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Victimization in Homeless African American Women and their High-Risk Behaviors: Implication for Counselors

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Introduction

Homelessness in America continues to be a chronic social concern among people of color, particularly African Americans. The sociopolitical issues with homelessness in the United States appears not to present as an anomaly, but instead as a persistent unsolvable epidemic. The United States Census clearly shows a disproportionate number of homelessness among the African American population which make up 13.4 percent of the country's population and 40 percent are homeless (U.S. Census Bureau, 2019; Annual Homeless Assessment Report, 2018). The *Point in Time Count* yearly report count for homelessness identified 568,000 people were homeless on a single night (Annual Homeless Assessment Report, 2019; U.S. Department of Housing and Urban Development, 2019). The *Point in Time Count, 2019 Annual Homeless Assessment Report* revealed that "4 out of 10 people experiencing homelessness were African American" (U.S. Department of Housing and Urban Development, 2019). Women and families are the fastest growing population that are homeless. The 2018 *Point in Time Count Annual Homeless Assessment Report* revealed that more than 216,000 women are homeless on a given night in the United States (U.S. Department of Housing and Urban Development, 2018). The threats of homelessness appear to remain as consistent factors with the lack of resources and disparity that continue to plague the safety and wellbeing among the African American population.

There are several precipitating factors associated with homelessness. The attributed risk factors leading to homelessness are not only limited to the lack of affordable housing, unemployment, job loss, foreclosures, mortgage defaults, personal or family crisis, an increase in rent disproportionate to income, or a reduction in public health benefits (The American College of Obstetrician and Gynecologists (2013), but the prevalence of victimization both by stranger and intimate partners also threatens the stability of African American women being housed. Several researchers have discussed that there is an increased likelihood of women being chronically homeless due to findings of earlier childhood victimization and a correlation was found of continued adulthood victimization (e.g., physical assault, sexual assault, and intimate partner violence) (Goodman, 1991; Weis; DerCole & Struening, 1990; Broll & Huey, 2017). There is a lack of current research with a focus on race, victimization, and homelessness among African American women.

Bureau of Justice Statistics- National Crime Victimization Survey data (2018) reported that 1,055,503 women reported violent victimization by a stranger (Morgan, R., & Oudekerk, B., 2019). Victimization by an intimate partner reported higher in women than men over a 4-year span. The report revealed that women reported 754,842 incidents of victimization and men 92,384 experienced some form of victimization (Bureau of Justice Statistics, 2018; Morgan, R., & Oudekerk, B., 2019). The findings from the survey data proves that the violence against women with intimate partner violence and sexual assault is more widespread and increasing rapidly in the United States. The American Bar Association (2020) urged Congress to reauthorize and fully fund the Violence Against Women Act, (VAWA) to address the needs and protection of women. The reauthorization of VAWA to Congress specifically urged lawmakers to address the disparity and improve services to meet the needs of women who are marginalized from underserved groups and all victims of any form of gender-based violence.

According to the American Bar Association (2020) resolution that was proposed to Congress, marginalized groups and underserved groups, and victims were defined in the following manner: (a) are *LGBTQ*; (b) are *immigrants, without regard for their legal status*; (c)

are Indigenous; (d) are persons of color; (e) live with a disability, including mental/behavioral health disabilities and/or substance use disorders; (f) are youth or elders; (g) primarily speak a language other than English; (h) are members of a religious minority;(i) live in rural or frontier areas; or j. are or were incarcerated (p.1)

The act will promote and prioritize the safety, health, and well-being of all women, especially women of color.

Regardless to the actions in place to urge lawmakers to reauthorize the Violence Against Women Act in 2020, intimate partner violence remains a contributing factor that leads to homelessness and continues to be a traumatic safety threat for homeless women. The lack of support and/or fear by the known perpetrator places the women in a complex situation with limited opportunities for housing. Victims must make a two-pronged decision that includes whether to endure violence or face homelessness (National Coalition against Domestic Violence, 2020). Due to the unknown nature of where to turn and whom to trust, forces the women into further unsafe positions by being faced with living on the streets to assume anonymity and avoid being located by known perpetrators. In some cases, it may force the women that were gainfully employed to abruptly abandon their employment, which was the source of securing their housing, to flee from the abuse by known partner (Safe Housing Partnership, 2021). Victimization risk increases when African American homeless women are forced to reside on the streets or access uninhabitable dwellings. There is an increased likelihood of further risk faced by homeless women in unsafe dwellings that include frequent encounters with other individuals who may exhibit high risk behaviors and participate in criminal activity, (i.e., drugs, thefts, physical and sexual violence. The National Online Resource Center on Domestic Violence posited that homeless women are “particularly vulnerable to multiple forms of interpersonal victimization, including sexual and physical assault at the hands of strangers, acquaintances, pimps, sex traffickers, and intimate partners on the streets, in shelters, or in precarious housing situations” (Goodman, Fels, Glenn, Benitez, 2006).

