

*Solutions for a healthier community*

***“It happens out here”***

# The victimization experiences and health challenges of women who are homeless

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**Homeless Women’s Health and Victimization Study**  
**UNTHSC Department of Behavioral and Community Health**

**In partnership with the Tarrant County Homeless Coalition**

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# Acknowledgements

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We gratefully acknowledge the bravery and openness of the 150 women who shared their life stories with us. We know it wasn't easy; sometimes we were the first to hear about their traumatic experiences.

We also wish to acknowledge the staff members of the Tarrant County Homeless Coalition, Day Resource Center for the Homeless, The Salvation Army, and The Presbyterian Night Shelter who made this project feasible. We are especially grateful to those who gave up their offices so that we could have private conversations with study participants.

We offer special thanks to Cindy Crain, Executive Director of the Tarrant County Homeless Coalition, for her continued persistence in the pursuit of safety for women who are homeless.

*This study was a service learning project and volunteer opportunity at the UNT Health Science Center School of Public Health.*

## *Roles of Volunteers*

- *Emily Spence-Almaguer, MSW, PhD, Associate Professor (study oversight, interviews, data analysis, reporting)*
- *Gabrianna Saks, MPH (study coordination, interviews, data entry, data analysis, reporting)*
- *Brittany Marshall, MPH, enrolled in DrPH program (interviews, study preparation, data entry)*
- *Rahel Inwetu, MPH (study preparation, interviews)*
- *Dawn Nguyen, enrolled in MPH program (interviews)*
- *Sandy Hogan, enrolled in DrPH program (study preparation, interviews)*
- *Suze Etienne, MPH (interviews)*
- *Rachel Waverka, enrolled in MPH program (interviews)*
- *Sotear Tep, MPH (interviews)*
- *Whitney Hill, MPH (interviews)*
- *Pawankumar Patil, MPH (data entry, study support)*

# Executive Summary

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The Homeless Women's Health and Victimization Study was a collaborative community-based research project that maximized the service learning opportunities for UNT Health Science Center graduate students and filled a crucial gap in knowledge about the violence and abuse experienced by women using emergency shelters in the East Lancaster street area of Fort Worth, Texas.

The study was carried out in two phases and involved 150 face-to-face interviews with women who were homeless. The interview questions were compiled through collaboration with local and national experts, and included modified or adapted items from the National Health Care for the Homeless Violence Survey (2011), the Center for Disease Control's compendium of measurement tools to assess interpersonal violence (2006), and the World Health Organization's Self-Reporting Questionnaire (1994).

The average participant was female, 43 years old and had been homeless for 2.1 years. The age at which she first became homeless was 34. Most respondents had a high school diploma, a GED or a lower level of education.

Excluding theft, the majority (60.7%) of respondents reported at least one form of physical or sexual violence, threats, stalking or verbal abuse in the prior 12 months while homeless. Most women (57.3%) also reported that items were stolen from them, including crucial belongings such as medication, identification and money.

**One in six women (17.3%) reported experiences that meet the legal definition of rape (sexual assault) in Texas, 46% were physically or sexually attacked, and 20.7% reported intimate partner violence.**

Victimization that occurred prior to becoming homeless was also common, with nearly half (45%) reporting childhood physical or sexual abuse or adult intimate partner violence.

The consequences of these violent and abusive acts were substantial. **23% reported physical injuries and 78% of abused women met the threshold for psychiatric distress.** Women reporting current or prior violence were also more likely to indicate they had traded sex for money, alcohol or drugs, shelter, food or other items. Overall 26% of respondents indicated they had engaged in sex trade activities. The majority of women reported receiving both "routine" health care as well as emergency room care. The most common health condition reported by women was asthma and/or shortness of breath.

We recommend pursuing a "both/and" approach to identify solutions that will improve the safety and security of women on East Lancaster, as well as help women leave the East Lancaster street region. Our survey respondents provided excellent recommendations to increase their safety including: increased law enforcement activity, the addition of outside call boxes, safety planning, and facilities that allow women to be away from individuals who have been threatening or violent towards them. It is also vital, however, to strengthen rapid-rehousing models, establish more Permanent Supportive Housing units and expand the inventory of affordable housing. In order to accomplish these goals it will be necessary to involve community stakeholders who are not part of the current homeless services delivery system. As a whole, our social service systems need to adopt models of trauma-informed care so that victimization can be identified and addressed at the earliest possible points. It is our best hope that these findings will stimulate the interest of donors, advocates and social service providers in investing their time and resources into helping women return to being housed and achieve recovery from their traumatic experiences.

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# Background

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The challenges that homeless women face are intricate and often different than that of homeless men (Deward & Moe, 2010; Susser, 1996). A study of gender differences among the homeless found that men's trajectory into homelessness was primarily the result of loss of work, discharge from an institution, mental health problems and substance abuse. Women's trajectories, on the other hand, stemmed more often from eviction, interpersonal conflict, or changes to social support systems (Tessler, Rosenheck & Gamache, 2001). Violence, particularly physical and sexual violence, has been listed among the top precipitators of homelessness and housing instability among women which predispose them to a spectrum of health and social harms (Miller & DuMont, 2000, Menard, 2001; Pavao et al., 2007; Jasinski et al., 2005). While there is some literature that highlights how victimization influences one's pathway into homelessness, less is known about violence during homelessness and its effects on health and well-being (Jasinski et al., 2005, Wenzel et al., 2001).

Wenzel et al. (2001), in a study of 974 homeless women, found that one-third of the respondents experienced a major violent attack in the year prior to being interviewed. In another study by the National Consumer Advisory Board of the National Health Care for the Homeless Council, more than half of 516 homeless men and women reported witnessing a violent act and almost two-thirds had themselves experienced a violent attack while homeless (Grassette, Hamilton & Meinbresse, 2011). Homeless women are also known to resort to subsistence strategies, such as trading sex for money, food, shelter or other substances. These behaviors, which have been referred to as "survival sex" or "transactional sex" (Walls & Bell, 2011; Watson, 2001), increase the likelihood of being victimized while homeless (Wenzel et al., 2000; 2001) and are associated with earlier experiences of childhood abuse (Widom & Kuhns, 1996).

Intimate partner violence (IPV) has been described as a key contributing factor to homelessness among women and is observed at all socio-economic levels (Jasinski et al., 2005, National Coalition for Homelessness, 2009), though prevalence rates are higher among those who live in poverty (Tolman & Raphael, 2000). Wesley and Wright (2005) note how experiences of violence at the hands of an intimate partner contribute to limited resources, social exclusion and economic instability. A multi-site statewide study in Florida reported that approximately one in four women were homeless because of previous experiences with IPV (Jasinski, et al. 2005).

When compared to the general population of women, homeless women are found to have higher rates of mortality for specific causes; mental illness, substance abuse, victimization, and poor health outcomes (Arangua & Gelberg, 2007; Schanzer et al; 2007; Morrison, 2009, Teruya et al. 2010). Examining the intersection of health, homelessness and one's experience with violence is important in establishing appropriate methods to identify, prevent, and address victimization among women, which also has been implicated as a precipitator of housing instability (Wenzel, Leake, & Gelberg, 2001; Jasinski, Wesely, Mustaine, & Wright, 2005).

# Study Methods

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This study was initiated at the request of the Tarrant County Homeless Coalition (TCHC). Prior research conducted with people who are homeless in Tarrant County indicated that violence and victimization were a concern, but no study to date had systematically explored prior and current victimization and its health consequences. The TCHC agreed to provide bus passes and toiletries as incentives for study participants and Dr. Emily Spence-Almaguer, Associate Professor in the Department of Behavioral and Community Health, agreed to oversee the research project and establish it as a service learning project for UNTHSC students in the School of Public Health.

## Research Design

This is a community-based exploratory and descriptive research project utilizing non-random purposive sampling. Interviewers at three emergency shelters (Day Resource Center for the Homeless, Presbyterian Night Shelter and The Salvation Army) invited women to participate in an anonymous face-to-face interview that lasted an average of 25 minutes. Recruitment strategies included flyers announcing the study and approaching women directly to request their participation. On several study days, staff at the emergency shelters informed their clients of the interview opportunity. Interviews were completed in staff offices, conference rooms, and other spaces that would offer some privacy.

## Interview Questions

### *Phase One:*

The pilot version of the survey contained 6 sections. The first included items that were adapted from a 5-city study that was conducted by the National Health Care for the Homeless Council (NHCHC) in 2009-10 (Grassette, Hamilton, & Meinbresse, 2011). A phone conference was held with members of the NHCHC research team to learn about their survey administration experiences and obtain their technical assistance and feedback.

