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Document Title: The Experience of Violence in the Lives of Homeless Women: A Research Report

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Document No.: 211976

Date Received: November 2005

Award Number: 2002-WG-BX-0013

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**The Experience of Violence in the Lives of Homeless Women:
A Research Report¹**

Grant # 2002WGBX0013

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September 2005

¹ Final Report submitted to the National Institute of Justice, whose grant support made the research reported here possible. Not for citation, quotation or distribution without permission of the authors. Comments solicited. The views are those of the authors and do not purport to reflect the position of the National Institute of Justice or the United States Department of Justice.

Abstract

Studies investigating the experience of violence by homeless women date to the mid 1980's, but most prior research has been more concerned with establishing the face of violence committed against these extremely vulnerable women than in exploring the risk factors responsible for it. This multi-site statewide study examined the experience of violence among 800 homeless women living in one of four cities in Florida and a comparison sample of approximately 100 men. A significant number of women were victimized in their lifetime, and almost one-quarter of the women indicated that violence was one, if not the main reason they were homeless. In fact almost one third of the sample of women indicated they had left a childhood home due to violence. Rates of sexual, physical and stalking victimization were much higher in this sample compared to the National Violence Against Women Survey, which used the same measures. For the women in this study, childhood experiences of violence were consistently associated with negative outcomes such as alcohol and drug use, depression, and low self-esteem. Moreover, the results of the multivariate analysis indicated that childhood violence significantly increased the risk for adult victimization net of all other factors in the model. In addition, other risk factors included current alcohol use, being divorced or separated, a greater number of children, number of times homeless, and depression. What this analysis tells us is that homeless women are a vulnerable population with childhood violence at the crux of this vulnerability. Minor and Severe violence experienced as a child increased the risk of many of factors (including homelessness) that then were associated with a greater risk for adult victimization. At a minimum, these results suggest that more attention should be paid to the treatment of child victimization and a greater effort should be made to prevent child maltreatment. For the women in our study, these efforts would be too late, however, homeless shelters, may not be equipped to handle the myriad of problems that these women may be dealing with. Shelters, for example appear to be more equipped to handle needs such as healthcare and the immediate issue of housing. However, they may not be prepared to delve deep into the childhood experiences of the women that arrive at their facilities. Without such abilities, homeless women are in danger of repeating the cycle over and over again and putting both themselves and their children in grave danger.

Executive Summary

There is no doubt that homelessness is a serious social problem in the United States, yet there is relatively little information describing the experiences of violence among this population. Moreover, there is little research that uses standardized measurements of victimization types to compare them with samples of individuals who are not homeless. The Florida Four-City Study was designed to overcome many of the limitations of existing research on victimization of homeless individuals. Altogether, 737 women were interviewed. In Orlando, 199 women were interviewed at the Orlando Coalition for the Homeless. In Tampa, 200 women were interviewed at the Metropolitan Ministries facilities. At the I.M. Sulzbacher Center for the Homeless in Jacksonville, 146 women were interviewed and in Miami 192 women were interviewed at the Community Partnership for Homeless Inc. In addition, 91 face-to-face interviews with homeless men in Orlando (but not in the other cities) were also conducted. The primary goal of this study was to develop an understanding of the role of violence in the lives of homeless women and men. The objectives are to determine how many women and men have experienced some form of violence in their lives either as children or adults, factors associated with experiences of violence, consequences of violence, and types of interactions with the justice system. A summary of the findings is presented below.

Major Findings

- Approximately one homeless woman in four is homeless mainly because of her experiences with violence. And while this is about half the more frequently cited “guess” of one in two, it nonetheless underscores the importance of violence in the process by which some women become homeless.
- Homeless women are far more likely to experience violence of all sorts than American women in general, by differentials ranging from two to four depending on the specific type of violence in question.
- Homeless men are also more likely to experience violence of all sorts than American men in general.
- At the zero order, homeless men are more likely than homeless women to be victimized by assault (from any perpetrator) but this difference disappears when relevant confounds are controlled.
- Homeless women are far more likely to be victims of intimate partner violence than homeless men are, and this difference is robust under statistical controls.
- Homeless people of both genders are also frequent perpetrators of crime, although many of the crimes they commit are “survival crimes” or in some fashion drug-related.
- This study provides some evidence that true underlying rates of violence against homeless women vary across cities, even netting out possible confounding factors, casting some doubt on inferences that can be made from single-site studies.

- One reason why the experience of violence is so common among homeless women is that their routine day-to-day activities expose them to potential offenders but do not provide them with capable guardians. Sleeping patterns and routines are strongly related to victimization risks.
- By far the most significant risk factor for violent victimization as an adult is a pattern of physical, emotional and sexual abuse as a child. Indeed, it is apparent in both the quantitative and qualitative components of the study that many of the young girls destined to become homeless adult women have been permanently scarred by their childhood victimizations and have an extremely warped sense of what is normal and acceptable in their relationships with men.
- Victimized homeless women rarely report their victimization to the authorities and even when they do, satisfactory responses are infrequent.
- Establishing causal order in cross-sectional data is always tricky, but among the apparent consequences of violence in the lives of these women are increased substance abuse, emotional distress, and lowered self esteem.

The results from the quantitative portion of the study combined with the qualitative interviews demonstrate that the homeless women taking part in the Florida Four City Study endured various combinations of victimization, homelessness and other traumatic life events and that in many cases, these experiences led the women to feel inconsequential, worthless, isolated and alone. As we have seen many of the processes that work to put homeless people out on the streets can be traced to events, experiences, victimizations and misfortunes that began in early childhood. And certainly, the experience of violence would be high on this list of misfortunes. That many homeless women are homeless because of violence, and many more victims of more violence in a year than many people can expect to experience in their entire lifetimes, does not make homelessness any easier to resolve, but it does, we think, make the resolution all that more urgent.

Chapter 1:

Violence, Homelessness, and Women

In 1985, Dr. John Kelly of the San Francisco Department of Public Health remarked in an essay on trauma among the homeless, “The incidence of sexual assault among homeless women is more than twenty times greater than that of the rest of the population” (Kelly, 1985: 87). In the nearly two decades since, some dozens of studies of physical and sexual violence committed against homeless women have been published. Many of these studies, however, have been more concerned with establishing the *fact* of violence committed against these extremely vulnerable women than in exploring the risk factors responsible for it, the role that violence plays in the etiology and dynamics of homelessness among women, or the consequences of violence in other areas of these women’s lives. *Ad hoc* and thus non-comparable measurement scales, small samples, single-site studies, lack of multivariate analyses, absence of compelling comparison groups, and often-contradictory results have characterized this research. The research project discussed here was designed to overcome many of these limitations.

Review of Relevant Literature

There is an essentially unanimous consensus that the rates of violence against homeless women are high measured against any standard. We reviewed the relevant literature through the early 1990s in *Beside the Golden Door* (Wright et al., 1998) and concluded, “Physical and sexual violence and exploitation are exceedingly common elements in the lives of homeless women and are, indeed, a major precipitating factor for homelessness among women”(p. 155).

To illustrate with some characteristic findings, “women in a New York shelter were 106 times more likely to be raped, 41 times more likely to be robbed, and 15 times more likely to be assaulted than were housed African-American women” (D’Ercole and Struening, 1990). Likewise, a third of the homeless women interviewed by Hilfiker (1989) reported having been raped. Wood et al. (1990) compared homeless Los Angeles mothers to poor but domiciled LA women; the homeless mothers reported more abuse by spouses (35% to 16%) than the comparison group, more childhood physical and sexual abuse (28% to 10%), also more drug use (43% to 30%) and more psychiatric problems (14% to 6%).

Wright et al. (1993) compared victimization experiences of homeless alcohol- and drug-impaired women in New Orleans to the experiences of homeless substance-abusive men. The average woman in that study had been robbed three times in her life, assaulted or beaten up fourteen times, raped five times, victimized by theft fourteen times, and shot at once. Overall, 90% of the women had experienced one or more of these events. And in each case but one, homeless women reported *higher* numbers of victimizations than men (the one exception: men were about twice as likely as women to have been shot at).

More recent studies report similar findings. Browne and Bassuk (1997) studied a sample of homeless women in Worcester, of whom 61% reported having experienced severe violence at the hands of a male partner, significantly higher than the rate reported by poor but housed women in the same city. Likewise, the majority of homeless substance-abusive women studied by North et

al. (1996) acknowledged incidents of violent victimization, both as adults and as children. Similar results are reported in a number of studies from the mid-90s forward (Fisher et al., 1995; Goodman et al., 1995; North et al., 1994; Wenzel et al., 2000, 2001), not just in the US but also in other nations (e.g., Breton and Bunston, 1992; Charles, 1994).

Among the more recent and sophisticated studies yet to appear in this literature is Wenzel et al. (2001), who studied 974 homeless women from 60 shelters and 18 meal programs in Los Angeles County and concluded that 34% had experienced major violence in the year before the interview. Half the women who had experienced any major violence had been assaulted at least twice. Indeed, the average homeless woman in the LA study experienced as much major violence *in a year* as the average American woman experiences *in her entire lifetime* (2001: 746). Thus, the literature shows decisively that **homeless women are victimized by violence at an elevated rate.**

Still, significant issues remain. Wenzel et al. (2001) remark, “Survey research with a focus on homeless women’s issues and concerns remains relatively sparse (...) Studies that have specifically examined violence against homeless women have faced limitations including small sample sizes and interview questions that have required women to label their experiences as assault. The requirement of [having to attach] such a label is less likely to reveal an episode of violence than behavioral indices that ask whether or how often certain experiences occurred” (2001: 739-740). More generally, each study tends to use its own *ad hoc* measures of violence, so comparisons of results across studies are problematic. So far as we have been able to determine, for example, Wenzel et al. (2001) are the only previous researchers who have measured violence against homeless women with the Conflict Tactics Scale (Straus et al., 1979), by far the most widely used standardized instrument in research on violence against women (National Research Council, 1996: p. 14).

Additional problems recur throughout this literature. One is the “compared to what?” problem, namely, with which other group or groups should the victimization experiences of homeless women be compared? Several studies have *no* comparison group and simply report a rate or percentage for one or another sample of homeless women; here, the implicit contrast is with some ideal (but non-existent) state where victimization rates are zero. In some cases, homeless women are compared to homeless men (e.g., Wright et al, 1993; Wenzel et al., 2000); in others, homeless women are compared to equally poor but domiciled women (Browne and Bassuk, 1997; Goodman, 1991; Ingram et al., 1996); in some cases, the comparison is with rates of violence against American women in general (Wenzel et al., 2001).

Each comparison implicitly examines a different causal hypothesis. For example, the comparison to homeless men holds homelessness constant and looks at the effect of gender. Here the implicit theory is that homeless women are victimized at high rates *because they are women* (which would contradict the pattern for the national population, where, except for sexual assault, men are victimized by violence at higher rates than women). The comparison to equally poor but domiciled women holds gender and poverty constant and looks at the effect of homelessness; here the implicit theory is that homeless women are victimized at high rates *because they are homeless*. The comparison with all US women holds gender constant and looks at the combined effect of poverty, homelessness, and other material conditions of a homeless

existence. No study of which we are aware allows for *multiple simultaneous comparisons*, although that seems an obvious next step.

The reported rates of violence against homeless women, while always high, still vary, at times dramatically, from study to study. Published estimates of the percentage of homeless women victimized by violence vary from a low around 30% to a high around 90%. Part of the problem here is that different studies use different time frames (previous six months, previous twelve months, or over the life time). Another part of the problem, as we have already stated, is the widespread use of *ad hoc*, unstandardized, unvalidated measurement instruments. Different studies also analyze different kinds of homeless women: some are based on samples of single homeless women, others on samples of homeless mothers, still others on homeless women in substance abuse or mental health programs, and so on. It is possible, indeed quite likely, that the true rates of victimization vary sharply across subgroups (see below, “risk factors”).

A final potential source of variation in results across studies is that virtually all of them are single-site studies, that is, studies of a sample of homeless women (of whatever kind) in Boston or Worcester or New Orleans or Los Angeles or Baltimore. It is well known that violent crime rates vary dramatically across cities, and yet no cross-city study of violence against homeless women has ever been published (so far as we can tell). How much of the variation in results simply reflects that homeless women in higher-crime cities are victimized at higher rates?

To address some of these problems, we conducted a survey of homeless women in shelters in four Florida cities (Orlando, Tampa, Jacksonville, and Miami), using the Conflict Tactics Scale (as modified by Tjaden and Thoennes, 1999) as the measure of victimization experiences, obtaining both past-year and lifetime estimates of both rates and amounts of violence these women experienced, with multiple simultaneous comparisons to homeless men and to American women at large. Further details on the survey are given in the section on Methodology.

Risk Factors for Violent Victimization

As we have already seen, many homeless women are victims of violence, but some are not. Some of those who are victims are victimized just once or twice, while others are victimized again and again. What variables (“risk factors”) predict which homeless women will be victims of violence and which not? What predicts how much violence a homeless woman will experience?

The literature on risk factors that predispose homeless women to violence is embryonic, suggestive, but highly inconclusive. The most commonly examined risk factor is physical, sexual or emotional abuse in childhood (see, e.g., Browne, 1993; Browne and Bassuk, 1997; Clarke et al., 1997; Gilbert et al., 1997; Goodman, 1991; Schaff and McCane, 1998; Simons and Whitbeck, 1991; Wenzel et al., 2001) and here the findings are very consistent: homeless women who report having been abused as children also report higher rates of violence as adults.

To illustrate the general magnitude of these effects, women in the Wright et al. (1993) study (based on homeless substance-abusive women in New Orleans; N = 164) who said they had been physically abused during their childhood had more lifetime robberies (average of 3.2 vs. 1.7),

more “severe beatings” (10.5 vs. 4.6), more knife stabbings (.31 to .14), and more times being shot at with a gun (1.98 vs. .23) than women who did not report childhood physical abuse. (All these differences were statistically significant.) Similar results were obtained for childhood sexual or emotional abuse. In the Wenzel et al. study, logistic regression analyses showed that women who had been physically abused as children were three times more likely to have suffered major violence within the last year than women with no history of childhood abuse (2001: 745). Other studies report similar-sized effects.

There is much less consensus on *why* childhood abuse would predict adult victimization, either among homeless women or among women in general. Among the factors posited in the literature are low self-esteem, inability to maintain “normal” or “healthy” relationships, an equation among the abused between violence and love or attention, a tendency to seek out abusive relationships, lack of trust, inability to recognize the warning signs of abusive relationships, depression, and substance abuse (see Kaufman Kantor and Jasinski, 1998, for an overview of relevant literature). None of the studies cited earlier of the relationship between childhood and adult abuse among homeless women reports multivariate analyses that even begin to specify the intervening factors in this relationship.

Another commonly examined risk factor for violence among women in general is alcohol and drug abuse (see, e.g., Alexander, 1996; Bennett, 1995; Kilpatrick et al., 1997). Given the high rates of substance abuse characteristic of homeless populations, both male and female (on the order of 50%; see Wright et al., 1998: Ch. 6), it would be surprising if this were not a risk factor for violence among homeless women as well, and, of course, it is (North et al., 1996; Padgett and Struening, 1992; Stein and Gelberg, 1995; Steinbock, 1995; Wenzel et al., 2000; 2001). It has been suggested but not confirmed that the relationship is reciprocal: substance abuse increases the risk of assault (either by making homeless women more vulnerable than they would otherwise be or by exposing them to more dangerous people and environments); assault in turn increases the rate of alcohol and drug abuse (perhaps because abused women use substances as coping mechanisms). Interestingly, in the LA data analyzed by Wenzel, Leake and Gelberg, the relationship between substance abuse and violence was strong in the bivariate results but insignificant in the multivariate analyses. The authors suggest (on the basis of unreported data) that trading sex is the key intervening variable (p. 746). That is, homeless women who abuse alcohol and drugs are more likely to use sex as a survival strategy and as such are also more likely to suffer violence. This is an intriguing finding that begs for replication in other data sets.

Homelessness is less a condition than a process (see Wright, 1988, for an early discussion of the point) and is therefore not “of a piece.” Homeless women (and men) vary dramatically in the length, conditions, nature and severity of their homelessness and these variations also represent plausible risk factors for violence among homeless women (Geissler, et al., 1995; Wenzel, Leake and Gelberg, 2001). Some homeless women have only recently become homeless while others have been homeless for decades. The obvious hypothesis – the more time on the street, the higher the odds of violent victimization (or the greater the amount of violence experienced) – has received some support in the few studies that have examined such factors (see the two studies just cited). Likewise, some women have experienced just one or two episodes of homelessness in their lifetimes, while others have experienced many; “a greater number of distinct lifetime episodes of homelessness ... predicted experience of major violence” in the only study (we know

of) that has examined this factor (Wenzel, Leake and Gelberg, 2001). It is also plausible that homeless women who frequent high-crime areas within their cities (“hot spots”) experience more violence than other homeless women; this seems to be true in the general population (Rodgers and Roberts, 1995) and may also be true for homeless women (North, Smith, and Spitznagel, 1994).

Scholars familiar with the literature on homelessness would have no difficulty conjuring up additional hypotheses relating aspects of homelessness to violence committed against homeless women. Some homeless women spend most of their nights in shelters; others sleep in the streets. It is an obvious guess that the latter experience more violence than the former. Homeless women with male partners (husbands in some cases, boyfriends in some others, simple companions in still others) may profit from male guardianship or suffer from proximity to potentially abusive men. Homeless women with dependent children may have different experiences with violence than lone homeless women. And so on.

One of the fundamental results of research on homelessness in the 1980s was the demonstration that much homelessness is not *chronic* but rather *episodic* (Wright, 1988). While some homelessness (about a quarter) is of the former sort (chronically homeless people, once homeless, tend to stay homeless more or less indefinitely), about half is of the episodic variety (episodically homeless people cycle regularly through episodes of homelessness punctuated by periods of more or less stable housing circumstances). (The remaining quarter are recently homeless for the first time such that no pattern is yet evident.) One might assume that chronically homeless women suffer more continuous exposure to risk and would therefore be victimized at higher rates (or suffer more aggregate violence). On the other hand, the housing circumstances through which episodically homeless women cycle are obviously not stable and may not be particularly functional – quite to the contrary, it is possible (perhaps even likely) that these households are characterized by high levels of domestic violence, which would explain why homeless women are so ready to abandon them. This raises the possibility that the experience of violence is one factor contributing to the cycle of homelessness among women (see below, Violence as a Cause of Homelessness among Women, for more discussion), a common (but largely untested) assumption that we propose to pursue.

One important way in which homeless women differ among themselves is in what they do to survive life on the streets. The effects of various kinds of survival strategies on the experience of violence have been examined mainly among samples of homeless and runaway youth (Tyler, Hoyt and Whitbeck, 2001; Tyler et al., 2001) and to a much lesser extent on homeless women in general (Wenzel et al., 2000, 2001). Trading sex for money, shelter or drugs has been documented as a risk factor for violence in all relevant studies. Another common high-risk activity is panhandling. Some homeless women deal drugs in order to survive; in the Wright et al. study (1993), those that did had higher lifetime violence victimization rates than those who did not.

Some possible risk factors for violence among homeless women that do not appear to have been previously researched include mental illness, criminal histories, and various demographic factors such as age or race. Roughly one third of the homeless have significant psychiatric impairments; the rate of mental illness is higher among homeless women than among homeless men (Wright et

al., 1998). One supposes that mentally ill homeless women are more vulnerable across the board than other homeless women and that they would therefore suffer more violence. About a quarter of homeless people (both genders) have prior felony convictions (most on drug offenses of one or another sort; again, see Wright et al., 1998). Whether those who do are victimized at higher rates than those who do not is an unresearched issue. The effect of race on violence against homeless women has been investigated but with inconclusive results; in some studies, that is, homeless women of color experience higher rates, and in other studies the opposite is true. The general effects of age on victimization are evidently unknown, although studies of young homeless and runaway girls report rampant victimization.

The extant risk factor research on violence against homeless women is, in the words of Wenzel et al. (2001), “limited” and “relatively sparse.” Most of the literature seems consistent with what is known as the “routine activities/lifestyles” theory of criminal victimization (e.g., Hindelang, Gottfreson, and Garofalo, 1978; Cohen and Felson, 1979; Mustaine and Tewksbury, 1998). In this view, victimization (violent or otherwise) results from the lifestyles or daily routines of individuals. These daily routines influence exposure to potential offenders, the victim’s value or vulnerability as a target, and the presence or absence of capable guardians to afford protection. The key insight of the theory is that social context is central in predicting victimization.

It is hard to imagine a “lifestyle” or “social context” more conducive to victimization than homelessness. Homeless people, male and female, spend their days (and nights) in run-down areas of cities, areas where potential offenders are numerous and where exposure to the risk of violence is an everyday commonplace. High rates of substance abuse and psychiatric impairment and long stretches of homelessness increase vulnerability and impair guardianship. Various survival strategies (trading sex, panhandling, drug dealing and the like) increase exposure to risk. And while homeless people may not be high-value targets, the ease with which they are victimized may well compensate for the relatively small “take.” Thus, “routine activities/lifestyles” theories provide a plausible conceptual schematic for research on this topic. To invoke a related metaphor from contemporary criminological theory, homeless people are the “broken windows” of contemporary urban society; where they congregate, predation and disorganization reign.

Violence as a Cause of Homelessness among Women

“Nationally, 50 percent of all homeless women and children are on the streets because of violence in the home.” This passage is from Richard Gelles’ widely circulated “Domestic Violence Factoids” (1995), a compilation of “facts and figures” about domestic violence for which little or no real evidence exists. About this one in particular Gelles remarks, “An interesting factoid stated by [among many others] Senator Biden, but one without any actual published scientific research to support it.”

It is obvious that at least *some* women are homeless because they are fleeing abusive domestic situations and that many homeless women were domestic violence victims prior to becoming homeless. Less obvious is whether prior experience with domestic violence is a *major* direct cause of homelessness among women. That it is has been asserted far more frequently than it has been researched, as Gelles’ comment suggests.

The “Domestic Violence and Homelessness” Fact Sheet published by the National Coalition for the Homeless (1999) cites domestic violence as a “contributing factor” to homelessness among women, itself not a controversial statement. One study cited in the Fact Sheet (Zorza, 1991) reports that “50% of homeless women and children were fleeing abuse.” This is very likely the source of Sen. Biden’s assertion. It is also the high value reported among studies cited in the Fact Sheet (and other studies of which we are aware).

More characteristic is a study of 777 homeless parents in ten cities, of whom 22% reported leaving their last residence because of domestic violence (Homes for the Homeless, 1998). Likewise, a Minnesota study (Wilder Research Center, 1998) found that 19% of homeless women mentioned abuse as one of the “main reasons” they were homeless; the corresponding figure in a Missouri study was 18% (De Simone et al., 1998). Other pertinent studies, not cited in the Fact Sheet but showing similar results, include Metraux and Culhane (1999), Bufkin and Bray (1998), Clarke, Pendry, and Kim (1997), Kannah et al. (1992), and North, Smith, and Kyburz (1996). Results from these studies tend to converge on about one in five as the fraction of homeless women who report domestic violence or abuse as the (or one) reason why they are homeless, certainly a significant percentage but well short of Biden’s one in two.

