



Health Care for the Homeless
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Bibliography #24

**Homeless Women
And Violence**

October 2004

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2004

Anderson DG, Rayens MK. **Factors influencing homelessness in women.** *Pub Hlth Nurs* 21(1):12-23, 2004.

The specific aims of the article were to: (i) compare childhood experiences of intimacy and autonomy as they occurred in the families of origin of women who have and women who have not experienced homelessness; (ii) compare social support, reciprocity, and conflict as they occurred in the childhood support networks and in the current support networks of women who have and women who have not experienced homelessness; (iii) examine the relationships between intimacy and autonomy in families of origin and the social support networks from childhood of women who have and women who have not experienced homelessness. 255 women were interviewed to determine levels of intimacy, autonomy, social support, reciprocity, and conflict in childhood relationships. The ANCOVA models for each of support, reciprocity, and conflict indicated a significant group effect. The post-hoc analysis for support indicated that the homeless group was significantly lower in support and reciprocity and significantly higher in conflict than the never-homeless groups. The never-homeless, never-abused group scored significantly higher on autonomy and intimacy than the homeless or the never-homeless, abused groups. This study demonstrates the significance of families of origin and learning how to develop and utilize support systems in preventing or reducing homelessness.

Arnow BA. **Relationships between childhood maltreatment, adult health and psychiatric outcomes, and medical utilization.** *J Clin Psychiatry* 65 Suppl 12:10-5, 2004.

Childhood maltreatment strongly predicts poor psychiatric and physical health outcomes in adulthood. This overview of the literature shows that individuals who suffer abuse, neglect, or serious family dysfunction as children are more likely to be depressed, to experience other types of psychiatric illness, to have more physical symptoms, and to engage in more health-risk behaviors than their nonabused counterparts. The more severe the abuse, the stronger the association with poor outcomes in adulthood. Childhood sexual abuse in particular has been repeatedly associated, in adulthood, with physical complaints such as chronic pain that are likewise associated with depression. Individuals with a history of childhood abuse, particularly sexual abuse, are more likely than individuals with no history of abuse to become high utilizers of medical care and emergency services. Childhood maltreatment is highly prevalent among both men and women, especially in specialty settings such as emergency psychiatric care.

Lipsky S, Caetano R, Field CA, Bazargan S. **Violence-related injury and intimate partner violence in an urban emergency department.** *J Trauma* 57(2):352-9, 2004.

BACKGROUND: To facilitate the identification of ED patients at risk for intimate partner violence (IPV), we assessed the relationship of acute violence-related injury and history of IPV victimization or perpetration. **METHODS:** This cross-sectional study systematically sampled patients presenting to an urban ED. Reason for visit, past year history of IPV victimization and perpetration, alcohol and drug use and abuse, and sociodemographic factors were assessed. **RESULTS:** The odds of violence-related injury was increased three-fold among persons with a history of IPV victimization and nearly two-fold among those with IPV perpetration history. Male gender, younger age, and problem drinking were independent risk factors in both models.

CONCLUSION: Screening for IPV among individuals presenting with a violence-related injury may be helpful in identifying individuals at risk of partner violence.

Lutenbacher M, Cohen A, Conner NM. **Breaking the cycle of family violence: Understanding the perceptions of battered women.** J Pediatr Health Care 18(5):236-43, 2004.

BACKGROUND: Domestic violence screening recommendations that guide pediatric care providers exist but screening remains low. Many providers do not understand the linkages between aversive childhood experiences and adult abuse experiences. PURPOSE: To describe the childhood abuse experiences in 40 battered women. Research questions How prevalent is childhood abuse in a sample of battered women? How do these women describe their childhood abuse experiences? METHOD: Women who had left or were currently in abusive relationships were recruited by posting advertisements in public areas. Each woman participated in a semi-structured individual interview that included open-ended questions and administration of standardized measures. RESULTS: Most women described abuse during their childhood, reported high depressive symptoms, and indicated a high potential risk for child abuse. Content analysis of descriptions of childhood abuse experiences yielded five themes: socialization not to tell, normalcy of events, abandonment, escape, and shame. Women reported limited assistance during their childhood and adult abuse experiences from health care providers who lacked a family focus. DISCUSSION: Mothers' experiences with childhood and adult abuse challenge their ability to develop healthy family relationships. Pediatric health care providers must routinely screen for abuse in mothers and children within a family-centered approach.

Moracco KE, Brown CL, Martin SL, Chang JC, Dulli L, Loucks-Sorrell MB, Turner T, Bou-Saada IG, Staroneck L. **Mental health issues among female clients of domestic violence programs in North Carolina.** Psychiatr Serv 55(9):1036-40, 2004.

OBJECTIVE: This study estimated the prevalence of mental health problems among clients of domestic violence programs in North Carolina, determined whether domestic violence program staff members routinely screen clients for mental health problems, described how domestic violence programs respond to clients who have mental health problems, and ascertained whether domestic violence program staff members and volunteers have been trained in mental health-related issues. METHODS: A survey was mailed to all known domestic violence programs in North Carolina. RESULTS: A total of 71 of the 84 known programs responded to the survey. A majority of programs estimated that at least 25 percent of their clients had mental health problems and stated that they routinely asked their clients about mental health issues. More than half the programs reported that less than 25 percent of their staff members and volunteers had formal training on mental health issues. An even smaller percentage of programs reported that they had a memorandum of agreement with a local mental health center. CONCLUSIONS: The substantial percentage of domestic violence clients with concurrent mental health needs and the limited mental health services that are currently available have important implications for domestic violence and mental health service delivery.

Moses DJ, Hintington N, D'Ambrosio, B. **Developing integrated services for women with co-occurring disorders and trauma histories: Lessons from the SAMHSA Women with Alcohol, Drug Abuse and Mental Health Disorders who have Histories of Violence Study.** Delmar, NY: Women, Co-Occurring Disorders and Violence Study Coordinating Center, 2004.