The second section included items that are used to measure different forms of physical and sexual violence that are of particular concern to women. Behavioral specific questions and prompts were adapted from a compendium of interpersonal violence measurement tools that had been published by the Center for Disease Control (2006).

Section three included items assessing the consequences of victimization and help-seeking behaviors. This section included a shortened version of the Self-Reporting Questionnaire (SRQ-20). The SRQ-20 is an instrument developed by the World Health Organization (WHO) to screen for potential psychiatric problems among low-income populations. Primarily, it screens for somatization, anxiety and depression. It has been tested with victims of violence and has been demonstrated as reliable and valid in multiple settings

(Salazar-Pousada et al., 2012). Scores on the SRQ-20 can range from 0 to 20 and scores of 7 or higher are considered to be reflective of potential psychiatric disorders and/or mental health distress (WHO, 1994). We used an adapted version of this tool with 17 items in order to best fit the purpose of this research study, relate to the life/needs of women who are homeless, and avoid the need for suicide intervention on the part of interviewers. The 3 items removed were associated with work, usefulness, and suicide. Despite the removal of these items, we have maintained a cut-off of 7 to identify psycho-emotional disturbance.

The fourth section of the survey included items measuring the occurrence of health care utilization in the prior 12 months and the presence of health conditions. The fifth section included several short questions about whether or not participants had engaged in transactional sex (sex trade) behaviors. These items were included because they were identified as risk factors for victimization in a study of homeless women (Wenzel et al., 2001).

The final section contained open-ended questions designed to allow participants the opportunity to provide recommendations for the community and share examples of how they promote their own health and safety. These questions were asked at the end of the survey in order to shift the focus from “problems” to “solutions” and identify the resiliency strategies employed by women.

For phase two, several modifications were made to the interview questions based on information that was frequently “offered” as supplemental qualitative data by participants during Phase one. Items were added that measured: 1) experiences with violence or victimization prior to women’s homelessness, 2) expanded assessment of non-violent victimization (stalking, verbal abuse, control), 3) reasons for emergency room and hospital utilization, 4) a question about being approached for transactional sex, and 5) new probing open-ended questions that assess health strategies.

### **Data Analysis**

Quantitative data was numerically coded and entered into SPSS. Data analysis was primarily descriptive, though some bivariate and multivariate relationships were explored.

Qualitative data was transcribed from the paper forms into an excel spreadsheet. Excel was utilized (instead of a qualitative data management software) because of its ease of use and the ability to code and merge findings into the quantitative SPSS dataset.



## Study Sample

The pilot version was completed in December of 2012 with 62 participants. Phase two was completed from February through May of 2013 with 88 participants. A total of 150 women participated in either phase of the study. It is unknown what proportion of the female homeless population they represented during this 6-month period, however the Point-In-Time count from January of 2013 indicated there were 357 women considered to be unsheltered or residing in emergency shelters.

The majority of participants identified themselves as African-American (47%), followed by White/Caucasian (39%), Hispanic (8%) and other or mixed race (6%). The average participant was 43 years old and had been homeless for 2.1 years during her most recent episode of homelessness. Respondents indicated they became homeless for the very first time at the average age of 34.

More than one-third of women reported becoming homeless in their 40's and 50's.

A large proportion of women had a high school diploma or GED (41%) or did not complete high school (34%). One in every five women reported that they attended college (18%) or completed a college degree (3%). See Table 1 for a review of participant characteristics.



*Photo reprinted with permission by B.J. Lacasse*

***“They do it all the time. That’s how they deal with their stress. They fight, they cut, they punch you in the face. That’s what they do.”***

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**Table 1: Characteristics of study participants**

Question/Item	Survey Version A= Pilot (n=62) B=Full (n=88) A&B (N=150)	Count	Percent of all study responders
<b>Location of Interview</b>	A & B		
Day Resource Center		66	44%
Presbyterian Night Shelter		30	20%
The Salvation Army		54	36%
<b>With which race or ethnicity do you most identify?</b>	A & B		
Black or African American		71	47.3%
White		58	38.7%
Hispanic or Latino		12	8.0%
American Indian or Alaska Native		3	2.0%
Other		6	4.0%
<b>Age at time of survey (Mean= 43 )</b>	A & B		
18-24		9	6.0%
25-30		19	12.7%
31-40		30	20.0%
41-50		50	33.3%
51-60		38	25.3%
61 and older		4	2.7%
<b>Age when homeless for the first time (Mean=34 )</b>	A & B		
18-24		25	16.7%
25-30		24	16.0%
31-40		27	18.0%
41-50		36	24.0%
51-60		16	10.7%
61 and older		2	1.3%
Missing		20	13.3%
<b>What is the highest grade in school you completed?</b>	A & B		
Less than a high school diploma		51	34.0%
High school diploma or GED		62	41.3%
Technical/Vocational school		5	3.3%
Some college		27	18.0%
College degree or higher		5	3.3%
<b>How long have you been homeless this time? (Mean=2.1 years)</b>	A & B		
Less than one		83	55.3%
1-2		34	22.7%
3-6		18	12%
7 or longer		15	10%
<b>Where do you usually stay at night?</b>	B		
PNS		60	68.1%
TSA		18	20.4%
Unsheltered		7	7.9%
Hotel/Motel		3	3.4%

# Findings

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## A cautionary note

A slide presentation of preliminary results was provided to stakeholders in the homelessness services arena on June 18<sup>th</sup>, 2013. After completing the qualitative data analysis, some of the quantitative data was updated. For example, one respondent provided qualitative data indicating that she had been raped while homeless during the prior 12 months, yet when initially asked questions about her experiences with sexual violence, she responded “no”. Changes such as this one resulted in some minor variations between the preliminary results and those presented in this report.

## Witnessing Violence

Forty-five percent of survey respondents indicated they have witnessed a violent attack on a homeless person and that this has occurred 3 or more times for most witnesses (70%; see Table 2).

**Table 2: Witnessing violence**

Question/Item	Count	Percent of Study Responders
<b>Have you ever witnessed a violent attack on a homeless person?</b> A & B		
YES	67	44.7%
NO	83	55.3%
<b>How many times have you witnessed a violent attack on a homeless person?</b> A & B		N=67
1-2 times	20	29.9%
3-4 times	15	22.4%
5 or more times	32	47.8%

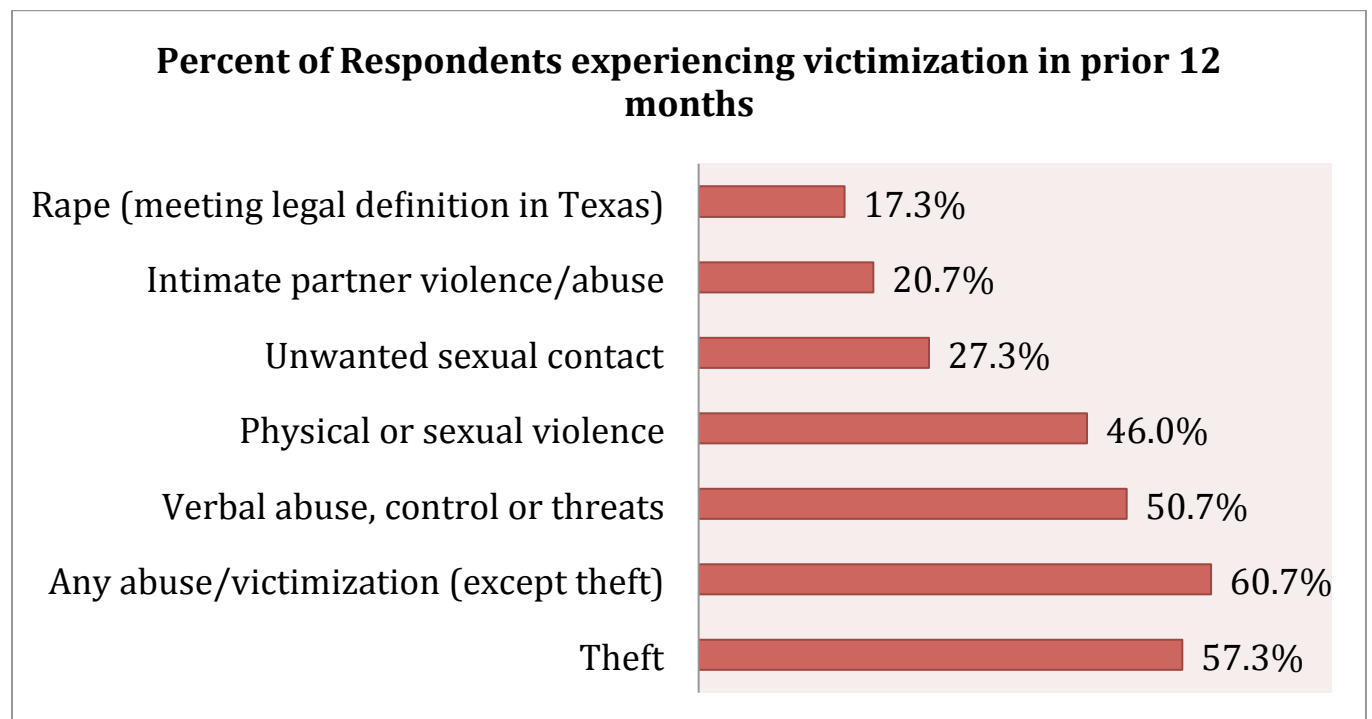
*“I stay by myself. Out on the streets, there are confrontations everyday. Don’t need to be fueling the fire.”*