More interesting than the percentage of homeless women who become homeless because of domestic violence is the potential role that home abuse might play in the cycle of episodic homelessness to which we alluded earlier, the process by which many women cycle in and out of their homelessness. One possible pattern is that women flee abuse and thereby become homeless. Later, once rage subsides and remorse sets in, these women may reconcile with their partners, themselves, and their fate, and move back in, only to suffer another cycle of abuse-homelessness-remorse-reconciliation at a later date, over and over again. Or, equally possible, women are abused, escape to homelessness, eventually link up with another abusive male partner, only to be abused again.

“Process” questions are difficult or impossible to answer definitely with standardized survey items; rather, more flexible, open-ended, qualitative methods are called for. In order to explore in satisfactory depth the contribution of domestic abuse to the pattern of recurring homelessness, we supplemented the survey effort with a qualitative study of 20 homeless domestic violence victims (see below, Methodology, for details). The qualitative portion of the study provided rich contextual detail for the survey results and allowed us to explore other, less easily quantified aspects of violence as experienced in the lives of homeless women. Results from the qualitative investigation are laced throughout this report.

Consequences of Violence

Compared to the other areas of research already reviewed, the literature on what happens to homeless women in the aftermath of violent victimizations is miniscule but intriguing. Several studies (Browne, 1993; Goodman and Dutton, 1996; Goodman, Dutton and Harris, 1997) find that victimization exacerbates psychiatric symptoms, chiefly depression and anxiety – a common response to violence among all women, whether homeless or not (Giles-Sims, 1998). One study (Browne, Salomon and Bassuk, 1999) has examined “the impact of recent partner violence on

poor women's capacity to maintain work." Controlling for various confounds, the result was that poor women who did not experience major partner violence in the previous year were three times more likely than women who did to work at least 30 hours per week in the subsequent six-month period.

There is also limited evidence that episodes of violence compromise the efficacy of substance abuse treatment among alcoholic and drug-addicted homeless women (North et al., 1996) and one PhD dissertation suggesting that violence against homeless mothers negatively affects their parenting skills (Lindsay-Blue, 1999), as it affects the parenting skills of abused women in general (Wolak and Finkelhor, 1998).

One obvious problem in sorting out the effects of violence on homeless women is that many of the "outcome" variables one would want to examine are also risk factors for violence; the cross-sectional surveys that predominate in this literature make it difficult to separate causes from effects. Longitudinal research over years or decades would be ideal but lies beyond the scope of the present study. We were able, however, to identify specific recent experiences with violence in these women's lives (both violence in their former homes and general "neighborhood" or "community" violence) and ask them about things that may have happened to them or that they may have felt immediately after those experiences. Retrospective research of this sort, while falling short of true longitudinal research, at least allows us to identify the temporal ordering of events and to generate potentially interesting causal hypotheses.

Criminal Justice Response

As suggested, homelessness can be the adaptive response of women to battering or other abusive domestic situations, and there is reason to believe (at least as a working hypothesis) that the cycle of domestic violence and the cycle of homelessness are the same cycle at least for some women. It is therefore a plausible hypothesis that *at least some women become homeless because of how the criminal justice system deals with violent victimization in their homes*. Most studies of violence against homeless women have discussed the implications of their results for care providers or for the police, but none (so far as we know) has yet asked samples of victimized homeless women whether their victimizations were reported to the authorities and if so, with what effects or results. Adding the standard "reporting" questions from the criminal victimization surveys to a survey of violence as experienced by homeless women, as we have done, does not by any means constitute the last word on the issue; rather, it constitutes the first.

Conclusions

Our review of the literature indicated that little research has focused on the experiences of violence in the lives of homeless women and that what does exist provides for no clear conclusions about what factors might increase or decrease victimization risk, consequences of this violence, and interactions with the criminal justice system. This study, although still somewhat exploratory, has as its primary goal developing an understanding of the role of violence in the lives of homeless women and men. The objectives are to determine how many women and men have experienced some form of violence in their lives either as children or

adults, factors associated with experiences of violence, consequences of violence, and types of interactions with the justice system.

We hypothesize that the majority of the women in the sample would tell us that they had experienced some type of violence as either a child or an adult. The use of standardized measures that have previously been utilized with community samples will allow us to make comparisons between our sample of homeless individuals and other community samples. Based upon the literature discussing risk factors for violence in community samples, we hypothesize that these same factors will be associated with increased risk for victimization among our sample of homeless individuals. These factors include childhood victimization (of any type), substance abuse, and demographic factors among others. Because we know that being homeless is uniquely different from being housed, we also hypothesize that there will be some factors related to being homeless that will be associated with violence victimization. Using the theoretical framework of Routine Activities Theory, we hypothesize that characteristics of homelessness (e.g. number of times homeless, length of time homeless, locations in which time is spent) will be associated with victimization.

Chapter 2:

The Four-City Florida Survey

Development of the Florida study began with a focus group involving six homeless women in November 2002. One of the study co-principals and two graduate assistants served as moderator and note-takers for the session, whose purpose was to ascertain the issues that were relevant to homeless women and their experiences with violence. This focus group lasted two and a half hours and contributed many themes and perspectives to the process of questionnaire development, which took place over the ensuing several months. The survey instrument evolved through numerous drafts and pretests and was finalized in April 2003. Interviewing training in each of the four sites commenced shortly thereafter, and as soon as training was completed, interviewing began.

Interviewers in each site were recruited from among existing shelter staff – case managers, intake workers, counselors, etc. All our interviewers were highly experienced in dealing with homeless women and their problems, and all took on their interviewing jobs as a supplement to their normal work roles. Our interviewers were largely case managers, who came into contact with issues of victimization on a daily basis. As such, they were already screened, trained, and provided with resources to deal with any personal reactions they might have. Interviewers were paid \$30 for each interview they conducted. Respondents received \$10 for their efforts, and the facility received an additional \$10 to cover overhead costs.

All the training sessions for interviewers took place from 9:30 AM - 5:30 PM. The Orlando training took place on May 3, 2003, with four interviewers participating. Interviewers were advised during training how to deal with shows of emotion or discomfort, including allowing the interviewee to take breaks, demonstrating empathy, discontinuing the interview etc. We also reinforced that if the interview raised any re-victimization or re-traumatization, the interviewee must be referred to the appropriate clinical staff person at the shelter. As part of the training, interviewers were instructed to note non-verbal cues in the margins of the survey instrument. These cues were used as a way to help the interviewer determine whether to probe or how to assess the interviewee's level of discomfort, reluctance or other emotional issues.

On September 11, 2003, there was a refresher training at the Orlando site because the site's interviewers were not producing sufficient interview completions. At that time an additional interviewer was also trained, bringing the total number of interviewers in Orlando to five. The Jacksonville training was held on May 9, 2003 with 3 interviewers, one of whom left the job shortly after. Three interviewers were trained in Tampa on May 15, 2003, and five interviewers were trained in Miami on May 29, 2003. With the exceptions noted, all the interviewers we trained remained on the job through the completion of data collection.

Interviewers were trained to conduct their normal intake process and at that point ask the client if they were willing to participate in a study conducted by the faculty at the University of Central Florida and funded by the Institute of Justice. The purpose of the interview, the clients were told, was to gain insight and understanding into the lives of women (or men) who were experiencing homelessness. Participants were also told they were chosen at random. All

participants signed a consent form that outlined the purpose and goals of the study. In addition, they were provided with a copy of this form if they wanted to refer to it later. The form contained contact information for the study director so that participants with questions could call him.

The survey sample was comprised of about 200 face-to-face interviews with homeless women in each of four Florida cities: Orlando, Tampa, Jacksonville, and Miami (the four largest metropolitan areas in the state). In addition, 100 face-to-face interviews with homeless men in Orlando (but not in the other cities) were also conducted. Homeless men were recruited in the same manner as the women. Interviewers were provided with an additional training on the male survey (which was slightly shorter than the female survey) and were instructed to conduct their normal intake process. During the intake process men were asked if they would like to participate in the project. Finally, an in-depth qualitative study of 20 homeless domestic violence victims was conducted. Women who took part in the qualitative study were recruited by case managers at the Orlando Coalition for the Homeless who had participated in interviewer training. They were asked to identify women at the center who experienced some form of violence. The first 20 women who fit this criterion and agreed to participate were the interviewees for this part of the study. Interviews were arranged by case managers, who set up mutually convenient meetings between one of the study co-principals and the participant in a private conference or sitting room on site at the homeless shelter.

Altogether, 737 women were interviewed. In Orlando, 199 women were interviewed at the Orlando Coalition for the Homeless. In Tampa, 200 women were interviewed at the Metropolitan Ministries facilities. At the I.M. Sulzbacher Center for the Homeless in Jacksonville, 146 women were interviewed and in Miami 192 women were interviewed at the Community Partnership for Homeless Inc. These four facilities made our study possible and we are pleased to acknowledge our gratitude to each of them.

How were homeless women located and selected for interviews?

To select women for the study, we entered into a cooperative agreement with a large, general-purpose shelter for the homeless in each of the four cities. Each of the four facilities provides shelter and other services to some hundreds of homeless people daily, men and women alike. All of the shelters where respondents were solicited are general-purpose homeless facilities, not battered-women's facilities (which would amount to sampling on the dependent variable) and not special-purpose facilities devoted exclusively to teens, to the addicted, or to the mentally ill (which could have introduced possible biases).²

Our initial plan was to interview the first 200 women who came "through the door" of our participating facilities during the data collection period. Recognizing the logistical difficulties of implementing any specific sampling plan in a social service context often characterized by crisis

² We acknowledge our gratitude to Mrs. Jean Worrall of Orlando, whose personal contacts with the shelter operators in each of the four sites accomplished in a matter of days what would have otherwise taken months.

and relative chaos, we allowed for some deviation from this *desideratum*. During interviewer training, however, we stressed the need to *avoid* interviewing just those women who somehow “looked like” victims of violence or those who indicated in an intake interview that they had recent problems with violence. (See the appendix for all interviewer training materials developed for this project.)

Survey Contents

One reason why the literature is a hodge-podge of results is the general avoidance of standardized, validated measuring instruments in favor of various *ad hoc* measures. Our strategy was to use standardized instrumentation wherever possible, modified as necessary and appropriate given our population and hypotheses:

The *Conflict Tactics Scale (CTS)* (Straus et al., 1979), as modified by Tjaden and Thoennes (1998, 1999), was used to measure the occurrence of “major violence” episodes among homeless women and homeless men. The modifications of the scale by Tjaden and Thoennes make it equally useful in measuring violence committed by intimates or strangers (i.e., both domestic and street violence perpetrated against these women). The modified scale also asks about violence experienced both as child and as adult, inquires about the consequences of each episode, and records details on the reporting of each episode and what happened after the event was reported.

In essence, these modifications transform the CTS into a survey instrument similar to that used in the National Victimization Surveys. These modifications not only make the scale more useful in investigating our study hypotheses but also allow comparisons to a national sample of women (Tjaden and Thoennes, 1998). One small modification of the Tjaden-Thoennes victimization items was necessary, namely, follow-ups for the most recent “major violence” episode (or episodes) that ask about mood or behavioral changes in the weeks and months immediately subsequent to the victimization, which allows us to test hypotheses about the consequences of violence in the lives of these women. The CTS has demonstrated reliability and validity.

The *Personal History Form (PHF)* is a standardized instrument widely used in studies of homeless people to record family and background characteristics, housing and homelessness histories, recent residential information, lifetime homeless episodes, most recent homeless episode, and the like. We gained extensive experience with the PHF in the New Orleans Homeless Substance Abusers Project (Wright et al., 1993), where a copy of the instrument may be found. The only significant modifications required for present purposes, other than the deletion of some irrelevant items, were (1) to substitute the Tjaden-Thoennes childhood abuse sequence for the one contained in the PHF (the former is far more detailed and informative); and (2) to expand the allowable responses to the questions about “the reasons people have for leaving their residences” (in all the sequences about why the respondent is homeless) to specifically include intimate partner violence as one possible reason.

The *Addiction Severity Index (ASI)* (McLellan et al., 1992) is a widely used instrument that obtains detailed information on respondent’s medical status, employment and support, drug and alcohol use, legal status, family history and conflict, and psychiatric status. Again, we have extensive experience administering the ASI and have published on its methodological properties

in research on homeless substance abusers (Joyner, Wright and Devine, 1996). Much of the ASI is redundant with items from the PHF and modified CTS and any redundant items were eliminated. Also, not all sections of the ASI are equally relevant to the aims of this research. From the legal status sequence, for example, our only interest is in the items asking about prior convictions (to test the hypothesis that homeless women with criminal records experience more violence than those without). Very little from the medical status sequence is relevant; moreover, most of the items in the section on employment and support that deal with “survival strategies” needed to be supplemented with additional items. (Note: the modifications to the ASI that we implemented make it impossible to compute so-called “ASI Scores” for our respondents.)

Data Analysis Strategy

All of the data from the interviews with homeless men and women were entered into SPSS for statistical analysis. The focus of this report is primarily on the sample of homeless women. All references to the Total Sample refer to the sample of 737 homeless women. Comparisons with the male sample are made where appropriate. Because the survey instrument used with the men did not exactly duplicate the survey instrument used with the women, the analysis of the male sample is described in a separate chapter. Our analysis first began with a general demographic description of the sample of homeless women. Next, we compared the victimization rates for our samples of homeless men and women to national samples. We then examined whether or not there were city by city differences for the sample of homeless women. Because we had a sample of women and a sample of men, we were then able to see if there were gender differences in the experiences of victimization. Using our theoretical framework of Routine Activities Theory, we then examined characteristics associated with being homeless and their association with victimization. Childhood experiences with victimization were then considered as they related to adult victimization experiences. Although our quantitative data did not allow us to make causal inferences for many variables, our qualitative study did allow for exploration of violence as a causal factor for homelessness among women. This was examined in Chapter 8. We then considered the interactions that the men and women in our samples had with the criminal justice system, consequences of violence and finally a multivariate model that considers the multiple factors that may be associated with adult violence victimization. Throughout the report, we use the results of the qualitative study to supplement the findings of the quantitative portion of the study and to provide further illustration of the relationships identified as significant. We also use the qualitative results to illustrate conflicting evidence between what the women described in the survey instrument versus what they described in the in-depth interviews.

The qualitative analysis was conducted by organizing the data around patterns and themes that emerged and then examined for confirming or disconfirming evidence of these patterns.

Demographic characteristics of the sample of homeless women

Education. Virtually every study of homeless people undertaken in the past three decades has reported that the homeless are “surprisingly” well educated, and our study is no exception. Nearly two-thirds of the women in the sample had at least a high school degree (or better) and more than a third had some education beyond high school. And while these numbers lag behind

the Florida population as a whole (among whom in the 2000 Census 79.9% had a high school degree or better and 51.2% had some education beyond high school), the level of educational attainment is still “surprisingly” high considering the level of impoverishment characteristic of the group.

Educational Attainment

	Total Sample (n=737)	Florida Population (2000 Census)
Less than high school	33.9	20.1
High school graduate	31.4	28.7
Some college	26.5	21.8
College degree	8.2	29.4

Racial and Ethnic Make-up. Almost half of the sample of homeless women identified themselves as African American, with white women comprising one-third of the sample, followed by Hispanic-Latina (14.5%). Please note: In our (and most other) studies, respondents can identify as white, black, **or** Hispanic; in the US Census, Hispanics can be of any race (i.e., race and Hispanic status are asked as separate questions). Thus, precise comparisons between our results and those of the Census cannot be made. In the 2000 Census, however, only 14.6% of Floridians were identified as African-American so that group is heavily over-represented in our sample of homeless women, as, indeed, they are in nearly every other study of homelessness ever undertaken (e.g., Burt et al., 2001; Hopper, 2003: Ch. 6; Kusmer, 2001).

Race and Ethnicity	
	Total Sample (n=737)
White	33.7
African American	46.7
Hispanic/Latina	14.5
Asian	0.4
Other	4.4

[Note: All numbers represent percentages]

Marital Status. Lack of familial ties and profound estrangement from kith and kin are widely understood to be among the distinguishing marks of homeless people and a principal reason why people become homeless in the first place (e.g., Wright et al., 1998). Consistent with this understanding, most of the women in our study (79%) had either never married (43%) or were currently divorced or separated from their spouses (36%). Only about one in six was married or cohabiting at the time of the interview. By way of contrast, in 2003, only 24.4% of the US adult population had never married; 58.8% were currently married, and only 10.2% were

separated or divorced. So stable on-going marital relationships are far less common among homeless women than in the population at large.

	Total sample (N=737)
Married	14.7
Cohabiting	2.3
Divorced	24.7
Separated	11.1
Widowed	4.1
Single (N.M)	43.1

[Note: All numbers represent percentages]

Other interesting demographic characteristics of the sample include:

- Of women in the sample who had ever been married, the average number of marriages is 1.4 (standard deviation = .99)
- About 80% of the women in our sample have one or more children; only 20.3% were childless.
- Among women with any children, the average number of children was 2.39.
- The average age at first birth (for those with children) was 19.8 years (standard deviation = 4.3 years).
- One third of our women (31.8%) were born in Florida, virtually identical to the proportion of Florida-born residents in the 2000 Census (32.7%)

Homeless Histories

The women in this sample became homeless, for the most part, in their early thirties and had been homeless for an average of 1.6 years by the time we interviewed them. When they were asked about the longest single period in which they had been homeless, the average was a little over a year.

	Total Sample (N=737)
Age first homeless	33.00 (12.02)
Total time homeless (years)	1.60 (3.36)
Longest time homeless (years)	1.08 (1.68)

[Note: Main entries are means. Standard deviations are in parentheses.]

Who are Respondents Homeless With? We asked the women with whom they were homeless. A majority of the women indicated they were homeless by themselves with the next highest

proportion indicating they were homeless with children. Just over ten percent were homeless with their partners.

	Total Sample (N=737)
% By Themselves	52.7
% With Partner	11.7
% With Children	24.2
% With Both	10.7
% Other	.5

The Association between Violence and Homelessness. We asked each of the women if they were currently homeless because of violence or abuse committed against them by an adult partner in their last residence. Just about three-quarters of the women told us that violence was not a factor in their homelessness. The remaining quarter indicated that violence was either the main reason (14%) or at least one of the reasons why they were homeless (12%). These findings are generally consistent with the empirical literature reviewed earlier, which converges on about one in four or five as the fraction of homeless women who are homeless because of violence.

	Total Sample (N=737)
Violence the main reason for homelessness	13.6
Violence one of the reasons for homelessness	11.9
Violence not a factor in homelessness	74.5

[Numbers are percentages and sum to 100%.]

Health Issues

Health Status. We asked respondents to report on their current health status. It is clear from the table below that a significant proportion of these women were experiencing some type of health problem at the time of the interview. Women were asked to indicate whether they had any chronic medical problems that required special attention or that interfered with their life. As the table indicates, chronic health problems are an issue for more a third of the sample. Overall, more than one-third also reported that they were taking prescribed medication on a regular basis for a medical problem.

Health Care. To find out if the women in our sample were receiving adequate healthcare, we asked them to indicate the last time they had seen a doctor for a regular checkup. Overall, almost all of them had gone to a doctor within the past year. At first glance, this figure seems high. However, the women at the Jacksonville shelter were all provided with a medical assessment when they entered the facility, the Tampa shelter has a pediatric clinic for children and makes referrals for adults, and the Miami and Orlando shelters both partner with local Health Care for the Homeless clinics to provide primary care. Thus, the percentage of respondents recently seen

by a doctor is a result of proactive policies in place at the participating shelters, not a statement about the general accessibility of the health care system to homeless people.

We also asked respondents where they went to get medical or dental care when either they or their children needed it. Almost half reported that they received medical care from a doctor’s office. Just over twenty percent of the women receive their care from a free clinic and just under ten percent go to the Emergency Room for medical care. Approximately ten percent of the women indicated that they could not afford medical care.

Reported Health Problems

	Total Sample (N=737)
% with chronic health problems	39.6
% pregnant	7.9
% on medication	37.2
% saw doctor in past week	20.1
% saw doctor in past month	23.0
% saw doctor in past 6 mos.	24.2
% saw doctor in past year	13.5
% saw doctor more than 1 year ago	16.9
% never seen doctor	0.8
% yearly pelvic	60.6
% receive medical care from doctors office	45.3
% receive medical care from ER	9.5
% receive medical care from a free clinic	21.7
% can’t afford to get care	9.9

Pregnancy Related Abuse. Consistent with the literature on pregnancy-related violence (e.g. Jasinski, 2001) almost one-quarter of the women in the sample indicated that they had been physically abused while they were pregnant. Approximately one-third indicated that they had experienced a miscarriage in their lifetime. Almost one-quarter of the women indicated they had had an abortion.

	Total (N=737)
% Abused while pregnant	23.1
% Miscarriage	32.5
% Miscarriage due to abuse	24.3
% Abortion	24.5

Subjective Health Assessment. In addition to objective questions about health, we also asked the women to subjectively assess their health. The “subjective health status” question we employed was identical to the health question asked in the General Social Surveys (GSS). As the following table indicates, while slightly more than 60% of our sample indicated that their health was good to excellent, the corresponding percentage for the US as a whole is higher (about 76%). So,

homeless women are more likely to be in fair or poor health than the overall population, hardly a surprising result.

	Florida Four City Study	US (GSS)
Health excellent	21.8	32.0
Health good	40.4	44.0
Health fair	28.8	19.0
Health poor	8.8	6.0

Conclusions

An analysis of the demographic characteristics of our sample provides a snapshot of the women who participated in the Florida Four City Study. Our sample was disproportionately African American, primarily single, and not native Floridians. Although the majority of women in our sample reported they had children, most women were homeless by themselves. In addition, most of the women were single and perceived that their health was either good or excellent. Each of these factors will be considered in more detail in this report as they relate to either risk for victimization experiences or consequences of such victimization.

Chapter 3

Victimization of Homeless Men and Women Compared to National Samples

As indicated in Chapter 1, although there is general agreement that rates of violence against homeless women are high, rates vary from study to study, most likely a result of using a variety of measures and samples. Although a comparison with a national sample is not an ideal comparison because of the unique characteristics of homeless women, it is at least a starting point. Furthermore, since we used the same measures of victimization as were used in the National Violence Against Women Survey (Tjaden and Thoennes, 2000), a comparison between our results and those of the national survey is a logical first step. Please note that this table represents victimization by any offender.

