**Input for the Call on Decriminalization of homelessness and extreme poverty from the Special Rapporteur on the right to adequate housing and the Special Rapporteur on extreme poverty and human rights**

The report at hand is a joint contribution by SOMOS Mulheres[[1]](#footnote-2), an association created and run by women who are or have been homeless in the past, the Crescer Association that works for the inclusion of vulnerable population groups[[2]](#footnote-3), and the research project Care(4)Housing - A care through design approach to address housing precarity[[3]](#footnote-4), to the joint report of the Special Rapporteur on the right to adequate housing and the Special Rapporteur on extreme poverty and human rights.  In this report, we aim to highlight challenges that homeless people face in Portugal, and especially in the city of Lisbon. We will specifically focus on the particular constraints women facing homelessness or extreme poverty tend to face in accessing facilities and support.

**Laws or regulations that prohibit begging, eating, sleeping, or performing personal hygienic activities in all or certain public places (please kindly include the wording of these laws and regulations and specify whether they are effectively enforced).**

In Portugal, begging, eating, sleeping, or performing personal hygienic activities in public places as such is not prohibited by law. However, discriminatory regulations exist, such as the Ordinance No. 722/85 of the Republican National Guard that in its Articles 81 and 82 mentions the special surveillance to which nomads, beggars, and “vagrants” are subject to[[4]](#footnote-5). Yet, in practice, there is a significant repression by the police forces. If someone intends to use the public fountains for performing hygienic activities, they will be instantly called out.

Psychological violence by the police towards people sleeping in public places is also very common. Tents or cardboard boxes might be dismantled or broken and taken by the municipal police. The police tend to let tens and cardboard box homes stay longer in places where there are no entrances to residential buildings or hotels. At the Martim Moniz square, people sleeping in tents were told that they can set the tents up during the night but have to took them down during the day. The homeless population sleeping under the Santa Apolonia viaduct is evicted yearly ahead of the street race in Portugal, and they are not allocated any other place to go to, despite the fact that some of them only sleep on mattrasses under the viaduct and thus in another place will not be protected of the rain.

**Laws or regulations that allow the detention or imprisonment of individuals who are unable to pay the fine imposed for petty offences.**

The Article 47 (“Non-payment of fine”) of the Portuguese Criminal Code[[5]](#footnote-6) makes it possible in the case of non-payment of a fine to a) confiscate assets of the convicted person; b) the person can be forced to work for the corresponding number of days; c) if the fine is not paid or replaced by days of work, the person can be imprisoned.

**Comments whether any of these laws and regulations may violate international human rights law.**

The legislation that enables detention of people unable to pay for petty offences is particularly penalising for people who have been able to end their homelessness. This is because of the following: while homeless, people might have fines imposed on them, but as they have no address, it is unlikely that the police will track them down and imprison them for these unpaid fines. When people manage to have access to a home and an address, the situation of the unpaid fines falls on them and they might undergo imprisonment.

**Measures and services available at national, regional or municipal level to support people living in poverty and in situations of vulnerability from having to resort to begging, sleeping, washing, defecating or performing other hygienic activities in public places, because they lack access to employment, social assistance, adequate housing, public showers and toilets.**

In Portugal, three national strategies should be highlighted, which seek to combat poverty, exclusion and various dimensions of precariousness, namely housing and social exclusion: the National Strategy for Combating Poverty (ENCP 2021-2030)[[6]](#footnote-7), the National Strategy for the Integration of Homeless People (ENIPSSA 2017-2023)[[7]](#footnote-8), and the National Strategy for the Integration of Roma Communities (ENICC 2013-2022)[[8]](#footnote-9), with housing being one of their main axes, with strategic objectives. Although at the central level there are clear guidelines, objectives and goals, this does not always have repercussions at the local level.

There are participatory stakeholders’ groups that deliberate on issues related to these strategies, such as the Homelessness Planning and Intervention Units (NPISA) in which the Municipal Police also has representatives. These spaces allow for healthy discussion, training and the possibility of working together towards the same goal. We consider that it would also be important to have someone representing the Attorney General's Office in this space, so that issues related to the criminalisation of poverty could be discussed, which is evident, for example, in the imprisonment of people due to the accumulation of transport fines.