This report details the site-level activities of the SAMHSA Women with Alcohol, Drug Abuse and Mental Health

Disorders who have Histories of Violence Study. It highlights the challenges and responses in the study's four domains: service integration; clinical integration; services; and consumer integration. It contains an array of lessons gathered from this innovative multi-site initiative that can help other communities who are working to integrate services for women with co-occurring disorders and histories of trauma (authors).

Wenzel SL, Tucker JS, Elliott MN, Hambarsoomians K, Perlman J, Becker K, Kollross C, Golinelli D. **Prevalence and co-occurrence of violence, substance use and disorder, and HIV risk behavior: A comparison of sheltered and low-income housed women in Los Angeles County.** *Prev Med* 39(3):617-24, 2004.

Background. Violence against women, substance use and disorder, and HIV represent three significant threats to the health of women, yet little is known about the extent of these epidemics among indigent women. This study investigates and documents differences in the prevalence and co-occurrence of physical and sexual violence, substance use and disorder, and HIV risk behavior in sizable probability samples of sheltered homeless and low-income housed women. **Methods.** Retrospective self-reports were obtained through structured interviews with stratified random samples of women residing in shelters and low-income housing in Los Angeles County, California. **Results.** Sheltered women were more likely than housed women to report experiencing physical and sexual violence, substance use and disorder, HIV risk behavior, and co-occurrence of these problems in the past year. Differences remained when propensity weights were used to equate the groups on demographic and background characteristics. **Conclusions.** Findings suggest remarkable need for services among communities of indigent women. Higher rates of problems among women in shelters highlight the importance of differentiating among subgroups of indigent women in community-based prevention and intervention activities and tentatively suggest a protective influence of housing.

2003

Butchart A, Villaveces A. **Violence against women and the risk of infant and child mortality.** *Bull World Health Organization* 81(1): 17-18, 2003.

Center for Substance Abuse Prevention. **Substance abuse resource guide: Violence against women.** Rockville, MD: Substance Abuse and Mental Health Services Administration, 2003.

This resource guide presents recent research findings and information on the relationship of alcohol and substance abuse to violence against women, including battering, murder, stalking behaviors, rape, and sexual assault. Included in this guide are listings of books, brochures, fact sheets, reports, videos, posters, etc., that pertain to this topic (authors).

El-Bassel N, Gilbert L, Witte S, Wu E, Gaeta T, Schilling R, Wada T. **Intimate partner violence and substance abuse among minority women receiving care from an inner-city emergency department.** *Women's Health Issues* 13(1): 16-22, 2003.

A woman's drug and alcohol use has been found to increase her risk of experiencing intimate partner violence (IPV). **OBJECTIVE:** The study describes the rates of lifetime and current IPV among women awaiting care in an emergency department and explores the association between IPV and having a drug abuse problem, and IPV and having an alcohol abuse problem, after controlling for demographic factors and history of childhood

victimization. **METHODS:** Face-to-face interviews were conducted with 143 low-level triaged women recruited from an inner-city emergency department. **RESULTS:** Nearly one-half reported ever experiencing IPV, and over 18% reported IPV during the year before the interview. A higher proportion of abused women reported a history of regular crack, cocaine, or heroin use and visiting shooting galleries or crack houses. Participants who were physically abused by their partner during the past year were more likely than nonabused women to report higher scores on the Alcohol Use Disorders Identification Test (AUDIT), a measure of alcohol-related problems, and the Drug Abuse Severity Test (DAST), a measure of drug-related problems. Sexually abused women were more likely than their counterparts to have significantly higher AUDIT scores. The findings have implications for how the intersecting public health problems of IPV and substance abuse should be taken into consideration in research and patient care protocols in emergency departments.

Greenwood MD. **Community cooperatives combat sexual assault and domestic violence.** Emerg Med Serv 32(2): 60-61, 2003.

The effectiveness of the SANE program is borne out by the following testimonies: "The emotional support required by these victims is best rendered by a SANE. This frees the ED nurse to care for other patients, while sexual assault victims receive a high level of care," says Nancy Donel, RN manager at St. Thomas Hospital ED. "The DOVE program benefits not only the emergency physician, but the EMS system as well. It gives us a resource and a specifically identified program with well-trained, qualified providers. Through their training and knowledge, SANEs not only help victims, but also increase the number of legal convictions that take assailants off the streets. This improves the health and safety of the communities in which we live and serve," says Michael Mackan, MD, of the Summa Health System.

Hendricks S, Helmstetter C. **Emergency shelters, transitional housing, and battered women's shelters: Data collection project twelfth annual report.** St. Paul, MN: Wilder Research Center, 2003.

This report focuses on the lack of affordable housing, resulting in the use of shelters and transitional housing. Based on a shared data collection system among shelter programs in Ramsey County, the authors conducted this annual study of usage trends including demographics, reasons leading to use of shelters, length of stay, and repeated stays. The authors state that in 2002, more than 4,000 people used emergency shelters or transitional housing, and over 1,200 women used domestic violence shelters. The authors assert that a lack of affordable housing continues to be a main reason why people use shelters. The report also states that employment/income is also a common factor in seeking shelter (authors).

Kushel M, Evans J, Perry S, Robertson M, Moss A. **No door to lock: Victimization among homeless and marginally housed persons.** Archives of Internal Medicine 163(20): 2492-2499, 2003.

