatment of the data and the ethical conditions of the process were informed in advance. No personally identifiable data were collected, and current data protection principles were respected..

Results

Main characteristics of the women attended according to the surveyed professionals

Almost half of the services (46%) are mainly occupied by middle-aged women between 40 and 59 years of age, followed by younger women (under 40), who account for 35%. In contrast, only 1% of the services consider serving women over 60 years of age. In relation to family situations, most of the women attended are single mothers, which is 34.7%, followed by women without a family and those who do not fit a specific profile, in both cases with 27%. Among younger women, it is common for them to have dependent children, while from the age of 40 onwards it is more common for them not to have stable family relationships.

In terms of origin, immigrant women are over-represented among the users of these services, reaching more than 45%, despite the fact that they constitute only 5.2% of the population in Spain. On the other hand, 34.1% of the professionals surveyed indicate that native women predominate, while 20% of the resources do not identify a specific profile according to origin (Figure 1).

Figure 1. Characteristics of the women attended to in the resources according to the professionals surveyed
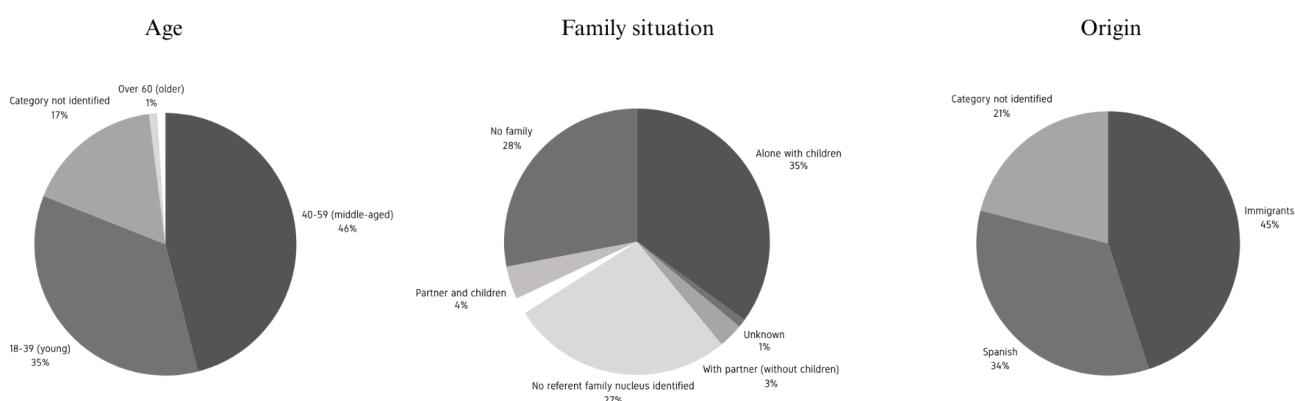
Typologies of women experiencing homelessness by origin and socio-demographic characteristics

Table 1 shows the relationships between the main characteristics of experiencing homelessness among the different resources surveyed according to other socio-demographic characteristics. It is observed that with regard to age, young immigrants experiencing homelessness (53.3%) show a significantly higher proportion compared to Spanish women (16.7%) and those who do not have a specific profile according to origin (21%). Spanish women show significantly higher proportions in the middle-aged group (70.8%) and no significant differences are observed in the group over 60 years of age.

When the resource does not show a specific profile by age, it does not show a specific profile by origin either.

Table 1. Characteristics of women experiencing homelessness according to origin and sociodemographic characteristics

	Spanish	Immigrants	Category not identified	Total
Age				
18-39 (young)	16,70%	53,30%*	21,00%	34,50%
40-59 (middle-aged)	70,80%*	30,40%	41,90%	46,10%

	Spanish	Immigrants	Category not identified	Total
Over 60 (older)	1,00%	2,20%	1,60%	1,70%
Category not identified	11,50%	14,10%	35,50%*	17,70%
Family situation				
No family	26,30%	27,40%	32,30%	28,10%
Alone with children	27,40%	49,60%*	22,60%	36,60%
With partner (with or without children)	13,70%*	6,70%	1,60%	7,90%
Others	0,00%	0,00%	0,00%	0,00%
No referent family nucleus identified	32,60%	16,30%*	43,50%	27,40%
Unknown	0,00%	0,00%	0,00%	0,00%
Substance use/addictions				
Yes	73,50%*	22,00%*	46,80%	44,50%
No	9,20%	37,90%*	12,90%	22,90%
Category of addiction not identified	16,30%*	37,10%	35,50%	29,80%
Unknown	1,00%	3,00%	4,80%	2,70%
Mental health				
Yes	72,40%	33,60%*	62,90%	52,90%
No	13,30%	34,40%*	6,50%	21,30%
No indicators identified	12,20%*	29,00%	29,00%	23,40%
Unknown	2,00%	3,10%	1,60%	2,40%

Family status shows differences in relation to the origin of experiencing homelessness. Table 1 shows that women of immigrant origin have a significantly higher proportion of single women with children (49.6%) compared to Spanish women (27.40%). Spanish women, however, show a profile without family ties (32.6%).

