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Victimization and Homelessness: Cause and Effect

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Cause and Effect

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The literature on the contemporary homeless population is reviewed to examine the association of victimization with homelessness. Although few studies have specifically focused on victimization, findings derived from studies investigating pathways to homelessness, prevalence of health, mental health, and substance-use disorders, and demographic profiles and life histories suggest that victimization both causes homelessness and is an outcome of losing housing. Causal sequences ending in homelessness most frequently involve domestic violence, which mainly affects women, although other types of abuse may extrude individuals from their established housing. Once they become homeless, the risk of violence escalates for people living on the streets and in shelters. Perhaps the most unsettling findings from the research involve high rates of antecedent events, particularly abuse of children and disruption of families of origin, that appear to predispose individuals to homelessness. These data suggest that victimization is deeply rooted with long-lasting demoralizing consequences that burden affected individuals with excess prevalence of mental illness and related socially dysfunctional behavior that entrenches people in homelessness and may perpetuate patterns of abuse across generations. There is a crying need for early detection and targeted treatment to effect rehabilitation.

Victimization is so inextricably linked to homelessness that homelessness itself can be described as a type of victimization whereby the social structure bars an underclass from the protection enjoyed by the larger society. The advent of homelessness as well as its continuing experience have been defined as stressors that confer debilitating psychological trauma.[1] Homeless people have historically been victimized at greater rates than those with the physical and emotional resources to arm themselves against harsh treatment. For example, violence was described as endemic to skid rows, where intoxication produced both combativeness and stupor.[2] Although skid rows have all but disappeared from the contemporary scene, evidence gathered over the past decade documents that latter-day homeless people are no less subject to victimization than their predecessors.[3] Moreover, an emerging literature suggests that victimization early in life establishes

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patterns of behavior that contribute to adult vulnerability to a host of adverse experiences, including homelessness.

Victimization appears to be both a cause and an effect of homelessness. For the purposes of this discussion, victimization, considered first as an antecedent to homelessness, is defined broadly to include adverse childhood conditions as well as specific abusive experiences reported by homeless adults. Victimization, defined more conventionally as experiencing criminal acts against a person and property, is examined as it occurs during homelessness.

Antecedent Victimization

While associations between childhood events and subsequent adult dysfunction, especially between child abuse and development of mental illness, have long been recognized,[4] findings from a number of studies are beginning to point to childhood antecedents, especially abuse, as risk factors for homelessness as well.[5] These recent data suggest that dysfunctional childhoods, including disruptions of families of origin, parental histories of problem behavior, and physical and sexual abuse, produce patterns of learned helplessness, disaffiliation, and cycles of abuse of which homelessness is one outcome. These long-standing patterns of socially dysfunctional behavior in turn increase barriers to re-entry into the social mainstream.

Indicators of Family Dysfunction during Childhood

There is mounting evidence that early experiences may increase later vulnerability. Disruption of families of origin through separation, divorce, or death of parents or by removal of children to extrafamilial settings, particularly institutional and foster care, can interrupt the child-rearing process at critical developmental points, so that emotional growth is arrested.[6] Children raised in dysfunctional families, especially those whose parents are substance abusing or mentally ill, may not be nurtured sufficiently to form the basis of adult strengths and are more likely to be abused.[7] Links have been identified between child abuse, specifically that which is sexual in nature, and development of personality disorders.[8]

The relation between out-of-home placement and chronic homelessness may reflect long-standing behavioral or emotional problems continued into adulthood, the debilitating effect of placement per se, or weakened family ties, all of which may increase individual vulnerability to homelessness and inability to manage independently. For example, 13 percent of a rural sample of homeless people in Ohio reported spending part of their childhood out of their parental home.[9] Nearly two fifths of a Minneapolis sample of homeless adults had a history of placement as a child, which in turn was found to be associated with long-term homelessness.[10] Studies in New York City have found that out-of-home placement such as foster care and problem behaviors were associated with mental illness in homeless men; for example, almost half of former psychiatric patients in a New York City shelter sample had been placed away from their families as children.[11] Moreover, it was also determined that mental patients who had been fostered or who had run away from home were more likely to report experiencing homelessness.[12] Nearly a third of homeless adults in Baltimore experienced dissolution of their childhood households through the separation or divorce of their parents, and nearly a quarter reported the death of a parent during their childhoods — in about 10 percent of cases, the mother had