This article discusses the fact that persons who are homeless experience high rates of sexual and physical assault; homeless women are thought to be at highest risk. To determine the prevalence, distribution, and factors associated with sexual and physical assault, the authors surveyed homeless and marginally housed adults in San Francisco, CA. The authors interviewed 2577 respondents about their history of recent sexual and physical assault, housing history, sexual practices, substance use, health status, and criminal justice history. The main outcome measures were self-reported sexual and physical assault in the previous 12 months. Overall, 32.3 percent of women, 27.1 percent of men, and 38.1 percent of transgendered persons reported a history of either sexual or physical assault in the previous year. In multivariate models, being homeless (as opposed to marginally housed) was associated with sexual assault for women, but not for men. Housing status was not associated with physical

assault for women or men. The authors state that mental illness and sex work were both common and associated with high rates of assault in multivariate analyses, and that sexual and physical assault are common experiences for homeless and marginally housed persons. Housing is associated with lower rates of sexual assault among women. The need for strategies to decrease sexual and physical assault and its consequences in this population is suggested (authors).

Moses DJ, Reed BG, Mazelis R, D'Ambrosio B. **Creating trauma services for women with co-occurring disorders: Experiences from the SAMHSA Women with Alcohol, Drug Abuse and Mental Health Disorders who have Histories of Violence Study**. Delmar, NY: Women, Co-Occurring Disorders and Violence Study Coordinating Center, 2003.

This document describes project activities and presents preliminary findings from the process evaluation of the nine sites participating in Phase II of the SAMHSA Women with Alcohol, Drug Abuse and Mental Health Disorders who have Histories of Violence Study. The first section reviews what is known about the impacts of violence on women, the current state of service delivery, and the SAMHSA project goals and local study sites. The next section on providing trauma-specific services describes in detail four group intervention models that are the basis for trauma-specific services at the project's nine sites. The section on trauma-informed services describes how systems and services can be redesigned to be appropriate and effective for women who have experienced violence; it is illustrated by examples from project sites. The next section outlines the challenges and lessons learned by project sites as they implemented their trauma-specific and trauma-informed service interventions. The final section offers a list of organizations, publications, and other resources (authors).

Pearlman DN, Zierler S, Gjelsvik A, Verhoek-Oftedahl W. **Neighborhood environment, racial position, and risk of police-reported domestic violence: A contextual analysis**. Pub Hlth Rep 118(1): 44-58, 2003.

OBJECTIVES: The purpose of this study was to examine the contribution of neighborhood socioeconomic conditions to risk of police-reported domestic violence in relation to victim's race. Data on race came from police forms legally mandated for the reporting of domestic violence and sexual assault. **METHODS:** Using 1990 U.S. census block group data and data for the years 1996-1998 from Rhode Island's domestic violence surveillance system, the authors generated annual and relative risk of police-reported domestic violence and estimates of trends stratified by age, race (black, Hispanic, or white), and neighborhood measures of socioeconomic conditions. Race-specific linear regression models were constructed with average annual risk of police-reported domestic violence as the dependent variable. **RESULTS:** Across all levels of neighborhood poverty, the risk of police-reported domestic violence was higher for Hispanic and black women than for white women. Results from the linear regression models varied by race. For black women, living in a census block group in which fewer than 10% of adults ages ≥ 25 years were college-educated contributed independently to risk of police-reported domestic violence. Block group measures of relative poverty and unemployment did not add to this excess. For Hispanic women, three neighborhood-level measures were significant: percentage of residents living in relative poverty, percentage of residents without college degrees, and percentage of households monolingual in Spanish. A higher degree of linguistic isolation, as defined by the percentage of monolingual Spanish households, decreased risk among the most isolated block groups for Hispanic women. For white women, neighborhood-level measures of poverty, unemployment, and education were significant determinants of police-reported domestic violence. **CONCLUSION:** When data on neighborhood conditions at the block group level and their interaction with individual racial position are linked to population-based surveillance systems, domestic violence intervention and prevention efforts can be improved.

Roy-Byrne P, Berliner L, Russo J, Zatzick D, Pitman RK. **Treatment preferences and determinants in victims of sexual and physical assault.** J Nerv Ment Dis 191(3): 161-165, 2003.

To determine the treatment preferences for victims of recent trauma at risk for posttraumatic stress disorder and the determinants of those choices, preferences were elicited from 466 consecutive victims of physical or sexual assault at an urban emergency department as part of the routine clinical evaluation by emergency department social workers. Demographics, assault characteristics, and clinical history were used to predict preference. More than 80% of victims expressed an interest in treatment, with more interested in counseling (76%) than medication (62%). Female gender and assaults of a sexual nature were most highly predictive of preference for medication, whereas female gender, sexual assault, a history of psychiatric treatment, and perceived life threat from the trauma were most predictive of preference for counseling and preference for any treatment. Because treatment preferences were easily obtained from assault victims seeking emergency care, the elicitation of these treatment preferences and the consideration of them in the treatment planning process could facilitate engagement in treatment and overcome the avoidance of treatment by some victims.

Wechsberg W, Lam W, Zule W, Hall G, Middlesteadt R, Edwards J. **Violence, homelessness, and HIV risk among crack-using African-American women.** Substance Use and Misuse 38(3-6): 669-700, 2003.

This study compares the characteristics of out-of-treatment, homeless, crack-using African American women with those who are not homeless to determine what risks and protective factors differentiate the two groups. From 1999-2001, 683 out-of-treatment, African American crack-using women were interviewed and serologically tested. Risk factors that were examined include adverse childhood experiences, psychological distress, physical health, violence and victimization, drug use, and risky sex behaviors. Protective factors that were examined include marital status, education, public assistance, and the responsibility of caring for children. According to the authors, the findings suggest that not only do these women overall report painful histories and currently stressful lives, but homeless women are more likely than women who are not homeless to have experienced child abuse and are more involved with drug use (authors).

Women, Co-Occurring Disorders and Violence Study Coordinating Center. **Women, Co-Occurring Disorders and Violence Study: Program summary.** Delmar, NY: Women, Co-Occurring Disorders and Violence Study Coordinating Center, 2003.

This report describes the Women, Co-Occurring Disorders and Violence Study, the first federal effort to address the significant lack of appropriate services for women with co-occurring substance abuse and mental health disorders who have experienced trauma and their children. The goal of this effort is to generate knowledge on the effectiveness of comprehensive, integrated service models for women with co-occurring disorders and histories of trauma and to generate knowledge on the effectiveness of a trauma-informed service intervention model for children of women with co-occurring disorders and histories of trauma (authors).