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## Victimization experienced in the prior 12 months while homeless

Most study respondents experienced at least some type of victimization in the prior 12 months while homeless (See Figure 1 and Table 3). Six out of every ten women reported physical violence, sexual violence, verbal abuse, or threats or stalking/harassment. 57% reporting having something stolen from them, and often these were valuable items. Approximately one in five women reported the loss of medication, money and/or identification (See Figure 2).

**Figure 1: Types of victimization experienced in the prior 12 months while homeless**



**Figure 2: Items stolen during the past 12 months while homeless**

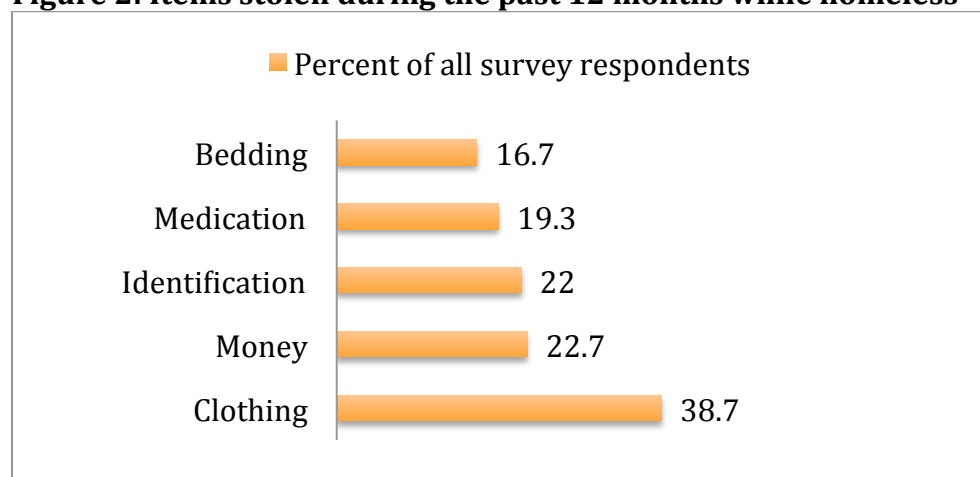
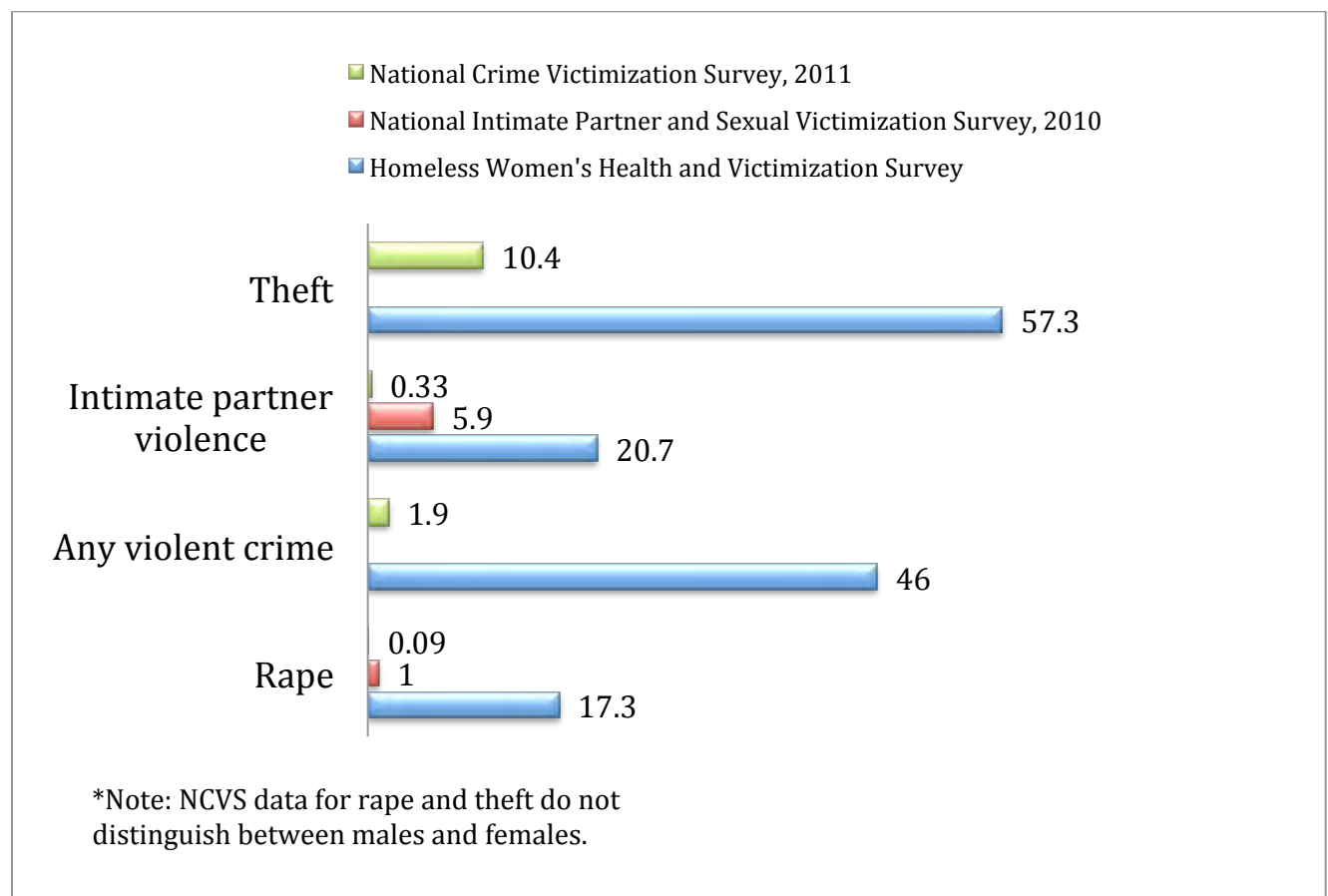


Table 3 shows the counts and percentages of women reporting singular types of victimization, as well as composite variables that represent one or more of a series of related items, such as sexual violence and rape. Comparable to the results of Wenzel et al. (2001), nearly a third (29%) reported at least one type of major/severe violence in the prior year while homeless.

Though we used different methods and a non-random sampling approach, it is nonetheless worth contrasting our findings to the random telephone survey studies completed by the National Crime Victimization Survey (2011) and the National Intimate Partner and Sexual Violence Survey (NIPSVS; 2010). Generally, the questions used in the NIPSVS study are considered the most valid way of measuring interpersonal violence due to their use of a series of detailed and behaviorally specific items. The NCVS methods rely on a fewer number of behavioral screening items which are somewhat less detailed than those used in NIPSVS. Despite these differences in methods, it is worthwhile to note that the women participating in our study reported considerably higher rates of all types of victimization than either the NCVS (2011) or NIPSVS (2010) annualized estimates (See Figure 3).