deceased. More than half reported living apart from their parents for some period during their childhood. Although living with other relatives was the most common extrafamilial setting, 12 percent of men and 14 percent of women had lived in foster care or in an orphanage.[13] In a study comparing homeless and housed poor families in Los Angeles, substantially higher rates of dissolution of families of origin through divorce or death as well as out- of-home placement were reported by the homeless mothers than by the housed mothers.[14] In Kentucky, the rate of foster care placement among homeless adults was estimated to be more than four times greater than that of the general population.[15] An elevated rate of family dysfunction is indicated in recent studies of homeless populations. Baltimore homeless adults were exposed as children to serious problems within their households. About half indicated that one or both of their parents had a "drinking problem." More than a third had parents who had been arrested, and about a quarter had mentally ill parents.[16] In a Los Angeles study,[17] nearly half of the homeless mothers compared with a third of the poor housed mothers reported parental alcohol or drug abuse.

Childhood Physical and Sexual Abuse

Evidence is emerging to link patterns of childhood abuse with homelessness. A number of studies have found high rates of childhood physical and sexual abuse in groups of homeless adults.[18] Studies of homeless mothers and their children in Boston revealed that 42 percent of homeless mothers but only 5 percent of a comparison group of housed poor mothers had been abused as children, and twice as many of the homeless mothers (41%) as housed mothers (20%) had subsequently been battered in their adult relationships.[19] Similar findings are reported for families in the Salvation Army Emergency Lodge in St. Louis.[20] Nearly a third of homeless adults in Baltimore suffered physical or sexual abuse as children or adolescents. Physical abuse was more frequently reported by both men and women than sexual abuse. However, homeless women were much more likely to report abuse histories in general, nearly twice as likely to have been physically abused, and more than three times as likely to have been sexually abused as homeless men. Furthermore, while abuse was confined to childhood in the main among men, women reported abuse persisting well into adolescence.[21]

A comparison of homeless applicants for emergency housing with domiciled recipients of public assistance in New York City found that 11 percent of the homeless and 7 percent of the housed individuals reported childhood physical abuse; 10 percent of the homeless but only 4 percent of the housed clients had been sexually abused before age eighteen. Furthermore, the homeless clients were more likely to experience abuse as adults (26% versus 16%).[22] A survey of homeless adults in Manhattan shelters and streets also suggests association of early childhood trauma with subsequent homelessness: among 158 young (63% under 40) homeless persons, of whom about two-fifths were women, nearly a quarter had been abused as children; almost half of those reporting child abuse indicated that the abuse was sexual.[23]

A more direct association between abuse and homelessness has been described among runaway and throwaway youth.[24] It is estimated nationally that more than a third of the youth who run away each year are fleeing from physical and/or sexual abuse in their homes; ironically, half turn to prostitution for survival.[25] Three fifths of San Francisco teenagers had been sexually abused prior to leaving home.[26] Nearly half of runaway and homeless youth in California shelters reported that they had

been abused or neglected by their primary caretakers.[27] Half of shelter-using homeless youth in New York reported parental abuse "such that they had repeatedly sustained bruises, cuts or welts or else had had to receive treatment in a hospital on at least one occasion."[28] Robertson[29] found that 24 percent of Hollywood street kids had become homeless at least once owing to physical abuse in the home and 8 percent owing to sexual abuse. Comparison of young runaway and nonrunaway users of Los Angeles outpatient medical clinics showed rates of physical and sexual abuse to be four to eight times higher among the runaways. Unlike findings of many other studies, sexual abuse (22%) was reported more often than physical abuse (16%).[30] These studies clearly establish abuse in the home as a significant contributing factor to homelessness among youth.