Table 3-1: Lifetime Violence Victimization

Type of Victimization	Violence Against Homeless Women Survey		National Violence Against Women Survey	
	Women (n=737)	Men (n=91)	Women (n=8000)	Men (n=8000)
Total Rape	55.9	Not Available	17.6	3.0
Completed	53.9	14.3	14.8	2.1
Attempted Only	22.9 ¹	Not Available	2.8	0.9
Total Physical Assault	72.2	86.8	51.9	66.4
Threw something	46.0	54.9	14.0	22.4
Pushed, grabbed, shoved	62.0	65.9	30.6	43.5
Pulled hair	35.3	7.7	19.0	17.9
Slapped, hit	58.4	50.5	43.0	53.7
Kicked, bit	27.8	30.8	8.9	15.2
Choked, tried to drown	34.5	11.0	7.7	3.9
Hit with object	32.5	49.5	21.2	34.7
Beat up	45.2	48.4	14.1	15.5
Threatened with a gun	20.1	46.2	6.2	13.1
Threatened with a knife	24.9	37.4	5.8	16.1
Used gun	7.4	29.7	2.6	5.1
Used knife	14.3	36.3	3.5	9.6
Rape and/or physical assault	77.7	90.1	55.0	66.8
Stalking	25.4	3.3	8.1	2.2
Any of the above	78.3	90.1	55.9	66.9

[Note: all numbers represent percentages]

¹ This percentage cannot be directly compared to the National survey. In the National survey, the rapes are differentiated between ever completed, and ever attempted *only*. In the VAHW survey, the attempted rape could have happened in addition to a completed rape.

Victimization Experiences of Homeless Women. It is clear from the table that the women in our study were *much more likely* to be victimized than the women in the national survey (NVAWS). More than half of the women in the Florida study reported that they had been victims of completed or attempted rape in their lifetimes. This is more than double the percentage of the women in the national sample. Almost three-quarters of the women in our sample, compared to just over half of the women in the NVAWS, indicated that they had been physically assaulted in their lifetime. What is even more troublesome is that for many of the specific physical assault items, the rate of victimization was on the order of three to four times greater for homeless women than women in general. Approximately one-quarter of the homeless women also reported that they had been stalked in their lifetime, compared to less than ten percent of the women in the NVAWS.

Victimization Experiences of Homeless Men. Both our study and the NVAWS asked men about their victimization experiences, so we are able to compare the two. Again, similar to the victimization reported by homeless women, homeless men are a highly victimized group. The Florida survey did not ask homeless men about attempted rape victimizations, however, they were asked about complete rape, physical assault, and stalking. Homeless men were more likely than men in the NVAWS to report lifetime victimization rates of completed rape, physical assault, and stalking.

Table 3-2: Victimization by an Intimate Partner

Type of Victimization	Violence Against Homeless Women Survey		National Violence Against Women Survey	
	Women (n=737)	Men (n=91)	Women (n=8000)	Men (n=8000)
Rape (attempted and completed)	25.1	Not Available	7.7	0.3
Physical assault	63.0	39.6	22.1	7.4
Stalking	19.8	0.01	4.8	0.6

[Note: all numbers represent percentages of the total respective samples]

Victimization by an Intimate Partner. In addition to general victimization, we also asked about victimization that was perpetrated by an intimate partner. Women in the Florida sample were much more likely to report being raped (either attempted or completed) than were NVAWS women. Moreover, their rates of physical assault were almost three times greater than those reported by women in the national sample. Reports of stalking by an intimate partner were more than four times higher among women in the Florida sample than among women across the US. Reports of intimate partner physical assault were also higher for the men in the Florida sample compared to the men in the NVAWS.

Other victimization findings are interest:

- Of women who were stalked, 79.3% (n=146) were stalked at least once by an intimate partner.²
- Of those women who were raped (attempted or completed), 44.9% (n=185) were raped at least once by an intimate partner.²
- Of those women who were physically assaulted as adults, 87.9% (n=464) were assaulted at least once by an intimate partner.³
- Of those men who were physically assaulted as adults, 45.6% (n=36) were assaulted at least once by an intimate partner.³

² Intimate partner is defined as current or former spouse, a woman or man the respondent lives with or used to live with, or a date/boyfriend.

³ Intimate partner is defined as a female or male partner.

Gender Differences in victimization experiences

Not only were the men and women in our study much more likely to be victimized, there were important gender differences as well. Men were significantly more likely to be physically victimized than women. These differences, however, changed direction when only victimization by an intimate partner was considered. Among men and women who indicated that they had been stalked, raped, or physically assaulted as an adult, a large proportion of them indicated that at least one of the incidents was perpetrated by an intimate partner. There are some important gender differences however, as women were significantly more likely to report that at least one stalking incident and one physical assault incident was perpetrated by an intimate partner.

In addition to the questions comparable with the NVAWS, we also asked the women in our sample to tell us about other types of victimization they may have experienced. On top of the physical, sexual, and stalking experiences that many of the women in our sample reported, many also reported being victims of crimes such as robbery, theft, and assault. Moreover, 14.4% of the women who reported one of these behaviors told us that it happened while they were staying at a homeless shelter.

Table 3-3: Criminal Victimization

Crime	% of Total Sample (N=737)
Victim of Robbery	40.9
Pick-pocketed	10.9
Had things stolen from them	63.5
Been seriously beat up	32.4
Been stabbed or cut with a knife	12.0
Been shot at with a gun	4.3

Women as Perpetrators

We also asked the women in the sample about their experiences as perpetrators of crime and violence. Similar to other research on homeless populations (e.g. DeLisi, 2000; Fischer, Ross, Breakey, 1993), the women in our sample had committed a number of different types of criminal and violent acts. The two most frequently reported criminal offenses were shoplifting and drug possession. Almost one-third of the women indicated they had shoplifted as an adult and almost twenty percent reported having possessed drugs. Far fewer women indicated they had committed such offenses as vandalism, selling drugs, forgery, or a violent crime. It is interesting to note that just under ten percent of the women indicated they had committed the crime of domestic violence and almost five percent indicated they had committed child abuse.

As is typical with most crimes, a much smaller proportion of women were arrested and then convicted for the crimes they did commit. Still, it is notable that six percent of the women who committed domestic violence were arrested and that almost three percent of these women were convicted for that offense.

Table 3-4: Criminal Behaviors Perpetrated by Women (N=737)

In adult lifetime, have you ever done any of the following?	% Yes	Average number of times/ s.d.	Among those who committed offense percent arrested	Among those arrested percent convicted
Shoplifting	27.9	4.1/6.5	57.7	60.0
Vandalism	2.9	2.1/2.4	31.6	33.3
Drug possession	18.2	5.8/10.8	57.3	71.8
Drug selling	6.6	5.3/9.6	45.7	90.5
Public intoxication	10.7	6.0/9.9	38.5	60.0
Loitering	6.7	6.5/12.0	29.8	69.2
Disorderly conduct	7.8	3.8/6.1	65.5	58.3
Forgery	6.3	2.9/7.6	73.9	85.3
Weapons offenses	2.9	1.4/0.6	90.0	64.7
Burglary, larceny	2.1	4.2/6.0	66.7	70.0
Robbery, armed robbery	2.3	1.3/1.0	76.5	69.2
Assault	7.9	3.2/4.2	79.3	54.5
Homicide, manslaughter	.08	1.7/0.8	66.7	100
Driving while drunk	8.7	4.6/7.6	54.8	97.1
Contempt of court	5.3	2.0/3.2	63.2	83.3
Child abuse or neglect	4.8	2.3/3.8	37.1	38.5
Domestic violence	8.2	2.6/6.9	76.3	47.7

Also of interest:

- Only 35 women of 720 who answered the question (5%) were on probation, parole, or community control” at the time of the interview.
- However, nearly half (45%) had spent some time in prison or jail as adults.

In addition to involvement in criminal activities, survival strategies employed by homeless women often include prostitution to trade sex for money, shelter, or drugs. Of course these types of activities put women in risky situations and increase their risk for victimization. In our study only a small proportion of the women indicated that they had worked as a prostitute or as a stripper at some point in their lives. About half of the women who had been prostitutes were prostitutes at the time we interviewed them. What is perhaps more disconcerting, however, is that about a fifth of the women who had worked as a prostitute at some point in their lives had been forced to do so.

Table 3-5: Experience Working as a Prostitute (N=737)

Ever Worked as Prostitute	13.3
Currently Working as Prostitute	7.4
Forced to Work as Prostitute*	22.4
Ever Work as Stripper	11.1
Currently Working as Stripper	2.5
Forced to Work as Stripper**	7.5

[Note: All numbers are percents.]

*As a percentage of those who had ever worked as a prostitute.

**As a percentage of those who had ever worked as a stripper.

Conclusions

Compared to women and men in large national samples, the homeless women and men in our study experienced much higher victimization rates. Moreover, these experiences remained high across different types of victimization. Similar to prior work on homeless populations, the women in our sample were also perpetrators of crime. Particularly noteworthy are the survival strategies used by a large proportion of the women in the study.

Chapter 4:

Does Context Matter? Differences Across Cities

A second possible reason for the generally chaotic state of the literature on the experience of violence by homeless women is that almost all extant studies are single-site studies, and it is certainly possible, indeed likely, that the true underlying rate of violence (against people in general, against women, and against homeless women) varies from one site or one city to the next. Our study was done in four cities specifically so this hypothesis could be examined.

Crime Rate Differences. The table, below, shows 2001 Uniform Crime Report data for the four Florida cities included in the analysis. Measured either by property or violent crime, Jacksonville is the safest of these three cities by a pretty wide margin. Of the remaining three cities, Tampa has the highest violent crime index but by a very small margin over Orlando and Miami; Orlando has the highest property crime rate. All else held constant, and assuming that the violent crime rate is the better indicator for our purposes, this table leads to the expectation that homeless women in Jacksonville will report fewer episodes of violence than homeless women in the other three cities.

UCR Violent Crime Rates in Four Florida Cities
(Source: http://www.bestplaces.net/html/crime_compare.asp)

	Violent Crimes (per 100,000 Population)	Property Crimes
US National Average:	506	3618
Miami	2017	8163
Tampa	2073	8866
Orlando	2059	9671
Jacksonville	1115	5824

Note: Rates are for legal cities, not metropolitan areas or MSAs.

There are, of course, numerous ways in which these four cities and their homeless populations might differ and it is important to explore at least some of them, just to determine what variables need to be held constant in a multivariate analysis.

Demographic characteristics. Differences in educational attainment across the four cities were not statistically significant, but differences in racial composition were. In Orlando, the sample was almost equally split between White and African American women, whereas in Miami, as expected, Hispanic/Latina women made up a larger proportion of the sample.

Table 4-1: Racial/Ethnic Differences Across Four Florida Cities

	Total Sample (n=737)	Orlando (n=199)	Miami (n=192)	Tampa (n=200)	Jacksonville (n=146)
White	33.7	41.3	16.1	38.0	40.7
African American	46.7	41.8	52.1	44.0	49.7
Hispanic/Latino	14.5	14.8	27.1	10.0	3.4
Asian	0.4	1.0	-----	0.5	-----
Other	4.4	1.0	4.7	6.0	6.2

[Note: All numbers represent percentages]

Significant differences found: $\chi^2 = 78.04, p < .001$

The women in Miami were also more likely to be single and the women in Jacksonville were least likely to be single compared to women from the other two cities. Women in Miami were also less likely to be divorced compared to the other women in the sample.

Table 4-2: City Differences in Marital Status

	Total sample (N=737)	Orlando (N=199)	Miami (N=192)	Tampa (N=200)	Jacksonville (N=146)
Married	14.7	14.1	15.1	16.0	13.0
Cohabiting	2.3	0.5	5.2	2.5	0.7
Divorced	24.7	28.1	16.7	26.0	28.1
Separated	11.1	7.7	7.8	12.0	18.5
Widowed	4.10	6.7	2.1	3.0	4.8
Single (N.M)	43.1	42.1	53.1	40.5	34.9

Note: All numbers represent percentages

Significant differences found: $\chi^2 = 38.14, p < .01$

Parental Status of Respondent. In Tampa ninety percent of the women reported that they had a child. Women in Tampa had more children than women in the other three cities and women in Orlando had the fewest. In addition, Orlando homeless women were, on average, older than women from the other cities when they had their first child.

Table 4-3: City Differences in Parental Status

	Total sample (N=737)	Orlando (N=199)	Miami (N=192)	Tampa (N=200)	Jacksonville (N=146)
% With no Children	20.3	27.2	24.6	10.5	19.4
Number of children	2.39 (2.03)	2.05 (1.86)	2.23 (2.26)	2.88 (1.96)	2.42 (1.91)
Age when had 1 st child	19.84 (4.34)	20.36 (4.72)	19.95 (4.78)	19.43 (3.82)	19.72 (4.04)

Entries are means (standard deviations). There are significant differences in the Mean number of children: Tampa and Orlando $p < .001$; Tampa and Miami $p < .05$.

No significant differences for the age when woman had her first child.

Homelessness Histories. Women from Tampa were the youngest (29.97 years) when they first became homeless and women from Jacksonville were the oldest (35.98 years). With the exception of women from Jacksonville, these women were homeless for a total period lasting less than two years. When they were asked about the longest single period in which they were homeless, their responses ranged from just over a half a year (Jacksonville) to over one-and-a-half years (Miami).

Table 4-4: Homeless Histories

	Total sample (N=737)	Orlando (N=199)	Miami (N=192)	Tampa (N=200)	Jacksonville (N=146)
Age first homeless	33.0 (12.02)	33.1 (12.32)	33.8 (12.01) ^a	29.9 (11.40)	35.9 (11.65) ^b
Total homeless (years)	1.6 (3.36)	1.5 (3.29) ^c	1.4 (2.72)	2.3 (4.35)	1.0 (2.30) ^d
Longest time homeless (years)	1.1 (1.68)	0.8 (.842)	1.7 (2.37)	1.2 (1.80) ^e	0.6 (1.10)

There were significant differences in the mean age of first homelessness.

^aTampa and Miami $p < .05$

^bTampa and Jacksonville $p < .001$.

There were significant differences in the total time homeless.

^cOrlando and Miami $p < .01$;

^dMiami and Jacksonville $p < .01$.

There were significant differences in the longest time homeless.

^eTampa and Jacksonville $p < .01$.

We also asked the women with whom they were homeless. Women in Tampa reported that they were more likely than women from the other three cities to be homeless with their partner, whereas women from Orlando were least likely to be homeless with their partner. In fact almost two thirds of the women from Orlando indicated they were homeless by themselves.

Table 4-5: City Differences in Homeless Experiences

	Total sample (N=737)	Orlando (N=199)	Miami (N=192)	Tampa (N=200)	Jacksonville (N=146)
% By themselves	52.7	61.3	51.6	40	59.7
% With Partner	11.7	5.0	15.8	17.5	7.6
% With Children	24.2	26.1	20.0	26.5	24.3
% With Both	10.7	7.5	11.1	16.0	7.7
% Other	.5	-----	1.6	-----	.7

Significant differences found: $\chi^2 = 42.36, p < .001$

Violence and homelessness. We asked each of the women if they were currently homeless because of violence or abuse committed against them by an adult partner in their last residence. Just about three-quarters of the women in all four cities told us that violence was not a factor in their homelessness. The results are remarkably similar across the four cities, and in all cases the proportion of women self-reporting they are homeless as a result of violence is considerably less than the oft-cited 50 percent.

We do not want to minimize the experiences of violence in the lives of these women. Clearly, violence is an important factor in many of their lives. But it is equally important not to exaggerate. In our study, about one woman in four is homeless at least in part because of violence in the home, in general and in each city studied.

Our confidence in this result is increased by the lack of city differences. Further support comes from a recent independent chart review of women at the Coalition facility in Orlando, where 15.2% mentioned at intake that DV was the main reason why they are homeless (Beyer and Wilson, 2005), virtually the same as our result. These results also increase our confidence in our data because it suggests that women were NOT sampled preferentially because of violence histories. Consequently, we believe that our data accurately depict the experiences of violence in the lives of homeless women.

Table 4-6: Violence as a Reason for Being Homeless: Differences by City

	Total sample (N=737)	Orlando (N=199)	Miami (N=192)	Tampa (N=200)	Jacksonville (N=146)
Violence the main reason homeless	13.60	16.30	13.00	15.00	9.00
Violence one of the reasons homeless	11.90	9.20	12.50	13.50	12.40
Violence not a factor in homelessness	74.50	74.50	74.50	71.50	78.60

Although violence may not be the main reason most of these women are homeless, it is certainly clear that different aspects of being homeless are associated with risk for physical and sexual victimization (see following table). Being homeless for longer periods of time and more often was significantly associated with victimization.

Table 4-7: Associations Between Homeless Characteristics and Victimization

	Not Victimized	Yes (Victimized)
Physical Victimization		
Total Time Homeless (In Yrs)	0.76	1.92
Number of Times Homeless	3.42	6.90
Longest Single Time Homeless (Yrs)	0.93	1.13
Sexual Victimization		
Total Time Homeless (In Yrs)	0.88	2.17
Number of Times Homeless	3.27	8.02
Longest Single Time Homeless (Yrs)	0.81	1.24

Note: The columns compare women who were victimized (physically in the top panel, sexually in the bottom panel) with women who were not. Thus, women in the sample who had suffered physical victimization had been homeless for a total of 1.92 years, vs. only 0.76 years for non-victims. These results show an obvious relationship between homeless history and victimization.

Health Status. Chronic health problems are an issue for more than half of the women in Jacksonville and almost half of the women in Tampa, with far lower percentages in the other two sites. No more than ten percent of the women at any of the interview sites were pregnant at the time of the interview. Overall, more than one-third of the women reported that they were taking prescribed medication on a regular basis for a medical problem; however, in Tampa, where a higher proportion of the women indicated they had chronic health problems, almost half of the women were taking prescription medication.

Health Care. Half of the women in Miami had visited a doctor within the week prior to the interview. Just over half (Jacksonville) to two thirds (Tampa) of the women indicated that they get a yearly pelvic exam. Women in Tampa were more likely than women from the other three cities to go to a free clinic for medical care and women from Jacksonville were more likely to report that they could not afford medical care.

Table 4-8: Health Care Experiences Across Four Florida Cities

	Total sample (N=737)	Orlando (N=199)	Miami (N=192)	Tampa (N=200)	Jacksonville (N=146)
% with chronic health problems	39.6	32.6	28.3	46	54.1
% pregnant	7.9	5.8	7.7	9.5	8.9
% on medication	37.2	32.8	36.8	34	48.6
Dr. past week	20.1	10.3	50.0	7.5	12.3
Dr. past month	23.0	23.6	23.1	21	24.7
Dr. past 6 mos.	24.2	26.7	15.6	26.5	28.8
Dr. past year	13.5	19.5	5.9	17.0	10.3
Dr. more than 1 year	16.9	19.5	3.2	25.0	19.9
Never	.8	.5	.5	.5	2.1
% yearly pelvic	60.6	61.0	58.0	67.5	54.1
Med care from doctors office	45.3	37.5	37.5	47.0	56.2
Med care from ER	9.5	7.3	7.3	13.5	11.0
Med care from a free clinic	21.7	13.5	13.5	25.0	15.8
Can't afford to get care	9.9	5.7	5.7	11.0	15.1

Pregnancy Related Abuse. Women from Tampa also reported the highest proportion of pregnancy-related abuse. Approximately one-third of the women in the sample indicated that they had experienced a miscarriage in their lifetime. Again, women from Tampa were more likely than women from the other three cities to report a miscarriage. Between 15.1 % (Jacksonville) and 35.7% (Miami) of the women who had experienced a miscarriage indicated that it was the result of physical abuse. Almost one-quarter of the women indicated they had had an abortion. With the exception of Jacksonville, city differences were minimal.

Table 4-9: Pregnancy Related Abuse

	Total sample (N=737)	Orlando (N=199)	Miami (N=192)	Tampa (N=200)	Jacksonville (N=146)
% abused while pregnant	23.1	20.6	17.8	30.7	22.6
% miscarriage	32.5 (24.3)	27.3 (17.6)	24.6 (35.7)	42.2 (28.6)	36.3 (15.1)
% abortion	24.5	28.6	28.6	28.1	18.6

Health Assessment. When asked to subjectively rate their health, women from Miami were more likely to indicate that their health was good to excellent and women from Jacksonville were least likely to report good health. Other city differences were minimal.

Table 4-10: Subjective Health Assessment by Homeless Women in Four Florida Cities

	Total sample (N=737)	Orlando (N=199)	Miami (N=192)	Tampa (N=200)	Jacksonville (N=146)
Health excellent	21.8	34.0	34.0	16.0	20.5
Health good	40.4	35.6	35.6	46.0	38.4
Health fair	28.8	23.9	23.9	36.5	29.5
Health poor	8.8	6.4	6.4	7.5	11.6

City Differences in Victimization. Although large proportions of the women in our study identified as victims of violence, there were important (and significant) city differences in the overall victimization rates. Women in Tampa were the most likely to report any sexual or physical victimization (89.5%) and women in Miami were the least likely (64.1%). Women from Orlando (79.4%) and Jacksonville (76.0%) were in between.

Unfortunately, these differences do not exactly mirror the patterns of violent crime reported earlier. Tampa has the highest violent crime rate and women from Tampa were indeed the most likely to be victims. On the other hand, Jacksonville has the least amount of crime but Jacksonville women did not report the least victimization – that distinction goes to women from Miami. This pattern suggests that the victimization experiences of homeless women do not depend *entirely* on their city of residence but that city-specific effects may indeed be of some importance.

Are these zero-order city differences robust in the face of statistical controls for variables that we now know to differ across the four locations? We conducted a multivariate logistic regression with victimization as the dependent variable and the following independent variables: marital status, race, city, who the women were homeless with, age they first became homeless, number of times homeless, and number of children. In the regression, the reference group for marital

status was married, the reference group for race was white, the reference group for who they were homeless with was “by themselves,” and the reference group for city was Orlando.

The multivariate results suggest that some demographic factors are “protective” (decreasing the risk for adult victimization) while others act as risk factors (increasing the risk). Being divorced or separated (relative to being married), being homeless more often, and having more children were associated with *increased* odds of victimization as an adult. In contrast, African American and Hispanic women (compared to white women) were less likely to be victimized. Finally, net of all other variables in the model, women from Miami were still less likely to be victims.

