

"It happens out here"

The victimization experiences and
health challenges of women who
are homeless

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*A community-based service learning research study conducted in partnership
with the Tarrant County Homeless Coalition*

A Multi-phase Community-based Research Project

- Partnership with **TCHC**
- All shelters/outreach programs invited
- **Three shelters** submitted letters of agreement
- **Experiential education** for Graduate Students:
 - Evaluation Course (BACH 5316) Service Learning
 - DrPH independent study
 - DrPH graduate/teaching assistanceship
 - School of Public Health volunteers

Research Design

- Descriptive and exploratory study of women's experiences with violence, victimization and health
- Purposive sample of women using emergency shelters; anonymous participation
- **Face-to-face interviews** with closed and open-ended questions
- Phase One: Pilot study with 62 women
- Phase Two: Full study with 88 women
- **Combined results for 150 women**

Phase Two: Interview Revisions

- Added items about victimization that occurred prior to homelessness
- Expanded victimization questions to include stalking, control/verbal abuse
- Asked about reasons for ER and hospital utilization
- Asked about being approached for transactional sex
- Asked about health strategies/recommendations

Study Locations

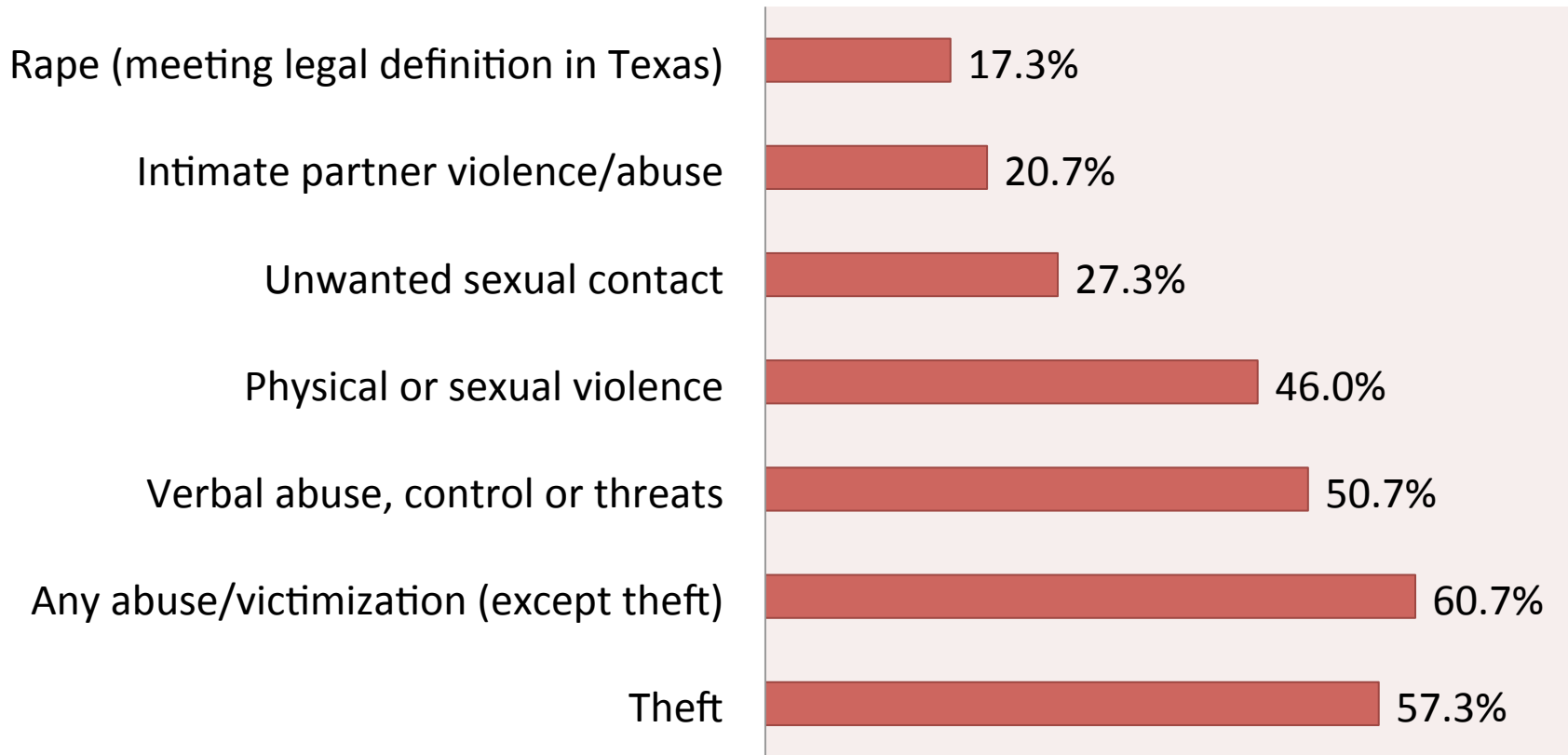
- 150 interviews were conducted at:
 - The Day Resource Center for the Homeless (n=66),
 - The Presbyterian Night Shelter (n=30) and
 - The Salvation Army Maybee Center (n=54)

The Participants

- 47% were African-American, 39% White/Caucasian, 8% Hispanic (any race), 6% other or mixed race.
- The average participant was **43 years old** and had been homeless for 2.1 years in her most recent episode of homelessness.
- The average participant became homeless for the very first time at **age 34**.
- 75.3% reported a high school or lower level of education