The consequences of being raised in disrupted or abusive families are far-reaching. In a study comparing homeless and housed men in Rochester, New York, it was concluded that "homeless persons are more likely than a comparable group of domiciled persons to retrospectively describe early relationships within the family as rejecting, emotionally impoverished, chaotic, and socially isolating" and point to the lack of maternal warmth as the critical factor in determining lack of success in adulthood.[31] In a Manhattan sample, those with childhood trauma had experienced other serious problems while they were growing up; for example, 27 percent had trouble getting along with their parents; 35 percent frequently played hooky and failed to form expected social attachments as adults; 59 percent had never married; 43 percent had no contact with their relatives and 49 percent had no one to turn to for help; 51 percent had been homeless longer than one year.[32]

The Baltimore study[33] also found that experience of disrupted and abusive households was correlated with childhood deviant behavior. Overall, the homeless adults reported individual examples of deviant behavior at greater rates, but also engaged in multiple forms of deviant behavior more frequently: about two fifths of the homeless adults reported two or more examples of deviant behavior, the most common being suspended or expelled from school for misbehaving and getting drunk or using drugs before the age of fifteen. Compared to a sample of housed adults, the homeless men and women were two to three times more likely to have run away from home and between three and four times more likely to behave violently and have experienced juvenile arrests. In most cases, childhood problems were also found to be correlated with elevated rates of adult dysfunction, including impaired social functioning and diminished social support, adult victimization, criminal behavior, and mental health problems, particularly substance abuse, depression, and personality disorders. In addition, homeless men and women who were the products of disrupted or abusive childhood homes were more likely to experience harsh conditions while homeless, including long-term, chronic homelessness, sleeping rough, scavenging for food, and so on.

Mothers who were physically and sexually abused by their parents frequently repeat the pattern of abuse in their own children. A recent study in Los Angeles showed that nearly a third of homeless mothers reported having been physically or sexually abused as children, and more than a quarter indicated that they themselves had been investigated by social services agencies for child abuse or neglect.[34] Bassuk and her colleagues were the first to note that homeless mothers were substantially more likely than housed mothers to have been abused as children as well as adults and nearly twice as likely to be currently under investigation for child abuse or

neglect, concluding that lifetime patterns of deprivation and violence foster a "newly emergent cycle of intergenerational homelessness [in which] it is not only the economics of poverty that has created the new phenomenon of homeless families, but the combined effects of poverty, violence, and profound deprivation on a person's development and self-esteem."[35]

Victimization as a Precipitating Event

Although, as noted, there is growing evidence that early childhood experiences predispose abused individuals to becoming homeless as adults, the recent literature also demonstrates that adverse events occurring during adult life can precipitate homelessness. Homelessness becomes an outcome of victimization when abusive situations make once satisfactory living arrangements intolerable even in the face of no accessible safe alternative accommodations. People living on the social margins by virtue of poverty, disaffiliation, disability, and the like are especially vulnerable to such dissolutions of households. However, it is difficult to estimate the extent to which victimization in its myriad forms causes homelessness.

Relatively few surveys have queried homeless adults about the reason(s) they became homeless. Moreover, the evidence for direct links between an event definable as victimization and subsequent homelessness is limited by methodological problems, chiefly lack of standardized response categories and inability to assign priorities to multiple reasons, which reduce the generalizability of their findings. In many cases, patterns of victimization underlie reasons more readily reported. For example, a Baltimore man stated that he was homeless because he was unemployed, but further inquiry elicited the fact that he could not work because he had lost one eye and much of the sight in the remaining eye as a result of assault. Sampling procedures may also obscure the true prevalence of victimization through selection of individuals with lower probabilities of victimization-related homelessness. The most obvious effect is underestimating the causal role of domestic violence through exclusion of specialized facilities for battered women from most shelter surveys.[36]

Perhaps as a consequence of these methodological problems, only a few studies cite domestic violence as the direct cause of homelessness.[37] However, it seems likely to be a hidden component when reasons for homelessness are given as family or personal crises.[38] Family conflict was reported to lead to homelessness for one quarter of a sample of homeless mentally ill adults surveyed in Milwaukee,[39] and nearly a third of rural homeless adults in Ohio.[40] Two fifths of the mothers in homeless families in Boston had been battered compared with one fifth of poor housed mothers. Moreover, the homeless mothers were more likely to escape abusive family situations by going to shelters for battered women while the housed mothers turned to close friends.[41] Nearly two thirds of homeless mothers sampled in two New England cities reported some form of spousal physical abuse with nearly half experiencing the most severe form.[42] In New York City, reports of domestic violence were substantially higher among homeless than housed families on public assistance.[43] In a comparison of homeless to housed low-income families in Los Angeles, the homeless mothers were more than twice as likely to report spousal abuse.[44]