*Poverty and income*

In Portugal, the unemployed should in principle have access to unemployment benefits or, if they have not paid taxes, they should still have access to a small state support, social income for integration (RSI). Yet there is significant proportion of the employed population that are considered as independent service providers, such as self-employed people, freelancers and workers in general, who do not have an employment relationship with any company, which makes them subject to more scrutiny once they become unemployed. In addition, they can only receive RSI 12 months after the last issued invoice.

*Homelessness in Portugal and Lisbon*

The survey carried out within the scope of ENIPSSA (Grupo de Trabalho para a Monitorização e Avaliação da ENIPSSA, 2022)) states that 9,604 people were signalled as being homeless in Portugal, out of which  4,873 ‘roofless’ and 4,731 ‘houseless.’ In the Lisbon Metropolitan Area, the total number of people in this condition was 4,498, of which 1,111 were ‘roofless’ and 3,387 ‘houseless’. In total, 78 per cent of the homeless in Lisbon were male, and 22 per cent female, aged between 31 and 64 years. 23 per cent had been homeless for more than five years. Although the data points to a percentage of 22 per cent of homeless women in AML, the high-risk conditions to which these women are exposed on the street considerably increase their vulnerability.

In addition, the data reflect the fact that ENIPSSA, as well as the Lisbon Municipal Plan for the Homeless (2019-2023), consider only two categories of homeless people: those sleeping rough and in emergency accommodation; and those who are in temporary shelters designated for the homeless. It thus leaves out the ETHOS categories of insecure accommodation and inadequate accommodation, despite the need highlighted by FEANTSA, the European Federation of National Organisations, to use a more inclusive definition of homelessness. The restrictive definition of homelessness leaves out many cases of family homelessness and women’s homelessness, as women, and especially mothers with children, tend to avoid sleeping rough, relying on informal support such as friends or acquaintances or occupying vacant homes to keep them accommodated (Bretherton, 2017; Pleace, 2015). Yet this survival strategy turns against them as due to this practice, they are not considered homeless in the eyes of the state (Saaristo, 2022) and thus are under-represented in homeless statistics.

*Additional constraints faced by homeless women*

In addition to what is generally experienced by people experiencing homelessness, such as lack of family and social support, health problems and substance abuse, women experience additional challenges related to menstrual health, sexual violence and sexual and reproductive health (Homeless Hub, 2023). Overall, women in situations of vulnerability encounter specific barriers to accessing Risk Reduction and Harm Minimisation (RRHM), health and social services, which are supposed to facilitate changes in their life circumstances. With regard to these barriers, they can be considered to be in the following interrelated areas: stigma and structural violence, gender-based violence, criminalisation, lack of services designed specifically for women, violence and trauma, pregnancy and motherhood, sex work, housing and HIV/AIDS (Poole et al, 2010; Shirley-Beavan et al., 2020).

Sex workers and immigrant women are particularly vulnerable to sexual exploitation, as sex work might be demanded in exchange for accommodation.

In Portugal, children cannot stay in a situation of houselessness or rooflessness. Due to the lack of adequate housing responses, a frequent solution has been to separate the families, placing the children in institutions while the mother (or in fewer cases, the father) stays on the street or is accepted into a homeless shelter. These practices further contribute to making the phenomena of female and family homelessness invisible, homeless mothers are forced to hide their homelessness in order not to be separated from their children.

The existence of stigmas associated with people who use drugs, people in prison or with a history of imprisonment and/or who perform sex work, are more penalising for women than for men, due to the still prevailing concept of what is socially acceptable for a woman and a mother (Poole et al., 2010). In this way, a patriarchal vision that is still dominant in society and consequently in health and social services, leads to women and non-binary people in vulnerable situations, with psychoactive substance use, criminal problems and/or sex workers, not only being afraid to go to services, but also putting themselves in situations of greater vulnerability, risk and social exclusion by trying to hide these dimensions of their lives. This stigma and discrimination are also mutually reinforced by wider experiences such as extreme poverty, homelessness, family breakdown and loss of custody of children (Shirley-Beavan et al., 2020).

*Services available for homeless women – homeless shelters, drop-ins, Housing First*

In Portugal, most of the support given to homeless people comes from Non-Governmental Organisations (NGOs), which work closely with the population through providing referrals to social and health responses, providing intimate hygiene products and promoting sexual and reproductive health literacy.