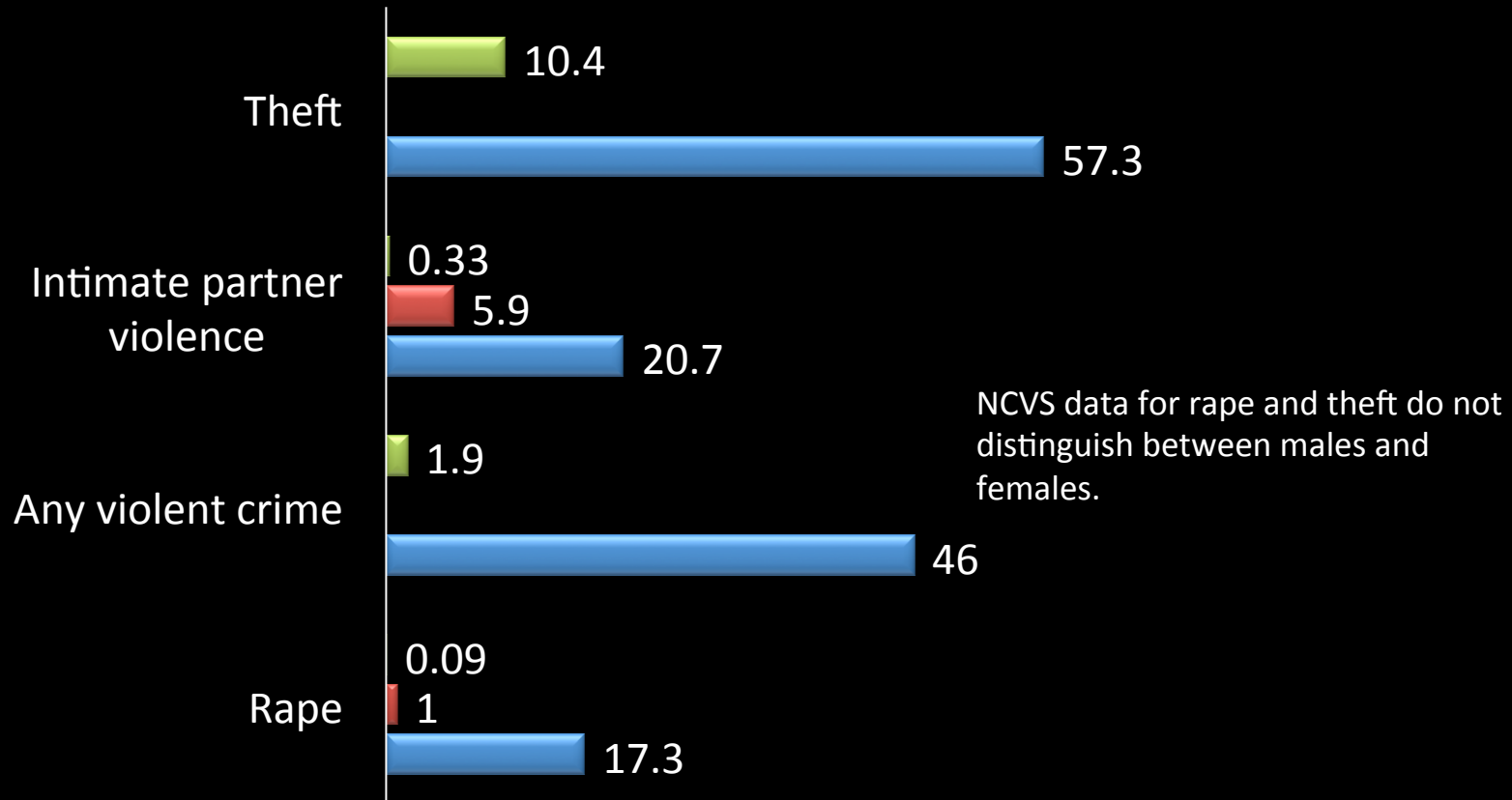
FINDINGS

Percent of Respondents experiencing victimization in prior 12 months



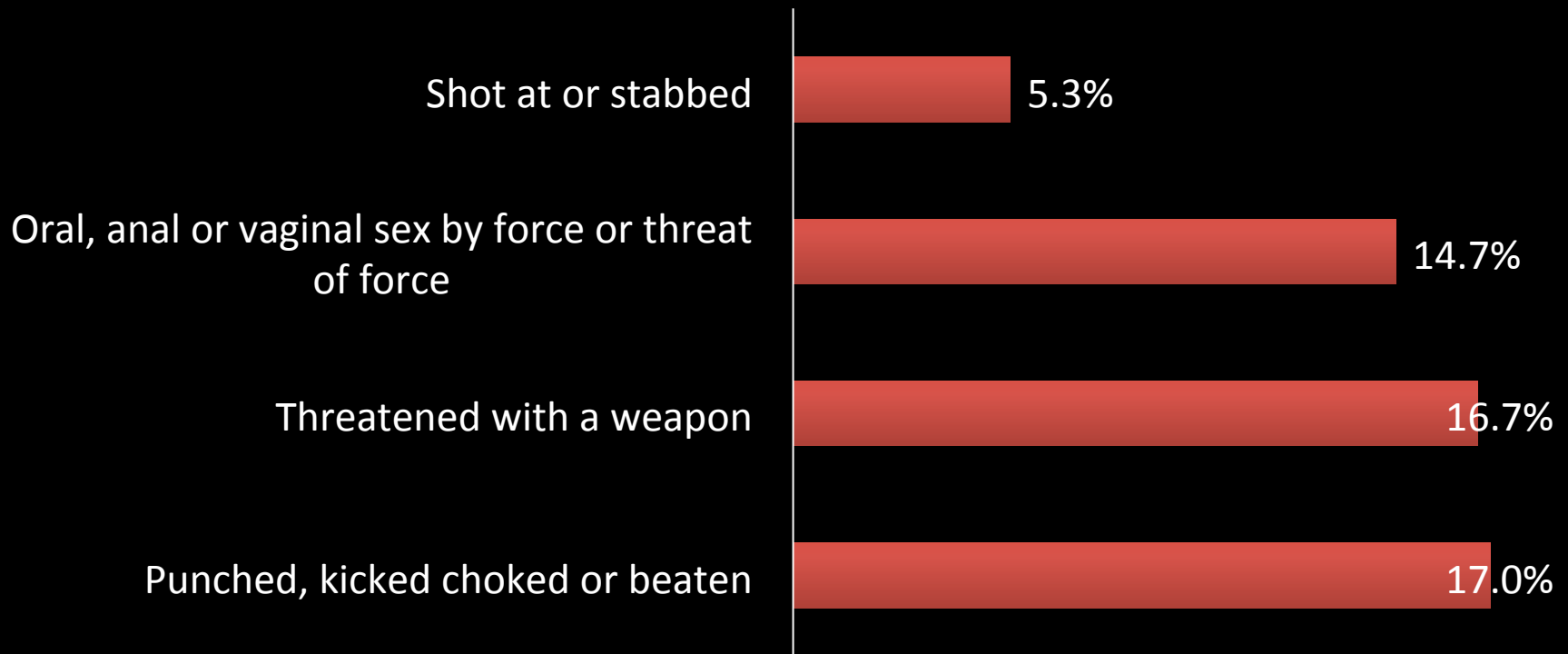
Annual percentage rate of victimization: Comparison to national survey rates

- National Crime Victimization Survey, 2011
- National Intimate Partner and Sexual Victimization Survey, 2010
- Homeless Women's Health and Victimization Survey



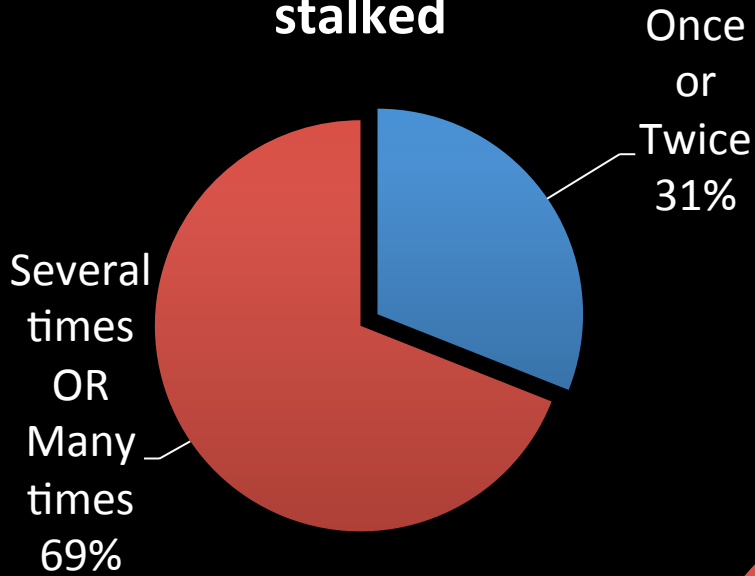
29% of women report at least one form of **severe** violence