**Figure 3: Comparison to national victimization research**



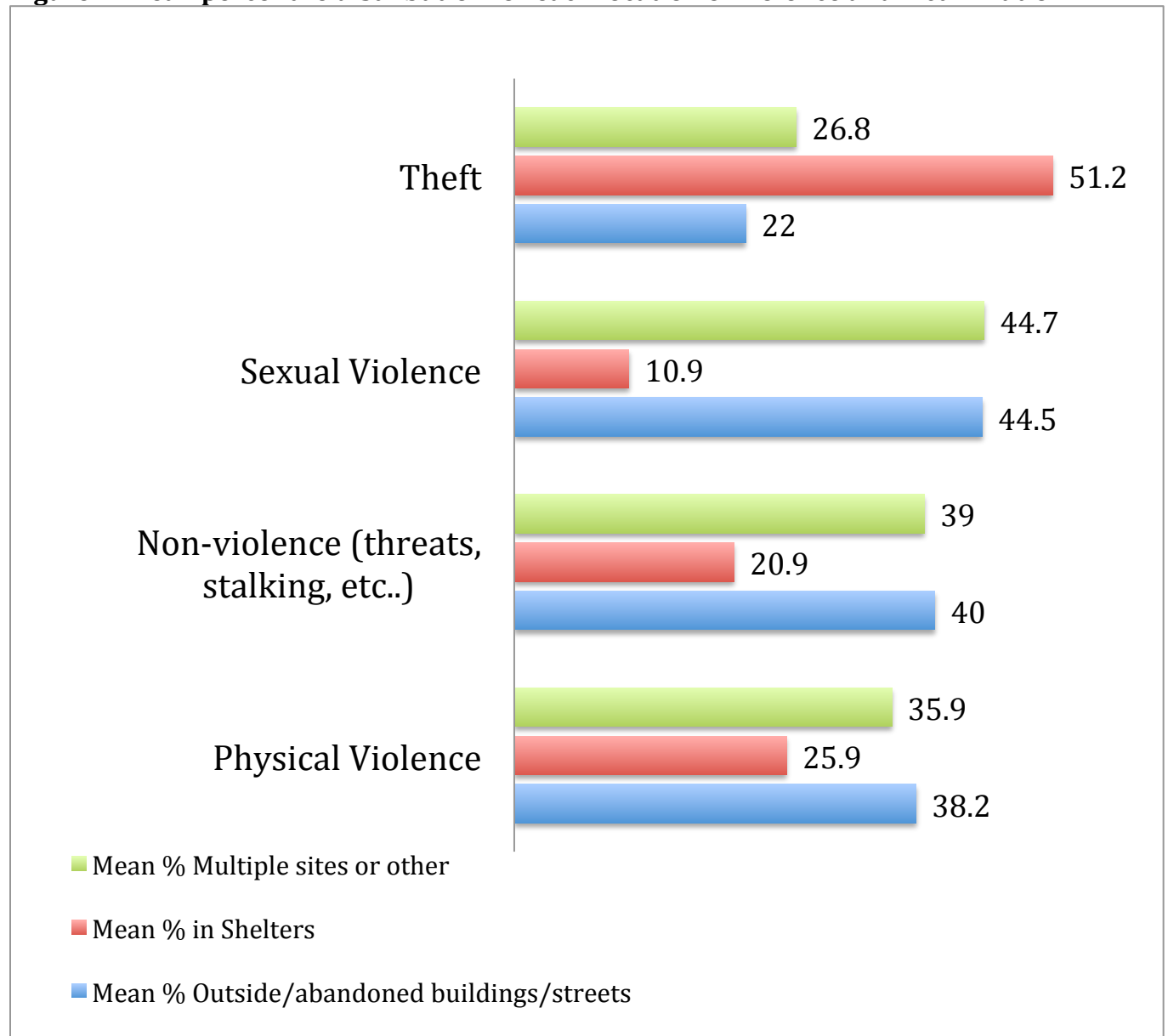
**Table 3: Victimization occurring during the prior 12 months**

ITEM #	Item: In the past 12 months during the time that you have been homeless has someone.....	Survey Version A=Pilot  B= Full  A&B=Both	Yes (count)	No (count)	Percent of the sample experiencing this type of victimization
1	Stolen something that belonged to you?	A & B (N=150)	86	64	<b>57.3%</b>
2	Thrown an object at you?	A & B (N=150)	26	124	<b>17.3%</b>
3	Verbally threatened to kill you?	A & B (N=150)	45	105	<b>30%</b>
4	Threatened with a weapon of any kind (knife, gun, club, etc...)?	A & B (N=150)	25	125	<b>16.7%</b>
5	Physically hurt you? (slapped, hit, pulled your hair, choked, punched, kicked or beaten)	A= (N=62)	18	44	<b>12%</b>
6	Verbally abused you or controlled what you do?	B (N=88)	39	49	<b>44.3%</b>
7	Restrained, grabbed, pushed, shoved, slapped, or pulled your hair?	B (N=88)	24	64	<b>27.3%</b>
8	Punched, kicked, choked, or beaten?	B (N=88)	15	73	<b>17%</b>
9	Followed, harassed, stalked or kept you under surveillance?	B (N=88)	29	59	<b>33%</b>
10	Shot at or stabbed you?	A & B (N=150)	8	142	<b>5.3%</b>
11	Subject you to unwanted kissing or touching on sexual parts of your body?	A & B (N=150)	36	114	<b>24%</b>
12	Forced or threatened with harm to make you give or receive oral sex, have vaginal or anal sex, or have sex with an object?	A & B (N=150)	22	128	<b>14.7%</b>
13	Had sex with you while you were unconscious or unable to give consent	B (N=88)	7	81	<b>8.2%</b>
<b>COMPOSITE ITEMS (at least one item in each list was reported)</b>					
	<b>Any abuse/victimization except theft (2-13)</b>	A & B (N=150)	91	59	<b>60.7%</b>
	<b>Non-contact abuse/control/threats (Items 3, 4, 6, 9)</b>	A & B (N=150)	76	74	<b>50.7%</b>
	<b>Physical or sexual violence (items 2,5,7,8,10-13)</b>	A & B (N=150)	69	81	<b>46%</b>
	<b>Physical violence (Items 2, 5, 7, 8, 10)</b>	A & B (N=150)	58	92	<b>38.7%</b>
	<b>Severe/major violence (4, 8,10, 12)</b>	A & B	43	107	<b>28.7%</b>
	<b>Unwanted sexual contact (Items 11-13)</b>	A & B (N=150)	41	109	<b>27.3%</b>
	<b>Rape (Items 12-13; met the legal definition of sexual assault in Texas)</b>	A & B (N=150)	26	124	<b>17.3%</b>

Tables 4-5 and Appendix A show the percentile distributions of victimization frequency, location, and identity of perpetrators. Forms of abuse that are typically ongoing by nature (stalking and verbal abuse) were reported to occur “several times” or “many times” in the majority of instances. Physical and sexual violence usually occurred “once or twice”, but were reported “several times” or “many times” in more than 40% of instances.

In order to examine trends regarding where types of violence occurs, we calculated mean percentiles for each location for theft, sexual violence, non-contact violence and physical violence. With the exception of theft, most victimization occurs outside of the emergency shelters.

**Figure 4: Mean percentile distribution for each location of violence and victimization**



## FREQUENCY OF VICTIMIZATION IN PRIOR 12 MONTHS WHILE HOMELESS

**Table 4: Percent distribution of responses regarding the frequency of violence and victimization**

ITEM #	Item: In the past 12 months while you have been homeless, how often has someone...	Once or Twice	Several Times	Many Times	TOTAL
1	Stolen something that belonged to you?	51.8%	19.3%	28.9%	100%
2	Thrown an object at you?	58.3%	29.2%	12.5%	100%
3	Verbally threatened to kill you?	51.1%	11.1%	37.8%	100%
4	Threatened with a weapon of any kind (knife, gun, club, etc...)?	66.7%	20.8%	12.5%	100%
5	Physically hurt you? (slapped, hit, pulled your hair, choked, punched, kicked or beaten)	44.4%	38.9%	16.7%	100%
6	Verbally abused you or controlled what you do?	24.3%	18.9%	56.8%	100%
7	Restrained, grabbed, pushed, shoved, slapped, or pulled your hair?	52%	36%	12%	100%
8	Punched, kicked, choked, or beaten?	53.3%	20.0%	26.7%	100%
9	Followed, harassed, stalked or kept you under surveillance?	31%	27.6%	41.4%	100%
10	Shot at or stabbed you?	75%	12.5%	12.5%	100%
11	Subject you to unwanted kissing or touching on sexual parts of your body?	36.4%	21.2%	42.4%	100%
12	Forced or threatened with harm to make you give or receive oral sex, have vaginal or anal sex, or have sex with an object?	60%	20%	20%	100%
13	Had sex with you while you were unconscious or unable to give consent	100%	0%	0%	100%

\* Not all respondents who reported a type of victimization indicated how frequently it occurred.