Table 4-11: Multivariate Model predicting adult victimization (N=737)

Variable	B	S.E.	Odds Ratio	P Value
Cohabiting	.41	.69	1.51	.550
Divorced	1.08	.38	2.94	.005
Separated	1.49	.53	4.40	.005
Widowed	.99	.68	2.69	.144
Single	.09	.34	1.09	.796
African American	-.48	.25	.62	.052
Hispanic/Latina	-.71	.32	.49	.028
Other	.22	.61	1.24	.724
Miami	-.74	.28	.48	.009
Jacksonville	-.16	.30	.85	.596
Tampa	.15	.30	1.16	.633
Homeless with adult partner no children	.33	.37	1.40	.366
Homeless with children no adult partner	.05	.28	1.15	.867
Homeless with both children and adult partner	-.28	.40	.75	.483
Age first homeless	-.02	.01	.99	.171
Number of times homeless	.37	.11	1.45	.001
Amount of time homeless	.07	.08	1.07	.378
Number of Children	.25	.67	1.28	.000
Constant	.41	.62	1.50	.510

Model Chi-Square: 123.755, P < .001

Nagelkerke R Square: .259

It is, of course, possible that Miami respondents differ from other respondents in factors that we have not measured or have not included in the analysis. The residual effect for living in Miami, that is, may still be spurious. But it might also be real, and if it is, then the implication is that homeless women in different cities experience violence at significantly different rates. *Per se*, this is not a surprising result. Serious students of crime would be far more surprised to learn that all homeless women suffered equivalent levels of victimization regardless of city context. The importance of the finding lies only in the implication for how we interpret victimization results from single-site studies or how we can compare different results as reported from different cities. The possibility of real differences in victimization rates across cities apparently undermines the

value of single-site studies and findings. The implications of these findings for researchers are that extra effort should be made to develop multi-site studies if generalizations are to be made beyond a specific geographical location.

Chapter 5:

Homeless Women and Homeless Men

One of the problems in the literature is a general absence of comparison groups and an important strength, therefore, of the research design for this project is the ability to make comparisons between homeless women and men. For this purpose, a somewhat modified questionnaire was developed and administered to ~100 men who sought shelter at the Men’s Pavilion in Orlando. This facility is on the same site as the Center for Women and Families where our Orlando women were recruited, and both facilities are managed by the Coalition for the Homeless of Central Florida. In this chapter we examine gender differences in victimization and perpetration by men and women.

In the general population, men are more likely to be victims of violence than women. The questions to be raised in this chapter are, first, whether the same is true for homeless people, and if so, then secondly, whether the gender difference is or is not robust in the face of statistical controls for other variables known to differ between men and women in the sample.

Table 5-1: Gender Differences in the Experience of Violence

Lifetime Victimization

Violence Against Homeless Women Survey

Type of Victimization	Women (n=737)	Men (n=91)
Total Rape	55.9	Not Available
Completed	53.9	14.3
Attempted Only	22.9 ¹	Not Available
Total Physical Assault	72.2	86.8
Threw something	46.0	54.9
Pushed, grabbed, shoved	62.0	65.9
Pulled hair	35.3	7.7
Slapped, hit	58.4	50.5
Kicked, bit	27.8	30.8
Choked, tried to drown	34.5	11.0
Hit with object	32.5	49.5
Beat up	45.2	48.4
Threatened with a gun	20.1	46.2
Threatened with a knife	24.9	37.4
Used gun	7.4	29.7
Used knife	14.3	36.3
Rape and/or physical assault	77.7	90.1
Stalking	25.4	3.3
Any of the above	78.3	90.1

[Note: all numbers represent percentages]

Although, as expected, men were more likely to report any lifetime victimization than women, there are important gender differences in the patterns of victimization. Men’s victimization is driven primarily by physical assault, whereas a significant proportion of women were likely to be sexually assaulted or stalked. Within the category of physical assault there are also important gender differences. Women, for example, were more likely to report having their hair pulled, or being choked. In comparison, men were more than three times as likely to report having a gun used against them and just over two times as likely to report a knife attack. Consistent with the different type of victimizations experienced by men and women, women were much more likely to be victimized by an intimate partner.

Table 5-2: Gender Differences in Intimate Partner Victimization

Type of Victimization	Violence Against Homeless Women Survey	
	Women (n=737)	Men (n=91)
Rape (attempted and completed)	25.1	Not Available
Physical assault	63.0	39.6
Stalking	19.8	0.01

Note: all numbers represent percentages of the total respective samples

Gender Differences in Perpetration

In addition to differences in the types of victimization experienced by men and women in our sample, we also considered differences in offenses perpetrated. Our results are consistent with other research on homeless populations. In Wright et al.’s (1998) New Orleans study of homeless alcohol and drug abusers, for example, illegal activities contributed to the largest share of income. These activities included petty crime, theft, drug dealing, and, for the women, prostitution.

In the Florida study, reports of criminal offending were common, but there were some notable gender differences. Men were much more likely to report drug offenses such as possession and sales than were women. In addition, men were more likely than women to report having committed violent offenses such as weapons offenses, armed robbery, and assault. Men were also four times more likely to report that they had perpetrated domestic violence. It is also of note that men were more likely than women to be arrested and convicted for the offenses they committed.

Table 5-3: Crimes Committed by Homeless Men and Women

In adult lifetime, have you ever done any of the following?	Homeless Women (N=737)				Homeless Men (N=91)			
	Yes	Average # of times/ s.d.	Arrested	Convicted	Yes	Average # of times/ s.d.	Arrested	Convicted
Shoplifting	27.7	4.0/6.5	15.3	9.0	56	4.0/4.5	35.2	27.5
Vandalism	2.8	3.0/3.2	0.8	0.3	9.9	3.4/3.7	2.2	1.1
Drug possession	18.0	5.8/10.6	10.2	6.9	53.8	2.9/2.7	47.3	42.9
Drug selling	6.5	5.5/9.4	2.8	2.6	30.8	3.9/4.2	22.0	22.0
Public intoxication	10.6	6.1/9.7	4.1	2.6	19.8	4.6/5.3	14.3	7.7
Loitering	6.6	6.8/11.2	1.9	1.2	18.7	1.9/2.2	15.4	11.0
Disorderly conduct	7.7	4.0/6.0	4.9	2.8	15.4	2.2/2.5	13.2	8.8
Forgery	6.2	3.2/7.5	4.6	3.9	9.9	2.5/3.1	8.8	6.6
Weapons offenses	2.8	2.7/2.9	2.4	1.5	14.3	6.5/14.9	11.0	11.0
Burglary, larceny	2.0	4.6/5.7	1.5	0.9	13.2	1.3/9	12.1	9.9
Robbery, armed robbery	2.3	2.5/2.9	1.8	1.2	13.2	2.4/3.1	11.0	11.0
Assault	7.9	3.4/4.2	6.2	3.3	27.5	3.8/5.8	25.3	16.5
Homicide, manslaughter	.08	4.1/3.7	0.5	0.4	0	0	0	0
Driving while drunk	8.7	4.7/7.5	4.6	4.5	23.1	3.8/6.1	15.4	14.3
Contempt of court	5.3	2.4/3.5	3.3	2.8	19.8	2.5/4.6	18.7	14.3
Child abuse or neglect	4.7	3.1/4.1	1.8	0.7	1.1	refused	1.1	0
Domestic violence	8.1	3.0/6.8	6.1	2.8	33.0	2.2/2.7	31.9	23.1

Table 5-4: Are you currently on probation, parole, or community supervision?

	Homeless Women (n=720)	Homeless Men (n=91)
No	95.0	86.8
Yes	5.0	13.2

[Note: all numbers represent percentages]

Table 5-5: Spent any time in jail/prison as adult?

	Homeless Women (n=720)	Homeless Men (n=91)
No	55.4	9.9
Yes	44.6	90.1

[Note: all numbers represent percentages]

Consistent with greater levels of self-reported perpetration of criminal offenses, men were more likely than women to report currently being supervised by the criminal justice system. It is worth noting that almost the entire sample of men and almost half of the women had spent time in jail or prison. These numbers are much higher than for the US population but are consistent with data from the National Survey of Homeless Assistance, Providers, and Clients (Burt, Laudan, Aron, & Valente, 2001) in which over two thirds of the men and approximately one-third of the women had been in jail for more than five days, state or federal prison and/or a juvenile detention center. According to the US Department of Justice the lifetime chances of a person going to state or federal prison were 11.3% for men and 1.8% for women (Bureau of Justice Statistics, 2005).

Particularly relevant for our sample is the link between victimization and incarceration. In the US more than half of the women in jail were victims of physical or sexual abuse. The women and men in our study are characterized by several of the demographic factors that are associated with incarceration including victimization and racial/ethnic minority status. These factors, together with the distinct possibility that as offenders they relied on representation from public defenders, could account for the disproportionately higher rate of incarceration in our sample compared to the US figures.

Are the gender differences reported above “real” or an artifact of other ways that men and women in our sample differ? Detailed analyses of gender differences in background characteristics and homeless histories revealed that:

- The men are predominantly African American (75%) whereas the women are much more diverse.
- Women, on average, had more children than men.
- A greater proportion of women compared to men reported that they were divorced, widowed, or cohabitating; men were more likely to be married.
- Women, on average were married a greater number of times than men.
- Although both men and women first became homeless in their early thirties, men were homeless an average of one and a half years longer than women, were homeless more often than women, and had longer episodes of homelessness.
- A much higher proportion of men were homeless by themselves. In contrast, women were likely to be homeless with children, an adult partner, or both.
- Although men experience higher overall rates of victimization, women were more likely than men to have left their childhood home due to violence or abuse.
- Subjective health status was about the same for both men and women, but women were more likely to go to a doctor’s office for medical care while men were more likely to go to a free clinic. A larger proportion of women than men indicated that they could not afford medical care.

In regression models predicting experiences with violence holding many of the above factors constant (see below, Tables 11.1 and 11.2), there proves to be **no difference** between homeless men and homeless women in physical assault by any offender, so the zero-order differences reported above wipe out once other confounds are statistically controlled. However, there

remains a large effect for physical assault by intimate partners, with women significantly more likely than men to experience this form of violence, even with other factors held constant.

Conclusions

Many of the men and women that participated in our study reported extremely high rates of victimization and even perpetration of certain crimes. When we looked at differences between the men and women in the sample, there were several obvious ones. First, men reported higher physical victimization rates, whereas women reported higher sexual victimization rates. This is consistent with general patterns of criminal victimization. The gender difference in overall physical victimization, however, disappears when other obvious differences between homeless men and women are controlled.

In addition, men reported somewhat different patterns of offending and much higher conviction rates compared to women. Although the design of our study does not allow us to determine the causal order of offending and victimization experiences, the argument can be made that the activities associated with criminal offending can put individuals at an increased risk for victimization as well. Beyond the gender differences in victimization and offending, however, that mirror those in the general population, the extremely high rates of victimization are perhaps the most noteworthy finding from this portion of the study. Previous research has suggested that victimization is associated with a number of negative consequences and consequently samples of homeless individuals who experience higher levels of victimization are at an even greater risk for these negative outcomes.

Chapter 6: Risk Factors and Routine Activities

Many homeless women are victims of violence, but some are not. Some are victimized only once or twice while others are victimized again and again. What factors explain the differential amounts of victimization homeless women experience?

Most prior analysis has focused on women's early life experiences such as childhood physical, emotional, and sexual abuse as the main explanatory factors (Browne, 1993; Browne and Bassuk, 1997; Clarke et al., 1997; Gilbert et al., 1997; Goodman, 1991; Schaff and McCane, 1998; Simons and Whitbeck, 1991; Wenzel et al., 2001). However, much recent victimization literature has found that lifestyle variables influence victimization risks for both violent and property crime (Mustaine and Tewksbury, 1997). Specifically as it pertains to homeless people, previous research has found that alcohol and drug abuse, prostitution, greater time spent on the street, greater number of homeless episodes, trading drugs for shelter, and panhandling are all predictive of elevated victimization risks (e.g., Alexander, 1996; Bennett, 2005; Geissler, et al., 1995; Kilpatrick et al., 1997; Tyler, Hoyt, and Whitbeck, 2001; Tyler et al., 2001; Wenzel, Leake and Gelberg, 2000, 2001; Wright et al., 1998).

Routine Activity Theory is particularly well suited to an examination of how lifestyles influence risks for violent victimization. This approach is based on two central propositions. First, routine activities create criminal opportunity structures by increasing the frequency and intensity of contacts between potential offenders and suitable targets. Second, the subjective value of a target and its level of guardianship determine the choice of a particular victim by an offender. Both structural aspects of specific environmental contexts (proximity and exposure of offenders to potential victims) and choice (target attractiveness and perceived level of guardianship) are important for understanding the occurrence of criminal events (Miethe and Meier, 1990; Mustaine and Tewksbury, 1997).

As we have already stressed, it is hard to imagine a lifestyle that increases one's contacts with potential offenders in locations that are as conducive to criminal opportunities as those of homeless persons. As such, our purposes in this chapter are two-fold: first to describe in some detail the "routine activities" of the women in the sample, then to examine those activities as predictors of the amount of violence these women experience.

One important aspect of the routine activities of homeless people, one plausibly related to their victimization, is the daily struggle for overnight shelter. Many of the places where homeless people sleep render them easy targets for victimization. Further, it cannot even be presumed that homeless people who spend their nights in indoor shelters are immune to victimization, since many shelters are themselves dangerous places where victimization is a frequent occurrence.

In subsequent tables, we describe the lifestyles and routine activities of our sample of homeless women. Later in the chapter, we examine the effects of these lifestyles and routine activities on patterns of victimization.

To begin, what are the customary sleeping arrangements of the women in the sample? Table 6-1 shows the proportions that spent at least one night out of the prior thirty sleeping in various locations:

Table 6-1: In the month before coming to the shelter, did you spend any nights in the following?

	Yes	No
Indoor public place (movie theater, ER)	5.4	94.6
Abandoned building	6.3	93.8
Car or other private vehicle	12.2	87.8
On the street or some other outdoor place	21.7	78.3
Emergency homeless shelter	21.7	78.3
Shelter for battered women	6.0	94.0
Hotel or motel	29.9	70.1
Your own apartment or house	30.5	69.5
Parent or guardian's apartment or house	14.2	85.8
Someone else's apartment or house	42.1	57.9
In a hospital	8.2	91.8
In a psychiatric or mental facility	5.0	95.0
Alcohol or drug treatment program	3.1	96.9
Jail or prison	4.8	95.2
Any "drink house" or "after hours club"	2.5	97.5
Any crack house	3.3	96.7
Any nights spent with a client (john)	2.9	97.1

Note: All numbers represent percentages in Tables 6-1 through 6-22.

What immediately stands out is the large proportion (42%) who spent their nights at someone else's apartment or house. Almost one-third also spent at least one night in their own apartments or houses and nearly as many had at least one night in a hotel or motel. Also significant, nearly one-fourth of the women had spent at least one night in an emergency homeless shelter or on the street or some other outdoor place. Although the numbers are much smaller, some of these women also stayed in abandoned buildings, alcohol or drug treatment programs, jail, or psychiatric facilities, among others.

Table 6-2: Before you came to the shelter, where did you usually sleep?

At home inside	35.9
At home outside	1.2
Inside the home of a family member or friend	25.2
Outside the home of a family member or friend	2.7
In my car or vehicle	4.0
In someone else’s car or vehicle	1.8
On a sidewalk, bench or under a bridge	5.3
In an abandoned building	3.2
At the bus station	1.1
At the train station	0.5
In a park	2.6
In the bushes	0.8
At a homeless shelter	15.1
At a domestic violence shelter	2.3
Some other place	17.4

Note: Multiple responses were possible.

We also asked women to indicate their *usual* sleeping locations to give us a better sense of their everyday lives. In addition to spending nights with family and friends, women in the sample reported sleeping primarily either at their own place or at the house of a family member or friend. In addition, fifteen percent of the women indicated that their usual sleeping place was a homeless shelter. Although some women reporting sleeping in cars, outside of homes, or in parks, the percentages were relatively small.

The large number who report sleeping in their own places or with family and friends is a useful reminder that most homeless women (and men, for that matter) are **not** chronically homeless, but rather transitionally or episodically homeless. The transitionally homeless are people whose homelessness is a temporary situation, often lasting for a week or less – for example, people who are “between” apartments or who have hit a rough patch in the road and need a few days to a few weeks to get back on their feet. Perhaps as many as three quarters of the homeless fit this pattern. The episodically homeless are people who bounce in and out of stable housing situations. The remainder, the chronically homeless, are people who, once homeless, tend to remain homeless for periods of months to years. They represent perhaps a tenth of the total homeless population but probably consume half the shelter capacity and social services set aside for homeless people.

Table 6-3: During the month before you came to the shelter, how many of your days or nights did you spend in a place where lots of homeless people gathered?

All of them	13.5
Most of them	9.1
About half of them	6.1
Some of them	15.3
None of them	55.9

Table 6-4: During the month before you came to the shelter, how many of your days or nights did you spend in a place where drugs were being bought or sold?

All of them	6.7
Most of them	5.6
About half of them	4.5
Some of them	14.0
None of them	69.2

Table 6-5: During the month before you came to the shelter, how many of your days or nights did you spend in a place where prostitutes were soliciting clients?

All of them	5.3
Most of them	3.1
About half of them	2.2
Some of them	11.6
None of them	77.7

Tables 6-3 to 6-5 provide further details on day-to-day living experiences of the sample. More than four in ten customarily spent time in places where homeless people gathered; just under a third spent at least some days and nights in places where drugs were bought or sold; about a quarter spent some time where prostitutes solicited clients. Needless to add, all of these can be assumed to increase the risks of victimization.

Table 6-6: Before you came to the shelter, where did you usually eat your meals?

At home	34.3
At a homeless shelter	14.6
At a domestic violence shelter	1.9
At a restaurant	17.9
At the home of a family member or friend	24.3
Social services or faith based provider	2.2
Senior citizens center	0.3
Church meal program	6.2
Where ever I can find food	3.6
Soup kitchen	9.1
Garbage bins or cans	0.3
I was often not sure where my next meal was going to come from	4.8
Some other place	10.3

Consistent with their reports of staying with family and friends, about one quarter indicated that before coming to the shelter they ate meals with someone they knew (e.g. family or friend). In addition, about a third of the women ate their meals at their own home. Relatively small proportions ate their meals at social services agencies such as soup kitchens, senior centers or church meal programs in the time period immediately before coming to the shelter. This is further evidence that homeless women are not isolated from people for whom they care.

Table 6-7: During a typical day before coming to the shelter, how much time was spent at the following?

	A lot	Some	Very little	None
At work	25.2	10.5	5.4	59.0
At school	5.1	4.4	5.8	84.6
At a crowded outdoor location	9.5	12.9	17.2	60.4
At an outdoor location that is not crowded	11.4	25.9	21.5	41.3
At a crowded indoor public location	14.2	25.3	18.1	42.4
At a private indoor location	25.2	24.4	14.5	35.8
Traveling from one location to another	23.8	33.8	25.7	16.7

Table 6-8: During a typical evening before coming to the shelter, how much time was spent at the following?

	A lot	Some	Very little	None
At work	14.0	8.5	5.3	72.3
At school	1.3	3.5	4.5	90.8
At a crowded outdoor location	4.3	10.5	13.3	71.8
At an outdoor location that is not crowded	8.3	20.2	15.9	55.6
At a crowded indoor public location	8.5	19.9	15.9	55.7
At a private indoor location	30.8	21.9	12.4	34.9
Traveling from one location to another	11.4	24.2	29.9	34.4

To assess the types of locations where the women spent their typical days and evenings before coming to the shelter, we asked an assortment of questions results from which appear in Tables 6-7 and 6-8. During a typical day, these women, in general spent most of their time at school, at crowded outdoor locations, at private indoor locations, and at work. Certainly this indicates that prior to becoming homeless, the majority of these women were engaging in activities to support themselves (and their families) and support their efforts at self-sufficiency.

Tables 6-9 and 6-10 report results from questions asking about problems and general social disorganization in the places where these women spent their average days and nights. Prior to becoming homeless, most of the women in this sample did not feel that they spent time during a typical day or evening where there were relatively serious social and community problems. In all cases, less than one-third of the sample reported serious problems in any of the specific areas we asked about:

Table 6-9: How serious was the following during a typical day before coming to the shelter?

	Not serious	Somewhat serious	Very serious
Trash and litter lying around	62.3	21.1	16.6
Neighborhood dogs running loose	69.5	19.1	11.4
Inconsiderate or disruptive neighbors	61.7	22.7	15.6
Vacant houses and unkempt lots	69.7	14.8	15.5
Too much noise	59.4	21.3	19.3
Unsupervised youth	60.2	17.6	22.2
People drunk or high in public	51.7	20.9	27.4
Abandoned cars or car parts lying around	73.5	14.8	11.5

Table 6-10: How serious was the following during a typical evening before coming to the shelter?

	Not serious	Somewhat serious	Very serious
Trash and litter lying around	65.3	20.8	15.7
Neighborhood dogs running loose	68.0	17.9	13.9
Inconsiderate or disruptive neighbors	59.8	23.9	16.3
Vacant houses and unkempt lots	69.1	15.6	15.3
Too much noise	56.9	23.7	19.3
Unsupervised youth	61.8	17.3	20.8
People drunk or high in public	53.6	19.5	26.7
Abandoned cars or car parts lying around	73.6	13.9	12.4

During a typical day, the most common problem reported was “people drunk or high in public” (27% very serious), followed by “unsupervised youth” (22% very serious). Slightly lower proportions said they spent time in locations with too much noise and with inconsiderate or disruptive neighbors. And likewise during a typical evening.

Tables 6-11 and 6-12 report data that help us identify the neighborhood structures where homeless women spent time before coming to the shelter, another element in describing their lifestyles. Regarding their typical day, the highest proportions of women spent time in locations where there were convenience stores, grocery stores, churches, and neighborhoods made up primarily of homes (all with over 70% so indicating). And again, likewise for the typical evening. The types of structures that were least likely to be in the locations where the women spent a typical day or evening were places where there was gang graffiti or gang activity, a gathering place for prostitutes, a high school, and a nightclub.

Table 6-11: Which of the following was nearby a typical place where you spent a homeless day before coming to the shelter?

	Yes	No
Grocery store	75.7	24.3
Interstate hwy	55.5	44.5
Public park or playground	59.9	40.1
Fast food restaurant	68.6	31.4
Sit down family restaurant	50.1	49.9
Elementary school	44.2	55.8
Liquor store	43.5	56.5
Fire station	31.7	68.3
Nightclub	26.0	74.0
Convenience store	73.3	26.7
Apartment complex	64.6	35.4
Neighborhood of houses	76.0	24.0
Church	71.9	28.1
Location with gang graffiti or gang activity	19.8	80.2
Police station	33.7	66.3
High school	25.6	74.4
Neighborhood bar or tavern	32.6	67.4
Gathering place for prostitutes	24.4	75.6
Gathering place for drug dealers	37.0	63.0
Gathering place for neighborhood youth	34.9	65.1

Table 6-12: ...a homeless evening...?