Percent Reporting victimization in prior 12 months while homeless

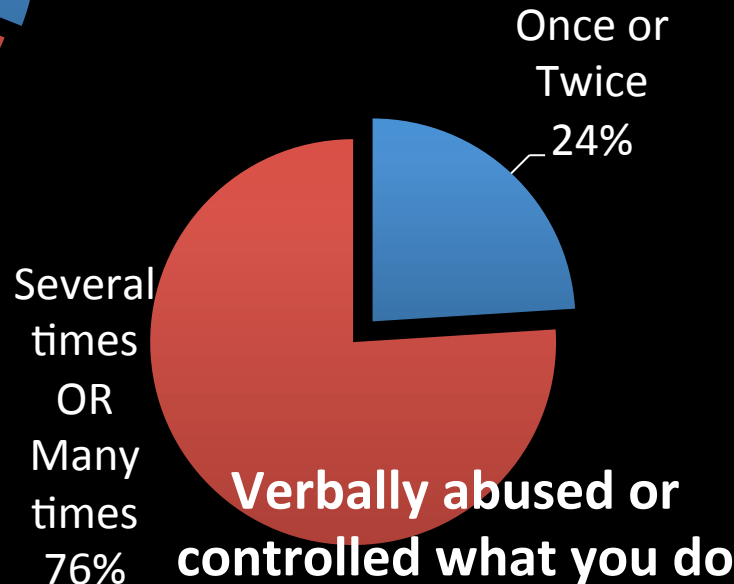
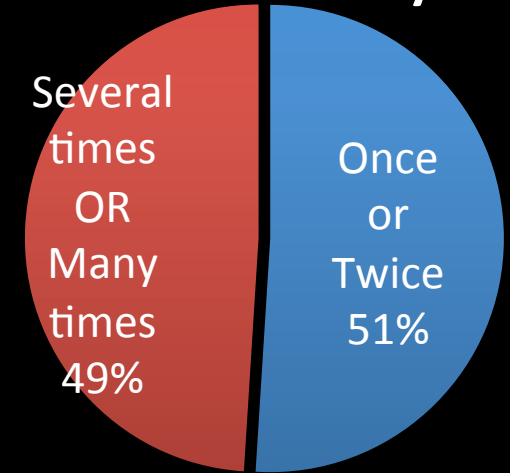


Frequency of Abuse

Followed, harrassed or stalked



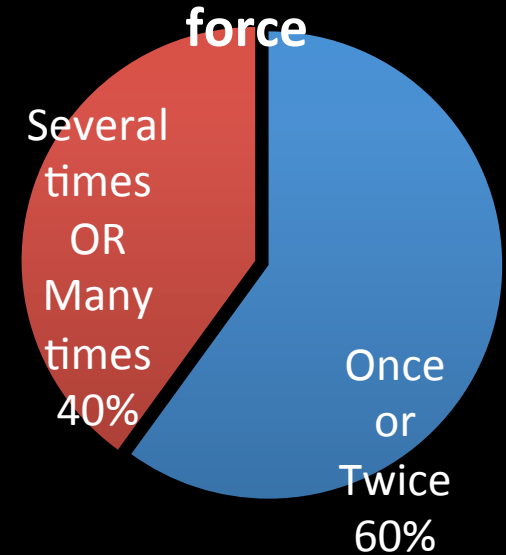
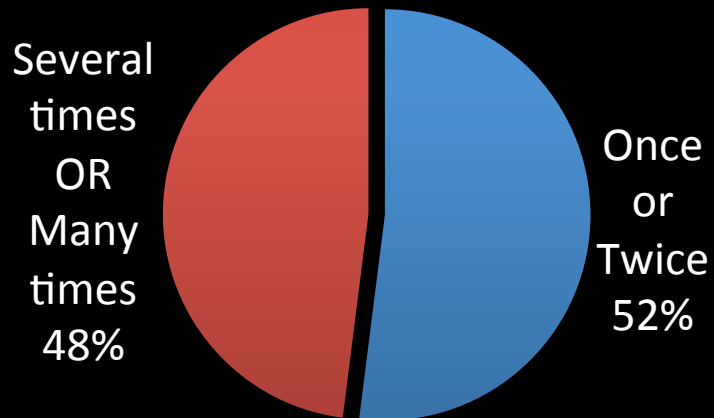
Threatened to kill you



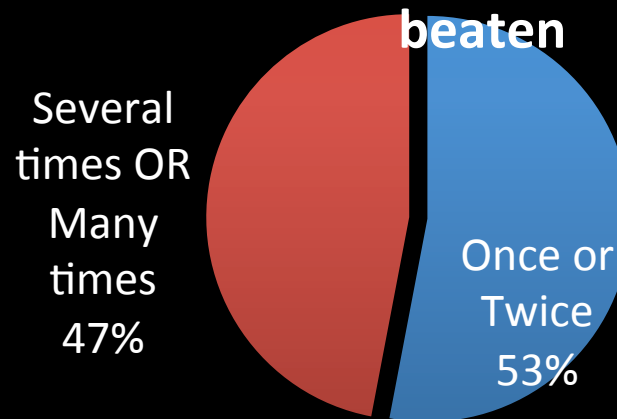
Frequency of Violence

Oral, anal or vaginal sex through force or threat of force

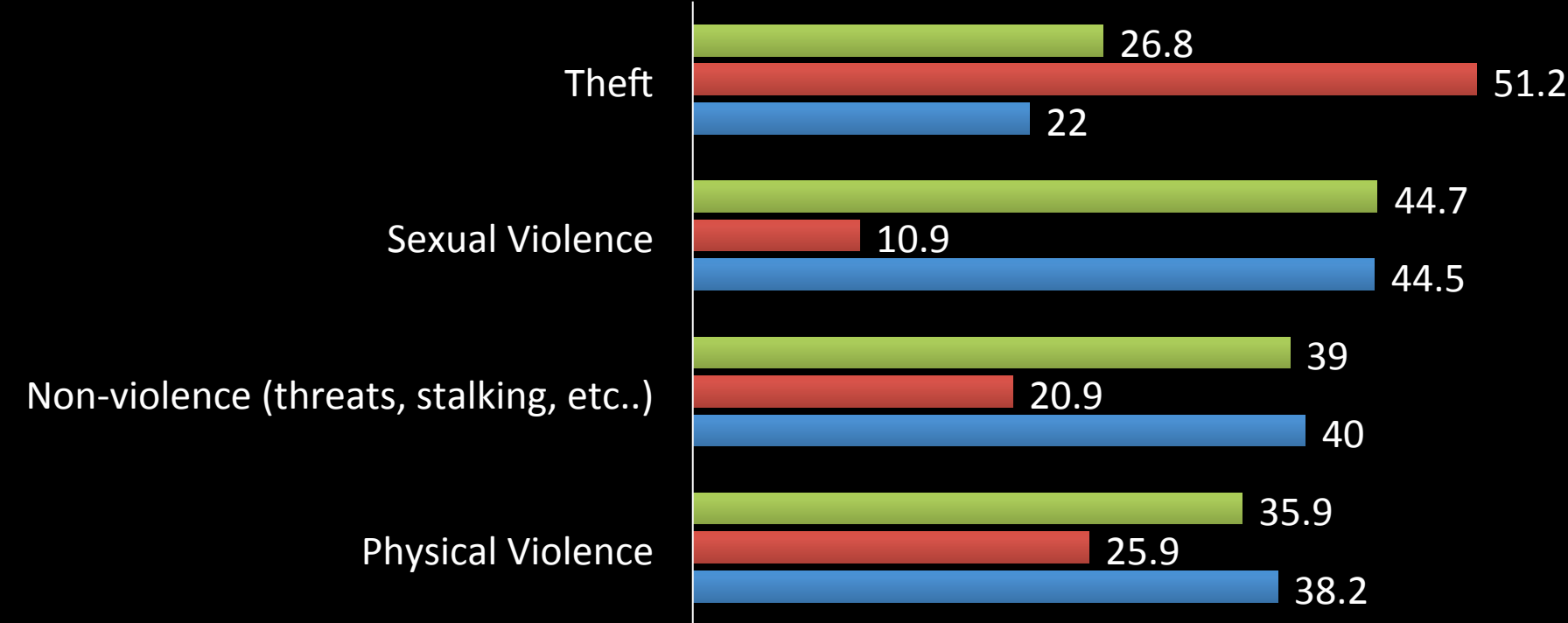
Grabbed, pushed, shoved, slapped



Punched, kicked, choked, beaten



Where does the victimization occur?