*"I don't talk to anybody. Stare at anybody. I keep my eyes open and aware of my surroundings."*



## WHERE DOES THE VIOLENCE AND VICTIMIZATION OCCUR?

Table 5: Percent distribution of victimization location

Item: In the past 12 months while you have been homeless, how often has someone...	Outside, street, abandoned building	Shelter	Other or multiple locations	TOTAL
<b>Stolen something that belonged to you?</b>	22%	51.2%	26.8%	100%
<b>Thrown an object at you?</b>	33.3%	45.8%	20.8%	100%
<b>Verbally threatened to kill you?</b>	45.5%	25%	29.5%	100%
<b>Threatened with a weapon of any kind (knife, gun, club, etc...)?</b>	54.2%	8.3%	37.5%	100%
<b>Physically hurt you? (slapped, hit, pulled your hair, choked, punched, kicked or beaten)</b>	44.4%	11.1%	44.4%	100%
<b>Verbally abused you or controlled what you do?</b>	18.9%	29.7%	51.4%	100%
<b>Restrained, grabbed, pushed, shoved, slapped, or pulled your hair?</b>	29.2%	33.3%	37.5%	100%
<b>Punched, kicked, choked, or beaten?</b>	46.7%	26.7%	26.7%	100%
<b>Followed, harassed, stalked or kept you under surveillance?</b>	41.4%	20.7%	37.9%	100%
<b>Shot at or stabbed you?</b>	37.5%	12.5%	50%	100%
<b>Subject you to unwanted kissing or touching on sexual parts of your body?</b>	27.3%	27.3%	45.5%	100%
<b>Forced or threatened with harm to make you give or receive oral sex, have vaginal or anal sex, or have sex with an object?</b>	63.2%	5.3%	31.6%	100%
<b>Had sex with you while you were unconscious or unable to give consent</b>	42.9%	0%	57.1%	100%

\* Not all respondents who reported a type of victimization indicated where it occurred.

With violence and victimization occurring frequently, identifying who was perpetrating the violence was complex. Appendix A shows a percent distribution of these results. **In 20.7% of violence instances, the perpetrators were intimate partners.** Most violence and victimization was perpetrated by other homeless individuals.

## Consequences of Victimization

Study participants were read the prompt: “Some people suffer long-term problems after being victimized” and were then asked if they experienced several types of problems. Among those answering these items (n=81-83 participants), the most commonly reported consequences of victimization were sleep disturbances and psychological trauma (see Table 6).

**Table 6: Long-term problems associated with victimization**

Did you experience any of these kinds of problems from victimization?	Yes Count	No Count	Total Responses	Percent of Yes Responses among those answering these items	Percent of full sample (n=150)
Sleep disturbance	53	28	81	65.4%	35.3%
Psychological trauma	50	31	81	61.7%	33.3%
Physical disability	19	64	83	22.9%	12.7%
Chronic pain	19	62	81	23.5%	12.7%
Other long term problems	16	65	81	19.8%	10.7%

Participants were also asked whether or not they had been injured in any of the violent attacks. Overall, 23% of respondents reported being injured (39% of those answering questions about injuries from their victimization). Serious injuries were reported for 1 to 9% of the participants, though 16.7% of women in the sample sought medical treatment.

*One in every 6 women interviewed sought medical treatment for injuries stemming from victimization.*

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**Table 7: Injuries from victimization**

<b>Injuries resulting from any of these violent or sexual attacks?</b>	<b>Yes Count</b>	<b>No Count</b>	<b>Total Responses</b>	<b>Percent of Yes Responses among those answering these items</b>	<b>Percent of full sample (n=150)</b>
<b>Any injuries?</b>	35	54	89	39.3%	23.3%
<b>Scratches, abrasions, bruises</b>	25	58	83	30.1%	16.7%
<b>Cuts, punctures or bites</b>	14	69	83	16.9%	9.3%
<b>Penetrating injury, deep cuts, gashes</b>	13	70	83	15.7%	8.7%
<b>Concussion/head injury</b>	11	72	83	13.3%	7.3%
<b>Broken bones</b>	7	76	83	8.4%	4.7%
<b>Other</b>	7	75	82	8.5%	4.7%
<b>Back or spine injuries</b>	6	77	83	7.2%	4.0%
<b>Sprains, dislocations</b>	4	79	83	4.8%	2.7%
<b>Broken teeth</b>	3	80	83	3.6%	2.0%
<b>Miscarriage</b>	3	79	82	3.7%	2.0%
<b>Burns</b>	2	81	83	2.4%	1.3%
<b>Did you see a doctor or any other medical provider for medical treatment of these injuries?</b>	25	16	41	61%	16.7%

*“They do it all the time. That’s how they deal with their stress. They fight, they cut, they punch you in the face. That’s what they do.”*

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## Psycho-emotional Distress/Psychiatric Screening

Table 8 shows the distribution of responses for the 17 items that were included as part of the Self-Reporting Questionnaire (SRQ-20; WHO, 1994).

***67% of 149 who answered all of the SRQ questions scored 7 or higher which indicates a high level of psycho-emotional disturbance among respondents.*** The SRQ scores were significantly different between those with violence/abuse and those without ( $t=-3.3$ ,  $df=147$ ,  $p=.001$ ).

The average score for women with recent abuse or violent experiences was a mean of 9.4 while the average score for non-abused women was 6.9.

*78% of 90 women reporting recent abuse or violence met the cut-off criterion for psychiatric distress whereas 53% of 59 non-abused women met this criterion.*

*88.5% of women who reported being raped in the past 12 months met the criterion for psychiatric distress.*

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A logistic regression showed that scoring a 7 or higher on the modified SRQ-20 significantly increased the odds of reporting an emergency room visit in the prior 12 months by 2.3 times ( $p=.02$ ). Of the 101 women who scored a 7 or higher, 76 of them (75.2%) reported emergency room visits.

*“With all they have to deal with, it clogs your brain and they can’t think clearly.”*

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**Table 8: Psychiatric Screening --Modified SRQ (17 items)**

In the past 3 months...	Yes- Count	Percent of total sample (N=150) responding yes
<b>Somatization Items</b>		
Do you have headaches?	103	68.7%
Is your appetite poor?	55	36.7%
Do you sleep badly?	92	61.3%
Do you have digestion problems/stomach issues?	39	26%
Do you feel tired all of the time?	94	62.7%
Do you have uncomfortable feelings in your stomach?	56	37.3%
Do you become easily tired?	96	64%
<b>Anxiety items</b>		
Do your hands shake?	53	35.3%
Do you feel nervous tense or worried?	105	70%
Do you have trouble thinking clearly?	76	50.7%
Are you easily frightened?	58	38.7%
<b>Depression items</b>		
Do you feel unhappy?	86	57.3%
Do you cry more than usual?	51	34%
Do you find it difficult to make decisions?	73	48.7%
Have you lost an interest in things?	75	50%
Do you have feelings of worthlessness?	52	34.7

*“I was there. I can still see it every day. You can’t erase that.”*

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## Seeking help

While the majority of women who were victimized told someone about their experiences, a minority opted to tell the police (35%), a doctor (19.7%), counselor or homeless service provider (17.6%). Table 9 shows the percent of victimized women who sought help from each source. Those with 10 or more responses also include a rating of helpfulness. Among those rating helpfulness of service providers, “very helpful” or “a little bit helpful” was chosen 70% or more of the time.

***60% said they told someone about their experiences with violence or abuse while homeless.***

*(N=55 out of 91 with violence/abuse experiences)*

**Table 9: Who was told and how helpful was the response?**

	Yes- Count	Yes- Percent of Victimized Responders who experienced violence or abuse (N=91)	Helpfulness		Count of responders answering helpfulness items <i>(asked in Survey B only)</i>
			% Very UN- helpful or Not very helpful	% Very Helpful or a little bit helpful	
<b>Family/Friends</b>	32	<b>35%</b>	21%	79%	19
<b>Police</b>	32	<b>35%</b>	25%	75%	16
<b>Doctor</b>	18	<b>19.7%</b>	18.2%	81.8%	11
<b>Counselor</b>	16	<b>17.6%</b>	30%	70%	10
<b>Homelessness services provider</b>	16	<b>17.6%</b>	30%	70%	10
<b>Crisis hotline</b>	8	<b>8.7%</b>	**	**	3
<b>A center/program for women</b>	8	<b>8.7%</b>	**	**	4
<b>Domestic violence program</b>	6	<b>6.6%</b>	**	**	5
<b>Clergy</b>	5	<b>5.5%</b>	**	**	3
<b>Other social service provider</b>	5	<b>5.5%</b>	**	**	2

*\*\* Item sets answered by fewer than 10 respondents are not included due to the potential for the results to appear skewed.*

Those who told no one about their victimization (n=36) were asked to provide reasons why. Thirty-two answered these items and Table 10 shows the distribution of responses.

The most common answer was that there was **“No use, it would not do any good”**.