	Yes	No
Grocery store	74.0	26.0
Interstate hwy	53.7	46.3
Public park or playground	58.2	41.8
Fast food restaurant	67.1	32.9
Sit down family restaurant	48.4	51.6
Elementary school	43.0	57.0
Liquor store	43.6	56.4
Fire station	31.1	68.9
Nightclub	28.3	71.7
Convenience store	70.8	29.2
Apartment complex	62.5	37.5
Neighborhood of houses	73.0	27.0
Church	68.3	31.7
Location with gang graffiti or gang activity	21.7	78.3
Police station	32.9	67.1
High school	25.6	74.4
Neighborhood bar or tavern	32.0	68.0
Gathering place for prostitutes	26.7	73.3
Gathering place for drug dealers	38.3	61.7
Gathering place for neighborhood youth	33.2	66.8

Table 6-13: How often during a typical day do you encounter groups of people hanging out on the street?

Always	41.6
Sometimes	23.2
Rarely	16.7
never	18.5

In addition (Table 6-13), most of the women reported frequent encounters with groups of people hanging out on the street during the day.

Table 6-14: Do you spend most of your days indoors or out?

Indoors	56.2
Out of doors	34.2
No regular pattern	9.6

Table 6-15: Do you spend most of your evenings indoors or out?

Indoors	73.5
Out of doors	18.3
No regular pattern	8.2

Just over half of the women in this sample reported that they spent their days indoors while a much higher percentage reported spending their evenings indoors. It is likely, given patterns noted above in Tables 6-7 and 6-8, that when the women were indoors they were at home, work, or school. Correspondingly, when they were out of doors they were likely to be traveling from one location to another or spending time in out door locations, some of which were not crowded and some of which were.

Table 6-16: With whom do you typically spend your holidays?

With parents	3.8
With children	16.8
With family members	25.7
With partner or spouse	10.2
With friends	6.5
Alone	18.1
In jail	0.4
At church	1.0
With multiple family members	14.0
With multiple people non family	0
Multiple places	3.5

[Note: all numbers represent percentages]

Several lines of data summarized above make it plain that many or most of the homeless women in this sample do not live in abject isolation, apart from any social support networks. A significant proportion of them have some type of more or less regular contact with family and friends. Holidays are no exception (Table 6-16). One quarter of the women indicated they typically spent holidays with their family members. Another ten percent spent holidays with their partner or spouse, and an even greater proportion (17%) spent holidays with children. At the same time, 18% said they typically spend holidays alone.

Table 6-17: During the day how often do you travel from one location to the next?

Several times a day	39.9
1-2 times a day	36.0
Infrequently	12.1
Rarely	10.5
Never	1.5

Table 6-18: During the evening how often do you travel from one location to the next?

Several times a day	13.0
1-2 times a day	24.7
Infrequently	13.2
Rarely	31.8
Never	17.4

Although many of the women in the sample told us they had places to sleep and eat, this does not imply they are not part of a mobile population. In fact, about three quarters of the women reported they travel from one location to the next at least once a day and a little over one third reporting traveling at least once from one location to the next in the evening.

Table 6-19: During the day how do you usually get from one location to the next?

On foot	23.2
Drive myself in private transportation	14.0
Someone else drives me in private transportation	4.8
Public transportation	38.2
Cab	0
Bicycle	0.1
Hitchhike	0.1
Other	0.5
Multiple ways	7.7
Public transportation and on foot	11.4

Table 6-20: During the evening how do you usually get from one location to the next?

On foot	26.9
Drive myself in private transportation	13.8
Someone else drives me in private transportation	9.9
Public transportation	29.7
Cab	0.3
Bicycle	0.1
Hitchhike	0
Other	3.9
Multiple ways	6.4
Public transportation and on foot	9.1

In the daytime, when the women in the sample traveled from one location to the next, most of them used public transportation or walked. None of the women reporting taking a cab to get around and only a fraction reporting hitchhiking, biking, or having someone else drive them. Similar patterns are evident for travel at night with the exception that a higher proportion of women get from one place to the next in private transportation (their own or someone else's). Most of the women, however, report using public transportation.

Table 6-21: During the day when you go from one location to the next, who are you with?

I am alone	54.0
My children only	16.9
My adult partner only	9.5
My adult partner and my children	6.2
Friends	8.2
Other	2.5
Multiple answers given, no regular pattern	2.7

Table 6-22: During the evening when you go from one location to the next, who are you with?

I am alone	41.6
My children only	20.1
My adult partner only	11.7
My adult partner and my children	8.4
Friends	11.2
Other	5.3
Multiple answers given, no regular pattern	1.8

When women in the sample go about their day to day business, over half of them are alone and a much smaller proportion report being with their children. Similarly when going about their business at night, women travel primarily alone or with their children. In contrast to daily travel, a higher proportion of women traveled at night with friends and adult partners.

Having described the daily routine activities of these women, we can now turn to the real strength of routine activity theory which is the identification of and explanations for which types of daily routines are the most risky. Lifestyles that are significantly related to victimization are an important element in the experience of violence that is part of the lives of homeless women.

When assessing routine activity theory, most recent scholars have gauged not just where people spend their time, but the conditions and types of people that are present in these locations. Specifically, where people spend their time and who is present in those locations are indicators of the degree to which someone’s daily routines put them at risk for victimization. Further, some of the activities in which people engage can influence their suitability as a target and their ability to protect themselves. Below, we discuss the results of the analyses we conducted to assess which types of lifestyles influenced these homeless women’s victimization risks. The significant relationships we uncovered are summarized in Table 6-23.

Table 6.23: Summary of lifestyle factors significantly associated with risk of victimization by violence.

Lifestyle Activity	Pearson Chi-Square
Prior to coming to the shelter, spent more days in locations:	
Where drugs were being bought or sold	13.43*
Where prostitutes were soliciting clients	34.13*
Did not sleep at home or home of family member	11.47*
Slept in a vehicle	5.18*
Slept inside a foreign location	11.47*
Slept at a shelter	5.80*
Current homeless lifestyle:	
Spent bulk of evening indoors	8.33*
Spent less time at work - day	8.38*
Spent less time in indoor crowded location - day	8.63*
Spent more time traveling from one location to another - day	25.43*
Spent less time at work – evening	10.40*
Spent more time traveling from one location to another – evening	16.65*
Spent less time in private indoor location – evening	8.15
Being an offender in criminal behavior	79.64*

* $t \leq .05$

To begin, one important assessment for routine activity theory is the concept that where people go is important in the determination of their victimization risks because people who spend time away from home or in the vicinity of “hot spots” or other locations where the risks are higher are more likely to be victims of criminal violence because they are in closer proximity to potential offenders. We found that women who, prior to coming to the shelter, spent more days in locations where there were drugs being bought or sold and in places where prostitutes were soliciting clients were more likely to be victims of violent crime (defined as sexual, physical, and stalking) than women who spent fewer days at these types of locations ($t = .000$ and $.009$, respectively). The risks these women faced for violent victimization were also significantly

related to where they slept prior to coming to the shelter. More specifically, women who slept at home or at the home of a family member or friend had significantly lower risks for victimization than women who had not slept at home or at a family member or friend's home. Women who slept in a vehicle prior to coming to the shelter had significantly higher risks for victimization than women who had not slept in a vehicle.

Continuing, women who had slept in an inside foreign location (such as a flop house) had higher risks for victimization than women who had not slept in an inside foreign location prior to coming to the shelter. Finally, women who slept at a shelter prior to coming to the current shelter had significantly *higher* risks for violent victimization than women who had not slept in another shelter. These findings are all in the expected direction, as each particular location that is associated with higher rates of victimization would be expected to have higher numbers of potential offenders.

Sleeping outdoors, for example, in one's car, surely makes one a more vulnerable target. As with sleeping in flophouses or cheap hotels, such locations provide little guardianship, limited or non-existent familiarity with the other people at the locations, propinquity to other crimes (prostitution, drug-dealing), and contact with any number of potential offenders. These locations are not inaccurately described as "hot spots" and, as we have just seen, increase the risk of victimization.

Our findings also suggest that shelters are not always safe places to go when one is homeless. Certainly, shelters can and do provide respite, shelter, food, and possibly some assistance in receiving services. But they do not always provide high levels of physical safety, and routine activities theory tells us why: shelters are rife with potential offenders (witness, e.g., the perpetration rates discussed earlier in this report) and provide limited opportunities for guardianship (even shelter staff are limited in their guardianship roles by understaffing, underfunding, or preoccupation with other goals and clients).

Not surprisingly, the sleeping location that appears to confer the highest degree of safety is one's own home or the home of a family member or friend. This is to be expected since kith and kin are more often guardians than offenders (although they prove to be offenders often enough). The implication, however, is that the best "defense" against the risks of victimization that result from being homeless is – to not be homeless!

Regarding current lifestyle factors, women who typically spend their evenings outdoors had higher risks for victimization, while those who spent the bulk of their evening time indoors had significantly lower risks for victimization. This too is consistent with routine activity theory, as scholars typically posit that people who are outside have higher risks for violent victimization because they are in closer proximity to potential offenders in locations where guardianship is compromised.

Where women spent the greater portions of their days was also significantly related to their risks for violent victimization. Specifically, women who spent more time at work during the day were less likely to be victimized than women who spent less of their time at work. Likewise, women who spent more of their day in a crowded indoor public location had lower risks for

victimization than women who did not spend much of their day in this type of place. These findings, initially, seem to be contrary to routine activity theory expectations, however, given the particular nature of the sample, it may be that for homeless women, work is a safer location in which to spend the day than the possible alternatives (e.g., out on the street). Further, even though the indoor location is crowded, and should therefore have more potential offenders, it may be that the types of indoor locations vs. outdoor locations where these homeless women go are safer because they are indoors and not as isolated as the types of outdoor locations they frequent.

Also consistent with expectation, women who traveled from one location to another a lot during the day had higher risks for victimization than women who did not spend much of their daytime traveling. Regarding the typical places where women spent their evenings, the relationship between spending time at work and traveling from one place to another was identical to the daytime work-victimization and travel-victimization relationships. We also find that the amount of time women spent at a private indoor location in the evening was significantly related to their risks for victimization.

Jensen and Brownfield (1986) have pointed out that the dichotomy between victims and offenders is often artificial in that being an offender is itself a risk factor for victimization. As we saw earlier, very large numbers of the women in this sample were both victims and offenders. Are our recent offenders also likely to be victims? To assess this question, we created a variable taking the value of one if a woman had recently committed any of the following types of crimes: shoplifting, vandalism, drug possession, drug-dealing, public drunkenness, loitering, disorderly conduct, forgery, weapons offenses, burglary or larceny, robbery, assault, homicide or manslaughter, DUI, contempt of court, child abuse or neglect, or domestic violence; and the value of zero otherwise. We then crosstabulated this variable with the variable measuring violent victimization. As anticipated, there was a significant relationship in the predicted direction: offenders are more likely to be victims themselves than non-offenders.

An important theoretical conclusion of the preceding analyses is that routine activities theory provides a moderately successful explanation of victimization patterns in a sample of homeless women. This conclusion is important because scholars have seldom examined models built on routine activity theory principles within specific populations, so the relative applicability of this theory to specific groups has been largely unspecified. Additionally, these findings clearly reveal that the factors that facilitate prediction of victimization for women who are homeless encompass the three central elements of routine activity theory: exposure to offenders, target suitability, and presence or absence of capable guardians. As such, it is clear that utilizing the unique lifestyles and routines of women who are homeless provides a good test of routine activities theory as well as a moderately good explanation for why some homeless women are more likely to be victims of violence than other homeless women.

Many of the themes that surface in the foregoing analysis find more poignant expression in the qualitative component of the study. Of the 20 women interviewed in the qualitative study, 11 had spent at least one night on the streets, as opposed to in a shelter, a friend's house, a hotel or some other temporary lodging. Most (but not all) of the time these 11 women were alone while on the streets. For some of the women interviewed, street life was extended, and for others, it

occurred in the less frequent circumstance when they had nowhere else to go. Both groups experienced victimization, especially sexual attack and mugging, and their gender increased their vulnerability to and fear of sex-related violence as well as other threats to their safety. Indeed, to survive while on the streets, the women both endured numerous problems and engaged a variety of strategies.

Molly, for instance, spent one night on the streets and some time at the Vacation Lodge, an extended stay hotel that she says was oriented towards people with lower incomes. During her time at the hotel, she was raped. She says, “I felt vulnerable when they came in and used my body the way they did. You know. I’m not safe here. What I did was sort of like put booby traps up to my door so it would wake me up if anybody would come in my room.” Ultimately, Molly ran out of money and had to leave the Vacation Lodge. With nowhere else to go, she spent one night on the street, sitting up awake at the bus stop in the dark. In the morning, on a tip from someone she met at the Vacation Lodge, she took the bus to the homeless shelter. For Molly, her time at the hotel was more damaging and dangerous than her one night on the street. However, she feared for her safety while at the bus stop, in part because of her earlier experiences of sexual victimization.

Indeed, the fear of sexual victimization was a major concern for the women interviewed. Rena’s response illustrates this theme:

“Yeah, put myself on a program to get to the next shelter. And just go ahead on and quit being – bite my pride. Because I never thought the day [would come] I’d have to come here, but look where I’m at. Because I’d rather be up here than to be out there, somebody sticking their dick in my mouth or in my vagina or in my whatever you want to call it or just taking advantage of me. Really, I say, oh well, let’s go, bite your tongue, let’s go. Here I am. Sometimes you have to let your pride go. And I’m going, I’m not ashamed of it. I say, it beats prostituting. I’m not out prostituting to stay with anybody. I’m not out, you know, doing whatever. I’m here.”

Junie, who spent one night on the street, echoed this sentiment. “I was afraid. Because, you know, it was a park. I was afraid of, just people, you know. If strange – any strange men would – but no one would walk through the park at night, so I was ok.” To combat this fear, the women who spent a limited amount of time on the street engaged Molly’s strategy of not sleeping all night. Similar to Molly, Ruby spent one night on the streets after she ran out of money while staying at a hotel. Unlike Molly, she was with her husband at the time. She says, “Awful. Awful. I never thought a day in my life I’d be out here in this cold. It was cold . . . I didn’t sleep. No, I didn’t [feel safe]. I was so tired, I was so tired. But I had to sit up all night long.” Rena also notes that any time she had to spend a night on the streets, she did not sleep. She describes, “I’d just sit up all night. Every time. Every single time. Sit straight up. That’s right. Tired as hell and just sit up.” She would sleep during the day, when more people were around. Her biggest fear, as noted above, was sexual victimization.

Another way the women strategized to avoid violent sexual assault while on the streets was to engage in sexual behavior in exchange for money, food or safety. It is important to note that this exchange was exploitive and abusive of the women; however, on the streets it was one of the only options available to them. Some were involved in sex work. Tracy worked as a prostitute

for 27 years, and Hayley worked as a stripper for 15 years. Others described what might be interpreted as “survival sex.” Tamara, who spent extended lengths of time on street, says:

“By being a woman – a homeless woman that’s on the street, it’s dangerous. You have homeless men, and it’s co-ed when you’re sleeping on the street. It’s co-ed and some of them want women to give them favors sexually. Too, sometimes, they get bold enough, they try to rape the women, and a lot of homeless women do be raped. Raped and murdered. They will murder them in the alleyways and you will find homeless women in the dumpster. Someone slit her throat . . . Always, the homeless women are being approached in the street by homeless men that want to have sex with them, oral sex with them. Some of them offer them money and some of them don’t offer them anything, or tell them they’ll beat them up if they don’t. And most of the homeless women are scared, and they’ll go ahead and do it . . . Mostly homeless women that don’t have checks monthly, how they make their money is tricking to regular men that have families, wives and children. They park on the corners; they meet them at certain times, and these are homeless women. That’s how they survive. They do that as we speak.”

Sex then becomes a way to avoid murder or battery, and in other cases it is prostitution. Both were seen by Tamara as survival strategies. Marion also spent an extended period of time on the street and engaged in survival sex. She does not, however, interpret it this way. Offered a shower and warm clothes by a man driving by, she took him up on it. Her narrative portrays the encounter as one of willingness and consent.

“Well, I remember one time while I was homeless I was walking down the street crying. I was crying – it was late at night and I was tired and I was scared because it was like a weekend and there was a lot of people on the street. And they was looking at me and I was scared and this guy stopped. And he said, “Are you ok?” And I told him no and he said “Why?” because I told him that I stunk so bad that people thought I was a dope addict and I’m not, I was just homeless and he said, “Well, you could come to my house and take a shower” and he said “I won’t bother you.” And he was a young good-looking guy and I told him ok, you know? So he took me to his place – he said I couldn’t spend the night because he had roommates. You know, but he would give me – he said he had some clean clothes and I could take a shower. And he would give me something to eat. So I got – he gave his word . . . He got in the shower. He got in the shower me. I had sex with him. When I got in the shower, he got in the shower with me and he was kind of attractive, so I didn’t mind.”

By saying that she “didn’t mind” because the man was “attractive,” Marion contextualizes the sex with the stranger as one of mutual desire and consent. Yet when asked, “Do you feel like you had sex with him in exchange for these things [i.e. clothes, food, shower]?” Marion seems unsure, replying, “No, he made me feel – I guess he made me feel that I had sex with him because I wanted to have sex with him.” Later on, she says, “I was grateful for that shower and them clean clothes.” These basic needs, then, were dominant, and she was willing to have sex as part of the deal as long as she was not hurt or scared. Indeed, the man promised her, “Don’t be scared. I’m not gonna hurt you.” At the time, this was enough. It is very possible, if not likely, that she really did “mind,” but that this is the price, in her desperation, that she was willing to pay.

Additional survival strategies were used by women who were on the streets for lengthy periods of time. While on the street alone, Mo connected with a “crew.” She describes, “Sometimes when I was by myself, I was more on edge because I had to stay more alert. It wasn’t like I could just sleep and be ok. But when I had my crew with me, one of us would stay awake. We’d take shifts. I didn’t sleep by myself very often. But there was a few times, and I didn’t sleep real good.” Finding a crew enabled her to feel safe sleeping at night. She explains discovering her crew: “You meet people out there sometimes that could be really close to you and what – they might need something you know and you might need something they know and you just kind of hook up together and you chill.” Through meeting these people Mo not only gained a sense of safety but also learned how to develop other street survival strategies, like “taking an old ATM card to the ATM and learning how to pull out some cash.” Tamara also emphasized the strategy of finding a crew, or what she calls a “team.” She says, “Get a team together of females. Don’t go off and sleep by yourself. Most homeless women will go get a box and get in it by themselves. That’s the wrong thing to do. Because the guy will get in it with you and he will put his hand right over your mouth and nobody can hear anything.” Tamara spearheaded the team effort:

“They will come up to me at night when I did go by myself and say, do you want to hang out? Do you want to do this? And then I thought of the team, getting the team together – some good women that’s not on drugs . . . So I would pick and choose and we would get a team and I ended up with three and we would sleep among each other, you know, like one here, one here, one here, so we could hear and then we’d have a little stick within our little sleeping bags and that’s how we slept.”

Forming a “team” or “crew” thus became a successful survival strategy.

Women who were homeless on the streets for longer periods ranged from those who actively held down a job to those who drifted through each day, focused on having their minimum needs met. Their strategies corresponded to where along this continuum they fell. Marion, for instance, developed a sort of apathy about her circumstances. Before 9/11, she stayed in airports. After that, she felt increasingly isolated and neglected by society. “I had a little money to catch the bus, I’d get on the bus and people – I started smelling so bad and I ran out of money and people wouldn’t give me money and I was lost. . . And my feet were so swollen and I couldn’t walk no more, ‘cause they was swollen and bruised up, because all I had been doing for 5 or 6 days was walking . . .” When asked how she survived on a day-to-day basis during this time, she says she simply did not eat. “I wouldn’t eat. I didn’t have no money to eat.” She adds,

“I used to go 5 or 6 days without eating, but believe it or not, after a while your body gets used to not eating. You know, and after awhile, it’s like, what’s hungry? You be thirsty a lot, but you don’t be hungry. You know, and I say, well, I can live off water. And I used to beg for water all the time. But then you stink so bad, people don’t want you in they business stinking, and they say, you know, do you have the money to buy it?”

Tamara, in contrast, held down a job while living on the streets. While homeless in Washington, D.C., she slept outside the church across from the White House. She describes her routine of preparing for work:

“I would go to Burger King or McDonald’s to the bathroom in the morning and wash up to go to work. My bags that I was carrying, I would take them to my job and put them in my locker. I would change, then I started going to work early so that I could use their showers because we had a gym and you could take showers. I’d take a shower and go to my locker and change clothes and I did that for a long time.”

Tamara was also diabetic and informed a nun at a church that offered free meals. The nun offered to refrigerate and store Tamara’s insulin. In the morning, she would go to the church for the shot of insulin, and would do this again at the end of the day. But making it through each day, even with these strategies in place, was very difficult, as Tamara describes:

“I had to work. I had to go to work presentable. I couldn’t go there looking like I had just slept in the street. Mentally and physically I was stressed out. I couldn’t sleep fully at night because you scared. So you sleep with like one eye open and one eye closed. You don’t totally get rest. There’s no way you gonna go lay down in the street and get a full night’s sleep. Because you’re too scared. So every day I was fighting to keep my sanity. To go to work. After dealing with homeless men trying to have sex with me, trying to take my money, talking to homeless women that’s talking out of they head or they mental, sleeping in the street hoping that nobody is going to come and kill me in my sleep or a rat’s gonna come and bite me, and then prepare myself to look presentable, to got to work and talk on a normal, average level among my coworkers and my boss, not to be sleepy, not to looked drained, not to – it was stressful.”

Tamara’s narrative illustrates how, even with strategies for survival, the lifestyle of living on the streets was one of vigilance, danger and fear. These were the day-to-day lives of these women.

Chapter 7:

The Childhood Nexus

One of the well-documented risk factors for adult victimization is childhood abuse and victimization. Large proportions of women in our sample experienced negative childhood events including psychological and physical aggression. It is also apparent that family instability was common as women reported changes in parental marital status that included divorce. In addition, approximately two-thirds of the women witnessed their parents yelling at each other and another forty percent saw physical violence in the home. Interestingly, however, even given these negative circumstances, almost half of the women (45.2%) said their childhood was happy or very happy. In this chapter we first examine the childhood experiences reported by the women in the Florida Four City Survey.

Table 7-1: Childhood Experiences Among Homeless Women (N=737)

	Total Sample
% experienced childhood psychological aggression	66.7
% experienced minor childhood violence	49.8
% experienced severe childhood violence	49.8
% experienced any childhood violence	59.4
% parents ever married	75.3
% parents ever divorced, separated, or widowed	64.5
Mean number of times parents divorced, SD in ()	1.55 (2.05)
% adults yelled at each other	62.2
% adults hit each other	39.7
% very unhappy childhood	14.2
% unhappy childhood	9.9
% so-so childhood	30.7
% happy childhood	26.4
% very happy childhood	18.8

To investigate the association between city of interview and childhood experiences we looked at each of these experiences across the four cities. There were some differences in childhood experiences across the four cities (data not shown). Women in Tampa reported the highest percentage of childhood psychological aggression, any childhood violence and severe childhood violence. In addition, they were also more likely to report that the adults in the household hit each other. Not surprisingly then, these women were also least likely to have had a happy or very happy childhood. Women from Orlando were more likely than women from the other three cities to report parental verbal aggression. It should be noted, however, that although the interviews for this study took place in a particular city, we do not know if a particular childhood experience occurred in that city.