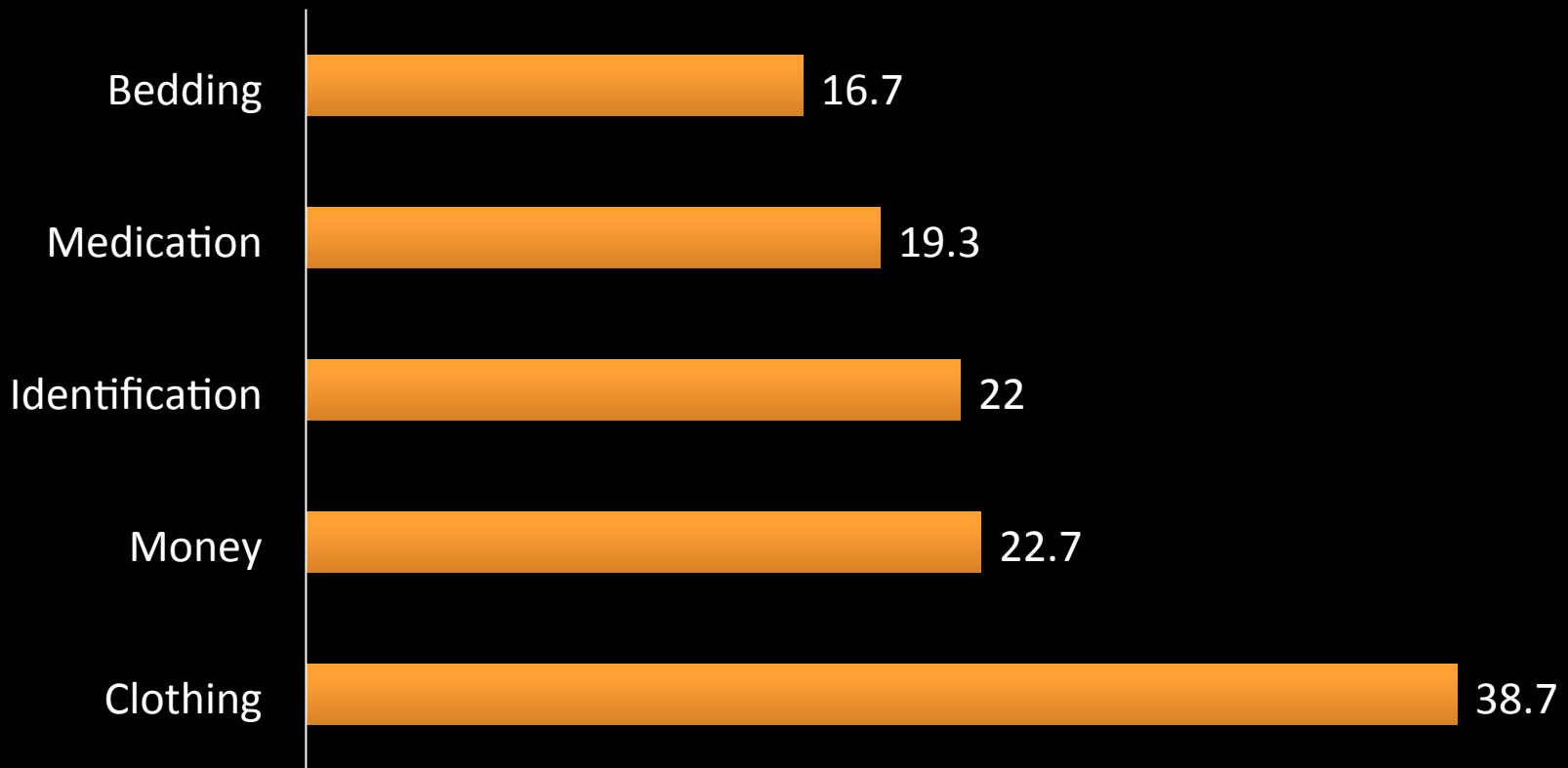
■ Mean % Multiple sites or other

■ Mean % in Shelters

■ Mean % Outside/abandoned buildings/streets

Items Stolen

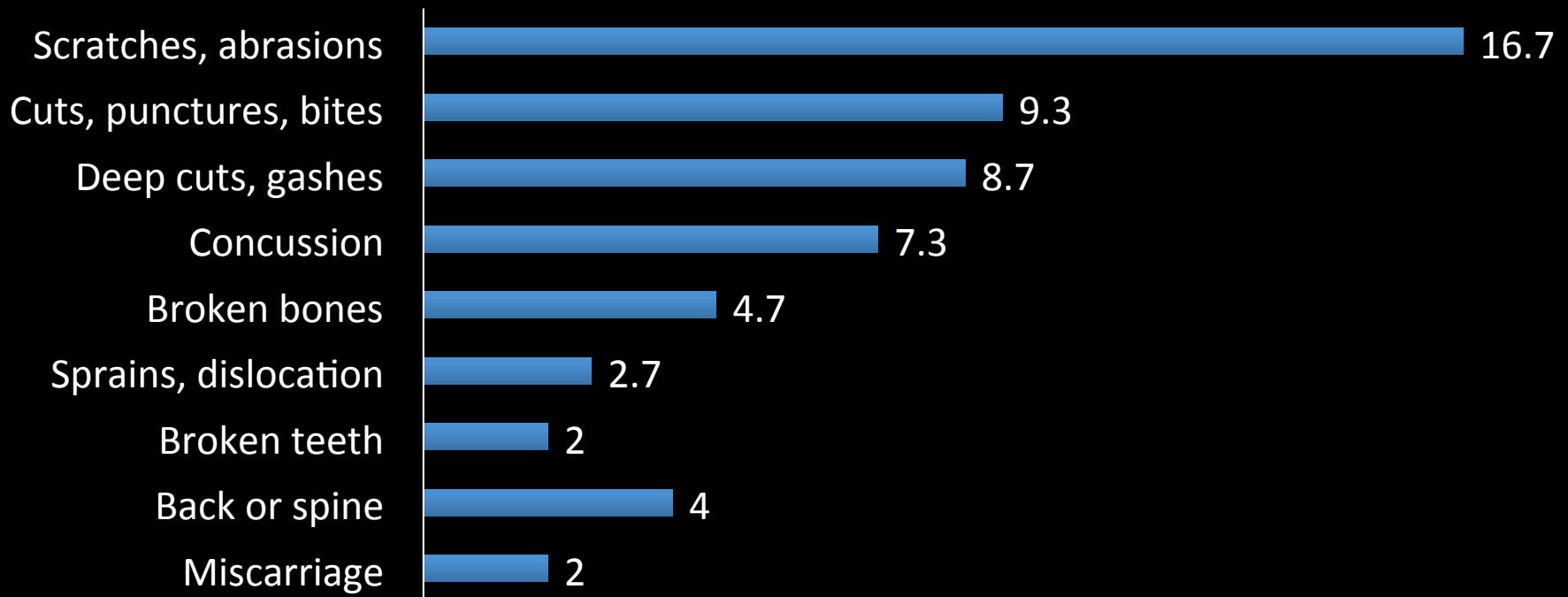
■ Percent of all survey respondents



Injuries as a Result of Victimization