Experiencing homelessness among women of Spanish origin has a significantly higher proportion of addictions (73.5%) and presence of mental health problems (72.4%), in contrast to immigrant women (22% addictions and 33.6% mental health). This data highlights the relevance of this addiction problem among national women.

Analysis of women in care according to their addiction and mental health conditions

Regarding the addiction situation of these women, the professionals responded that 46% of the resources attend to users with drug dependence, while 30.3% do not present drug consumption at the time of being attended to by the devices. In terms of age distribution, women between 30 and 54 years of age are those who show the highest levels of substance dependence, most of whom are of Spanish nationality and present both mental and physical health problems. In terms of health, a significant percentage of women present mental health problems (54.6%) and other health problems in general (53.3%). Among users who do not respond to characteristics previously identified as women presenting health problems, the results are also significant, reaching 23.4% and 29.9%, respectively. In terms of mental health, women over 40 years of age and of Spanish nationality are the group that most frequently present this problem, as well as reporting a more deteriorated general state of health in comparison with foreign women. In all cases, they show physical and mental deterioration when they are attended to in the resources of the social exclusion care network.

On the other hand, the majority of the professionals surveyed (55.1%) do not consider the presence of women with a criminal record to be predominant, this being identified in only 12.8% of the resources. In these cases, they are more often Spanish women with a high percentage of addiction problems.

Substance use and socio-demographic conditions of the women served in the network

Table 2 presents the relationships between socio-demographic characteristics and the presence of addictions in women experiencing homelessness according to the responses collected from the professionals. 56.7% of young women do not have addiction problems, a significantly higher proportion than that observed in women with addiction problems or in those whose characteristics do not fit defined patterns. In the group of middle-aged women (40-59 years) the prevalence of addiction reaches 60.5%.

The data observed in relation to family situation show that women experiencing homelessness without family ties have a higher prevalence of addiction (34.9%), while women living alone with children are grouped

among those who do not have addiction problems (58.2%), with no statistically significant differences being identified among those who live with a partner. The results in Table 1 show a significant correlation in relation to origin. More than half of the women with addictions (55.4%) are of Spanish nationality while 74.6% of immigrant women do not present problematic substance use. It is worth noting that 84.7% of women experiencing homelessness with addictions also have mental health problems.

Table 2. Characteristics of women experiencing homelessness by addiction-related conditions and socio-demographic characteristics

	Yes	No	Category not identified	Total
Age				
18-39 (young)	26,40%	56,7%*	31,00%	35,00%
40-59 (middle-aged)	60,5%*	29,90%	42,50%	47,70%
Over 60 (older)	0,80%	3,00%	1,10%	1,40%
Category not identified	12,4%*	10,40%	25,30%	15,90%
Family situation				
No family	34,9%*	17,90%	26,40%	28,30%
Alone with children	24,80%	58,2%*	36,80%	36,40%
With partner (with or without children)	9,30%	10,40%	3,40%	7,80%
No referent family nucleus identified	31,00%	13,4%*	33,30%	27,60%
Origin				
Spanish	55,4%*	13,40%	18,40%	34,20%
Immigrants	22,3%*	74,60%	56,30%	45,10%
Category not identified	22,30%	11,90%	25,30%	20,80%
Mental health				
Yes	84,7%*	20,90%	31,00%	53,30%
No	9,90%	56,7%*	12,60%	21,80%
No indicators identified	4,6%*	17,90%	55,2%*	23,20%
Unknown	0,80%	4,50%	1,10%	1,80%

Women experiencing homelessness in relation to mental health conditions and socio-demographic characteristics

According to the professionals' answers, the main mental health problems are concentrated in middle-aged women, with 56.5%, while young women are more present in the resources where no specific characteristics related to mental health are identified, also reaching 56.5% (table 3).

In relation to family situations, no significant differences are observed in terms of the presence of mental health problems among women who recognise that they do not have a partner. However, a higher proportion of women without family ties is detected in the resources where cases with mental health problems are treated (35.9%). On the other hand, among single women with children and those attended to in resources where no specific family situation is specified, there is a predominance of cases with no evidence of mental health problems (58.1% and 12.9% respectively).