2002

Biggerstaff MA, Morris PM, Nichols-Casebolt A. **Living on the edge: Examination of people attending food pantries and soup kitchens.** *Social Work* 47(3): 267-277, 2002.

This article presents information from a study of people receiving food assistance services from food pantries and soup kitchens in Virginia. The data indicate that significant numbers of individuals and families--many of whom are employed--are seeking food assistance. Many of these individuals also have been homeless, victims of domestic violence, unable to pay their utility bills, or have lost their public benefits. A critical issue raised by the findings is the low rate of participation in the food stamp program. Fewer than 40 percent of the respondents were receiving food stamps. Although the food stamp program is intended to help households buy a nutritionally adequate diet, there is growing concern that a large segment of low-income Americans are slipping through this safety net. The article concludes with suggestions for social work interventions to address issues of food security.

Bybee, SI, Sullivan, CM. **The process through which an advocacy intervention resulted in positive change for battered women over time.** *Am Journal of Community Psychology* 30(1):103-132, 2002.

A prior experimental evaluation of a community-based advocacy program for women with abusive partners demonstrated positive change in the lives of women even 2 years postintervention. This report discusses a study designed to explore the complex mediational process through which this change occurred, using longitudinal structural equation modeling and formal tests of mediation. As hypothesized, the advocacy intervention first resulted in women successfully obtaining desired community resources and increasing their social support, which enhanced their overall quality of life. This improvement in well-being appeared to serve as a protective factor from subsequent abuse, as women who received the intervention were significantly less likely to be abused at 2-year follow-up compared with women in the control condition. Discussion places advocacy for women in the context of other efforts that are needed to build an effective community response to preventing intimate violence against women.

Cowal K, Shinn M, Weitzman BC, Stojanovic D, Labay L. **Mother-child separations among homeless and housed families receiving public assistance in New York City.** *Am J Comm Psychol* 30(5): 711-730, 2002.

We examined the incidence, characteristics, and predictors of separations of children from mothers in 543 poor families receiving public assistance, 251 of whom had experienced homelessness during the previous 5 years. Forty-four percent of the homeless mothers and 8% of housed mothers were separated from one or more children. A total of 249 children were separated from 110 homeless families and 34 children from 23 housed families. Children were placed with relatives and in foster care but were rarely returned to their mothers. Maternal drug dependence, domestic violence, and institutionalization predicted separations, but homelessness was the most important predictor, equivalent in size to 1.9 other risk factors. We infer that policies regarding child welfare and substance abuse treatment should be changed to reduce unnecessary placements. Studies of homeless children who remain with families may be biased if separated children are excluded.

Fearday, FL, Clark, C, Martin, L, Rich, A. **Routine inquiry for violence in the lives of homeless mothers.** Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa, 2002.

Homeless service programs are encouraged to implement routine trauma inquiry of homeless mothers. The pervasiveness of violence in the lives of homeless mothers and the potential for that violence to affect functioning supports such inquiry. The authors offer a strategy to help case managers feel comfortable and competent to screen for violence. Routine inquiry of 99 homeless mothers demonstrated that training addressed case manager reluctance. The need for trauma screening is highlighted by the fact that mothers who have experienced more violence tended to report more current psychological distress and to have spent more time homeless (authors).

Jewkes R. **Preventing sexual violence: A rights-based approach.** *Lancet* 360(9339): 1092-1093, 2002.

Koenig, LJ, Whitaker, DJ, Royce, RA, Wilson, TE, Callahan, MR, Fernandez, MI. **Violence during pregnancy among women with or at risk for HIV infection.** *Amer Jnl of Pub Hlth* 92(3): 367-370, 2002.

This study estimated the prevalence of violence during pregnancy in relation to HIV infection. Violence, current partnerships, and HIV risk behaviors were assessed among 336 HIV-seropositive and 298 HIV-seronegative at-risk pregnant women. Overall, 8.9% of women experienced recent violence; 21.5% currently had abusive partners. Violence was experienced by women in all partnership categories. Neither experiencing violence nor having an abusive partner differed by serostatus. Receiving an HIV diagnosis prenatally did not increase risk. Disclosure-related violence occurred but was rare. Many HIV-infected pregnant women experience violence, but it is not typically attributable to their serostatus. Prenatal services should incorporate screening and counseling for all women at risk of violence (authors).

Migrant Clinicians Network. **Addressing domestic violence in a clinical setting.** Austin, TX: Migrant Clinicians Network, 2002.

This manual is designed for health care providers working with migrant and immigrant women, and addresses issues unique to this population. Chapter One provides a general overview of the migrant population as well as a section that addresses the responsibilities of migrant health providers. Chapter Two provides a general overview of important characteristics of family and intimate partner domestic violence, with an emphasis on migrant and immigrant battered women. Chapter Three provides a practical screening guideline for use in a health care setting. Chapter Four addresses the development and implementation of safety plans. Chapter Five deals with the important topic of documenting evidence when you see a case of abuse. Chapter Six outlines legal remedies for domestic violence, particularly in an immigrant community (authors).

Stein JA, Leslie MB, Nyamathi A. **Relative contributions of parent substance use and childhood maltreatment to chronic homelessness, depression, and substance abuse problems among homeless women: Mediating roles of self-esteem and abuse in adulthood.** Ch Abuse Negl. 26(10): 1011-1027, 2002.