- 23% of all respondents incurred injuries as a result of being victimized

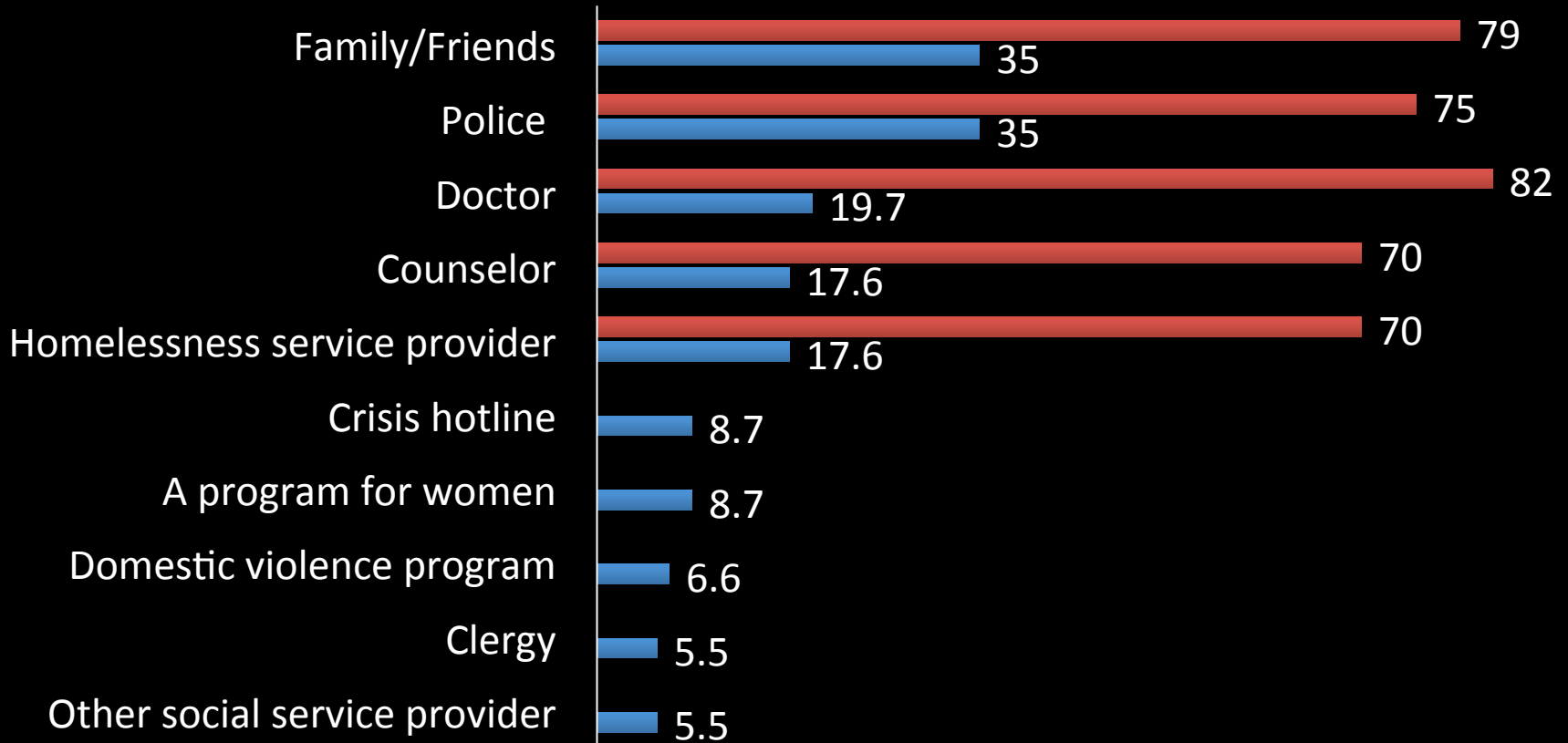
■ Percent of all study participants



Who did you tell about the violence or abuse? (N=91)

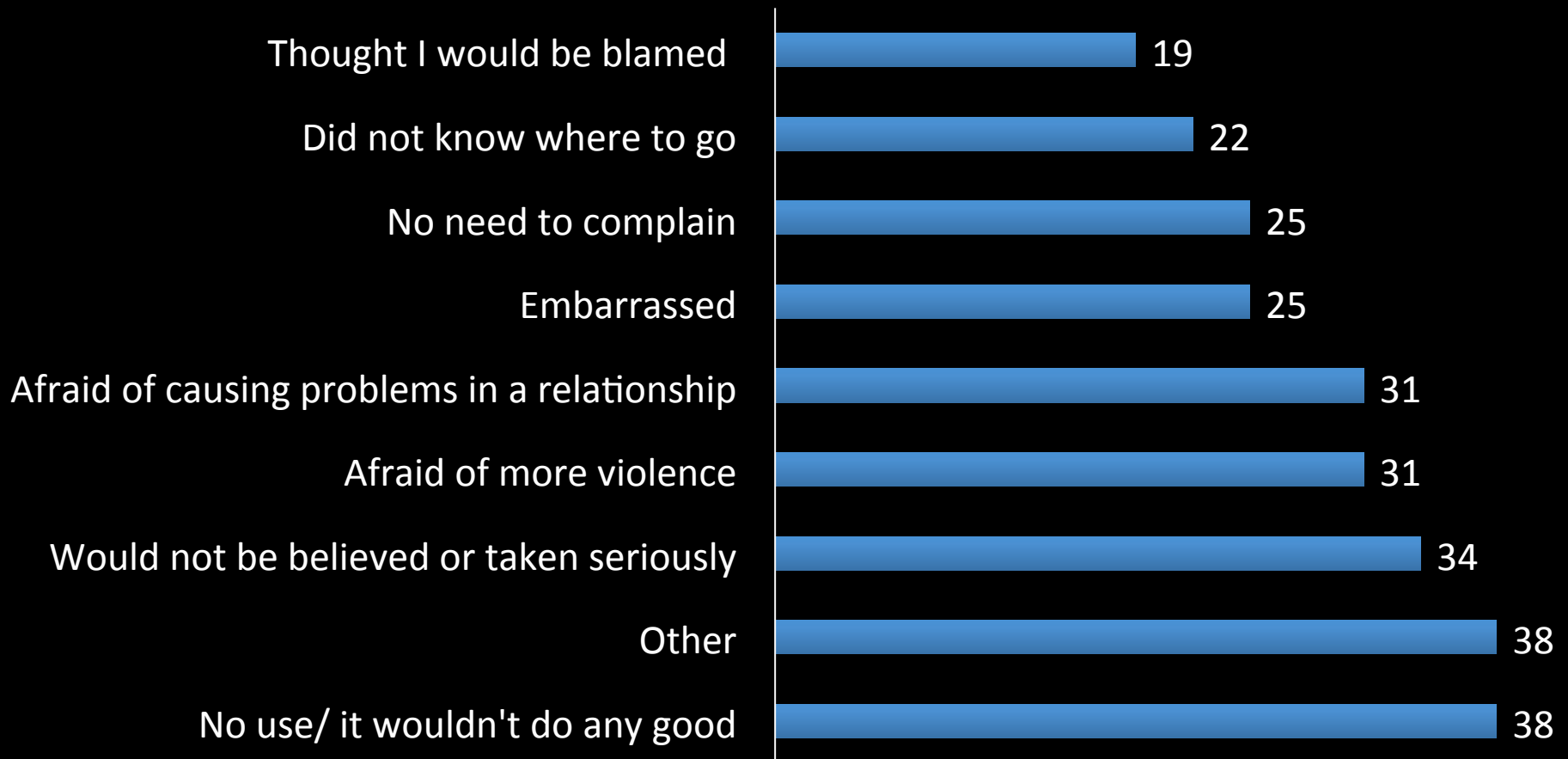
■ % Indicating they were very helpful or a little helpful