Despite these methodological problems, victimization, particularly domestic violence, is widely accepted as contributing to homelessness.[45] Women are more likely to report victimization as the cause of homelessness than men, who tend to identify reasons such as unemployment, alcohol problems, and jail release.[46]

Certain forms of eviction leading to homelessness can be defined as victimization. In New York City, tenants of single-room-occupancy hotels — primarily poor elderly or disabled long-term residents — were found to be "standing in the way of the gentry."[47] Conversion of these SRO hotels into more profitable condominiums depended on relocation of the existing tenants. Eviction was often accomplished through illegal tactics, including threats and harassment, arson, burglaries, and physical assault. One such removal campaign was likened to a "three-week reign of terror" that rendered many former tenants homeless.[48]

People who are mentally ill are especially vulnerable to victimization as they are often disoriented, have little understanding of their rights, and frequently have diminished social support networks to mobilize in their defense. For these and other reasons, they may not be viewed as desirable tenants. All too often, caretakers have proved themselves more interested in siphoning off the entitlement benefits of their mentally ill charges than in providing a safe home. Abusive situations breed where supervision of residential facilities such as adult foster care homes is minimal. For example, a follow-up study of patients discharged from state mental hospitals in Michigan determined that 9 percent were currently homeless; 17 percent of these stated that abusive conditions, including rapes and beatings, had forced them from their postdischarge residences into homelessness.[49]

Current Victimization

Victimization as a Consequence of Homelessness

Homelessness is a condition so fraught with peril that homeless adults experience victimization disproportionately compared with the housed population. The consequences may be more severe in homeless people who have fewer resources and skills to overcome the effects of trauma. Thus, victimization is associated with dysfunction in homeless people. For example, investigation of a sample of New York City public shelter users not only determined an association between experience of victimization and adverse health and mental health (including depression, psychoticism, suicidal ideation, and substance abuse), but also discovered a dose-response effect with increasing victimization episodes.[50]

The homeless may be thought, to some extent, to be passive victims. Nevertheless, they are by no means unaware of the constant threat of violence inherent in street life. Homeless people frequently report safety to be a major concern.[51] About as many of the homeless people surveyed in Manhattan shelters and streets said they were as afraid of being attacked in a shelter as on the street,[52] and women who become homeless express feelings of fear of physical violence.[53] Levels of anxiety have been shown to be highest following the first episode of homelessness.[54] Indeed, despite high rates of victimization, only 20 percent of residents of New York City municipal shelters voiced fear of being hurt — less than rates previously found in general community samples, suggesting that as people remain homeless, they deny or become inured to the brutality of their environment.[55]

Rates and types of injuries sustained by homeless populations are useful indicators of the extent of victimization. Trauma has been cited as one of the leading causes of death and disability among the contemporary homeless, many of whom suffer alarmingly high rates of repeat trauma and hospitalization.[56] In Anchorage, two thirds of a homeless sample had been assaulted, the majority on multiple occa-

sions; more than half required medical care with two fifths being hospitalized, indicating the level of violence experienced in these attacks.[57] About a quarter of all adult clients seen in the national Health Care for the Homeless clinics presented with trauma.[58] Nearly three quarters of homeless adults examined by physicians in California reported being victimized within the past year.[59] More than two thirds of a Baltimore clinical sample reported trauma as part of their medical histories.[60] In a medical records review of homeless persons treated at the Union Rescue Mission Infirmary in Nashville, one fifth of cases were discovered to be injury related.[61]