This study, using latent variable methodology, explores simultaneously the relative effects of childhood abuse and early parental substance abuse on later chronic homelessness, depression, and substance abuse problems in a sample of homeless women. We also examine whether self-esteem and recent violence can serve as mediators between the childhood predictors and the dysfunctional outcomes. The sample consists of 581 homeless women residing in shelters or sober living centers in Los Angeles. Childhood abuse was indicated by sexual, physical, and verbal abuse. Childhood abuse directly predicted later physical abuse, chronic homelessness, depression, and less self-esteem. Parent substance use directly predicted later substance use problems among the women. Recent physical abuse predicted chronic homelessness, depression, and substance use problems. Greater self-esteem predicted less depression and fewer substance use problems. Childhood abuse also had significant indirect effects on depression, chronic homelessness, and drug and alcohol problems mediated through later physical abuse and self-esteem. Although there was a strong relationship between childhood abuse and parent drug use, childhood abuse was the more pervasive and devastating predictor of dysfunctional outcomes. Childhood abuse predicted a wider range of problems including lower self-esteem, more victimization, more depression, and chronic homelessness, and indirectly predicted drug and alcohol problems. The mediating roles of recent physical abuse and self-esteem suggest salient leverage points for change through empowerment training and self-esteem enhancement in homeless women.

2001

Bassuk EL, Dawson R, Perloff J, Weinreb L. **Post-traumatic stress disorder in extremely poor women: Implications for health care clinicians.** J Am Med Womens Assoc, 56(2):79-85, Spring 2001.

OBJECTIVES: To identify childhood antecedents for lifetime post-traumatic stress disorder (PTSD) and to determine how this diagnosis relates to health and service use among extremely poor women. **METHODS:** We conducted a secondary data analysis of 425 women in the Worcester Family Research Project, a case-control longitudinal study of 220 sheltered homeless and 216 extremely poor housed (never homeless) women in Worcester, Massachusetts. **RESULTS:** We found that extremely poor women with lifetime PTSD were more likely to have grown up in family environments of violence, threat, and anger than those without PTSD. The strongest risk factor for PTSD was childhood sexual abuse with threat. Low-income women with lifetime PTSD had more bodily pain, even when controlling for other health and demographic factors. Women with PTSD experienced more chronic health conditions and had more problematic relationships with their health care providers and perceived more barriers to care. **CONCLUSION:** Many low-income women have difficulty using medical care appropriately because of childhood histories of physical and sexual abuse, the subsequent development of post-trauma responses, and structural barriers to care. Given these factors, it is critical that health care clinicians routinely screen for histories of violence and PTSD and develop treatment plans that ensure safety, link current symptoms with prior experiences, and provide support as necessary. A team approach coordinated by a case manager may be the best strategy. Without routine screening for PTSD and sensitive treatment, many extremely poor women will receive compromised health care and may even be retraumatized.

El-Bassel N, Witte SS, Wada T, Gilbert L, Wallace J. **Correlates of partner violence among female street-based sex workers: Substance abuse, history of childhood abuse, and HIV risks.** AIDS Patient Care STDS, 15(1):41-51, Jan 2001.

This study examines the prevalence of physical and sexual abuse by intimate and commercial sexual partners among street-based sex workers and explores correlates of partner abuse by commercial partners using the following factors: sociodemographics, substance abuse, sexual behavior, and physical and sexual childhood abuse. One hundred thirteen street sex workers were recruited from December 1996 through May 1997 while receiving services from the Foundations for Research on Sexually Transmitted Diseases (FROSTD), a nonprofit organization based in New York City. Partner abuse is a common occurrence among street sex workers. Two of three street prostitutes have experienced lifetime physical or sexual abuse by either an intimate or commercial partner. In addition, one of eight reported physical and sexual abuse by both intimate and commercial partners during her lifetime. Women who were homeless in the last year, those who reported exchanging for drugs and money as their main source of income, used injection drugs in the past year and had sex in crack houses, and who were human immunodeficiency virus (HIV)-positive were more likely to be report combined physical and sexual abuse. Understanding the relationship between partner violence, victim's substance abuse, and HIV-risk behavior is important for the development of public policies and treatment and prevention strategies to address the constellation of problems that drug-using female street sex workers face.

Hattan DC; Kleffel D; Bennett S; Gaffrey EAN. **Homeless women and children's access to health care: A paradox.** JI of Community Health Nursing (Special Issue):18(1):25-34, 2001.

Homeless women and children who reside in shelters experience many health related problems. The aim of the qualitative study reported here was to (a) explore how shelter staffs manage health problems among their residents and assist them in accessing health services, and (b) identify clinical strategies for community health nurses working with this population. Findings demonstrate a paradox whereby homeless shelter staffs try to gain access to care for their residents through a system that is designed to keep them out. In addition, findings indicate a need for increased community health nursing services in homeless shelters. Strategies for resolving this paradox include providing assessment, policy development, and assurance of health care for homeless women and children.

Means RH. **A primary care approach to treating women without homes.** Medscape womens Health, 6(2):1, Mar 2001.

Medical practitioners are encountering more women who are presently or formerly homeless. Homelessness negatively affects health and health outcomes. Women without homes experience repeated violence and trauma. In this review, the definition and scope of homelessness as it impacts women is discussed, from the etiology of women's homelessness to a description of their lifestyle. A paradigm of a primary care approach to understanding and treating women without homes is presented, including strategies for history taking, physical exams, and follow-up care that help build trust and improve compliance.

Noell J; Rohde P; Seeley J. **Childhood sexual abuse, adolescent sexual coercion and sexually transmitted infection acquisition among homeless female adolescents.** Child Abuse and Neglect, 25(1):137-48, 2001.

The objective of this study was to examine the relationship between childhood experiences of sexual abuse, sexual coercion during adolescence, and the acquisition of sexually transmitted infections (STIs) in a population of homeless adolescents. Homeless adolescent females from a northwestern United States city were recruited by street outreach workers for a longitudinal study of STI epidemiology. Baseline data on childhood abuse and recent history of sexual coercion were used to predict physiologically confirmed STI acquisition over the subsequent 6 months. About 38% of all girls reported a history of childhood sexual abuse (CSA). Girls with a history of CSA were more likely to report recent sexual coercion. In turn, sexual coercion in the last three months was significantly associated with a higher number of sexual partners (but not with a greater frequency of intercourse or with lower rates of condom use). Number of sexual partners significantly predicted the future acquisition of an STI within 6 months. Interventions to reduce risky sexual behaviors in homeless adolescent females may need to consider the impact of CSA, particularly on the number of sexual partners during adolescence. However, it also should be noted that engagement in intercourse often results from coercion and is not voluntary in this population.