**Table 10: If you didn’t tell anyone, what are the main reasons why you were not able to talk to anyone about the violence? (Respondents could choose more than one reason)**

Reason for not talking about	Yes Count	% of those answering this question set (N=32)
<b>No use/ it would not do any good</b>	12	38%
<b>Other**</b>	12	38%
<b>Would not be believed or taken seriously</b>	11	34%
<b>Afraid of more violence</b>	10	31%
<b>Afraid of causing problems in a relationship</b>	10	31%
<b>Embarrassed</b>	8	25%
<b>No need to complain</b>	8	25%
<b>Did not know where to go</b>	7	22%
<b>Thought I would be blamed</b>	6	19%

\*Other reasons include negative earlier experiences talking about prior victimization.

The majority of women who had been victimized (n=65) indicated that they still had needs related to their victimization (see Table 11). The most common cited needs were a safe place to stay, mental health counseling, safety planning and a support group for women. These findings underscore the psychological damage endured and as well as the desire to be safer.

Victim Compensation is a fund administered by the state that provides financial assistance and reimbursement for expenses associated with victimization. Few women who had experienced violence were familiar with this option.

*15% of women who experienced violence or abuse were aware of the Victim Compensation fund and 2% were successful in obtaining Victim Compensation.*

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**Table 11: Ongoing needs of victimized women**

Still need...	Yes Count	Percent of those answering this question set (N=65)
Safe place to stay	29	45%
Mental Health counseling	29	45%
Support group for women	27	42%
Safety planning	27	42%
Legal advice	16	25%
Medical assistance	16	25%
Talking it over with friends	15	23%
Religious counseling	13	20%

## Prior Victimization

During the pilot phase of interviewing, women offered qualitative stories about their previous victimization (prior to becoming homeless) and it became evident that it was important to ask about these experiences for phase two of the study. Nearly half of the respondents from phase two indicated that they experienced childhood abuse or intimate partner violence before they became homeless. Those who reported intimate partner violence were asked if they had used a domestic violence shelter prior to using emergency shelter services in the East Lancaster area. More than a third of these women reported domestic violence shelter usage (38.5%; see Table 12)

**Table 12: Victimization experiences prior to becoming homeless**

Prior to being homeless...	Yes Count	Percent of survey version B respondents answering this questions set (N=87)
Were you physically or sexually abused as a child?	39	45%
Has anyone forced you to give or receive oral sex, or have vaginal or anal sex?	20	23%
Were you ever abused by an intimate partner?	39	45%
Did you use the services of a domestic violence shelter prior to using homeless services in the East Lancaster area?	15	17% of respondents & 38.5% of those reporting prior intimate partner abuse

Similar to other bodies of research, there is a clear relationship between prior victimization and recent (past 12 months) violent experiences. Among those reporting physical or sexual violence in the prior 12 months (40 respondents in phase 2), the majority were abused as a child (62.5%) or abused by an intimate partner (65%). These figures compare to 29.8% and 27.7% (respectively) of those reporting no recent victimization (n=47). Prior rape experiences were also significantly different between those reporting recent violence (37.5%) and those without recent violence (10.6%).

**Table 13: Relationship between current and prior victimization (Survey version B)**

Prior to being homeless...	Percent of those reporting any current physical or sexual violence (40 out of 87)	Percent of those reporting NO current physical or sexual violence (47 out of 87)	Chi-Square significance test
Were you physically or sexually abused as a child?	62.5%	29.8%	p=.002
Has anyone forced you to give or receive oral sex, or have vaginal or anal sex?	37.5%	10.6%	p=.003
Were you ever abused by an intimate partner?	65%	27.7%	p=.000

*“I had to leave my husband. That put me in the system....It started it then I have been homeless on and off ever since.”*

## Health and health care utilization

Participants were asked about their use of health care services in the prior 12 months. The majority reported visiting doctors for both routine care (72.7%) and emergency room care (68.7%). Most report being tested for sexually transmitted infections (STI's; 66.7%), though we do not know whether these tests were limited to HIV/AIDS or included other STI's. Nearly one-third indicated they had been hospitalized as an inpatient (See Table 14).

**Table 14: Health care utilization In the past 12 months**

	Yes Count	Percent of total respondents (N=150) reporting yes
Visited a doctor for routine care?	109	72.7%
Visited the emergency room?	103	68.7%
Been tested for sexually transmitted infections?	100	66.7%
Been hospitalized as an inpatient?	44	29.3%



During phase two of the study, items were added that assessed reasons for why women utilized emergency rooms (ER's) or hospitals in the prior 12 months. Due to the small sample size of women reporting in-patient hospitalization, we only report reasons for emergency room visits in this report. Of the 57 women who provided reasons for ER visits, the most common cited problem was shortness of breath and asthma (28%). Interestingly, the

next most frequent response was "other", which is an indication of the wide range of reasons that brought homeless women to the ER. These "other" explanations included seizures, dental problems, fainting, dehydration, and other concerns. Injury (22.8%) and heart/chest pain (20.7%) were two other common reasons cited (see Table 15).

**Table 15: Reasons for Emergency Room visits (Survey version “B” )**

	Yes Count	Yes Percent of respondents answering the question set about their ER use reasons (N=57)
Shortness of breath/asthma	16	28.1%
Other*	14	24.6%
Injury	13	22.8%
Heart/chest pain	12	20.7%
Chronic pain	9	15.8%
Mental health	8	14%
Infections (viral or other)	8	14%
Digestion/stomach	6	10.5%
Urinary/kidney problems	5	8.8%
Pneumonia	5	8.8%
Blood pressure	5	8.8%
Alcohol or drug use	4	7%
Diabetes	3	5.3%
Female/Reproductive issues	2	3.5%
Pregnancy	2	3.5%

*\*Other reasons seizures, dental, fainting, dehydration, gout, hemorrhoids, COPD, needed medication refills, pancreatitis, cyst*

## Medication Use

*(Version B of Survey)*

In phase two of the study, we asked women about medication usage. The majority was prescribed medication and reported consistent adherence in the prior 3 months.

**Table 16: Medication utilization**

	Yes- Count	Percent
Are you currently prescribed medications?	53	60.9% (of 87)
In the past three months, have you been able to take your medication as prescribed?	38	71.7% (of 53)

### Current Health Conditions

Respondents to both versions of the survey answered questions about current health conditions. Similar to the findings associated with emergency room utilization, shortness of breath and asthma were identified as key concerns. Other frequently cited health conditions included chronic pain, heart problems, vision concerns, mental health and digestive issues (See Table 17).

**Table 17: Current Health Conditions**

Condition	Yes-Count	Percent of Full Sample (N=150)
Shortness of breath/asthma	68	45.3%
Chronic pain	56	37.3%
Heart problems or chest pain	46	30.7%
Vision/eye issues	41	27.3%
Mental health condition	40	26.7%
Digestion/stomach issues	39	26%
Dental issues	34	22.7%
Other health concerns	34	22.7%
Diabetes	26	17.3%
Female reproductive issues	23	15.3%
Alcohol or drug use problems	22	14.7%
Urinary/kidney problems	19	12.7%
Pregnancy	5	3.3%



## Sex Trade

One of every four women interviewed indicated that they engaged in “survival sex”, or transactional sex activities intended to meet subsistence needs or substance dependencies. One of every six women traded sex for a place to stay and 13% traded sex for food to eat.

*40% of women interviewed (35 women; Survey version B) indicated they have been approached and asked to trade sex for money, shelter, food, alcohol or drugs.*

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**Table 18: Sex Trade Experiences (Survey Versions A & B; N=149, excludes one person who refused to answer these items)**

Have you ever traded sex for...	Yes Count	Percent of Survey Respondents
<b>Any of the items listed below</b>	38	25.5%
<b>Money</b>	35	23.5%
<b>Alcohol or drugs</b>	30	20.1%
<b>Shelter</b>	24	16.1%
<b>Food</b>	20	13.4%
<b>Other (Version B only)</b>	3	3.4%

## Correlates of Sex Trade Activities

Women engaging in sex trade activities were significantly more likely to report recent victimization, prior intimate partner violence, childhood physical or sexual abuse, and indicators of psychiatric distress (See Table 19). An overwhelming majority, 87%, met the threshold for psychiatric distress on the Self-Reporting Questionnaire. The role of childhood physical or sexual victimization also seemed to have an influential role: 75% engaged in sex trade activities reported childhood victimization versus 38% of women who reported no sex trade activities.

