“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 assistance
  – 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

- **Rape (meeting legal definition in Texas)**: 17.3%
- **Intimate partner violence/abuse**: 20.7%
- **Unwanted sexual contact**: 27.3%
- **Physical or sexual violence**: 46.0%
- **Verbal abuse, control or threats**: 50.7%
- **Any abuse/victimization (except theft)**: 60.7%
- **Theft**: 57.3%
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

- **Theft**: 10.4%
- **Intimate partner violence**: 0.33%
- **Any violent crime**: 1.9%
- **Rape**: 0.09%

NCVS data for rape and theft do not distinguish between males and females.
29% of women report at least one form of severe violence

Percent Reporting victimization in prior 12 months while homeless

- Shot at or stabbed: 5.3%
- Oral, anal or vaginal sex by force or threat of force: 14.7%
- Threatened with a weapon: 16.7%
- Punched, kicked, choked or beaten: 17.0%
Frequency of Abuse

Followed, harrassed or stalked

- Once or Twice
  - 31%
- Several times OR Many times
  - 69%

Verbally abused or controlled what you do

- Once or Twice
  - 24%
- Several times OR Many times
  - 76%

Threatened to kill you

- Once or Twice
  - 51%
- Several times OR Many times
  - 49%
Frequency of Violence

Grabbed, pushed, shoved, slapped
- Once or Twice: 52%
- Several times OR Many times: 48%

Punched, kicked, choked, beaten
- Once or Twice: 53%
- Several times OR Many times: 47%

Oral, anal or vaginal sex through force or threat of force
- Once or Twice: 60%
- Several times OR Many times: 40%
Where does the victimization occur?

<table>
<thead>
<tr>
<th>Category</th>
<th>Mean % in Shelters</th>
<th>Mean % Multiple sites or other</th>
<th>Mean % Outside/abandoned buildings/streets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theft</td>
<td>22</td>
<td>26.8</td>
<td>51.2</td>
</tr>
<tr>
<td>Sexual Violence</td>
<td>10.9</td>
<td>44.7</td>
<td>44.5</td>
</tr>
<tr>
<td>Non-violence (threats, stalking, etc..)</td>
<td>20.9</td>
<td>39</td>
<td>40</td>
</tr>
<tr>
<td>Physical Violence</td>
<td>25.9</td>
<td>35.9</td>
<td>38.2</td>
</tr>
</tbody>
</table>
### Injuries as a Result of Victimization

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

<table>
<thead>
<tr>
<th>Injury Type</th>
<th>Percent of all study participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scratches, abrasions</td>
<td>16.7</td>
</tr>
<tr>
<td>Cuts, punctures, bites</td>
<td>9.3</td>
</tr>
<tr>
<td>Deep cuts, gashes</td>
<td>8.7</td>
</tr>
<tr>
<td>Concussion</td>
<td>7.3</td>
</tr>
<tr>
<td>Broken bones</td>
<td>4.7</td>
</tr>
<tr>
<td>Sprains, dislocation</td>
<td>2.7</td>
</tr>
<tr>
<td>Broken teeth</td>
<td>2</td>
</tr>
<tr>
<td>Back or spine</td>
<td>4</td>
</tr>
<tr>
<td>Miscarriage</td>
<td>2</td>
</tr>
</tbody>
</table>
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)

<table>
<thead>
<tr>
<th>Source</th>
<th>% Indicating</th>
<th>Percent told</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family/Friends</td>
<td>79</td>
<td>35</td>
</tr>
<tr>
<td>Police</td>
<td>75</td>
<td>35</td>
</tr>
<tr>
<td>Doctor</td>
<td>82</td>
<td>19.7</td>
</tr>
<tr>
<td>Counselor</td>
<td>70</td>
<td>17.6</td>
</tr>
<tr>
<td>Homelessness service provider</td>
<td>70</td>
<td>17.6</td>
</tr>
<tr>
<td>Crisis hotline</td>
<td>8.7</td>
<td></td>
</tr>
<tr>
<td>A program for women</td>
<td>8.7</td>
<td></td>
</tr>
<tr>
<td>Domestic violence program</td>
<td>6.6</td>
<td></td>
</tr>
<tr>
<td>Clergy</td>
<td>5.5</td>
<td></td>
</tr>
<tr>
<td>Other social service provider</td>
<td>5.5</td>
<td></td>
</tr>
</tbody>
</table>
40% told no one about their abuse/victimization

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thought I would be blamed</td>
<td>19</td>
</tr>
<tr>
<td>Did not know where to go</td>
<td>22</td>
</tr>
<tr>
<td>No need to complain</td>
<td>25</td>
</tr>
<tr>
<td>Embarrassed</td>
<td>25</td>
</tr>
<tr>
<td>Afraid of causing problems in a relationship</td>
<td>31</td>
</tr>
<tr>
<td>Afraid of more violence</td>
<td>31</td>
</tr>
<tr>
<td>Would not be believed or taken seriously</td>
<td>34</td>
</tr>
<tr>
<td>Other</td>
<td>38</td>
</tr>
<tr>
<td>No use/ it wouldn't do any good</td>
<td>38</td>
</tr>
</tbody>
</table>
Prior to being homeless....

- Experiencing rape: 38% of those reporting physical or sexual assault in past 12 months, 23% of all respondents.
- Experiencing intimate partner violence: 65% of those reporting physical or sexual assault in past 12 months, 45% of all respondents.
- Experiencing child physical or sexual abuse: 63% of those reporting physical or sexual assault in past 12 months, 45% of all respondents.

Legend:
- Red bar: Percent of those reporting physical or sexual assault in past 12 months
- Blue bar: 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)

- Shortness of breath/asthma: 28%
- Injury: 23%
- Other: 25%
- Heart/chest pain: 21%
- Mental health: 14%
- Infection: 14%
- Digestion/stomach: 11%
- Pneumonia: 9%
- Urinary/kidney: 9%
- Blood pressure: 9%
- Substance abuse: 7%
- Diabetes: 5%

Percent providing a reason for ER use
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

<table>
<thead>
<tr>
<th>Event</th>
<th>Women Reporting Transactional Sex</th>
<th>Women Reporting NO Transactional Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victimization or abuse in prior 12 months</td>
<td>84% (52%)</td>
<td>75% (38%)</td>
</tr>
<tr>
<td>Childhood physical or sexual abuse</td>
<td>38%</td>
<td>69%</td>
</tr>
<tr>
<td>Prior intimate partner violence</td>
<td>38% (39%)</td>
<td>20%</td>
</tr>
<tr>
<td>Prior rape</td>
<td>38%</td>
<td>20%</td>
</tr>
</tbody>
</table>
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.”
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

- Diet
- Eat
- Water
- Compliance
- Walk
- Mental
- Health care
Where do we go from here?
Integrate Systems of Care Using a Trauma-Informed Approach

- Rape Crisis Services
- Basic needs & emergency services
- Substance Abuse Treatment
- Domestic Violence Services
- Educational/Vocational Services
- Healthcare
- Homeless Services
- Mental Health Treatment
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

Homeless Women’s Outreach Steering Committee 2014; Draft #5 7/2/14
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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