Vostanis P; Tischler V; Cumella S; Bellerby T. **Mental Health Problems and social supports among homeless mothers and children victims of domestic and community violence.** International J of Social Psychiatry, 47(4):30-40, Winter 2001.

This study examined the prevalence of mental health problems and access to social support networks among homeless parents and children experiencing domestic and neighborhood violence. Three groups of families who had become homeless were compared: (1) 48 parents with 75 children (aged 3 - 16 yrs) who experienced domestic violence; (2) 14 parents with 29 children who were victims of neighborhood violence; and (3) 31 parents with 54 children who became homeless for other reasons. Mothers completed a service use interview, the Strengths and Difficulties Questionnaire (R. Goodman, 1997), the General Health Questionnaire (D. Goldberg, 1978), the Family support Scale (C. Dunst et al., 1984), and the SF-36 Health Status Questionnaire (J. Ware and C. Sherbourne, 1992). Results show that levels of psychiatric morbidity were high in the group experiencing domestic violence, at 35.7% in children and 21.9% in mothers. Psychiatric morbidity was higher still for neighborhood violence victims, at 52.2% in children and 50% in mothers. Levels of social support predicted both child and maternal psychopathology, particularly in relation to professional support and support from other family members.

1999

Lindsay-Blue D. **A comparative study of reported parenting practices in abused and non abused shelter women.** Dissertation (DAI), California School of Professional Psychology, Los Angeles, CA, 1999.

This study recruited 38 abused and 28 non abused women who resided at domestic violence and homeless shelters, respectively; married or cohabitating in an intimate relationship during the past six months, and had at least one child of school age attending school. The women were grouped as abused or non abused; their parenting practices between the groups of abused and non abused women in shelter residences. However, racial differences were found between Caucasian, African-Americans, and Native Americans in their reported empathetic responses

toward their children. Correlational analysis found relationships across the groups of women in their satisfaction with emotional supports and consistency in the use of disciplinary practices. Overall, this research seemed to support the assumption that the determinants of parenting in a domestic violence population are as similar or varied as those non abused shelter populations. These findings may have implications for future models of intervention with abused mothers and their children.

Melnick SM; Bassuk EL. **Identifying and responding to violence among poor and homeless women. Brochure/Executive Summary.** Newton Centre, MA: The Better Homes Fund, 1999.

This is the executive summary for the manual, *Identifying and Responding to Violence Among Poor and Homeless Women: Health Care Provider's Guide*. The focus of this report is understanding trauma, identifying and assessing its effects, assessing clients' safety, treating clients' medical and psychological conditions and documenting the effects of violence. Survivors often come to primary care and emergency services without knowing that the effects of violence are involved in causing or maintaining their physical complaints. It is important for providers and survivors to make the connection between past traumatic experiences and current difficulties. Given the high rate of violent victimization among homeless and poor people, this report suggests ways to connect with clients who are trauma survivors and together arrive at their best treatment choices. While this report focuses on women's needs, the general principles apply to men as well. AVAILABLE FROM: The Better Homes Fund, 181 Wells Avenue, Newton Centre, MA, 02459.

Zlotnick C; Robertson MJ; Wright MA. **The impact of childhood foster care and other out-of-home placement on homeless women and their children.** Child Abuse Negl, 23(11):1057-68, November 1999.

This study compares homeless women who had childhood histories of foster care or other out-of-home placement to those who have not. A countywide probability sample of homeless women received structured interviews. One-third of homeless women reported being raised apart from their parents. Among women with children under age 18, most had children who had lived in foster care or other out-of-home placements. Variables associated with homeless mothers' children living in foster care or other out-of-home placements were: Child was school-age, mother was age 35 or older, mother had a current alcohol or drug use disorder, mother experienced childhood sexual abuse, and mother ran away from home. Parenting is difficult for homeless mothers who may need to place their children with others to facilitate school attendance. Parent-child interaction may be problematic in family shelters where privacy is rare. Thus, programs promoting family preservation for homeless mothers should provide parenting support as well as permanent housing.

1998

Bassuk EL; Melnick S; Browne A. **Responding to the needs of low-income and homeless women who are survivors of family violence.** J Am Med Womens Assoc, 53(2):57-64, 1998

This article focuses on medical and mental health needs of extremely poor women survivors of interpersonal violence. It begins by documenting the extent and nature of violence against low-income women. Special attention is focused on the long-term sequelae of childhood abuse and on identifying and managing complex trauma responses in these women. The article concludes by discussing obstacles to care and the necessity of advocating for increased resources to respond to women living in extreme poverty.

Krishnan SP; Hilbert JC. **In search of sanctuary: Addressing issues of domestic violence and homelessness at shelters.** *Womens Health Issues*, 8(5):310-6, Sept.-Oct. 1998.

Robrecht LC; Anderson DG. **Interpersonal violence and the pregnant homeless woman.** *J Obstet Gynecol Neonatal Nurs*, 27(6):684-91, Nov.-Dec. 1998.

Homelessness continues to increase in the United States. Families comprise the fastest growing segment of the homeless population, and estimates suggest that women head 90% of homeless families. Pregnant homeless women are exposed to more cumulative violence than are comparable low-income, housed women. Intervention strategies that may improve health care provided to pregnant homeless women include abuse and safety assessment protocols and the use of a hand-carried health record. These interventions are directed at efforts to preserve the woman's autonomy and confidentiality, reduce areas of client-provider conflict, and generally improve encounters between the client and the health care system.