The following table shows the city-by-city breakdown of the “happy childhood?” responses:

Table 7-2: How would you characterize your own childhood?

	Total Sample (n=737)	Orlando (n=199)	Miami (n=192)	Tampa (n=200)	Jacksonville (n=146)
% Very unhappy childhood ^a	14.2	14.5	9.5	19.6	12.9
% Unhappy childhood	9.9	10.4	7.9	11.1	10.2
% So-so childhood	30.7	33.2	28.4	32.7	27.6
% Happy childhood	26.4	30.6	19.5	27.1	29.1
% Very happy childhood	18.8	11.4	34.7	9.5	20.5

^a chi square = 55.5, p < .001

To further investigate the association between level of happiness and negative childhood events we conducted crosstabulations between each of the negative childhood event variables and the level of childhood happiness. When we compared the reports of childhood happiness with the women’s recollection of negative childhood events (e.g. violence), not surprisingly, we found that women who had experienced any of the negative childhood events (ranging from adults yelling at each other to severe child abuse) were much more likely to report an unhappy to very unhappy childhood. The data follow:

Table 7-3: Associations between childhood happiness and negative childhood events

	Yes	No
Adults in hh yelled at each other % Unhappy or Very Unhappy	33.9	8.3
Adults in hh hit each other % Unhappy or Very Unhappy	42.7	12.2
Experienced Childhood Psychological Aggression % Unhappy or Very Unhappy	33.5	24.4
Experienced Childhood Minor Violence % Unhappy or Very Unhappy	41.1	7.3
Experienced Childhood Severe Violence % Unhappy or Very Unhappy	40.8	7.9
Experienced any Childhood violence (Minor or Severe) % Unhappy or Very Unhappy	36.8	5.9

Note: All differences were significant p < .001. To clarify the table: Among women who recalled that the adults in their childhood home yelled at one another, 33.9% said that their

childhoods had been “unhappy” or “very unhappy.” In contrast, among those who did not recall adults yelling at one another, only 8.3% reported unhappy or very unhappy childhoods.

Given the proliferation of negative childhood experiences, it is not surprising that those experiences influenced these women as adults. For the women in our study, childhood violence was significantly related to their experience of homelessness. Women who experienced childhood minor or severe violence were on average 3 years younger when they first become homeless, and they were homeless more frequently and for longer periods of time. It is apparent that violence did play some role in the experiences of homelessness for these women, even though most did not identify childhood experiences with violence as one of the reasons they were homeless. This information comes primarily from an open ended question in the survey instrument where we asked the women to tell us some of the reasons they left home the first time they became homeless. Women who experienced childhood violence were also one and a half times more likely to use alcohol and almost twice as likely to use drugs as adults than women who did not experience such violence.

Childhood experiences were also important as they shaped the worldview of these women. In-depth interviews with the women as part of the qualitative portion of the study revealed that experiences in childhood provided certain messages about women’s sexuality, relationships, men, and violence. These messages had real effects as the women matured into adulthood.

As children, many saw women brutalized, abused, and degraded. Often, the women experiencing this violence were our respondents’ mothers. In addition to the trauma of witnessing and enduring abuse, seeing women mistreated in these ways relayed powerful meanings. Tamara succinctly states, “All my life I have seen men beat women.” Similarly, Eliza recalls, “I thought that’s the way life was. Because in the neighborhood I grew up in, it was nothing to see a woman dragged, knocked down, stomped and beat . . . So many women, including my mother – they stood there and they took it . . . So I took on that generational trait. You were just supposed to take it.”

This normalization of violence was gender-specific; the women almost always described seeing violence perpetrated by men against women. This was mapped onto their concept of adult relationships. Ruby describes, “All my relationships I had were very abusive and that’s what I thought love was about. I didn’t know no better. Any time they would beat me up and - they would beat me up bad and they would tell me later on they loved me. And I’d say, ok. And keep going and going and going that way. And that’s like I learned it.”

Another component to the messages about relationships and men was specific to sex. From both mothers and fathers, the women recalled hearing about how women were only good for one thing, and that one thing did not count for very much. Eliza’s father told her she should have been a boy, saying, “You’re gonna grow up and be a whore and have a belly full of babies. And you’re not gonna be any good.”

Both Ruby and Mo learned that men only wanted women for sex, and that women should therefore use their sexuality to their advantage. Mo remembers seeing her mother with many different men, and reflects on a conversation when her mother told her, “Oh, if you ever want to

get a guy's attention, wear this kind of stuff, act this way, do this." Likewise, according to Ruby, "[My mother] taught me to lay up with the mens to get what I want. I was supposed to go to bed with all these different mens to get what I want. I didn't know no better. That's what we were supposed to do. My mom always said we had a money maker." Ruby recalls her mother visiting men, working as a de facto prostitute. She says, "I knew she had a lot of different mens. We was well-known as we was growing up as kids." Through messages like this, the women learned that degrading, exploitive and abusive treatment was simply their lot in life.

Women in the quantitative part of the study had similar experiences. Childhood violence was one mechanism providing entry into sexually exploitative work. For example, women who experienced minor or severe childhood violence were more than twice as likely to work as prostitutes or strippers, professions that likely increased their risk for violence and further solidified their ideas about men, women, and sexuality.

In the qualitative component of this study, the average age that the women left home for good was about 18. Although it seems reasonable, this number belies the amount of shuffling in and out of residences, the early pregnancies and marriages, and the abuse the women experienced while young. Furthermore, the place they lived as children was often not a "home" in the sense that it provided support, survival or protection. They often lived in an environment characterized by abuse and violence, poverty, loss and dislocation, parental drug and alcohol use, and illness. These factors led to transience and displacement beginning at a relatively young age.

By the age of 19, Amelia had already been shuttled between numerous "caretakers." She lived with her father until the age of 9, when he died. She then moved in with her brother for a year and a half, and then her grandmother from ages 11-15, who then also died. Amelia finally moved in with her mother, only to be kicked out at age 18 by a new stepfather. It took her less than a year to become homeless. Fully 16 of the 20 women we interviewed recounted some sort of physical or sexual abuse as children, with nearly all identifying emotional abuse or neglect.

Eliza lived with her mother, father and siblings until she was 7. Because of violence and drinking between her parents, she lived with her uncle for a year. After returning to her parents at age 8, she was removed by the state and sent to a children's home. After a year or two, she was sent back home, where she was molested by her father and physically, verbally and emotionally abused. She was beaten by her mother when she tried to confide her father's abuse. The parental neglect led her to wander the streets at night looking for food and a little bit of care. The first older man she met at age 13 or 14 who fed her when she was hungry became the father of her first two children. He was both a drug addict and abusive.

The sense one gets from the qualitative interviews is that these early abuse experiences left permanent scars on these women and profoundly warped their sense of what is normal and acceptable in adult relationships with men, and this in turn leads to a hypothesis that women who experience the most abuse as children will continue to be abused in later life. These results were mirrored by the quantitative portion of the study as many of the women who reported childhood victimization also reported adult victimization. Specifically, 86% of the women who experienced physical violence as a child also experienced physical victimization as an adult ($P <$

.001). When sexual victimization was included, 92% of the women who had experienced childhood violence also had been victimized as an adult.

The effects of early experiences with violence linger into adulthood and adult relationships. We asked the women in our study a series of questions about their current or most recent partner to gain a sense of the quality of their intimate relationships. These questions asked about the controlling, isolating, and abusive behaviors of their intimate partners. Women who were childhood victims of violence identified more negative behaviors in their partners than did women who were not victimized. In addition, they also indicated that these negative behaviors occurred more frequently. Although our cross-sectional data do not allow us to presume causality, it is obvious that childhood experiences do influence adult relationships.

Women were asked to think about their current or most recent adult partner and were asked

Table 7-4: “Would you say your adult partner...”

	No Childhood Violence	Experienced Childhood Violence
Has a hard time seeing things from your viewpoint?	2.32 ^a	2.63
Is jealous or possessive?	2.16	2.68
Tries to provoke arguments?	1.86	2.29
Tries to limit your contact with family or friends?	1.75	2.00
Insists on knowing who you are with at all times?	2.05	2.54
Calls you names or puts you down in front of others?	1.59	2.01
Makes you feel inadequate?	1.73	2.16
Is frightened of you?	3.69	3.61 ^b
Shouts or swears at you?	1.71	2.21
Frightens you?	1.61	2.02
Prevents you from knowing about or having access to money even when you ask?	1.54	1.85
Prevents you from working?	1.30	1.60
Insists on changing where you are living even when you don't need or want to?	1.28	1.73
Threatens you with the safety of your children?	1.17	1.35
Threatens you with the safety of your animals?	1.08	1.16
Threatens you with the safety of your friends?	1.14	1.40
Insists on you having sex without a condom?	1.55	2.07
Prevents you from seeking medical attention?	1.19	1.38
Disappears for a day or days at a time?	1.41	1.71
Leaves you alone without food, money, or supplies?	1.22	1.55

Steals from you?	1.25	1.50
“Borrows” your credit card or money and does not pay you back?	1.22	1.52

^a Numbers are mean scores. Responses for all questions ranged from 4 (Almost often) to 1 (Never). A higher score indicates the behavior occurred more often.

^b All analyses with the exception of this are statistically significant.

One of the mechanisms through which childhood victimization may increase the risk for entering into unhealthy adult relationships is its relationship to self-esteem and depression. In our study, childhood victimization was not significantly associated with adult self-esteem. It was, however, associated with depression. Women who were victims of childhood abuse were more than twice as likely as women who reported no abuse to feel that the term depressed described them very well. Furthermore, depression was significantly associated with adult victimization (stalking, sexual, or physical assault). It is important to note that the measure of depression in these analyses is a subjective assessment by the women themselves rather than a clinical diagnosis. Again, although causal ordering cannot be conclusively established, the association between childhood negative events, depression and adult victimization cannot be ignored.

Childhood victimization was also significantly related to other types of victimization as well. Women who had experienced minor or severe abuse as children were more likely to be robbed, pick-pocketed, have things stolen from them, have been seriously beat up, stabbed or cut with a knife and shot at with a gun.

Childhood victimization was also related to perpetration. Women who were victimized as children were more than twice as likely to have committed at least one criminal offense in their life. Moreover, women who experienced childhood abuse (minor or severe) committed almost three times as many offenses compared to women who did not experience any childhood abuse. Clearly negative childhood experiences, such as abuse, have a profound effect on other behaviors including both victimization and perpetration. It is imperative, therefore, that any examination of violence among homeless women includes both childhood and adult experiences.

Conclusions

A common theme in the victimization literature is the relationship between childhood victimization experiences and later adult victimization, perpetration, and other negative outcomes. These relationships also exist among the women in the Florida Four City Study. Women who grew up in household where adults were yelling or hitting each other were not as happy as women who grew up in households where these events did not happen. In addition, women who experienced childhood violence were more likely to report unhappy childhoods compared to women who were not victimized as a child. Childhood violence also appears to be related to homelessness as these women were first homeless at a younger age, were homeless more frequently and for longer periods of time. Finally, childhood experiences of violence appear to be associated with adult negative outcomes as well.

Chapter 8:

Violence as a Cause of Homelessness among Women

The quantitative data suggest that about one homeless woman in four is homeless in whole or in part because of violence. Results from the qualitative interviews suggest that there are multiple ways that violence leads to homelessness for women. Further, the violence these women experienced was situated, always, within a larger context of poverty, neglect, loss, dislocation, drugs, alcohol and illness, the combined effect of which is desperation and destitution. The ways that violence was a major cause of the women's eventual homelessness can be subsumed under two distinct but (as we have just seen) related umbrellas: the effects of child abuse and violent adult relationships.

As we have seen, child abuse was common in the young lives of these women. Sixteen of the 20 qualitative interviewees recalled physical or sexual abuse, and all were neglected or emotionally abused in some way. The effects of this abuse were far-reaching, setting the women up for social, emotional and behavioral deficits that bled into later life decisions and choices.

One significant consequence of being abused as a child is that it led some of the women to "early independence" or a premature departure from the childhood home at a younger-than-average age. This is consistent with research that finds that among homeless and runaway youth a substantial proportion experienced child abuse (see Janus, McCormack Burgess & Hartmann, 1987; Silbert & Pines, 1981; Tyler, Hoyt and Whitbeck, 2000; Whitbeck, et al., 2001). In 8 of the 20 cases, the women left home in their teens by way of marriage or pregnancy, and 6 of the women were kicked out or ran away.

Whatever the reason, leaving was often a favorable alternative to a violent childhood home. Marriage or pregnancy, for instance, seemed like a good excuse to escape.

"It started out at 19 or 18. I mean, I ran away from home, I got out and got married and started having kids just to get away from that. And if I wouldn't have been brought up the way I was brought, maybe things would have been different. Maybe I would have gone to school. Maybe I would have waited to have kids and my life would have been more stable and things wouldn't have happened the way they happened." (Diane)

Indeed, these new situations only contributed to the economic and emotional instability of the women. Sara left home because of severe abuse and had a child at the age of 15. She says, "I guess I just got tired of being the punching bag in the family so I left . . . but I guess being at the age of 14, 15 years old, you can't fend for yourself, you can't get a job, nothing." The difficulties of supporting themselves at young ages put these women at risk for homelessness, which was often experienced as a **positive** alternative to continuing to live in a violent home. Mo noted that she became homeless the first time to escape her abusive father, and calls her life on the streets a choice. "I just know I kinda left for a little while and [my father] didn't know where I was for about two or three years. I did that on purpose. I didn't contact no one in my family for a long time . . . In my case, sometimes it was a choice because I didn't want to be found. I didn't want nobody to know me so it was easier to be homeless."

Others thought they were starting over by leaving the childhood home for some other living situation, only to find their new situation as abusive and unsatisfactory as the old. Consider Cammie, who left home and got married at 18 and tried to “use” her first marriage to start a new family blueprint:

“Because I was very much in love with the guy that I was marrying and I had it in my head that I was going to be able to show my parents that you could have a marriage and make it work and you know, children, and not have alcohol and drugs in the middle of it and do things right. And I mean, I looked at it in a very positive light . . . My thought was, I’m going to show everybody in my family, especially my parents that you can have a family and you can do it right.”

Cammie then endured years of mental and physical abuse from her husband. In contrast, Eliza, at 13, did not pursue a relationship with an older man, but drifted into it while wandering the streets hungry, looking to stay away from her parents’ abuse.

“He said, “What’s your name?” He was real nice; he had a pocket full of money, wallet full of money. It was a summer night and I got in his car and I felt safe. And we rode over to where we ate. And he actually fed me and I was actually full . . . He would feed me. I would be hungry. And I would still go home and act like this kid I was. But I’d get hungry. And sometimes there wasn’t a pot of beans or some bread in the oven and I’d go find it. And he’d say, “You eat?” And I’d say, “no.” And he’d say, “Let’s go get something to eat.” He fed me . . . But again, it was a nightmare. It was a daydream, waking up from a nightmare, because I thought he was just so nice, and then after I gave up my virginity and the babies started coming, he wasn’t so nice anymore . . . I couldn’t go tell my mother because I always see her get beat up, her head split open, or her throwing a frying pan and splitting my father’s head, so it was kind of [one] abuse upon another.”

Eliza’s attraction to this first “boyfriend” was clearly in the alternative he apparently represented to the home life she had been leading. But such relief as he provided was evidently short-lived.

Intimate relationship violence permeated the women’s narratives of emerging adulthood, and directly affected their livelihood and health, causing in no small part their eventual homelessness. Eighteen of the 20 women interviewed had experienced at least one violent adult relationship. Domestic violence contributed to the women’s homelessness through several possible avenues that frequently overlapped. Some, for instance, remained with an abusive partner, at times trapped by fear, a partner that was not economically stable for reasons that included drug or alcohol abuse or unemployment. In these cases, the women became homeless with the abuser. Others saw that homelessness was a likely possibility if they left (or it was the only way out of the violent relationship) and ultimately, this became preferable. Generally, domestic violence contributed to a general downward spiral in which the women were preoccupied with daily survival, beaten down, depressed, and unsuccessful at making choices or having opportunities that improved their stability. Again, it is important to keep in mind that the domestic violence in the lives of these women was located within a matrix of factors that included poverty, loss, dislocation, drugs, alcohol and illness, and these factors also contributed to the eventual homelessness.

Sara's ex-boyfriend was very violent to both her and her children. He was arrested numerous times for child abuse and battery against her, but she dropped charges out of fear. This was not idle fear; he would call Sara from jail to threaten and harass her, and on one occasion returned home only to beat her, choke her, and hit her son, leaving a bruise on the side of his face. He held Sara and their five children hostage for an entire weekend, at the end of which they finally escaped. Sara was briefly homeless with this man, and he threatened to kill her if she tried to leave. She says,

"I guess for the longest time, I stayed with him because I wanted my kids to have a family environment. I wanted them to have a mother and a father to grow up with. But he's not really a father for them. And it just got to a point where I was just tired. I was tired of being scared. I was tired of not being allowed to do anything. I was just tired of everything and I had reached my limit with him . . . I couldn't take it no more. And the day after the trial, they TPR'd [Termination of Parental Rights] his rights as well because of his drug problem. And that night he threatened to kill me. He said that he'd already lost his kids, he wasn't about to lose me and so that was just it for me."

This was the turning point for Sara, and she left and went directly to the homeless shelter. Her fear still lingers, however: "When I was with him, I was afraid of when he was gonna beat on us again, and then when I wasn't with him, I was afraid of when he was gonna pop up on me."

Women who were victims of intimate partner violence along with the myriad of other losses, dislocations and abuses they had experienced sunk deeper into a miasma of immobilization and desperation. Homelessness often occurred at the end of this road.

"I think the violence and abuse probably led to [the homelessness] because when I get down in the dumps, I'm always thinking about all that bad stuff. And then I've been through so much trauma in the last couple of years that I just felt so beat down and just so lost and I'm asking myself, how did I go from self-sufficient, taking care of myself, to I was losing everything?"(Natalie)

"You know, I think the abuse had a lot to do with it. The liquor, a lot, too. But the abuse, you say, you know – you keep on having these failed relationships. You think somebody, they're supposed to love you, calm you. And started from your childhood. All these harm you, then your family harm you, then your husbands harm you, your boyfriends harm you. You say, you know, there's no use to even trying to do anything, 'Cause I get up, somebody going to knock me down." (Marion)

The connections between violence and homelessness made by Natalie and Marion were represented in many of the women's narratives. Diane reiterates, "It's the violence and the drugs and everything that has gotten me to this point of being homeless." Effects of violence, both in childhood at the hands of caretakers and in adult intimate partner relationships, facilitated their homelessness in many ways, not the least of which was the erasure of the women's feelings of value, self-worth and self-sufficiency. Without these, Natalie says, "It's hard to get out of the pattern of thinking there's something wrong with you, and then you end up like this and you're like, well, I guess they were right all along. I am worthless, I am useless, I am unlovable."

Hayley points out that this was never where she wanted to be, saying, “Everybody that’s in this [homeless] situation, whether or not they want to admit it, has been abused or has abused somebody in their life to get to this point. You didn’t get here by your own free will. Somebody dragged you here, kicking and screaming, probably.”

As these women have described, the path to homelessness is fraught with peril and frequently begins early in life. Childhood violence often provides an unstable foundation upon which to build a life and sets the stage for later unhealthy relationships and behaviors. By the time homeless women arrive at a shelter, their cumulative negative experiences have shaped their view of the world and the chances of obtaining a “normal” life may be beyond reach. Shelters and shelter workers are prepared to deal with the external issues of being homeless such as food, clothing, and shelter, but it is likely they are ill prepared for the complex internal issues resulting from years of violent terror and betrayal. The barriers to self-sufficiency for these women, who have endured years of psychological, physical and sexual abuse, are massive and cannot be overcome simply with a place to sleep.

Chapter 9:

The Criminal Justice Response

Most studies of violence against homeless women have discussed the implications of their results for care providers or for the police, but none (so far as we know) has yet asked samples of victimized homeless women whether their victimizations were reported to the authorities and if so, with what effects or results. In fact, homeless people often do not get attention as victims, but rather as perpetrators of crimes, many of which are part of the survival strategies they use to stay alive. An important part of the Florida Four City Study, therefore is an examination of the interaction victims had with the criminal justice system.

Table 9-1: Did you report any of these sexual assault experiences to the police

	Homeless Women					Homeless Men
	Vaginal Rape	Oral Rape	Anal Rape	Rape with Object	Attempted Rape	Rape
% Experienced forced sex	50.8 (371)	22.2 (162)	11.9 (88)	15.4 (113)	22.9 (167)	14.3 (13)
Among Victims						
% Reported to police						
Yes	39.6 (147)	27.7 (43)	33.7 (29)	29.5 (33)	22.0 (36)	0 (0)
No	60.4 (224)	72.3 (112)	66.3 (57)	70.5 (79)	78.0 (128)	100 (13)

Note: all numbers represent percentages unless otherwise noted. Numbers in parentheses are the frequencies.

Similar to many sexual assault crimes (Catalano, 2004), many of the women in our sample did not report their sexual victimization to the police. The sexual victimization most often reported to the police by the women in the study was vaginal rape, and even then less than forty percent of the victims reported it to the police. Around thirty percent of the female victims reported oral, anal and object rape offenses and even fewer reported attempted rapes. Among the thirteen men who said they had been raped, none reported this to the police.

Table 9-2: did you report any of these physical victimization experiences to the police

	Homeless Women	Homeless Men
Percentage/ frequency	72.2 (528)	86.8 (89)
Report to police		
Yes		
No	54.4 (287)	36.7 (29)
	44.1 (233)	63.3 (50)

Note: all numbers represent percentages unless otherwise noted. Numbers in parentheses are frequencies.

In contrast to sexual victimizations, a greater proportion of both men and women in our sample reported physical assaults to the police. Physical assaults do not carry the same stigma as sexual assaults, particularly for men, and therefore may be more likely to be reported to the police.

Reasons Men and Women did not report their victimization

For the men and women who did not report their victimization to the police, we asked them to tell us the reasons why. Among men, responses included taking care of the problem themselves, thinking the police would not do anything about it, fear of getting in trouble, embarrassment, an unwillingness to discuss it, and being told by parents to forget it. Women provide more varied responses for not reporting their sexual assault victimizations. However, fear of repercussions from the perpetrator and embarrassment and shame were the major reasons for not contacting the police. This fear stemmed from a variety of sources including not knowing what to do in response to this type of victimization, embarrassment that others would know what happened, and death threats from perpetrators.