Surveys of homeless adults have produced substantial reports of recent victimization. Crimes perpetrated on homeless victims include offenses against property and against the person. High rates of victimization of homeless people have been reported in New York. One study found that half of the homeless had been physically assaulted,[62] while a survey of 695 men residing in New York City public shelters reported that within the previous year the homeless men had fallen victim to one or more of four index crimes (simple and aggravated assaults, robbery and theft) between seven and forty times more often than the general population.[63] One fifth of a Baltimore shelter sample indicated they had been mugged within the previous three months.[64] More than a third of a Detroit shelter population had been a crime victim within the year; nearly three fifths had been victimized more than once, with one fifth reporting four or more occasions.[65] More than a fourth of shelter users in St. Louis had been beaten or robbed.[66] In Phoenix, nearly two fifths of homeless people surveyed in soup lines had been robbed, assaulted, raped, or harassed at least once during the previous six months.[67] In Los Angeles, more than a third of a homeless sample had been the victim of at least one crime during the previous six months, reporting an average of 2.24 episodes per person, with robbery, burglary, and assault being the most commonly reported offenses.[68] Another Los Angeles study indicated that more than half the homeless people on skid row were crime victims, half of these more than once, with the majority having been assaulted.[69]

Some of the most poignant personal narratives of homeless people, particularly those voiced by women and adolescents, detail accounts of sexual assaults. One fifth of homeless adults surveyed in New York had been raped; three quarters of the rape victims were women, accounting for nearly two fifths of all of the homeless women in the sample.[70] One of every thirteen shelter users in St. Louis reported sexual abuse.[71] In Los Angeles, 6 percent of a sample of homeless women had been raped in the previous six months.[72] Review of medical records at the Sexual Trauma Service of San Francisco General Hospital[73] revealed that the treated incidence of sexual assault in homeless patients was estimated to be twenty times greater than in the general population. The majority of homeless victims of sexual assault were women, half of whom sustained injuries ranging from minor abrasions to major trauma, including skull fracture; all victims were judged to have experienced some degree of psychological trauma in addition. Moreover, 12 percent of the homeless patients were repeat victims.

It is obvious that life on the streets invites violence, but ironic that shelters themselves do not always offer safe havens. Not only is theft rife in shelters, as even the best-staffed facilities can provide little real security,[74] but violence can quickly erupt in a volatile mix of residents, some recently released from jail, prison, or mental hospital. Lumsden[75] suggests that about 6 percent of clients of Dallas shelters could be classified as "troublemakers" — a group of violence-prone young men who victimize

the other shelter users. The proportion of men barred temporarily or permanently from the largest mission in Baltimore for causing problems, including violent behavior, arson, and stealing, increased from 5 percent in 1981 to 14 percent in 1986.[76] As the shelter-using population has become younger and more violent, the threat of physical harm has escalated to the point where the most vulnerable homeless — such as the elderly — have been "crowded out" of the shelters.[77] Moreover, both intimidation and physical abuse, including murder of clients, have been attributed to the staff of some of the immense public shelters in New York City.[78]

Often homeless people do not seek redress from the law enforcement system, having observed that police are less responsive to the needs of the homeless than of the general population;[79] the more serious or violent crimes are more likely to be reported.[80] Another reason that homeless persons fail to report crimes is that the police may be regarded as enemies rather than champions: reports of police harassment are rife.[81]

Risk of Victimization

Studies that have compared rates of victimization among homeless samples and the general population have documented substantially higher rates among homeless people.[82] However, risk of victimization is not uniformly distributed among the homeless population. Findings from the literature of the past decade demonstrate that vulnerability attracts victimization. Thus, those homeless individuals who offer least resistance by virtue of physical disabilities, intoxication, advanced age, disorientation, and high visibility are most readily victimized.[83]

Gender differences in victimization experience have been noted. Although women express greater levels of fear of being hurt, higher rates of victimization, contrary to expectations, are typically reported by men. However, women are at greater risk of attack with sexual intent.[84] Among a sample of New York City public shelter users, rates of victimization among men exceeded those among women in all categories except sexual assault and beatings.[85] Much of the difference in rates probably derives from greater exposure to risk on the part of men. Higher rates of recent victimization in men compared with women in a Baltimore sample were attributed to a higher index of risk conferred by their greater likelihood of sleeping "rough" and being intoxicated.[86] In California,[87] three quarters of street people compared with about half of shelter users reported victimization. Homeless alcohol and drug users report higher rates of victimization and injury, and substance-use disorders, particularly alcoholism, are substantially higher in homeless men.[88] The fact that rates of arrest are also substantially higher among men may elevate their injury rates, as there is evidence that criminal activity increases risk of victimization. Homeless people in Baltimore with prior arrest histories were nearly twice as likely to have been crime victims and almost three times more likely to have been raped.[89] High rates of victimization, particularly sexual assault, have also been reported among homeless youth, whose risk status is enhanced through high rates of exposure to the streets, alcohol and drug abuse, and prostitution.[90]