Williams JC. **Domestic violence and poverty: The narratives of homeless women.** *Frontiers: A Journal of Women Studies*, 19(2): 143-165, 1998.

This article analyzes both homeless shelters and battered women's shelters in Phoenix, Az., and points to the striking similarities in reasons for seeking emergency housing in both types of shelters. Specifically women discuss similarly impoverished circumstances and often indicate that their past histories include abusive partners. Partly, the similarity in these stories can be traced to overlapping populations of the two types of shelters. Women may enter a homeless shelter after spending thirty days in a battered women's shelter, and some may enter homeless shelters instead of battered women's shelters due to availability, later curfews, and a variety of other reasons. The author concludes that the overlap in populations and the similarities among women's stories suggest a complex connection between battering and homelessness.

1997

Browne A; Bassuk S. **Intimate violence in the lives of homeless and poor housed Women: Prevalence and patterns in an ethnically diverse sample.** *American Journal of Orthopsychiatry* 67(2): 261-278, 1997.

In a study of 436 homeless and poorly housed mothers, nearly two-thirds reported severe physical violence by a childhood caretaker, 42% reported childhood sexual molestation, and 61% reported severe violence by a male partner. Comparisons of homeless and housed women are presented, and implications for prevention and intervention are discussed in light of recent welfare reform legislation.

Clarke PN; Pendry NC; Kim YS. **Patterns of violence in homeless women.** *West J Nurs Res* 19(4):490-500, 1997.

Fifty percent of all women in America have reported being battered at some point in time, and one in five report regular assaults. This exploratory qualitative study's purpose was to describe reported patterns of violence in

sheltered battered women. Homelessness was the adaptive response to battering. A purposive sample of seven women described violence patterns from childhood and their most recent relationships prior to seeking shelter. In-depth audiotaped interviews indicated extreme violence and terror. Thematic analysis revealed an understanding of abusive patterns with a male partner. A theory of freedom-seeking behavior emerged, with related themes including terror, murderous thoughts, awakening, and escape. The emerging theory has implications for outreach, case finding, and identification of intervention timing.

Goodman LA; Rosenberg SD; Mueser KT; Drake RE. **Physical and sexual assault history in women with serious mental illness: Prevalence, correlates, treatment, and future research directions.** Schizophr Bull, 23(4):685-696, 1997.

An emerging body of research on the physical and sexual abuse of seriously mentally ill (SMI) women documents a high incidence and prevalence of victimization within this population. While causal links are not well understood, there is convergent evidence that victimization of SMI women is associated with increased symptom levels, HIV-related risk behaviors, and such comorbid conditions as homelessness and substance abuse. These abuse correlates may influence chronicity, service utilization patterns, and treatment alliance. This article reviews the research literature on the prevalence, symptomatic and behavioral correlates, and treatment of abuse among SMI women, particularly women with schizophrenia. Within each topic, we discuss relevant research findings, limitations of available studies, and key questions that remain unanswered. We also discuss mechanisms that may underlie the relationship between trauma and schizophrenia-spectrum disorders. We conclude by outlining directions for future research in this area.

Herman DB; Susser ES; Struening EL; Link BL. **Adverse childhood experiences: Are they risk factors for adult homelessness?** Am J Public Health, 87(2):249-255, 1997.

OBJECTIVES: We tested the hypothesis that adverse childhood experiences are risk factors for adult homelessness. **METHODS:** We interviewed a nationally representative sample of 92 US household members who had previously been homeless and a comparison group of 395 individuals with no prior homelessness. We assessed childhood adversity with a structured protocol that included a previously validated scale indicating lack of care from parents and single-item measures of physical and sexual abuse. **RESULTS:** Lack of care from a parent during childhood sharply increased the likelihood of subsequent homelessness, as did physical abuse. Sexual abuse during childhood was associated with a nonsignificant trend toward homelessness. The risk of subsequent homelessness among individuals who experienced both lack of care and either type of abuse was dramatically increased compared with subjects reporting neither of these adversities. **CONCLUSIONS:** Adverse childhood experiences are powerful risk factors for adult homelessness. Effectively reducing child abuse and neglect may ultimately help prevent critical social problems including homelessness.

Malos E; Hague G. **Women, housing, homelessness and domestic violence.** Women's Studies International Forum 20(3): 397-409, 1997.

The study described in this article examined homelessness law in the United Kingdom before the passage of the Housing Act (1996) in Britain. It does not bear out the supposition that homeless families, including women escaping from domestic violence and their children, were unfairly favored under the previous legislation. The article argues that the withdrawal in the new Act of the statutory link between homelessness and a lifeline to permanent housing is an example of the ambivalent and contradictory nature of government policy in relation to families and to the social position of women, and is a potentially disastrous development for many women

experiencing domestic violence and for their children.

1996

Davies-Netzley S; Hurlburt MS; Hough RL. **Childhood abuse as a precursor to homelessness for homeless women with severe mental illness.** *Violence Vict*, 11(2):129-142, 1996.

Previous studies of childhood abuse levels among homeless women have typically focused either on single homeless women or female heads of families; almost none have focused specifically on homeless women with severe mental illness. This study explores rates of childhood physical and sexual abuse among 120 homeless women with severe mental illness. Correlates of experiencing childhood abuse are considered, including mental health outcomes and when women first become homeless. The prevalence of childhood abuse in this sample of women was substantially higher than among homeless women in general. The experience of childhood abuse was related to increased suicidality, and resulted in symptoms of posttraumatic stress disorder for some women. Women who had suffered abuse were also much more likely to become homeless during childhood and it is suggested that this is an important precursor to homelessness for many homeless women with chronic and severe mental illness.

Goodman LA; Dutton MA. **The relationship between victimization and cognitive schemata among episodically homeless, seriously mentally ill women.** *Violence Vict*, 11(2):159-174, 1996.