In addition, women also commented that because they had used drugs or had committed other offenses, they did not think the police would do anything. Others indicated that they thought their behavior had played a role in their victimization and that it was somehow their fault and should not be reported to the police. More disturbing, perhaps, is that several of the women told us that they did not report their sexual victimization to the police because they felt that being a victim was “normal.” Victims of attempted sexual assault also indicated that since there was no completed act, they did not feel like the police should be contacted. Among the most common reasons women gave for not reporting their physical victimization to the police were being afraid of perpetrator retaliation, dependency on the perpetrator, and not feeling that the incident was serious enough to warrant reporting.

The interaction with the criminal justice system of the women interviewed in the qualitative portion of this study mirrored those in the quantitative portion in many ways. There were those who, as adults or as children, did not report their victimization to law enforcement. For those who did report their victimization, several outcomes were possible. Sometimes, police were called but were simply ineffectual in assisting the women. Other times, the women interpreted criminal justice responses as directly punitive, adversarial or in conflict with their needs.

Considering how often the women were victims of violence, their engagement of the criminal justice system was at best sporadic. Many described episodes of abuse as children and as adults that were never reported. Eliza recalls a childhood neighborhood in which violence against women was so routine that it was rarely considered severe enough to warrant a call to law enforcement. When police were contacted, they were friendly with the men in the neighborhood, who were seldom punished for their acts.

“Because in the neighborhood I grew up in, it was nothing to see a woman dragged, knocked down, stomped and beat. And there was no safe house, there was no shelter that a wife or a woman could run to and really be protected, shielded and safe. So, many women – the women that I knew, including my mother – they stood there and they took it. And if the police were called, they were so friendly and familiar with the people in the neighborhood, they would kind of pat the man or – in other words, “keep it down” - so there was no safety zone, unless you took a - I’ve seen some women escape by getting on a Greyhound and splitting. But I saw a lot of women die as a result of being abused”.

Life lessons like those which Eliza describes reinforced to the women that they would never be safe and would never get protection from police. Ruby’s experiences in childhood also fortified this message. Molested by her father, she reported this sexual abuse to her mother and sisters. In response, her mother said Ruby was a whore and her sisters said she was lying. When asked if the police got involved, Ruby replies, “Oh, I wouldn’t dare. Ooohh, I’d been hurt. I would have been hurt. My mom would have beat me.” Fears of retaliation or a belief that the police would not do anything extended into adulthood. The father of Sherie’s abusive husband was the chief of police in her small town. Natalie also lived in a small town, and her husband’s mother was very well known and connected. Natalie says, “She knew the sheriff and all the people, you know, in the court.”

The following table shows data from the survey concerning the demographic differences between women who reported their victimization and those who did not. Black women were more likely to report their victimization compared to women of other racial/ethnic groups. Education was also associated with reporting to the police, but not in a linear fashion. Women with some high school education up to some college education were likely to report their victimization, however, women with an associates degree or more were much less likely to contact the police. Women who were single or divorced were more likely to report their victimization compared to women who were married, cohabitating, separated or widowed. Women who were sexually victimized by an intimate partner at least once were less likely to report their victimization to the police than were those women who were not sexually victimized by an intimate partner. In contrast, women who were physically assaulted by an intimate partner were more likely to have contacted the police compared to women who were not physically assaulted by an intimate partner.

Table 9-3: Those who reported victimization to police at least once: Demographic comparisons with those who did not report

	Homeless Women		Homeless Men	
	Did not report (n=390)	Reported (n=340)	Did not report (n=62)	Reported (n=29)
Race/ethnicity				
White	46.6	53.4	70.6	29.4
Black	55.8	44.2	70.6	29.4
Hispanic	67.0	33.0	40.0	60.0
Asian	0	100.0	NA	NA
All other	40.6	59.4	0	100.0
Level of schooling				
No formal schooling	50.0	50.0	0	0
8 th grade or less	44.4	55.6	100.0	0
Some high school, no degree	50.0	50.0	74.3	25.7
High school degree	59.1	40.9	78.6	21.4
Some college	53.6	46.4	44.4	55.6
Associate's degree	53.6	46.4	0	100.0
Bachelor's degree	38.5	61.5	80.0	20.0
Post-graduate degree	50.0	50.0	0	100.0
			X²=14.341, p < .05	
Current marital status				
Married	57.4	42.6	54.4	45.5
Cohabiting	52.9	47.1	0	0
Divorced	48.6	51.4	85.7	14.3
Separated	33.3	66.7	83.3	16.7
Widowed	50.0	50.0	50.0	50.0
Single, never married	60.1	39.9	71.1	28.9
			X² =21.349, p < .01	
	(33.4/12.4)	(32.5/11.6)	(32.9/9.6)	(34.2/11.3)
Age first homeless (mean /s.d.)				
Total time homeless in yrs (mean/s.d.)	(1.36/2.9)	(1.86/3.8)	(3.4/3.6)	(2.9/2.7)
Number of times homeless (mean/s.d)	(4.47/13.3)	(7.36/21.0)	(3.9/5.4)	(2.9/2.5)
			F=14.37, p < .05	

Victimized by intimate partner at least once

Rape (attempted and completed)

Yes	59.2	40.8	65.4	34.6
No	36.6	63.4	84.6	15.4

$X^2 = 28.56, p < .001$

Physical victimization

Yes	35.3	64.7	70.9	29.1
No	84.2	15.8	63.9	36.1

$X^2 = 165.22, p < .001$

Note: all numbers represent percentages unless otherwise noted. Victimization refers to any victimization as a child or adult. Sexual victimization of men is not directly comparable to sexual victimization of women.

Among men, Black men were more likely to report victimization compared to men from other racial/ethnic groups. Similar to women victims, victimized men with educational attainment between some high school and some college were most likely to report their victimization. Married and single men were also likely to report their victimization to the police. In contrast to female victims, the relationship of the perpetrator to the victim did not seem to be as relevant a factor in determining whether or not a male victim would contact the police.

Table 9-4: Police response to those who reported sexual victimization

Homeless Women					
Police response	Vaginal Rape	Oral Rape	Anal Rape	Rape with Object	Attempted Rape
See you in person and take a report	71.4	63.4	66.7	67.6	62.2
Arrest him or take him into custody	39.5	34.1	40.0	41.2	35.1
Refer you to court	29.9	26.8	30.0	32.4	21.6
Refer you to services	49.0	26.8	30.0	29.4	32.4
Give you advice on how to protect yourself	21.8	14.6	23.3	14.7	21.6
Take you somewhere	31.3	14.6	33.3	23.5	24.3
Did nothing	10.9	29.3	17.2	29.4	22.2

How Satisfied were you with the police response?

Very satisfied	20.0	17.1	33.3	21.2	24.3
Satisfied	31.0	24.4	26.7	24.2	18.9
Dissatisfied	19.3	12.2	20.0	12.1	10.8
Very dissatisfied	29.7	46.3	20.0	42.4	45.9

Note: All numbers represent percentages unless otherwise noted. Questions about police response were only asked of respondents who indicated they had contacted the police about their victimization. Questions are not mutually exclusive.

Not all victims of sexual assault reported their victimization to the police. The percentage of sexual assault victims that did report ranged from a low of 22% (attempted rape) to a high of 39% (vaginal rape). When these women did report their victimizations, the police saw them in person and took a report in a majority of the incidents. At the same time, however, in approximately forty percent of attempted rape and oral rape incidents, the police did not take a report. Arrest of the offender was much less commonly reported by sexual assault victims and court or service referrals were made in only about thirty percent of the cases. Perhaps more startling is that among women who reported incidents of oral rape and rape with an object, almost a third indicated that the police did nothing. This variable police response is reflected in victim satisfaction levels. Regardless of sexual victimization type, a small proportion of women in our study reported were very satisfied with the police response to their calls.

Table 9-5: Police response to those who reported physical victimization.

	Homeless Women	Homeless Men
What was the police response?		
See you in person and take a report	68.9	89.7
Arrest him or take him into custody	58.5	37.9
Refer you to court	34.5	17.2
Refer you to services	41.5	17.2
Give you advice on how to protect yourself	26.1	24.1
Take you somewhere	21.5	3.4
Did nothing	12.4	3.4
Were you satisfied with the police response?		
Very satisfied	32.0	27.6
Satisfied	30.0	37.9
Dissatisfied	18.3	17.2
Very dissatisfied	19.8	17.2

Note: all numbers represent percentages unless otherwise noted. Police response options are not mutually exclusive.

About 72% of the women and 86% of the men reported their physical victimizations to the police. Among those who did report, just over two thirds of the women indicated that the police saw them personally and took a report. In comparison, almost ninety percent of men saw the police in person. It is possible that the greater number of physical assaults by strangers that men experience could account for this difference as they may be more likely to occur in public places where police are more likely to be called. Gender differences are also evident when police made arrests. Almost sixty percent of the female victims compared to less than forty percent of male victims reported that when the police came they took the offender into custody. Court referrals, service referrals, and no response happened much more often for women than for men. Women also were more likely to be removed from the scene of the crime.

The qualitative interviews help explain why the majority of victims were not satisfied with the police response they received. For example, on some occasions when women did contact law enforcement, the responses were ineffectual. As a child, Diane's family called the police numerous times about her father's violence. Not only did he abuse his family, but he also, according to Diane, terrorized their neighborhood.

"The police were called on him several times but he always managed to get himself out of it. Once I remember the police came and he faked a heart attack so instead of going to jail, he went to the hospital. He was very manipulative. He was also very smart."

April was molested by her uncle from 2 to 13. The police were called, but as the information was gathered it was found that there was "insufficient evidence." April describes, "I was spending the night with my cousin when I was about 13 and I was mentioning it to her and she made me tell her mom and nothing ever came about it. They called the police, and he got slapped on the wrist by the court system."

In some cases, women were cognizant of not being perceived as the "ideal" victim. One woman stated, ". . . you know why they didn't do anything? Because it was a doggone crack house in a crack area. That's why. So they probably say, yeah, she's probably lying. I don't know what that man told them but when they took the handcuffs off . . . I was too pissed. I say, what the hell is good of the police. You know? Really."

Feelings of the police trivializing their victimization were not unusual, especially during times when the women were homeless. This contributed to their perceptions of law enforcement as ineffectual. The sense of being devalued because of their homeless status also led some interviewees to interpret police behavior as not just ineffectual, but adversarial and punitive. Like many of the women, Tamara was evicted from her apartment, which was the beginning of her cycle of homelessness. She felt that the sheriff's office arrived to forcibly remove her and her belongings from the residence without any notice or warning. Tamara also described police patrolling public spaces like parks to keep the homeless from staying too long. She says, "But during the day, you don't have nowhere to go. So a lot of people usually hang around shelters because they have little benches out front and you'll go sit on just to have a place to hang. Most parks -- the cops will run you out the parks, you know."

Punitive police reactions potentially made it more likely for women to return to their abusers. Sara exemplifies this circumstance. "I left because he was continuously smoking crack cocaine and he was beating on me. And moving away from him and in with a friend, but he kept my son

and the police wouldn't allow me to take my son, because there's no custody papers. So eventually I went back for the simple fact of my child being there."

That was the first time Sara tried to leave her abuser. The second time, she faced the same barriers with the police. "I left him a second time when I had four children by him. He had threatened to kill me. I tried to take my kids out of the house and he wouldn't let me. I called the cops, told the cops that he was abusive and he had a history of it and I just wanted to go over there and get my stuff and my children and again they told me I couldn't take my kids if he didn't allow it and of course, he didn't."

The lack of legal protection for both Sara and her children not only led her directly back into the violent situation, but it kept her children there as well.

These descriptions of both ineffectual or adversarial and punitive reactions by law enforcement were not the only experiences of the women in this study. They also related occasions when police were helpful and supportive. At times, then, there was justice. Indeed, the women reported that among the calls to police for safety and protection from an abusive partner, there were occasions when he was apprehended or taken to jail. Cammie described a particularly fortuitous circumstance. Police had been circling the area where she was staying in a hotel with her husband, who had kicked her out along with her belongings. The first time law enforcement drove past her sitting on the porch at 1:00 AM, they asked her if she needed help. She responded that she was fine, and that she was just waiting for her partner to pass out so that she could enter the hotel room and get the rest of her possessions. "They said, 'are you sure?' and I said, 'yeah, yeah, I'm fine. Don't worry about it.' Well, they go ahead and they pull off and the next thing I know he rips the door open and he says, 'get your ass back in the room.'" Diane and her husband scuffled as he tried to force her back into the hotel room. At this point, he head-butted her and broke her nose, which began bleeding "everywhere." He also seemed to think she had called the police on him.

"I knew if I got in the room with him, it was gonna be ugly, so I started running and he started coming after me. And there was a payphone right there by the road and I ran straight to that payphone and dialed 9-1-1 . . . and I swear to god I had barely gotten that much out of my mouth and the car that had come through the parking lot, one of them was a female and one of them was a male. They pulled up on the back side of the payphone and the police officer took the receiver out of my hand and hung it up. And I mean, [my husband] was coming at me like that, and then he's standing there trying to tell them, "I didn't touch her. I didn't lay a hand on her. I didn't do anything." And the one female cop says, "Is he crazy? Does he not realize we just saw you not 20 minutes ago and you were fine?"

In another emergency situation, Sara had just been battered by her husband, who this time had dislocated her hip. She describes, "When this particular occasion happened, I had to wait until we got on the city bus, which was very painful, because I couldn't hardly walk. So when we got on the bus, I told [the abuser] that I was gonna ask the bus driver about a connecting bus, but instead I told the bus driver to call the police out. And the police officers intervened on the bus."

The police took Sara to the hospital and then to the domestic violence shelter, but were not able to apprehend her partner until days later, at which time he was taken to jail. Marion also was taken directly to a domestic violence shelter after calling police.

The impact of law enforcement on women and men in our study is profound. Many of the women we interviewed noted that early negative contact with law enforcement tainted their expectations. They no longer waited for help. This is not unusual for victims of domestic violence, who have learned to expect little from law enforcement. Homeless women who live with violence have learned that to survive they need to rely only on themselves. This is particularly troublesome as we have demonstrated earlier in this report that a significant proportion of women in this sample experienced victimization and yet at the same time they are reluctant to involve law enforcement.

Chapter 10:

The Consequences of Violence in the Lives of Homeless Women

One of the primary objectives of this study was to understand the complexity of the experience of violence among homeless women. This involved investigating the risk factors as well as the consequences of being homeless and a victim of violence. One obvious problem in sorting out the effects of violence on homeless women is that many of the same variables are risk factors for violence. In any cross-sectional study, causal order is a problem, and the current study is no exception. However, it is still possible to consider the relationships between factors that may be part of a reciprocal relationship.

Alcohol and Drug Use

Table 10-1: Use of Alcohol in Past Year

	Total Sample (n=737)	Sexually Victimized Women (n=412)		Physically Victimized Women (n=528)		Women who were stalked (n=184)	
		No	Yes	No	Yes	No	Yes
Yes	44.2	38.2	55.1	26.2	51.5	41.6	53.3
		X²=15.9, P <.001		X²=37.8, P <.001		X²=7.6, P <.01	

Note: all numbers represent percentages

A large proportion of the women in the sample used alcohol at some time in the year prior to the survey. What is particularly interesting is that the proportion of victims who reported alcohol use in the past year was relatively equal across victimization types and was comparable to the percentage of alcohol drinkers in the total sample. In all instances, however, victims were significantly more likely to have used alcohol in the year prior to the study.

Table 10-2: How many drinks were consumed in a sitting?

	Total sample (n=326)	Sexually Victimized Women (n=224)	Physically Victimized Women (n=272)	Women who were stalked (n=98)
	4.17			
Yes		4.02	4.42	4.33
No		4.34	4.11	3.81

Note: all numbers represent the mean number of drinks among women who reported drinking alcohol in the year prior to the survey.

Women were asked how many drinks they typically consumed in a setting. Among women who had consumed alcohol in the year prior to the survey, the average number of drinks per sitting was 4.17 with a standard deviation of 3.24. The literature on alcohol use frequently uses a cutoff of 4 drinks per setting for women to distinguish binge from non-binge drinkers. If we use this cutoff, over forty percent of the sample reported what would be considered binge drinking. Victims did not drink significantly more than non-victims.

Table 10-3: In past year, have you tried to cut down on drinking and failed?

	Total sample	Victim of Sexual Assault		Victim of Physical Assault		Victim of Stalking	
		No	Yes	No	Yes	No	Yes
Yes	23.2	25.7	24.8	28.8	22.2	23.4	22.3

Note: all numbers represent percentages

In the total sample of homeless women, almost one quarter of the women reported that they had tried to cut down on their drinking at least once but were unable to do so. Similar percentages were observed across victimization types.

Table 10-4: Do you think of yourself as a person with a serious drinking problem?

	Total sample	Victim of Sexual Assault		Victim of Physical Assault		Victim of Stalking	
		No	Yes	No	Yes	No	Yes
Yes	18.2	14.0	24.1	14.0	18.7	19.0	17.0

X²=3.96, P < .05

Note: all numbers represent percentages

It is also notable that almost twenty percent of women in the entire sample considered themselves to have a serious drinking problem. Again, similar percentages were observed across victimization types with the exception of sexual assault victims who were significantly more likely to self-identify as having a serious drinking problem.

Table 10-5: Used drugs in past year?

	Total sample (n=737)	Victim of Sexual Assault		Victim of Physical Assault		Victim of Stalking	
		No	Yes	No	Yes	No	Yes
		26.4	36.3	16.3	32.8	26.9	31.5
Yes	18.2	X²=6.85, P < .05		X²=19.59, P < .001			

Note: all numbers represent percentages

A significant proportion of women in our sample reported using drugs in the year prior to the survey. Particularly interesting is that both sexual and physical victimization increased the likelihood of drug use, but stalking did not.

Table 10-6: Type of drug used in the last year

	Total sample (n=206)
Tranquilizers, sedatives, sleeping pills	16.5
Uppers, speed, amphetamines	7.8
Anti-depressants	13.6
Prescription pain killers	16.5
Marijuana, weed, grass	64.1
Cocaine or crack	65.5
Heroin	4.4
LSD, PCP, other psychedelics	3.4
Other	6.3

Note: all numbers represent percentages

Among women in the sample, approximately two thirds used marijuana and cocaine in the year prior to the survey. Sexual assault victims were significantly more likely than women who were not sexually assaulted to have used tranquilizers, anti-depressants, marijuana and cocaine in the past year. Women who were physically assaulted were not significantly more likely to use drugs compared to non-victims. Stalking victims were more likely to use pain killers compared to women who were not stalked.

Table 10-7: What is Your Preferred Drug

	Total sample (n=206)	Sexually Victimized Women (n=144)	Physically Victimized Women (n=173)	Women who were stalked (n=58)
Cocaine/crack	49.0	50.7	50.6	48.2
Marijuana/weed	36.0	34.7	36.9	33.9

Note: all numbers represent percentages

Consistent with the information in the previous table, across the board women indicated that cocaine and marijuana were their preferred drugs. Almost two thirds of the women in our study used their preferred drug infrequently (less than once a month). However, the only significant relationship between victimization and drug use was for sexual assault. Sexually victimized women were more likely to use drugs 2 days a week or more compared to women who were not sexually victimized.

Table 10-8: How often do you use your preferred drug?

	Total sample	Victim of Sexual Assault		Victim of Physical Assault		Victim of Stalking	
		No	Yes	No	Yes	No	Yes
Less than 1 day a month	57.1	57.9	54.2	50.0	58.5	55.9	57.9
1 day a month	8.4	6.6	9.4	6.3	8.8	7.7	10.5
1 day a week	7.9	9.2	7.3	6.3	8.2	6.3	12.3
2 days a week	7.9	2.6	12.5	6.3	8.2	7.7	8.8
3 days a week	8.4	3.9	11.5	6.3	7.6	9.1	3.5
4 days a week or more	11.3	19.7	5.2	25.0	8.8	13.3	7.0

X²=16.42

P < .01

Note: all numbers represent percentages

Although a majority of the women in our study said that they used drugs less than one day a month, a similar proportion also indicated that at some point they had tried to cut down on their drug use but were unable to do so. Sexually victimized women were significantly more likely than women who were not sexually victimized to say that they had tried to cut down their drug use.

Table 10-9: Have you tried to cut down on your drug use but couldn't?

	Total sample	Sexually Victimized Women		Physically Victimized Women		Women who were stalked	
		No	Yes	No	Yes	No	Yes
Yes	56.4	50.7	65.3	59.4	55.9	54.6	58.6
		X²=3.69					
		P=.055					

Note: all numbers represent percentages

Table 10-10: Do you think of yourself as someone with a serious drug problem?

	Total sample	Victim of Sexual Assault		Victim of Physical Assault		Victim of Stalking	
		No	Yes	No	Yes	No	Yes
Yes	40.0	28.0	53.8	37.5	40.5	39.6	41.4
		X²=11.29					
		P <.001					

Note: all numbers represent percentages

Given the large proportion of women who said they were unable to cut down on their drug use, it is not surprising that almost half of the women view themselves as having a serious drug problem. Sexually victimized women were significantly more likely than women who were not sexually victimized to feel they had a serious drug problem.

Table 10-11: Victimization Effects on Self Esteem

	Total sample (n=737)	Sexually Victimized Women (n=412)		Physically Victimized Women (n=528)		Women who were stalked (n=184)	
		No	Yes	No	Yes	No	Yes
Self esteem	29.2 (5.4)	30.0	27.9	30.9	28.6	29.9	27.3
		P <.001		P <.001		P <.001	

* Out of 40 possible, with higher score indicating higher self-esteem; Mean with SD in parentheses)*

We used the Rosenberg Self Esteem Scale to measure self-esteem. In the overall sample of homeless women self-esteem scores were in the moderate range. Victims of all types of assaults had significantly lower self-esteem scores compared to women who were not victims. The information obtained from the quantitative portion of the project suggests that women do not necessarily have unusually low levels of self-esteem. Our qualitative interviews, however, provide more insight into the complexity of measuring self-esteem particularly among a sample of victims.

For the women interviewed in the qualitative study, childhood and adulthood experiences of violence and abuse played a major role in their development of low self-esteem; many actually used this phrase verbatim. Dee, for instance, said that the result of her child abuse was “low self-esteem. It took me a while to let my husband touch me.” Diane, who was called “worthless and no good” and told she would “never amount to anything” by her father, now says, “It’s taken me like that last few years to get my self-esteem back.” Mo recalls, “I absolutely hated myself.” She felt her mother did not want her, and her father continually “threw that up in my face.” From childhood, Natalie felt she was “ugly and unloved.” Marion says she had “no self value.”

Several interviewees associate their continued victimization as adults with the low self-esteem formed and carried on from childhood. Sara explains her first relationships:

“I guess I have a real low self-esteem, so I guess I was just trying to get affection from anywhere I could, because I wasn’t getting it from my father or my parents. So I guess when the other two guys showed me affection, I just kinda clinged to it.”

Physical Injuries Resulting from Victimization

Table 10-12: Did physical victimization cause injury?