■ Percent who told this source about their abuse or victimization (excludes theft)



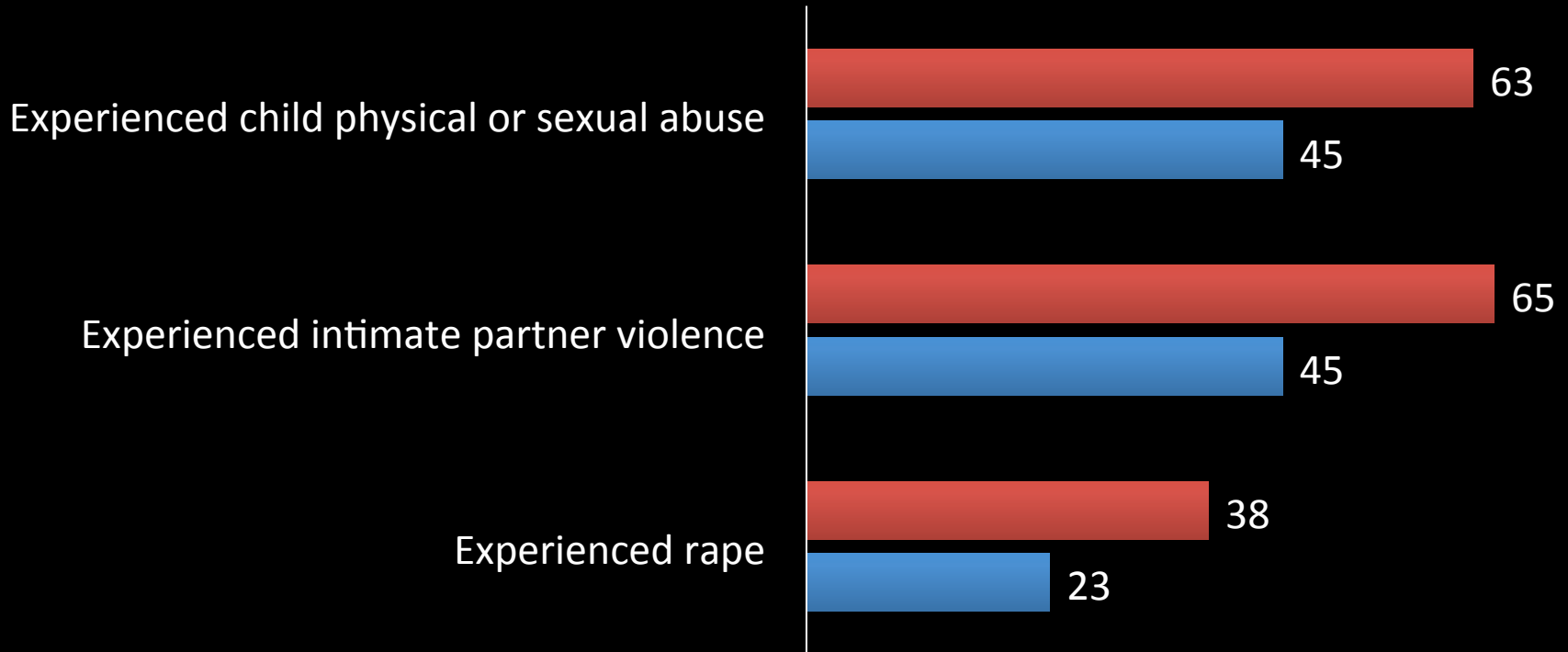
40% told no one about their abuse/ victimization

■ Percent who cited this reason for not telling anyone



Prior to being homeless....

- Percent of those reporting physical or sexual assault in past 12 months
- Percent of all respondents



Psychiatric Screening: Somatization, Anxiety and Depression (Adapted SRQ-20)

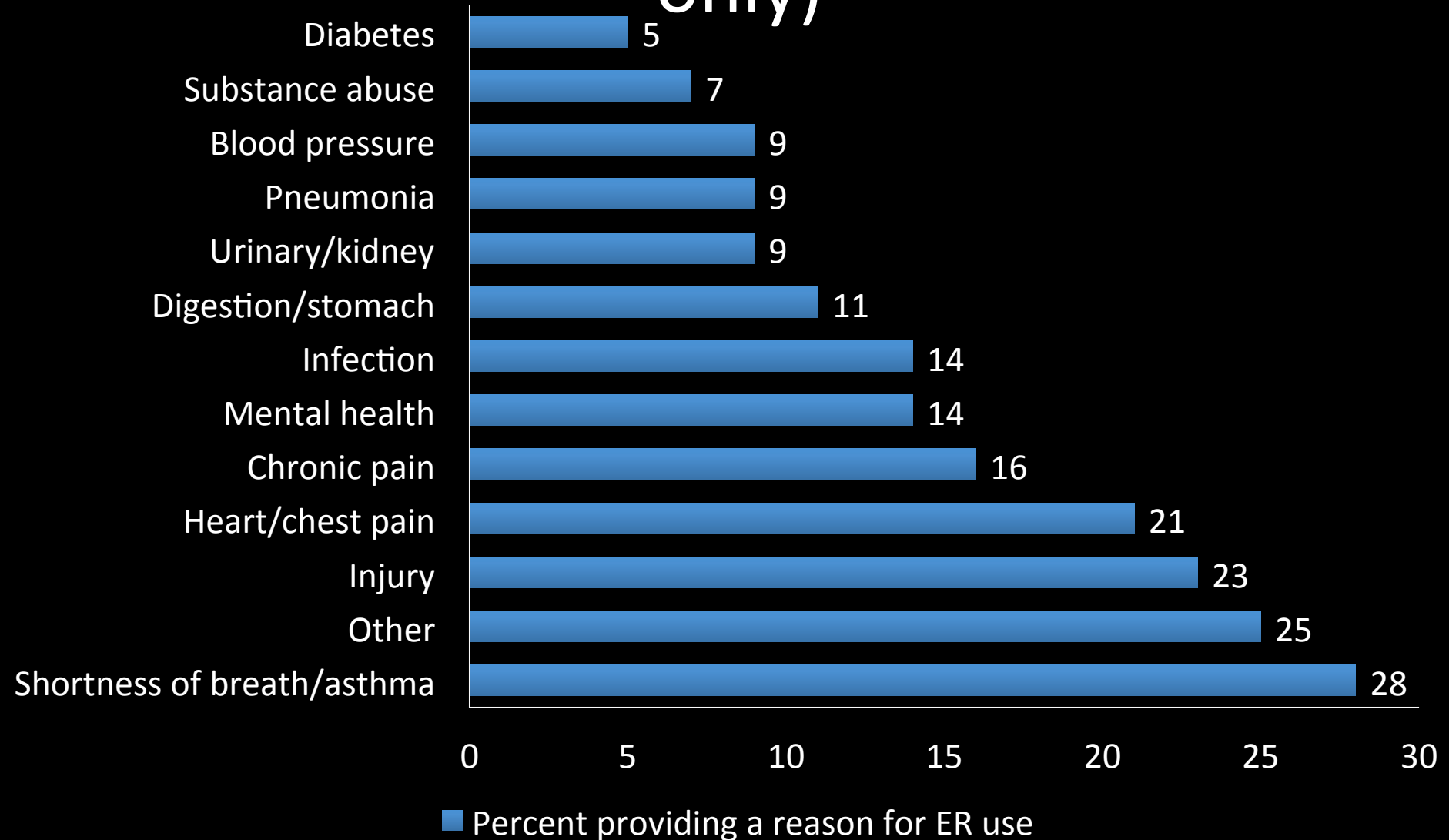
- 67% of respondents met the psychiatric screening threshold and these women were **2.3 times** more likely to use the **emergency room** in the past 12 months
- **78% of abused women** met the threshold versus 53% of non-abused women
- **88.5% of women who were raped** met the threshold

Patterns of healthcare utilization in past 12 months

- 69% went to an emergency room
- 73% saw a doctor for routine care
- 67% were tested for STI's
- 29% were hospitalized as an inpatient

Reasons for ER Visits (N=57, version B

only)



Medication Adherence

- 61% are prescribed medications and most (72%) indicate they have been able to take their medication as prescribed during the past 3 months.