Sexual victimization in women has always been a significant problem in the United States, with 1 in 3 women having experienced sexual violence involving physical contact in their lives (Center for Disease Control, [CDC], 2018). Anyone can be a victim of sexual violence by a stranger or intimate partner. Sexual victimization has several definitions by prominent U.S. agencies and organizations. Sexual violence is defined as a serious public health and human rights problem with both short- and long-term consequences on women physical health, mental and sexual reproductive health (WHO, 2018). The U.S. Department of Justice defines “sexual assault as any means of nonconsensual sexual act proscribed by federal, tribal, or state law, including when the victim lacks capacity to consent” (U.S. Department of Justice, 2020). The Office of Women’s Health defines sexual assault as any kind of unwanted sexual activity, as it pertains to any form of inappropriate touching to rape (U.S. Department of Health and Human Services, 2020). The National Center for Injury Prevention and Control, Division of Violence Prevention (2019) defined sexual violence as forcing or attempting to force a partner to take part in a sex act, sexual touching, or a non-physical sexual event (e.g., sexting) when the partner does not or cannot consent.

The Center for Disease Control reports that women are at a higher risk of being victims of sexual violence. The report further suggests that the prevalence of both completed and attempted rape with 1 in 5 women being affected and traumatized in their lifetimes (CDC, 2020). Consequently, homelessness increases a woman’s risk of being sexually assaulted while residing in adverse conditions. Based on research, homelessness is higher in the African American

population and women within the population are at a higher risk of being sexually victimized. The Center for Disease Control (2014) reported that 38.2 percent of black non-Hispanic women experienced at least one act of sexual violence in their lifetime.

Sexual Victimization and High-Risk Behaviors

Researchers have examined the relationship between the homeless populations and substance abuse. Stringfellow, Kim, Gordon, Grucza, Austin, Johnson, and Kertesz, (2016) found that substance use disorder was considered a major influence among the homeless population with greater risks of increased addictive behaviors. Relevant findings corresponding to the research further revealed that the sample (N=601) in the study over half of the participants used alcohol for the past 3 months, and one third used illicit drugs during time of the study. Research further supports that substance use among the homeless is used as a coping mechanism to endure with the harsh realities of homelessness in current or past abuse (National Coalition for the Homeless, 2009; Carroll & Trull, 1999). Carroll and Trull (1999) provided earlier research of African American women engaging in substance use drugs to cope with abuse experienced in childhood, adolescent, and adulthood. An earlier study by Davis (1997) concurs that women engage in substance abuse to numb the pains of physical, sexual and psychological abuse. Wenzel, Leake and Gelberg (2000) study reported that homeless women that experienced physical or sexual victimization in the past month were three times likely to engage in both drug and alcohol use than homeless women that did not report victimization. Substance use among homeless women is not only limited to coping behaviors, but also lowers inhibitions which provides a threshold to further engage in high-risk behaviors for survival.

Purpose of Study

The purpose of this study was to explore victimization factors in homeless African American women and their high-risk behaviors. The goal was to determine predictive power between victimization factors (e.g., sexual assault, physical assault, and domestic violence) and substance use per week. Another goal was to determine the predictive power between victimization factors (e.g., sexual assault, physical assault, and domestic violence) and high-risk behaviors.

We hypothesized that there is no statistically significant relationship between victimization factors, (e.g., sexual assault, physical assault, and domestic violence) and the number of high-risk behaviors. Second, we hypothesized, that no statistically significant relationship between victimization factors, (e.g., sexual assault, physical assault, and domestic violence) and the number of substance use per week. The following research questions were addressed:

- 1) Do victimization factors, (sexual assault, domestic violence and physical assault have any predictive power regarding number of high- risk behaviors?
- 2) Do victimization factors, (sexual assault, domestic violence, and physical assault) have any predictive power regarding number of substances used per week?

Method

Participants were recruited using a purposive sampling at shelters, community, agencies, and a private health federally qualified health center that serves the homeless population in the southern region of the United States. A purposive sampling was used in the study to specifically target locations where homeless women frequent for care and services. University Institutional

Review Board, (IRB) approval was received prior to beginning the study. An additional IRB was acquired for Baylor College of Medicine -Health care for the Homeless to participate in the study. Baylor College of Medicine -Health care for the Homeless is a private federally qualified health center that provides care specifically for the homeless. An array of services offered based on a medical model; (e.g., medical, dental, psychiatry, and case management). In 2018, Baylor College of Medicine -Health care for the Homeless provided services to over 47,000 homeless women and men (Healthcare for the Homeless Houston, 2019).

Participants were included in the study if they met the following criteria: (a) 18 years of age, (b) African American women, and (c) homeless. At each site, the researcher met with a program director or coordinator (s) of services to designate a confidential area to provide surveys to participants. Data collection occurred on high volume days at the federally qualified health center to target the specific group. The participants elected to participate in the study received an informed consent to proceed forward to survey. After receiving consent for participation in the study, the participants completed the *2011 Modified Version of the Coalition for the Homeless Survey*. The survey consisted of 16 questions.