Finally, with regard to origin, the data are consistent with those shown in Table 1, since 46.1% of Spanish women experiencing homelessness have mental health problems, while 72.6% of immigrant women do not show this problem. In relation to addictions, a similar trend is observed, as 73% of women who present problematic substance use also show indicators of compromised mental health, compared to 61.3% of those who, according to the professionals surveyed, do not present either addictions or mental health problems.

Table 3. Conditions of women experiencing homelessness according to mental health and socio-demographic characteristics

	Yes	No	Category not identified	Total
Age				
18-39 (young)	26,10%	56,5%*	31,90%	34,20%
40-59 (middle-aged)	56,2%*	30,60%	42,00%	47,20%
Over 60 (older)	2,00%	1,60%		1,40%
Category not identified	15,70%	11,30%	26,10%	17,30%
Family situation				
No family	35,9%*	21,00%	18,80%	28,50%
Alone with children	26,80%	58,1%*	39,10%	36,60%
With partner (with or without children)	8,50%	8,10%	5,80%	7,70%
No referent family nucleus identified	28,80%	12,9%*	36,20%	27,10%
Origin				
Spanish	46,1%*	21,00%	17,60%	33,80%
Immigrants	28,6%*	72,60%	55,90%	44,70%
Category not identified	25,30%	6,5%*	26,50%	21,50%
Substance use/addictions				
Yes	73,0%*	21,00%	9,10%	46,40%
No	9,20%	61,3%*	18,20%	22,90%
Category of addiction not identified	17,80%	17,70%	72,7%*	30,70%

Discussion

The aim of this study was to analyse the characteristics and situations of vulnerability of women accessing social exclusion services, from the perspective of the professionals who intervene in the resources. The results show that middle-aged women are the predominant group in social exclusion services, representing 46% of the users. This finding is in line with the trend observed in other studies indicating that visible homelessness in women tends to be more prevalent in middle-aged groups, possibly related to the accumulation of vulnerabilities (Cabrera et al., 2023; Reina et al., 2023; Vázquez and Panadero, 2019). Immigrant women seem to be overrepresented among users of social exclusion services, accounting for more than 45%, although they constitute only 5.2% of the population in Spain. This could be explained by their greater vulnerability, weaker social networks and additional difficulties in accessing other types of specialised accommodation. These circumstances mean that many immigrant women resort more frequently to services such as shelters and homelessness shelters compared to non-immigrant women (Vázquez et al., 2020). One of the findings to highlight is the age difference between Spanish and immigrant women experiencing homelessness. Immigrant women predominate in the 18-39 age group (53.3%), while Spanish women predominate in the 40-59 age group (70.8%). Comparing these data with those of the National Statistics Institute's Survey on experiencing homelessness, we find similarities, as Spanish women are also predominantly over 45 years of age, while foreign women are more represented in the younger age groups (INE, 2022). This could indicate that foreign women experience an earlier entry into situations of social exclusion, while Spanish women, being more represented in older age ranges, could have experienced a more prolonged process of social exclusion, possibly linked to the accumulation of vulnerability factors over time. It is possible that women attending specialised resources in the exclusion care network access them at a later age, showing that they have earlier access to informal rather than formal support. In comparison with national women, these women do not have informal support and it is necessary to resort to institutional resources to cover their most basic needs.

In the case of foreign women, their exclusion seems to be influenced by a combination of factors such as difficulties in accessing the labour market (Villa-Rodriguez et al., 2023), discrimination and stigmatisation (Greenwood et al., 2017), weaker social networks, lower economic resources, language barriers and instability due to their administrative status (Vázquez et al., 2020; Villa-Rodriguez et al., 2023).

Significant differences were found between Spanish and foreign women in relation to family status. Professionals reported that women of immigrant origin had a higher proportion of women with children without a partner compared to Spanish women. This could be partly explained by the fact that immigrant women, being on average younger, are in more active stages of parenting. This is compounded by cultural and economic factors, which reflect realities such as frequent separations during the migration process (Shutes,

2022), the absence of social support networks (Vázquez et al., 2020), the loss or rupture of close family ties and sentimental separations, especially when the woman is outside the labour market or in a precarious situation in it (Baptista, 2010). Furthermore, it is important to note that many immigrant women migrate as a strategy to escape violent contexts and relationships (Matulic Domandzic et al., 2020). As Fernández-Martínez and Avilés-Hernández (2020) point out, immigrant women suffer triple discrimination, as they are women, single mothers and foreigners, which translates into additional difficulties such as lack of family support, problems with residency procedures, and culture shock.