CURRENT HEALTH CONDITIONS



**45% report they struggle
with shortness of breath
or asthma**



**37% report experiencing
chronic pain**



31% report heart problems or chest pain



27% report a mental health condition and 15% indicate they struggle with substance abuse



**26% have problems with digestion
or stomach issues**

Sex Trade/ Survival Sex

- 26% have traded sex for money, alcohol or drugs, shelter, food or other goods.
- 40% have been approached for sexual transactions.

One in six women traded sex for a place to sleep.

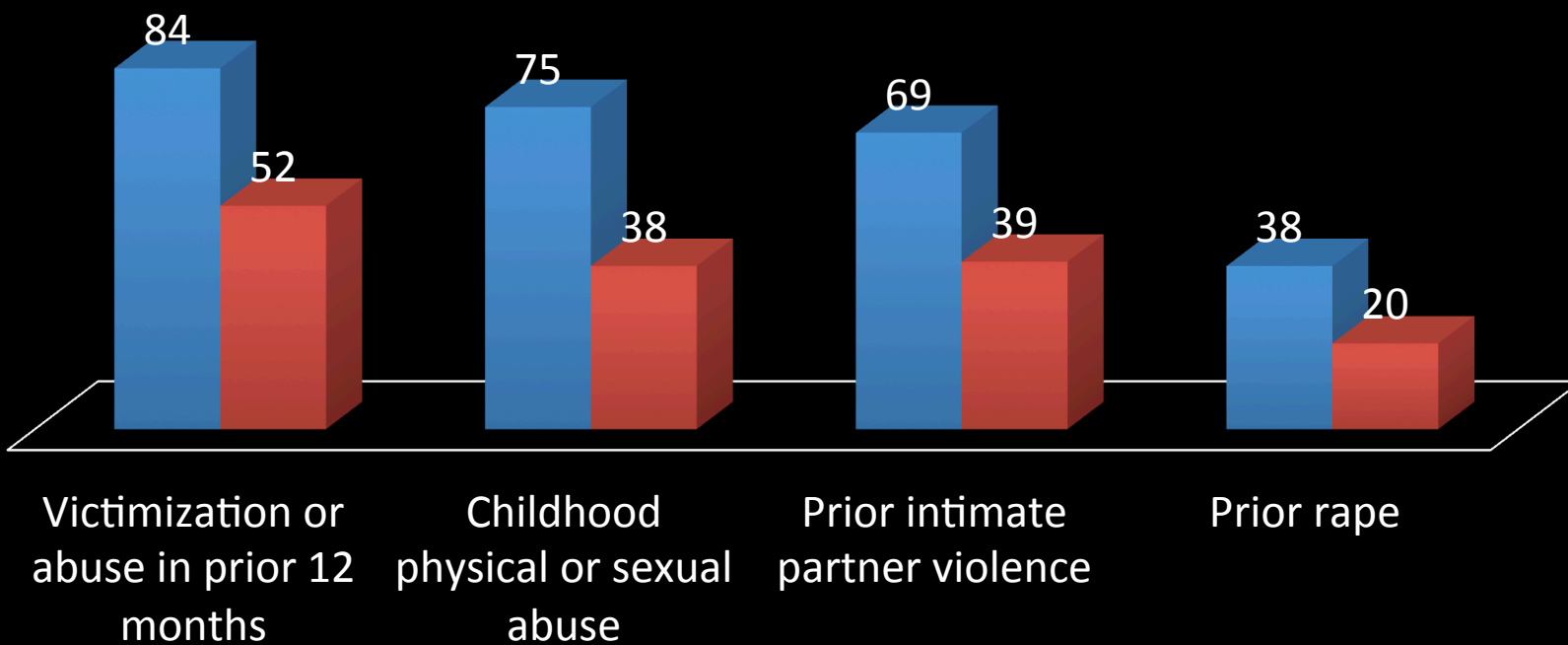


One in eight women traded sex for
food to eat



Transactional sex places women at higher risk for victimization and is often preceded by victimization

- Percent of Women reporting transactional sex
- Percent of women reporting NO transactional sex



The voices of women who are homeless

QUALITATIVE FINDINGS

“Listen to what the women
have to say.”

“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.”

“If I take my meds I get so tired, and I can't be like that in the shelter- you have to be aware every second or someone will take advantage of you.”

“The women have a sense of worthlessness and men will prey on them.”

“You cannot trust anyone.”