This study explored the extent to which specific aspects of violent victimization are associated with cognitive schemata in the context of ongoing, often lifelong, trauma and negative life events. Specifically, we examined the relationships between cognitive schemata (safety, self- and other esteem, intimacy, and trust) and three dimensions of physical and sexual assault histories (recentness, frequency, and variety) among 91 predominantly African American, episodically homeless, seriously mentally ill women. Findings indicated that even in the context of pervasive violence, more frequent, recent, and varied abuse was associated with more negative cognitive schemata. We discuss these findings in the context of research and practice with disenfranchised populations at high risk for violent victimization.

Harris M. **Treating sexual abuse trauma with dually diagnosed women.** *Community Ment Health J*, 32(4):371-385, August 1996.

Women who are diagnosed with a major mental illness, who have a history of drug or alcohol abuse, and who have been episodically homeless are also likely to have been the victims of sexual or physical abuse. Treatment for these women needs to incorporate an active program of trauma recovery. A program of trauma-based treatment that includes supportive group therapy, cognitive reframing, and social skills training is discussed along with clinical examples.

Richie BE; Johnsen C. **Abuse histories among newly incarcerated women in a New York City jail.** *J Am Med Womens Assoc*, 51(3):111-114, May 1996.

This article reports the findings from a study of women detained in the women's jail at Rikers Island Correctional

Facility in New York City. Interviews were used to gather data on five variables: women's childhood physical and sexual abuse, victimization as adults, drug use, homelessness, and suicide. These findings were analyzed along with biological data on STDs. The conclusions suggest that an association exists between childhood physical and sexual abuse and drug use, suicide attempts, and homelessness in adulthood. The findings indicate that these experiences are common for the population under study, and that a positive association between the variables exists in a sample of incarcerated women. Implications and questions for further research are discussed.

1995

Fisher B; Hovell M; Hofstetter CR; Hough R. **Risks associated with long-term homelessness among women: Battery, rape, and HIV infection.** *Int J Health Serv*, 25(2):351-369, 1995.

The purposes of this study were to determine the prevalence of battery, rape, and HIV risk practices in a sample of long-term homeless women and to explore correlates of HIV risk practices. Fifty-three women who had been homeless for at least three months in the last year were interviewed at day and night shelters.

The women were demographically similar to other samples of homeless men and women and had similar rates of drug use. However, a higher proportion of homeless women were exposed to battery (91%), rape (56%), and mental distress, and they had a smaller support network (three people). Eighty-six percent had been battered prior to homelessness. A positive association was found between HIV risk practices and the use of certain drugs and having a protector. A higher level of assertiveness was associated with less HIV risk. The study demonstrated that homeless women are at very high risk of battery and rape. Being homeless may require life-styles that increase the risk of HIV infection and transmission.

Goodman LA; Dutton MA; Harris M. **Episodically homeless women with serious mental illness: Prevalence of physical and sexual assault.** *Am J Orthopsychiatry*, 65(4):468-478, October 1995.

Three aspects of physical and sexual assault in the histories of 99 episodically homeless, seriously mentally ill women were assessed: lifetime prevalence; severity, co-occurrence, and recency; and associations between levels of this victimization and specific characteristics of the women. Results indicate that life-time risk for violent victimization was so high (97%) as to amount to normative experiences for this population.

Padgett DK; Struening EL; Andrews H; Pittman J. **Predictors of emergency room use by homeless adults in New York City: The influence of predisposing, enabling and need factors.** *Soc Sci Med*, 41(4):547-556, August 1995.

Employing data from a 1987 shelter survey of 1260 homeless adults in New York City, multivariate models of emergency room (ER) use are developed which include an array of risk factors for visiting a hospital ER including health and mental health problems, victimization and injuries. The study's primary goal is to identify factors that predict ER use in this population. Multivariate logistic and linear regression models were tested separately for men and women predicting three outcomes: any use of the ER during the past 6 months, use of the ER for injuries vs all other reasons (given any ER use), and the number of ER visits (given any ER use). Lower alcohol dependence, health symptoms and injuries were strong predictors for both men and women; other significant predictors differed markedly by gender. Both models were highly significant and produced strikingly high risk profiles. A high prevalence of victimization and injuries underlies ER use among the homeless. Based upon the findings, we recommend expanded health and victim services as well as preventive measures. Until primary care

becomes available for this population, we advise against policies that discourage ER use by the homeless.

1994

Charles N. **The housing needs of women and children escaping domestic violence.** *Journal of Social Politics* 23(4): 465-487, 1994.

This article discusses the experiences of women and children who become homeless as a result of domestic violence and assesses the extent to which their need for housing both temporary and permanent, is being met within Wales. It explores women's experiences of living in and moving on from refuges. The authors explain that the availability of suitable and affordable move-on accommodation for women and children leaving refuges is insufficient to meet need, resulting in long stays in refuges. Findings indicate that women and children who have survived domestic violence need access to housing that is safe, affordable, and that has support services readily available if needed.

North CS; Smith EM; Spitznagel EL. **Violence and the homeless: An epidemiologic study of victimization and aggression.** *J Trauma Stress*, 7(1):95-110, 1994.

The present study is a random, systematic study of 900 homeless subjects in St. Louis that describes violence in their lives, both in terms of victimization, by specific violent traumatic events, and victimizing with recognized aggressive behaviors. Many subjects had experienced a traumatic event, and post-traumatic stress disorder was very common. Substance abuse and other Axis I disorders were associated with a history of a traumatic event. The majority of men and a substantial proportion of women also had a history of physically aggressive behaviors, often beginning in childhood. Aggressive adult behavior was associated with substance abuse and major depression. The aggressive behaviors usually predated homelessness, and about half continued after the individual had become homeless. Therefore, it is seen that violence is very much a part of the lives of the homeless, and it seems to be part of a broader picture of problems associated with risk for and experience of homelessness.