No	35.0
Yes, one time	20.1
Yes, a few times	25.4
Yes, many times	19.5

Note: all numbers represent percentages

In a previous chapter, we reported that the rates of physical victimization among the women in our sample were much higher than those in the National Violence against Women Survey (Tjaden and Thoennes, 2000). Not surprisingly, the women in our sample reported a considerable amount of injury as a result of physical assaults. The most commonly reported injuries were bruises, black eyes, and broken bones.

Table 10-13: How serious was the injury?

Very serious	44.1
Somewhat serious	30.8
Not too serious	16.1
Not serious at all	9.0

Note: all numbers represent percentages

Table 10-14: Did you receive medical care as a result of this injury?

No	43.6
Yes, outpatient	6.9
Yes, emergency room	25.6
Yes, hospital admission	6.2
Yes, other source of care	1.0
Yes, care from multiple sources	7.5

Note: all numbers represent percentages

Table 10-15: Did you discuss the source of your injuries with medical personnel?

Yes	67.3
No	32.7

Note: all numbers represent percentages

Despite the fact that nearly three-quarters of those who were injured were seriously injured, many women did not receive medical care for their injuries and less than half of the women spoke with someone about the incident that led to the injury.

Table 10-16: Did you talk to a psychologist, social worker, or mental health professional about this incident?

Yes	41.5
No	58.5

Note: all numbers represent percentages

Possible Effects on Personality and Social Psychology

We asked the women in the sample to assess their own character by telling us whether various statements (e.g., “I am a violent person”) were very true of them, somewhat true, or not true at all. Consistent with the results from the self-esteem scale, many of the women in the sample described themselves in a generally positive manner. They felt that they were good parents, were not stupid and not lazy, and did not see themselves as violent. They also acknowledged some of the issues that were affecting their lives such as alcohol use. At the same time, approximately half of the sample did not fully endorse the statement “I am strong” and almost three quarters of the women did not completely characterize themselves as happy.

When we compared victims with non-victims (see the following table), several significant differences emerged. Victims of sexual assault were significantly more likely to feel that they are violent, make bad decisions, and feel that their past negatively affects their current life. They are also less likely to feel strong, confident and happy. Victims of physical assault reported similar characteristics with the additional endorsement of the statement “I cause others to be angry”. Finally stalking victims were more likely to feel that they caused others to be violent and to feel ugly.

Table 10-17: Self-described personality characteristics (% indicating statement is very true of them)

	Total Sample	Victim of Sexual Assault		Victim of Physical Assault		Victim of Stalking	
		No	Yes	No	Yes	No	Yes
I am a violent person	2.0	1.0	3.8*	1.5	2.1	1.8	2.7
I often make bad decisions	17.3	14.7	24.8**	6.9	21.3***	13.5	28.8***
My problems are my own fault	24.8	23.9	30.5	16.3	28.1**	22.6	31.1*
I drink too much	4.8	4.8	6.0	4.5	4.7	4.3	6.0
I am strong	55.1	59.0	48.1*	61.9	52.9*	56.4	51.4
I cause others to be angry	6.0	5.1	9.4	2.5	7.2*	4.8	9.3*
I cause others to be violent	2.1	1.4	3.8	0.5	2.5	1.3	4.4*
I am a bad parent	2.9	2.8	4.2	1.0	3.6	1.9	6.1
I am a bad wife or partner	1.7	1.4	2.7	1.0	1.7	1.7	1.7
I am confident	49.0	54.3	39.4***	59.5	45.1**	52.9	37.7***
I am lazy	2.7	3.1	3.0	2.0	2.8	2.4	3.8
I am stupid	2.2	1.7	3.4	1.5	2.3	1.7	3.8
I am happy	34.0	38.0	28.0*	49.0	28.2***	36.2	27.2*
I am ugly	4.3	2.7	6.1	1.0	5.3**	2.6	8.9***
My past negatively affects my current life	21.2	17.2	31.3***	8.5	26.0***	15.8	36.3***

Note: all numbers represent percentages. Percentages are for those women who responded that the statement was very true. * P < .05, ** P < .01, *** P < .001

We also created a summative scale to measure positive or negative self-concept (alpha= .81). This self-concept scale ranged from 14 to 43 with higher scores indicating a more negative self-concept. We then looked at mean differences in self-concept by victimization type and found that sexual assault, physical assault, and stalking victims had significantly more negative self-concepts. To assess the cumulative effect of victimization we also correlated the number of victimizations with self-concept and found that a greater number of victimizations were significantly associated with a more negative self-concept.

In contrast to the results from the quantitative portion of the study, women who took part in the qualitative interviews had a more negative self-perception, but consistent with the data just reported, the more they had been victimized, the more negative their self-concept became.

Marion, for example, became a drifter on the streets with a general emotional disconnect and inertia, which she describes as being tired, forgetful, lost and not being able to think clearly. She says, “You give up. You give up trying . . . I think the abuse had a lot to do with it. The liquor a lot, too. But the abuse, you say, you know – you keep on having these failed relationships. You think somebody, they’re

supposed to love you, calm you. And started from your childhood. All these harm you, then your family harm you, then your husbands harm you, your boyfriends harm you. You say, you know, there's no use to even trying to do anything. 'Cause I get up, somebody going to knock me down.'

Similarly, Natalie remarks, "When you hear that for so long, it's hard to get out of that pattern of thinking there's something wrong with you, and then you end up like this and you're like, well, I guess they were right all along. I am worthless, I am useless, I am unlovable."

Table 10-18: Percent replying that the term describes them very well.

	Total Sample	Sexually Victimized Women		Physically Victimized Women		Women who were stalked	
		No	Yes	No	Yes	No	Yes
Depressed	19.9	16.9	27.4**	9.5	23.9***	15.6	32.2***
Anxious	20.5	19.6	27.2***	9.0	24.9***	16.2	32.8***
Tense, uptight	17.2	16.2	22.3***	8.5	20.4***	13.4	28.8***
Out of control	2.7	3.1	3.8*	1.5	3.1	1.9	4.9*
Suicidal	2.6	2.1	4.5*	0.5	3.3*	2.3	3.8
Confused	10.6	8.7	13.3***	4.5	12.9***	8.2	17.0***

In addition to the self-described personality characteristics, women were also asked to indicate how well the terms in the table above described them. The percentages represent the proportion of women who said the particular term described them very well. Among women in the total sample, about one fifth described themselves as depressed, anxious, or tense. However, very few felt out of control or suicidal at the time the interview took place. We also examined these differences across victimization type. With only a few exceptions, victims of sexual assault, physical assault and stalking were significantly more likely to endorse these statements – a further indication of some of the negative effects victimization has.

Table 10-19: Ever Attempted Suicide by Intentional Drug Overdose or by Any Other Means

	Total sample	Sexually victimized women		Physically victimized women		Stalked women	
		Yes	No	Yes	No	Yes	No
No, never	70.8	57.0	79.2	62.7	92.4	55.6	75.6
Yes, just once	14.9	21.1	12.5	18.3	5.9	18.3	13.9
Yes, a few times	9.3	14.2	5.3	12.4	1.1	18.3	6.4
Yes, many times	5.0	7.7	3.0	6.6	0.5	7.7	4.1
		X2=37.4, p<.001		X2=59.3, p<.001		X2=31.3, p<.001	

Finally, we asked the women in the sample if they had ever attempted suicide. In the total sample, almost 30% had and of those who had, about half had tried to kill themselves more than once. In all cases, victims were significantly more likely than non-victims to have attempted suicide. Stalking victims, interestingly enough, were more suicidal than other victim types, although the difference is not large.

Conclusions

The results from the quantitative portion of the study combined with the qualitative interviews demonstrate that the homeless women taking part in the Florida Four City Study endured various combinations of victimization, homelessness and other traumatic life events and that in many cases, these experiences led the women to feel inconsequential, worthless, isolated and alone. These feelings were not only reinforced on a daily basis as they tried and failed to get support and attention, but fed upon themselves, leading the women to be emotionally disconnected, depressed and ultimately hopeless about their circumstances.

Chapter 11

Risk Factors for Adult Victimization of Homeless Women

Although there have been many suppositions about the relationship between homelessness and violence, there is only limited empirical evidence looking at factors that may increase the risk for victimization among this vulnerable population. Furthermore, much of this evidence only tackles one aspect of this complex relationship at a time. The Florida Four City study was able to provide, for the first time, a more complete picture of the myriad of risk factors that influence victimization using a large multi-site sample. In this last chapter of the report we are able to look at multivariate models for the combined sample of men and women, men only and women only to see which risk factors emerge as important factors associated with victimization.

As our study was comprised of a sample men as well as a sample of men, we were able to consider whether gender would be a significant factor in an analysis of violence victimization. Because the sexual victimization variable in the women's survey was not directly comparable to that of the men's survey we chose to focus on physical victimization only in the analysis where gender was included as an independent variable.

In the first multivariate model we examined, we considered the risk factors for physical assault. Immediately of interest is that *gender was not significantly associated with physical assault*, net of all other variables. Consistent with other research, childhood victimization and negative childhood experiences (adults yelling at each other) were significantly associated with physical victimization. In this analysis and consistent with routine activities theory, men and women who had been homeless more often were more likely to be victims of physical assault. However, this was the only homeless characteristic that was significantly associated with physical assault. Also consistent with routine activities theory, committing a crime and spending time in jail or prison were both significantly associated with physical victimization. Black participants were less likely to be at risk for physical victimization and divorced participants were more likely to be physically victimized.

Because of the difference noted in chapter 3 with regard to intimate partner victimization, we also examined a multivariate model including gender as an independent factor. Many of the same factors that were significantly associated with any physical victimization were also significantly associated with intimate partner victimization. In contrast to the previous model, however, (Table 11-1) women were much more likely to be at risk for intimate partner physical assault than were their male counterparts. Participants who were homeless with their children were also at a greater risk for IPV compared to those who were homeless with both adults and children.

Table 11-1: Logistic Regression Analysis Predicted Adult Physical Assault by Any Offender Among Homeless Men and Women (N=718)

Variable	B	S.E.	Odds Ratio	P Value
Female	.08	.42	1.08	.856
Experienced childhood violence	1.15	.25	3.15	.000
As Child Adults in house yell at each other	.60	.25	1.81	.018
As Child Adults in house hit each other	.45	.28	1.56	.105
Current Alcohol Use	.32	.33	1.38	.332
Current Drug Use	.07	.29	1.07	.806
Total Amount of Time Homeless	-.03	.06	.97	.585
# Times Homeless	.22	.09	1.25	.009
Age 1 st Homeless	-.00	.01	1.00	.778
Ever Committed Crime	.78	.26	2.18	.002
Spent Time in Prison or Jail	.90	.27	2.45	.001
Education Level	.12	.09	1.13	.181
Black	-.53	.25	.59	.034
Hispanic	-.55	.33	.58	.094
Other	.14	.63	1.15	.823
Marital Status				
Cohabiting	.09	.75	1.10	.900
Divorced	.78	.38	2.17	.041
Separated	.90	.50	2.47	.073
Widowed	.75	.67	2.11	.266
Single	-.25	.35	.78	.476
Who Homeless with				
Homeless Alone	.04	.39	1.04	.918
Homeless with Adults	.29	.45	1.33	.528
Homeless with Kids	.76	.45	2.14	.066
Constant	-.185	.75	.16	.014

Model Chi-Square: 223.394, $P < .001$, Nagelkerke R Square: .393

Table 11-2: Logistic Regression Analysis Predicting Intimate Partner Physical Assault Among Homeless Men and Women (N=720)

Variable	B	S.E.	Odds Ratio	P Value
Female	1.73	.31	5.61	.000
Experienced childhood violence	1.15	.24	3.15	.000
As Child Adults in house yell at each other	.37	.22	1.45	.095
As Child Adults in house hit each other	.54	.23	1.71	.018
Current Alcohol Use	.27	.25	1.32	.271
Current Drug Use	-.19	.24	.82	.408
Total Amount of Time Homeless	-.06	.04	.94	.094
# Times Homeless	.11	.05	1.12	.017
Age 1 st Homeless	.01	.01	1.01	.511
Ever Committed Crime	.72	.23	2.05	.001
Spent Time in Prison or Jail	.47	.23	1.60	.039
Education Level	.08	.08	1.08	.294
Black	-.50	.21	.61	.017
Hispanic	-.28	.29	.76	.337
Other	.61	.55	1.83	.274
Marital Status				
Cohabiting	-.13	.53	.88	.800
Divorced	.14	.22	1.15	.523
Separated	.39	.29	1.48	.179
Widowed	.26	.43	1.29	.549
Single	-.52	.21	.59	.011
Who Homeless with				
Homeless Alone	.24	.32	1.26	.464
Homeless with Adults	.14	.39	1.15	.727
Homeless with Kids	1.10	.35	3.0	.002
Constant	-.36	.63	.028	.000

Model Chi-Square: 193.886, $P < .001$; Nagelkerke R Square: .320

We also examined intimate partner violence separately for the sample of homeless women. In this model, experiencing childhood violence, seeing other adults hit each other as a child, committing a crime, being separated, and being homeless with children each increase the risk for intimate partner physical assault for the homeless women in our sample. Black women were at a lower risk compared to other women in this sample.

Table 11-3: Logistic Regression Predicting Intimate Partner Physical Assault Among Homeless Women (N=634)

Variable	B	S.E.	Odds Ratio	P Value
Experienced childhood violence	1.20	.25	3.30	.000
As Child Adults in house yell at each other	.37	.24	1.45	.120
As Child Adults in house hit each other	.61	.25	1.85	.015
Current Alcohol Use	.33	.29	1.39	.263
Current Drug Use	-.14	.26	.87	.585
Total Amount of Time Homeless	-.07	.04	.94	.137
# Times Homeless	.10	.05	1.10	.062
Age 1 st Homeless	-.01	.01	1.00	.637
Ever Committed Crime	.67	.23	1.96	.004
Spent Time in Prison or Jail	.40	.23	1.49	.089
Education Level	.11	.08	1.12	.181
Black	-.46	.22	.63	.039
Hispanic	-.19	.31	.83	.534
Other	.52	.57	1.69	.357
Marital Status				
Cohabiting	.30	.67	1.35	.654
Divorced	.46	.35	1.59	.179
Separated	.94	.45	2.55	.039
Widowed	.76	.63	2.14	.226
Single	-.29	.33	.75	.374
Who Homeless with				
Homeless Alone	.22	.36	1.24	.551
Homeless with Adults	.21	.41	1.23	.608
Homeless with Kids	1.01	.39	2.76	.009
Constant	-1.87	.57	.15	.001

Model Chi-Square: 169.583, P < .001; Nagelkerke R Square: .321

We also looked at sexual victimization separately for the sample of homeless women in our study. Several factors that were significantly associated with physical victimization were also related to sexual victimization. Negative events experienced during childhood, including experiencing violence and having adults hit each other increased the risk for sexual victimization. In addition, having committed a crime also increased the risk for sexual victimization. In contrast to physical victimization, however, characteristics of homelessness were not associated with sexual victimization.

Table 11-4: Logistic Regression Predicting Adult Sexual Victimization Among Homeless Women (N=634)

Variable	B	S.E.	Odds Ratio	P Value
Experienced childhood violence	1.48	.27	4.40	.000
As Child Adults in house yell at each other	.44	.24	1.56	.061
As Child Adults in house hit each other.	.67	.24	1.96	.004
Current Alcohol Use	.25	.28	1.28	.372
Current Drug Use	.02	.25	1.02	.935
Total Amount of Time Homeless	.09	.05	1.09	.094
# Times Homeless	.00	.05	1.00	.927
Age 1 st Homeless	-.00	.01	1.00	.952
Ever Committed Crime	.77	.22	2.16	.001
Spent Time in Prison or Jail	.33	.22	1.39	.144
Education Level	.00	.08	1.00	.982
Black	-.19	.22	.83	.394
Hispanic	-.17	.30	.85	.582
Other	.68	.51	1.98	.180
Marital Status				
Cohabiting	-.32	.65	.73	.626
Divorced	.64	.34	1.89	.063
Separated	.56	.42	1.74	.181
Widowed	.14	.59	1.15	.813
Single	.09	.33	1.09	.790
Who Homeless with				
Homeless Alone	-.34	.37	.72	.361
Homeless with Adults	-.59	.42	.55	.156
Homeless with Kids	-.60	.38	.55	.117
Constant	-.196	.57	.14	.001

Model Chi-Square: 185.248, $P < .001$; Nagelkerke Square: .339

In the last model we examined, we combined all types of victimization into one dependent variable that represented any adult victimization. What immediately stands out is that many of the risk factors identified by prior researchers are not associated with increased risk for adult victimization. Again, because the sexual victimization variables used with the sample of men did not match that used for the sample of women, we only examined women in this model. Several factors, however, did emerge as important risk markers for victimization. A common theme throughout the discussion of the results of the Florida Four city study is the impact of childhood experiences on a plethora of behaviors and attitudes. The results of the multivariate analysis indicated that childhood violence significantly increased the risk for adult victimization net of all other factors in the model. In addition, current alcohol use, being divorced or separated, and a greater number of children also increased victimization risk. Women from Miami were at less of a risk of victimization compared to the reference group of women in Orlando. The only characteristic of homelessness, per se that was significantly associated with victimization was number of times homeless. Women who were homeless more frequently were at a greater risk for victimization. Finally, women who described themselves as depressed were more likely to be victims.

Table 11-5: Logistic regression analysis predicting adult victimization (physical or sexual assault or stalking) N=632.

Variable	B	S.E.	Odds Ratio	P Value
Experienced childhood violence	1.43	.23	4.19	.000
Current alcohol use	.76	.26	2.15	.003
Current drug use	0.7	.31	1.07	.827
Marital Status				
Cohabiting	.25	.78	1.29	.748
Divorced	1.02	.42	2.77	.016
Separated	1.34	.58	3.81	.020
Widowed	.82	.74	2.26	.268
Single	.02	.39	1.02	.964
Race				
African American	-.28	.27	.76	.302
Hispanic	-.52	.36	.59	.147
Other Racial Group	-.01	.67	.99	.987
City of Interview				
Miami	-.68	.31	.51	.030
Jacksonville	-.26	.33	.77	.419
Tampa	-.08	.33	.92	.801
Who Homeless with				
Homeless with Adult	.04	.42	1.04	.925
Homeless with Kids	.02	.31	1.02	.955
Homeless with Kids & Adults	-.21	.45	.81	.641
Age First Homeless	-.01	.01	.99	.294
# of Times Homeless	.28	.11	1.32	.012
Total amount of time homeless	.06	.08	1.06	.499
# of Children	.18	.07	1.19	.010
Depressed	.40	.17	1.50	.018
Constant	-.99	.75	.37	.183

Note: The reference groups for dummy variables are as follows: for marital status- married, for race - White, for city - Orlando, and for who are you homeless with - by themselves.

Model Chi-Square 200.406, $P < .001$

Nagelkerke R Square = .401

What these analyses tell us is that homeless men and women are a vulnerable population with childhood violence at the crux of this vulnerability. Minor and severe violence experienced as a child increased the risk of many of factors (including homelessness) that then were associated with a greater risk for adult victimization. At a minimum, these results suggest that that more attention should be paid to the treatment of child victimization and a greater effort should be made to prevent child maltreatment. The women in our qualitative study spoke of childhoods

filled with violence that led many to leave their childhood homes and many others ill prepared for relationships without violence. Homeless shelters are focused on the most pressing need, a place to sleep and may not be equipped to handle the myriad of problems that these women and men may be dealing with. Shelters, for example appear to be more equipped to handle needs such as healthcare and the immediate issue of housing. However, they may not be prepared to delve deep into the childhood experiences of the women that arrive at their facilities. Consequently these men and women are in danger of repeating a cycle of homelessness and victimization.

Limitations of the study

Every empirical study has limitations and ours is no exception. Although we are able to ask about childhood and adult events, we cannot definitely establish causal order and determine once and for all what factors cause homelessness. At the same time, much of what we found mirrors research using housed populations and differs only to the extent that these men and women experienced greater levels of victimization. Although the men and women we interviewed were staying in a homeless shelter, Wright and Devine (1995) argue that "street homeless and sheltered homeless are not distinct populations; nearly all the homeless people in this sample spend at least an occasional night in an emergency shelter and nearly all of them also occasionally sleep out of doors. Which homeless people are considered "sheltered homeless" depends a great deal on who makes it to the shelter line first."

Limitations aside, we now know a great deal more about the experience of violence in the lives of homeless women than was known before our study was conducted. Among our most important findings are these:

- Approximately one homeless woman in four is homeless mainly because of her experiences with violence. And while this is about half the more frequently cited "guess" of one in two, it nonetheless underscores the importance of violence in the process by which some women become homeless.
- Homeless women are far more likely to experience violence of all sorts than American women in general, by differentials ranging from two to four depending on the specific type of violence in question.
- Homeless men are also more likely to experience violence of all sorts than American men in general.
- At the zero order, homeless men are more likely than homeless women to be victimized by assault (from any perpetrator) but this difference disappears when relevant confounds are controlled.
- Homeless women are far more likely to be victims of intimate partner violence than homeless men are, and this difference is robust under statistical controls.

- Homeless people of both genders are also frequent perpetrators of crime, although many of the crimes they commit are “survival crimes” or in some fashion drug-related.
- This study provides some evidence that true underlying rates of violence against homeless women vary across cities, even netting out possible confounding factors, casting some doubt on inferences that can be made from single-site studies.
- One reason why the experience of violence is so common among homeless women is that their routine day-to-day activities expose them to potential offenders but do not provide them with capable guardians. Sleeping patterns and routines are strongly related to victimization risks.
- By far the most significant risk factor for violent victimization as an adult is a pattern of physical, emotional and sexual abuse as a child. Indeed, it is apparent in both the quantitative and qualitative components of the study that many of the young girls destined to become homeless adult women have been permanently scarred by their childhood victimizations and have an extremely warped sense of what is normal and acceptable in their relationships with men.
- Victimized homeless women rarely report their victimization to the authorities and even when they do, satisfactory responses are infrequent.
- Establishing causal order in cross-sectional data is always tricky, but among the apparent consequences of violence in the lives of these women are increased substance abuse, emotional distress, and lowered self esteem.

In recent years, homelessness has faded from prominence as a national political issue. There seems to be a widespread sense among both policy-makers and the public that the programs of assistance enacted in the 1980s, while perhaps imperfect, have done as much as can or should be done to address this problem and that homeless people, like poor people in general, need to work themselves out of their condition. As we have seen, however, many of the processes that work to put homeless people out on the streets can be traced to events, experiences, victimizations and misfortunes that began in early childhood. And certainly, the experience of violence would be high on this list of misfortunes. That many homeless women are homeless because of violence, and many more victims of more violence in a year than many people can expect to experience in their entire lifetimes, does not make homelessness any easier to resolve, but it does, we think, make the resolution all that more urgent.

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