**Table 19: Relationship between sex trade activities, victimization and psychiatric distress**

	Percent of Women reporting sex trade	Percent of women reporting NO sex trade	Survey Version	Chi-square significance
Any physical or sexual violence, or abuse in prior 12 months while homeless	84.2%	52.3%	A & B	p=.001
Any intimate partner violence prior to homelessness	68.8%	39.4%	B	p=.03
Any rape/sexual assault prior to homelessness	37.5%	19.7%	B	Not significant
Any childhood physical or sexual abuse prior to homelessness	75%	38%	B	p=.007
Shows signs of psychiatric distress (adapted SRQ-20)	86.8%	61.3%	A & B	P=.004





## Qualitative Findings

### Characterization of Environment

In the over 1,500 lines of transcribed data collected through our survey, participants shared their experiences, observations, concerns, and recommendations for the community. Their statements portray how they perceive their environment and experiences as members of the homeless community. Although a handful of comments stated that they did not feel threatened in East Lancaster, the overwhelming majority characterized their environment as volatile, predatory, and hostile. The participants consistently acknowledged that violence and victimization of women is prevalent in the area. Some women expressed that these acts of victimization are often dismissed as a normal, expected occurrence. For example, one participant stated that she did not report the violent attacks that she experienced because she didn't *"feel like anyone thinks it's a serious thing. They just accept these things as normal."*

Altering one's life in response to the perception of threat is a key theme that can be seen throughout the participants' interviews. They express that they feel little or no control over their environment and therefore must accept and adapt to the threats they encounter as best as they can.

### Safety and Health Maintenance Strategies Employed by Participants

The first open-ended probing question inquired about what the women do to keep themselves safe. Their responses revealed the variety of safety strategies and coping mechanisms that the participants employ in response to their environment. Table 20 shows these strategies along with the number of respondents that indicated that they utilize that strategy. This table also includes examples of transcribed data that correspond to each coded item.

Many of the strategies reported reflect an inability to trust in others and the environment. This inability to trust requires the individual to maintain a constant elevated state of awareness. In many cases, fear and mistrust has led the women to completely isolate themselves from other people in the environment. This isolation and internalization is both a coping mechanism and a safety strategy. Isolation allows the individual to minimize the possibility of conflict simply by limiting any interaction with other people while internalization of thoughts and feelings ensures that the individual will be less likely to draw the attention of individuals that could harm her.

This tendency for isolation is contrasted by the reliance on trusted individuals and male protectors for safety. While some women express that they go to great measures to avoid any association with and attention from men, other women seek out male protectors in the community. In some cases these male "protectors" were also the participants' abusers. These participants felt that although these men were actively abusing them, they still served as protection from other potentially more dangerous men in the community.

**Table 20: Safety Strategies Utilized by Study Participants**

<b>Coded Safety Strategies</b>	<b># of Respondents</b>	<b>Examples from Transcribed Data</b>
<b>Stay alert and aware of surroundings</b>	35	<i>"Make sure nobody is following us. You always have to watch your surroundings"</i>
<b>Be inside at night</b>	30	<i>"Stay in the shelter after dark"</i>
<b>Isolation</b>	25	<i>"Stay away from people as much as possible"</i>
<b>Avoid attention/conflict</b>	23	<i>"Stay quiet, if there's starting to be a fight I step back and get myself out of range"</i>
<b>Trusted people as companions</b>	23	<i>"I try to hang with people that's gonna have my back and I have theirs too"</i>
<b>Occupy time with productive activity</b>	18	
- <b>Job Search</b>	7	<i>"catches the bus and looks for jobs at visiting nurse association and cashiering jobs"</i>
- <b>Work</b>	6	<i>"Work during the week takes up most of my time"</i>
- <b>Counseling, Appointments, Classes, Meetings</b>	6	<i>"Keep all my appointments (case worker and doctor)"</i>
- <b>Housing Search</b>	2	<i>"Try to follow leads to get housing"</i>
<b>Stay inside/off the streets</b>	17	<i>"Keep back up against the wall, try to stay inside of places"</i>
<b>Male Protector</b>	16	<i>"Honestly, my boyfriend is a big part of that, he is really big and people respect him here"</i>
<b>Faith and positive thinking</b>	16	<i>"Stay close to the Lord and trust in His protection"</i>
<b>Carry weapon</b>	9	<i>"Always carry a weapon (mace or heavy make up bag)"</i>
<b>Don't socialize with people in and around shelters</b>	7	<i>"Don't socialize with people in the shelters"</i>
<b>Avoid attention from men</b>	6	<i>"Try to dress down so as not to entice men (wearing baggy clothing)"</i>
<b>Intimidation</b>	6	<i>"I let everyone know not to mess with me, I am very vocal and not the least bit bashful"</i>
<b>Self defense</b>	5	<i>"I fight back and that gives me a peace of mind"</i>
<b>Stay sober and avoid drug users</b>	5	<i>"Stay clean and sober, know what I am doing. Don't hang around people who use"</i>
<b>Don't socialize with strangers or questionable people</b>	4	<i>"Stay away from people I don't know"</i>
<b>Given up</b>	3	<i>"I stopped. I don't even try anymore. I just take it one day at a time"</i>
<b>Stay with friends/family</b>	3	<i>"Stay somewhere safe, Stayed with my mom for about 2 weeks"</i>
<b>Reaching out to authorities</b>	2	<i>"I don't even know what to say. I guess by calling the police and letting them know when you are being harassed"</i>

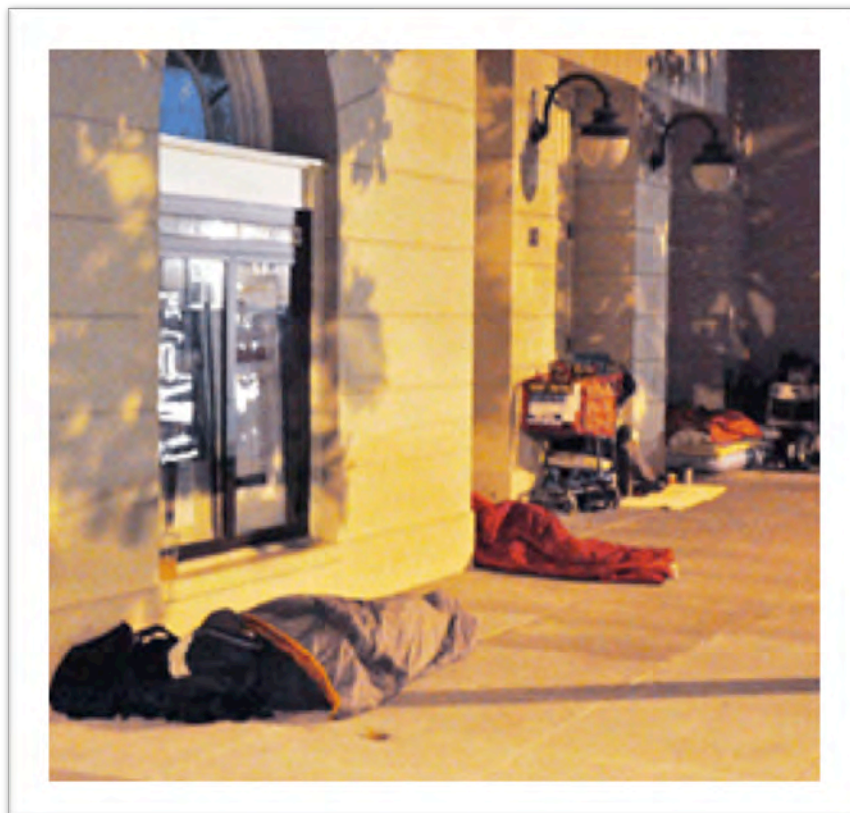
A smaller number of women express that they rely on themselves for protection through self-defense, carrying a weapon, and intimidating potential attackers.

Interestingly, only two individuals indicated that they would reach out to an authority for help or protection (one indicated that she would notify the case manager of harassment and the other suggested calling the police). Many statements were made indicating a lack of faith in the ability or willingness of authorities to help. One woman stated that “even if you have a cell phone and call 911 the person could still attack you before the police even get in the car.” Statements like this suggest that some women may see their state of vulnerability as beyond the control of anyone, including the police and authorities in the shelters.

Avoiding being outside on the streets as much as possible is a widely adopted safety strategy in East Lancaster street area. During the day many women will try to leave the area in search for a safe place to stay. For instance, the public library serves as a safe haven for some women during the daytime.

### **Participant Recommendations for Community to Help Homeless Women be Safe**

The participants gave many recommendations for the community to help homeless women be safe. Almost all of the recommendations suggested by the participants correspond to one of the 7 themes in Table 21.