Homeless persons with obvious disabilities, not only physical but including mental retardation and mental illness — particularly the "space cases" — also attract undue attention from the street predators.[91] The chronically mentally ill among the Los Angeles homeless surveyed were more likely to have been victimized within the previous year — particularly being assaulted — and to report more than one type of vic-

timization.[92] Brickner[93] suggests that "bag-ladies on the street with massively swollen legs wrapped in rags are . . . more easily victimized and subject to assault." Rates of assault and robbery in New York homeless men were highest among those who reported poor health and physical disabilities.[94]

The realization of the central role of victimization in creating and sustaining homelessness has come relatively late to investigators, arising mostly from incidental findings of early surveys. To date, few studies have specifically focused on victimization.[95] The extant evidence for the pervasiveness of victimization, besides being fragmentary, is plagued by methodological problems. Chief among these is that while these early descriptive studies established associations between victimization and homelessness, causal sequences could only be inferred as the bulk of studies have been cross sectional. In addition, it is difficult to generalize from early findings because lack of standardization of definitions and sampling methods have made it difficult to compare data across studies.

General consensus has been achieved in recognizing posthomelessness victimization. Violence perpetrated against homeless people has been historically well documented, particularly on skid rows,[96] so that findings of elevated rates of injury and trauma in the contemporary homeless population were not surprising. Nevertheless, the magnitude of the trauma sustained, its distribution among the population, and its long-lasting effects in terms of costs of treatment, demoralization, and entrenchment of homelessness are startling and not yet fully understood.

Next to surface in early studies examining pathways to homelessness was the suspicion that homelessness might result directly from certain forms of victimization — principally domestic violence ousting women from their homes — or that victimization might underlie reasons for homelessness such as job loss or substance abuse. Perhaps the least suspected effect of victimization was suggested by early, almost serendipitous findings of what appeared to be excessively high rates of various indicators of early childhood dysfunction, especially of foster care placement and physical and sexual abuse. Links to parallel investigations among mentally ill populations suggested that such adverse conditions of childhood might predispose affected individuals to subsequent adult problems, including patterns of learned helplessness leading to continued victimization and difficulty coping with adult responsibilities, disaffiliation, mental disorders including depression and personality disorders, substance abuse, and continuation of the cycle of abuse in succeeding generations.[97] By extension, it seemed likely that the pattern of learned helplessness engendered by early abuse might also lead to homelessness.[98]

Victimization of people in shelters and exposed on the streets has been considered to be an outcome of homelessness, perhaps the extreme indignity that the homeless are made to suffer. After all, if violence is endemic among the underclass in inner cities, homeless people experience the worst of it by virtue of having a foothold on the lowest rung of the social ladder.[99] The effect of such violence goes beyond the inflicting of physical suffering and/or permanent disability to psychological demoralization and the ever present fear and distrust of others frequently reported by homeless populations.

The most obvious impact of victimization bred by homelessness is on the public health: the literature abounds with reports of trauma in homeless populations which far exceed that experienced by the general population. The high trauma rates

coupled with a pattern of health care utilization heavily dependent upon emergency and inpatient care suggest high-ticket care.[100] Although seldom reported, it is likely that substantial rehabilitation of injured individuals may be needed to prevent or ameliorate permanent disability. It is not known how rehabilitation contributes to overall health costs or to what extent its lack entrenches homelessness by impeding subsequent employment and fostering demoralization. It also appears likely that people suffering physical and emotional pain turn to alcohol and drug use for their anodyne effects.[101]

Studies of the costs to the health care and other human services systems incurred through victimization of homeless people need to be undertaken. Effective treatment of traumatic injuries, including physical and occupational rehabilitation, may be critical in returning individuals to the mainstream. In addition to treatment resources, prevention is critical, particularly since the literature demonstrates an unequal distribution of risk within the homeless population, making it possible to target the most vulnerable members. It is likely that the benefits of preventive measures to ensure adequate protection of high-risk individuals, from more effective policing to provision of safe housing, including residential treatment facilities for the mentally ill and substance-abusing homeless, would far outweigh short-term costs.