Participants

Participants in the study were homeless African American women receiving services from shelters, community, agencies, and private health federally qualified health center. The sample size of the study was 200 homeless African American women in a large southern region that participated in the study. Participants in the study ranged in ages from 18 to 60 years (M= 35-44). The participants in the study was asked to identify their highest education level e.g. High school graduates, (n=57, 28%), Associate degree, (n=10,), some college, (n=49, 24%), Bachelor's degree, (n=5, 2.5%), Graduate degree, (n=2, 1%), some high school (n=34), 6th-9th grade level, (n=9) and less than 6th grade, (n=2). Most of the population was unemployed (n= 142, 71%), followed by being employed (n=58, 29%).

Instruments

The instrumentation used in this study included a survey, the *Modified version of 2011 Community Needs Assessment instrument of the Coalition to assess victimization factors in homeless African American women* (Davis, 2019). The instrument was 715-question survey used for point in time study. The instrument demonstrated high validity reflecting 93% in measure. A pilot study was conducted to determine efficacy in the survey. Doctoral students were selected for the pilot study and it was unanimous that the 16-question instrument met validity and reliability. *Modified version of 2011 Community Needs Assessment instrument of the Coalition* consisted of 16-item questions designed to assess the victimization factors and number of substance use frequency, specifically per week among homeless African American women population.

Results

The results of the analyses are displayed in Table 1. We hypothesized that there is no statistically significant relationship between victimization factors, (sexual assault, domestic violence and physical assault) and the number of high-risk behaviors. The Wald Statistic reported that physical assault (Z=6.800, P <.01). The report revealed that African American homeless women who are physically assaulted were 4 times more likely to be homeless than those who were not physically assaulted. The hypothesis was rejected.

Table 1
Regression Coefficients Regarding the Relationship between Victimization Factors and Participation in High Risk Behaviors

Variable	B	SE	Wald	df	P	Exp(B)
Domestic	-.551	.673	.670	1	.413	.577
Sexual	.391	.462	.716	1	.398	1.479
Physical	1.277	.490	6.800	1	.009	3.585**
Constant	-2.666	.399				

**Significant at the .01 level

Hypotheses 2: There is no statistically significant relationship between victimization factors (sexual assault, domestic violence and physical assault) and the number of substance use per week. The results indicated in Table 2 were the Standard Multiple Regression findings concerning the relationship between victimization factors of sexual assault, domestic violence and physical assault and the number of substance use per week among homeless African American women. “The regression model yielded a multiple correlation of .214. The three-victimization variable together were found to explain 4.6% (Adjusted=3.1%) of the variance in the number of substance use per week”.

A statistically significant linear relationship was found to exist between the victimization factors of sexual assault, domestic violence, and physical assault and the number of substance use per week ($F(3, 196) = 3.123, P < .01$). The hypothesis was rejected.

Table 2
Standard Multiple Regression Results Regarding the Victimization Factors and the Number of Substance Use

Model	B	SE	Beta	t	P
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(Constant)	3.072	.321			
Domestic	-1.905	.719	-.191	-2.648	.009**
Sexual	.627	.550	.083	1.139	.256
Physical	.648	.486	.100	1.335	.183

Note: R=.214, R Square = .046 (Adjusted=.031); F=3.123; df=3,196; P=.027*

*Significant at the .05 level

**Significant at the .01 level

Conclusion

Our results suggest that African American homeless women are at a greater risk of being victimized and further engage in high risk behaviors. “Women who are homeless experienced earlier childhood trauma (i.e. sexual and physical abuse) which predisposes them to further victimization and high-risk behaviors across the lifespan” (Goodman, 1991; Weis, Longhurst & Mazure, 1999; DerCole & Struening, 1990; Broll & Huey, 2017). It is important for mental health professionals working with African American women to take account of the baseline of victimization endured in this group. Furthermore, it is particularly important for mental health professionals to review the historical aspect of transgenerational trauma and address concerns of the long-term psychological effects homelessness has on African American women. Mental health clinicians must stay abreast to effective treatment methods when working with groups that have and continue to experience disparity due to their race and to be bias free when providing services. The homelessness issue in the African American population continues to remain a growing concern, so providers must maintain diligence and be ethical in their caregiving for this group.

While homeless, African American women are at a significant risk for victimization in the United States. The purpose of this study was to address the gap in literature by exploring victimization factors in homeless African American women and their high-risk behaviors. African American women experience further victimization with both sexual and physical assault while homeless. The analyses of this study revealed that victimization factors were statistically reliable among African American women regarding their participation in high risk behaviors. Mental health clinicians should continue to research the baseline of victimization in African American women and the historical aspect of transgenerational trauma and the long-term psychological effects of homelessness. Mental health clinicians should also be culturally aware of effective treatment methods for African American women who experience disparity due to their race and be diligent in providing services.

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