**Table 21: Participant Recommendations for the Community to Help Homeless Women be Safe**

Theme	Recommendation	# of Respondents
<b>Separate Men and Women</b>	Open a women's-only shelter	25
<b>Facilitate a Way Out</b>	Focus on placement in permanent housing	25
	Provide more job training and placement services	11
	Help women with education and life skills	8
<b>Create a Safer Environment</b>	Increase police/security presence and response to confrontations	22
	Improve lighting and security cameras	12
	Implement some form of alert system (ex: emergency call boxes or alert bracelets)	6
	Screening in shelters for violent and sexual criminal history	4
	Allow for a place to secure belongings during the day	3
	Relocate shelter to a safer environment	1
<b>Keep Women off the Streets</b>	Provide more options for women to come in off the street	18
	Avoid barring women from shelters and provide alternatives for those who cannot get into the shelters	6
	Expand shelters to accommodate more people or build a new shelter	9
	Enable women to access transportation more easily	7
	Provide accommodations for families	4
<b>Availability and Accessibility of Resources</b>	Increase number of resources for homeless women and ensure that women are informed of what is available and how to navigate these services	17
	Equal consideration for women in shelters, programs, and housing	7
	Increase and strengthen substance abuse/mental health services	6
<b>Support and Build Up Self Worth</b>	Encourage and provide emotional support through counseling and trusting case management relationships	9
	Build concept of self-worth through workshops and education	9
	Create a healthy shelter environment characterized by respect, consumer choice, and zero-tolerance for all forms of abuse and victimization	9
	Help women engage in meaningful activities	3
<b>Empower Women to Take Control of their Own Safety</b>	Teach women safety and self-defense strategies	13
	Provide women with a form of physical protection	4

## Limitations

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The findings of this study are limited in several key ways. First, since participants were not chosen at random, we cannot generalize these findings to the experiences of all women who are homeless in the East Lancaster street region of Fort Worth Texas. Second, the study utilized a cross-sectional design. As such, any relationship between study variables (i.e., sex trade activities and victimization) cannot be presumed to causal. The recommendations described in this document reflect the suggestions of study participants as well as the opinions of the authors.

## Discussion and Recommendations

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These findings portray an environment in the East Lancaster street area that poses serious threats to the safety and well-being of women who are homeless. Participants described a sense of being trapped in the region or “thrown away” by the community. Bus passes were difficult to obtain and their lives had become a daily routine of walking from one facility to another. Whether or not they had been victimized, the potential for violence defined their existence. They narrowed their focus to getting basic needs met: food, shelter, and safety. For some these needs were even harder to reach due to complications arising from substance abuse, poor health, trauma, fear and mental health.

Yet, we know this is just a small part of their life stories. The average woman in our study was 43 years old and had been homeless for 2.1 years. Most of her adult life was spent not being homeless. Many respondents offered us unsolicited information about their previous jobs, marriages and children. What happened between being housed and becoming homeless is good question for future research. Gaining a better understanding of women’s capacities for self-sufficiency will help future plans to identify women on the verge of homelessness. As a community, how can we prevent this steep dive into the threatening culture and geography of homelessness in Tarrant County?

Once homeless, women are frequently victimized and approached about using their only asset (their bodies) as means to get their needs met via sexual transactions. Those who decide to engage in sex trade activities are more likely to have been victimized as children and to experience more recent violence while homeless. They are also more likely to experience psycho-emotional distress and meet a psychiatric screening threshold.

There is also evidence to indicate that women’s health is at risk. The majority used emergency rooms in the prior 12 months and 29% were hospitalized overnight. The most frequent health condition reported was also the most common reason cited for emergency room utilization: shortness of breath or asthma. This is a condition that can be managed with proper care, but without management increases the risk of serious health problems or death.

## Recommendations

Should our community make the East Lancaster area safer for women or attempt to remove women from the region? The answer is yes to both items. This is an ideal situation in which to pursue a “both-and” set of solutions.

**1. Housing:** Getting women out of the streets and shelters and into housing should be the highest priority. In order to facilitate housing, our community needs to strengthen rapid re-housing approaches for individuals who can live independently, increase the supply of Permanent Supportive Housing for people who are disabled and chronically homeless, and increase the supply of affordable housing options for all. These recommendations are consistent with the federal HEARTH ACT and are in alignment with the US Department of Housing and Urban Development’s priorities.

**2. Engage the Community and Promote Integrated Care:** The need for homelessness intervention has always greatly outweighed the volume of resources available. While the homelessness service delivery system has dramatically grown and improved since our 2005 Client Centered Community Needs Assessment (Spence, Petrovich & Van Zandt), consumers are still reporting frustration with the lack of resources. We believe that the findings of this study highlight the need to engage other systems of care (e.g., domestic violence, rape crisis, emergency financial services, health care, mental health care) in a more deliberate integrated coordination approach. The evidence-based Trauma-Informed Care model (Hopper, Bassuk & Olivet, 2009) is appropriate to serve as a unifying framework linking all of these settings and has been shown to improve mental health and housing stability. The funding of Medicaid 1115 Waiver projects at JPS and UNTHSC should help improve service coordination and have already stimulated an increase in dialogue between systems of care. We recommend that this momentum include a focus on trauma and ensure that victimization-oriented providers are included in the integration of care.

**3. Strengthen East Lancaster:** The constellation of homeless-serving agencies in the East Lancaster area is rich with committed staff members who care deeply about the well-being of their clients and are actively engaged in plans to improve service delivery. The Fort Worth Foundation is establishing a central resource facility and a new coordinating board for the Continuum of Care has been established. It is clear that changes are underway, which makes it an opportune time to consider ways to improve women’s safety, health and mental health.

Despite these strengths and opportunities, the geographic density of homelessness in the East Lancaster street area has created ripe conditions for violence and victimization. Furthermore, with increased capital investment to support East Lancaster construction projects, there is some concern that the community is investing in “growing” the region rather than reducing the density.

We recommend that the programs and policies of East Lancaster homeless services organizations align with a vision where housing is the highest priority and time spent “waiting” in East Lancaster is diminishing.

**4. Respond to the voiced needs of women:** Our study participants provided an array of recommendations that they believe would improve their safety and well-being while they are homeless. These include offering separate spaces for women, placing call boxes throughout the region, increasing law enforcement patrol officers, providing safety planning and self-defense courses, more bus passes and additional safe locations to spend day-time hours.



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# Appendix A: Percent Distribution regarding the perpetrator of violence and victimization

Item: In the past 12 months while you have been homeless, how often has someone...	Homeless Stranger	Homeless Friend/Family	Homeless Intimate Partner	Non-Homeless Friend/Family	Non-Homeless intimate partner	Intimate partner and other attackers	Shelter Staff	Other or unknown	TOTAL
Stolen something that belonged to you?	47%	6%	3.6%	3.6%	2.4%	6%	1.2%	30.1%	100%
Thrown an object at you?	56.5%	4.3%	8.7%	4.3%	17.4%	4.3%	4.3%	0%	100%
Verbally threatened to kill you?	51.1%	6.7%	11.1%	2.2%	4.4%	11.1%	2.2%	11.1% (6.7% drug dealers)	100%
Threatened with a weapon of any kind (knife, gun, club, etc...)?	24%	16%	16%	8%	20%	4%	0%	12% (4% drug dealers)	100%
Physically hurt you? (slapped, hit, pulled your hair, choked, punched, kicked or beaten)	33%	5.6%	11.1%	5.6%	27.8%	11.1%	5.6%	0%	100%
Verbally abused you or controlled what you do?	26.3%	2.6%	18.4%	5.3%	21.1%	7.9%	2.6%	15.7%	100%
Restrained, grabbed, pushed, shoved, slapped, or pulled your hair?	28%	12%	12%	8%	20%	16%	0%	4%	100%
Punched, kicked, choked, or beaten?	20%	20%	20%	0%	33.3%	0%	0%	6.7%	100%
Followed, harassed, stalked or kept you under surveillance?	51.7%	13.8%	13.8%	3.4%	10.3%	3.4%	0%	3.4%	100%
Shot at or stabbed you?	12.5%	0%	0%	12.5%	25%	0%	0%	50%	100%
Subject you to unwanted kissing or touching on sexual parts of your body?	61.8%	5.9%	5.9%	2.9%	2.9%	5.9%	2.9%	11.6% (2.9% drug dealers)	100%
Forced or threatened with harm to make you give or receive oral sex, have vaginal or anal sex, or have sex with an object?	40%	10%	5%	0%	25%	10%	5%	5%	100%
Had sex with you while you were unconscious or unable to give consent	14.3%	28.6%	14.3%	0%	42.9%	0%	0%	0%	0%

\* Not all respondents who reported a type of victimization reported the identity of the perpetrator(s).