The drop-in facilities in Lisbon are few, and there are no drop-in facilities specifically destined for women. This makes it difficult for many women to frequent these facilities, as they are more prone to violence and additionally, might encounter there a current or an ex-partner who is aggressive and violent.

The shelters for temporary accommodation also tend to cater mainly men, due to the statistical male predominance of the homeless population. There are shelters that separate men’s division from women’s division, but only two of them have clearly separate entrances for men and women. In most shelters, SOMOS Mulheres indicates that it is easy for men to cross to women’s area at night, and women therefore do not feel safe in these spaces. There are currently no specific women-only shelters after Centro de Acolhimento do Lago closed this year.

Housing First responses in Portugal are mostly implemented through partnerships with third sector organisations that work directly with homeless people, such as AEIPS - Associação para o Estudo e Integração Psicossocial; CRESCER - Associação de Intervenção Comunitária; GAT - Grupo de Ativistas em Tratamentos e VITAE – Associação de Solidariedade e Desenvolvimento Internacional. Yet Housing First is also affected by the more general housing affordability crisis in the Metropolitan Areas of the country, aggravated due to the fact that the country has an extremely small percentage of social housing, only 2 per cent. In Lisbon, the figure is slightly bigger, 8 per cent, but still way too small in the face of the current housing crisis. In Portugal, Housing First relies on private landlords from which the NGOs involved in the project rent the dwellings from. In the context of constant rise of rental prices, renting from private landlords becomes increasingly difficult and also unsustainable. The prejudices towards the homeless by some landlords further obstruct the situation.

*Services available for homeless women – hygienic activities*

Homeless people are among the most vulnerable groups in terms of psychosocial, economic, mental and physical health, which stems from a set of inequalities in access to sexual and reproductive health services, access to sexual health information and access to intimate hygiene products (Paisi et al, 2021). These inequalities and barriers have significant negative consequences for the management of the menstrual cycle, as well as on all its related dimensions (Kim, 2021). Difficulty in performing and maintaining intimate hygiene, especially during menstruation, has an impact on physical health, with an increased risk of developing infections and other health complications (Sommer et al., 2022). As a consequence, this population group visits emergency health units more often for gynaecological problems, which in most of which are related to the difficulties experienced during menstruation.

From an economic point of view, this population has very low or non-existent incomes. In order for intimate hygiene to be carried out safely and with dignity, it is necessary to spend an amount of money that is unaffordable for most of these people.

Another major obstacle associated with the experience of menstruation is that many of these people do not have access to proper water and sanitation, which inevitably leads to their intimate hygiene being carried out in public toilets which, apart from being difficult to access, do not guarantee the difficult to access, do not guarantee the conditions of cleanliness and privacy necessary to carry out intimate in safety and dignity. It should be emphasised that people who menstruate identify various barriers to accessing and using public changing rooms. One of the main pointed out is the fact that, for the most part, the employee responsible for the opening and management (delivery of products) of the changing rooms is male, leading to greater exposure, discomfort and feelings of insecurity on the part of people who menstruating when they use them. In addition, there is no public bathroom/shower room in Lisbon that is open 24 hours a day.

Added to this is the difficulty access to and regular change of underwear due to the limited availability of washing facilities for sanitising and reuse. In the city of Lisbon, although there are community laundrettes free of charge to the most vulnerable population, their use requires registration with the local Junta de Freguesia (of which the laundrette is a part), and one of the requirements for registration is the existence of an address on the identification document.

At present, NGOs do not receive funding to support intimate hygiene, so the products they distribute are the result of private or institutional donations, which although they are a very important aid in the fight against inequality, they do not cover and respond to all needs.

In order to keep up with the global trend, the Lisbon Municipal Assembly recently approved the recommendation to distribute reusable menstrual products in schools, in order to combat menstrual poverty in the municipality (Bergonha, 2022).

**To conclude**

Lisbon is witnessing a marked increase in the number of homeless people, including women who, due to a survival strategy and inadequate responses, are less visible and more excluded from community services. The city needs innovative responses for this population that combat their isolation and judgement and stimulate their strength, resilience and perseverance, using those who know their needs best, namely women with lived experience of homelessness, substance abuse, sex work and gender, sexual and structural violence. Market-based strategies housing strategies are proving to fail in providing housing responses to these population groups on an adequate scale.

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