AVOID ATTENTION/CONFLICT

TRUSTED

GIVEN UP

FAITH

STAY SOBER

PEOPLE

AUTHORITIES

BE ALERT

ISOLATION

PHYSICAL PROTECTION

INTIMIDATION

SELF-DEFENSE

MALE PROTECTOR

STAY
BUSY

BE INSIDE

Participant Recommendations for Keeping Homeless Women Safe – Key Themes

Separate men and women

Facilitate a way out

Create a safer environment

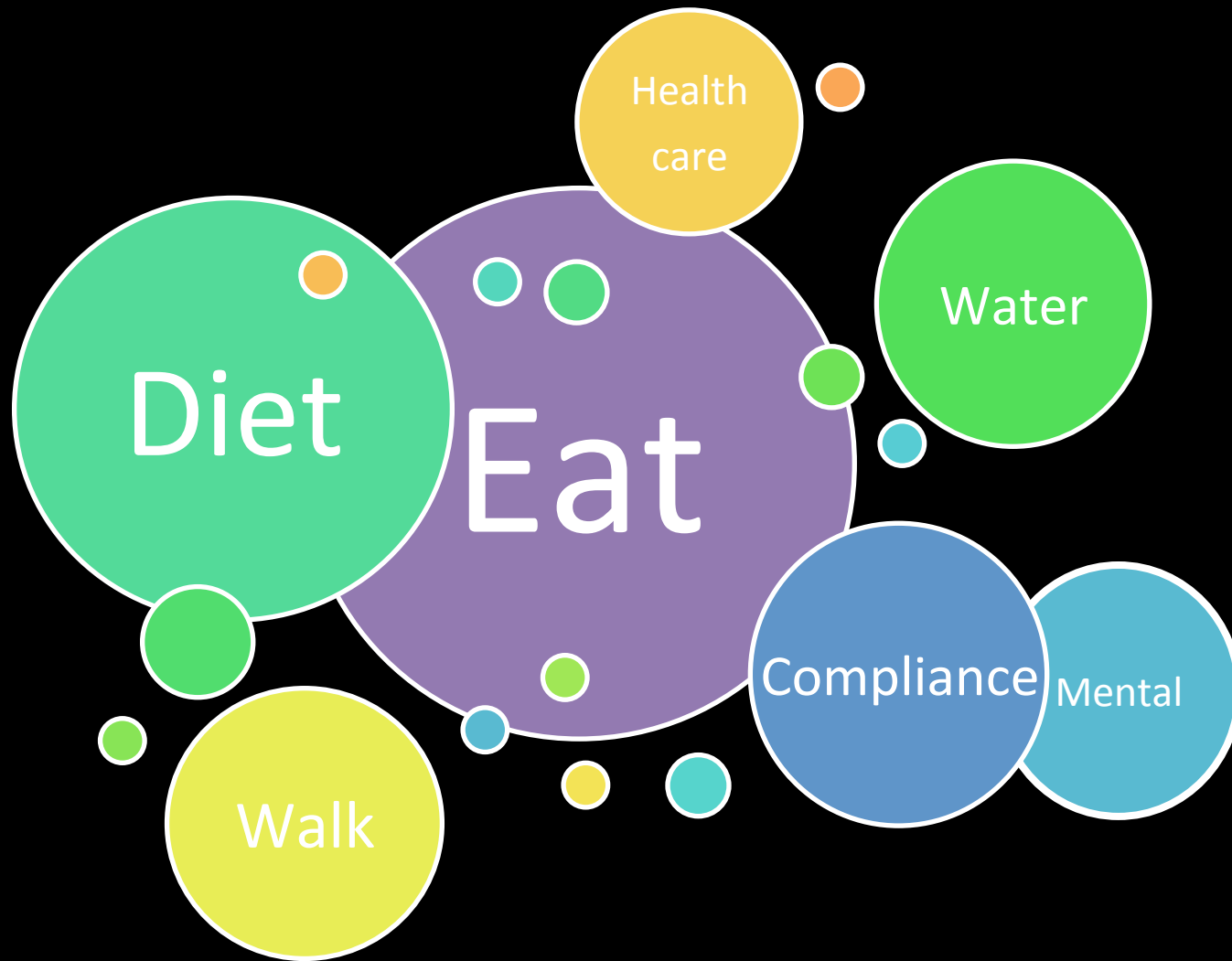
Keep women off the streets

Accessible resources

Support and build up self-worth

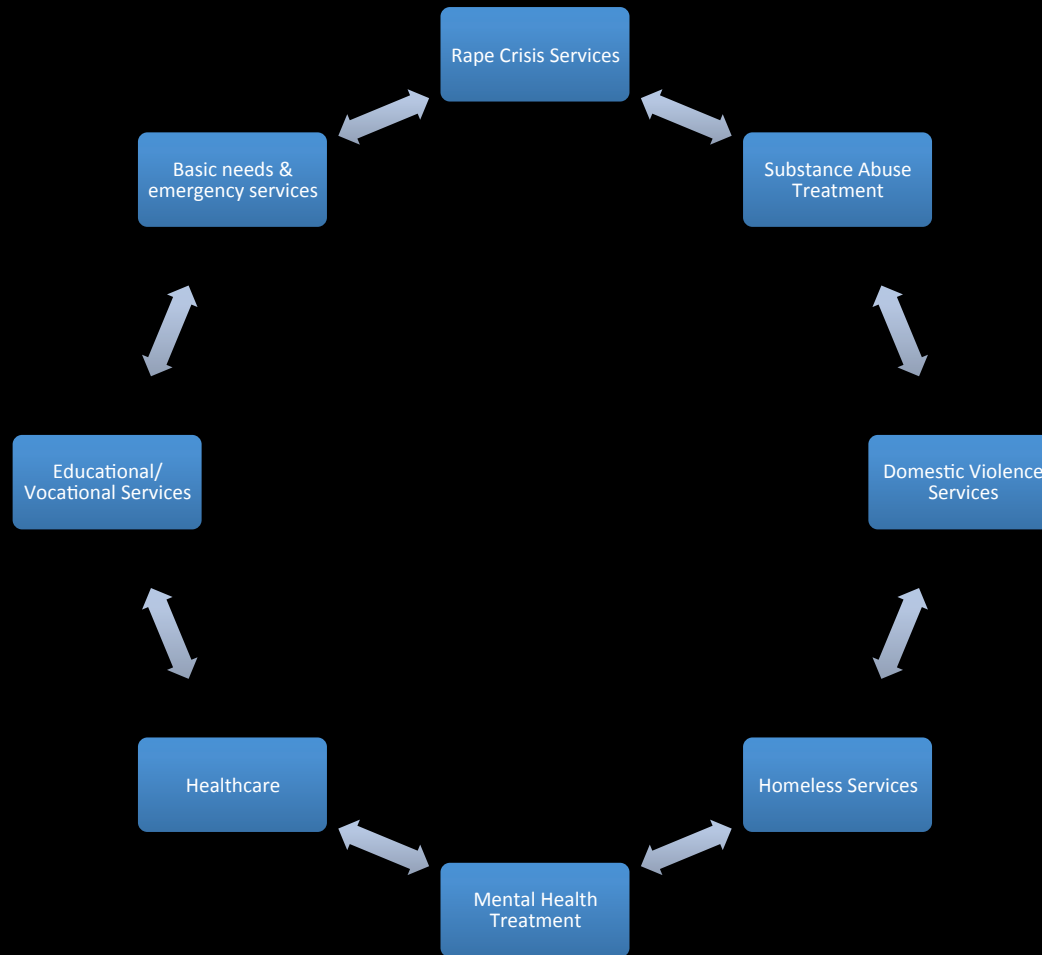
Empower women to take control of their own safety

Staying Healthy While Homeless



Where do we go from here?

Integrate Systems of Care Using a Trauma-Informed Approach



Tarrant County Responded

- Changed daytime shelter use requirements for women at PNS
- YWCA
 - Established emergency beds
 - Facilitated a community dialogue/planning meeting
 - Facilitated the development of an inter-organizational planning committee and logic model for women's outreach

OUTREACH TO WOMEN WHO ARE HOMELESS

IDENTIFICATION OF NEEDS

Homeless women on East Lancaster experience high rates of physical and sexual violence

Most violence occurs outside of emergency day and night shelters

Childhood and adult victimization occurring prior to homelessness places women at risk for negative long-term health, mental health, and psychosocial consequences

PROGRAM OVERVIEW

Nighttime outreach including information collection and response to community calls

COMMUNITY INPUT

- Interdisciplinary and inter-organizational community forum
- Homeless Women's Outreach Steering Committee

CORE VALUES & ASSUMPTIONS

- Women need to have a safe place to go 24-hours/7-days per week when they have been victimized and/or are in danger
- Everyone has the capacity to make changes for the better
- Housing is a basic right and does not need to be "earned"

STRATEGIES

Use data gathered during outreach to establish information feedback-loop that promotes community improvement and a seamless response from service providers

- Victim Advocacy services for homeless women integrated with housing solutions
- Identify and Reduce barriers to shelter (capacity, domestic violence etc.) for women
- Create 24-hour/ 7-day access to safe shelter that necessitates a professional response for women who are in immediate danger
- Create a Trauma Informed Care (TIC) model of case management
- Identify and eliminate sources of community endangerment
- Increase capacity for integrated outreach response
- Increase supply of Permanent Supportive Housing units

SYSTEM-LEVEL CHANGES

- Changes in emergency shelters' policies and practices
- Increase nighttime police patrolling
- Addition of blue emergency phones, increased lighting and surveillance
- Establish a common protocol to provide 24-hour access to safe shelter
- Coordinated and consistent use of trauma-informed responses by criminal justice, health care, social service and housing systems of care

EVALUATION

ULTIMATELY LEADING TO

- Reduced risk of victimization
- Reduced number of unsheltered women
- Safe and secure place for women in East Fort Worth

This study was a service learning project and volunteer opportunity at the UNTHSC 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)

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