On the other hand, the fact that a considerable proportion of Spanish women do not have stable family ties could be related to the fragmentation of family relationships in particularly complex situations, which would explain the deterioration observed among women experiencing homelessness and their families (Vázquez et al., 2019). These family difficulties could originate from early ages, given that many of these women have gone through traumatic and stressful events during their childhood and/or adolescence (Vázquez et al., 2023).

Regarding the prevalence of addictions and mental health problems, the professionals' responses show a clear distinction between Spanish and immigrant women experiencing homelessness. Spanish women have an addiction profile of 73.5% and mental health problems of 72.4%, compared to immigrant women, whose figures are 22% and 33.6%, respectively. This disparity could reflect a more profound process of deterioration in Spanish women in a situation of homelessness, which is manifested in a greater use of substances as a coping mechanism in the face of adversity. In contrast, although immigrant women also face processes of exclusion, they seem to be less affected by these mental health problems.

Homeless women at higher risk of mental disorders present trajectories marked by the accumulation of stressful life events, especially related to violence, poverty, and the breakdown of family ties, which translates into more precarious living conditions, lower social support, and more deteriorated physical and mental health (Rodriguez-Moreno et al., 2016; Rodriguez-Moreno, Panadero, & Vázquez, 2020). These findings, together with the results of our study, suggest that mental health problems, addictions, and chronification of homelessness are deeply interrelated and reflect life trajectories marked by differentiated deterioration processes among Spanish and immigrant women. These results coincide with those of García-Valverde et al. (2024), who reported that Spanish women experiencing homelessness presented higher rates of consumption, and with those of Vázquez et al. (2020), who found that homeless immigrant women experiencing homelessness showed lower levels of alcohol and psychoactive substance use, as well as less exposure to stressful events and a shorter time on the streets, compared to non-immigrant women, who evidenced a greater chronification of their situation. This could explain, in part, the disparity observed between immigrant and non-immigrant women.

Another factor that could contribute to this difference is that, despite problematic alcohol, tobacco and drug use among homeless women, a limited proportion of them have accessed specific treatment programs (Guillén et al., 2020). It is possible that professionals do not accurately record these figures, as immigrant women, especially those in an irregular situation, face additional barriers in accessing social and health resources (Matulic Domandzic et al., 2020), which could influence the underestimation of treatment cases.

On the other hand, the characterization of these women according to family status shows notable variations. Women without children present more mental health problems compared to those with children. This finding differs from the results of Vázquez et al. (2020), who found that women experiencing homelessness who were mothers presented greater alcohol and drug use, as well as worse physical health, compared to those who were not mothers. From the perspective of the professionals who care for these women, motherhood represents a particularly complex factor. In some cases, fear of losing custody of the children or limitations in accessing available resources with them generates added resistance to seeking help. In others, forced separation or previous loss of custody intensifies emotional distress, negatively affecting mental health and perceived self-efficacy. As previous research in the Spanish context has pointed out, motherhood, far from representing a protective factor, can become a source of distress and suffering that directly affects social exclusion and the possibilities of recovery (Vázquez et al., 2020).

Conclusions

The data from this study allow us to identify complex patterns that highlight the diversity and multiple dimensions of women's homelessness. There are differentiated characteristics between autochthonous and immigrant women in their process of social exclusion, with a more prolonged deterioration in national women related to addictions and health problems, while immigrant women face greater administrative and labor barriers. The lack of a family support network in the case of immigrant women is due to the physical distance of their country of origin and in the case of national women to the deterioration and rupture of family ties.

The differences between autochthonous and immigrant women indicate the need for more specific and differentiated approaches to care and resource design, taking into account the sociodemographic characteristics and particular vulnerabilities of each group.

Limitations of the study and future lines

Although the sample used in the study is representative, it is important to note that the results are conditioned by the specific characteristics of the resources in which the professionals who responded to the questionnaire work. The answers obtained reflect, therefore, the perception of these professionals from the perspective of the resources in which they work as well as their professional experience with these women, which may introduce an institutional bias. This bias may influence the interpretation of the characteristics

and needs of the women attended, as it is conditioned by the organization, objectives and dynamics of the service itself.

Future lines of research could include the study in the analysis of more specific resources included in other ETHOS categories, with the aim of identifying the particular characteristics of women who access resources other than those included in the categories of "homelessness" and "homelessness". This would make it possible to more accurately visualize the phenomenon of women's homelessness in other contexts, broadening the understanding of its dynamics and specific needs.

Conflict of interest

It is declared that there are no conflicts of interest regarding the results obtained or the interpretations proposed.

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