Although overall rates of victimization are high in samples of homeless people, individual risk appears to vary according to demographic and psychosocial characteristics. For example, the duration and circumstances of homelessness appear to increase risk of victimization so that those who are long-term or chronically homeless and spend substantial periods of time in unprotected situations, namely, unsheltered, escalate their risk. Additionally, intoxicated, disoriented, and feeble persons also risk victimization disproportionately. With some notable exceptions, men incur victimization at greater rates than women because elevated risk attaches to them from their relatively higher prevalence of substance abuse, street dwelling, participation in criminal activities and histories of incarceration, and perhaps, higher levels of aggression. Consequently, although men may be forced into homelessness through victimization, for example, abuse of residents in boardinghouses or adult foster care settings for the mentally ill or developmentally disabled, they are considerably more likely to become victimized as a consequence of homelessness. The chief consequences of this variant of victimization probably relate to compromised physical health and emotional problems associated with demoralization and depression, which may impose significant barriers to rehabilitation. Women exceed men in experience of sexual abuse during homelessness as well as antecedent events, particularly domestic violence but probably childhood sexual abuse as well. Thus, victimization may have a more powerful causal effect on women than on men. Patterns of victimization observed in women foster dependence and intergenerational cycles of violence.

Targeted prevention strategies should take these gender differences into account. Interventions aimed at men, for example, should attempt to improve the safety of shelters and devise secure havens for those who avoid shelters or are denied access because they are intoxicated or exhibiting florid psychiatric symptoms. Interventions aimed at reducing aggressive responses, similar to those offered to batterers, might foster skills needed by young homeless men to live in communal shelters, and eventually in mainstream settings, without erupting into violence. Interventions targeted to women, however, might better be offered to women at risk for homelessness in

addition to those who are already homeless to bolster self-esteem and prevent intergenerational cycles of violence. Bassuk[102] documents the critical need to intervene in the vicious cycle of abuse and neglect that passes between victim-mothers who in turn victimize their children to prevent the pattern of impairment and instability that can lead to homelessness from becoming entrenched through generations.

While it is clear that certain patterns of victimization are caused or intensified by homelessness, there is a lack of longitudinal data to describe the role it plays in causing or maintaining homelessness in individuals. Victimization is blamed for precipitating people into a state of homelessness, domestic violence being most frequently reported. While men are affected, women appear to be the principal victims among the homeless. However, evidence of the precipitating effect of victimization on other groups — runaway youth, children, elderly — is beginning to emerge.[103]

Perhaps the most striking finding emerging from recent research is the high rates of childhood dysfunction among homeless adults. There is some evidence that homeless men and women have similar experiences according to some indexes of childhood dysfunction, chiefly related to disrupted families of origin and physical abuse. Homeless women report higher rates of sexual abuse and indicate it to be of longer duration than homeless men do. In most studies, adult dysfunctional behavior has been correlated with childhood dysfunction, suggesting that substantial adult risk attaches to childhood adversity. For example, these data suggest that people abused as children develop psychiatric disorders, including depression and personality disorders, and continue to be victimized as adults. They are also more apt to exhibit learned patterns of physical and sexual abuse in their adult relationships as mates and parents.

However, it is important to note that the homeless in general can be described as such a high-deficit group in terms of their mental and physical health, social relations, vocational skills, and so forth, that associations between childhood factors and adult circumstances can be blunted. Risk factors may thus be more easily identified in comparison populations in which contrasts are more sharply defined. Findings from studies comparing homeless and housed samples suggest that childhood adversity acts as a powerful agent for downward drift. The reasons that individuals accumulate in disadvantaged populations such as the impoverished and homeless are probably rooted in failures of children raised in dysfunctional families to learn skills that promote success in adulthood — learned helplessness.

These data are far from conclusive regarding childhood antecedents to either homelessness or mental illness. Much more work needs to be undertaken to determine risk factors and interactions between them. Nevertheless, these findings are provocative and critical to pursue in terms of developing interventions aimed at two important groups. First, identification of areas of vulnerability in mentally ill populations may prevent homelessness. Bolstering the ability of people to develop supportive social networks may have a protective effect. Second, scores on indexes of childhood dysfunction might be used to specify types of interventions with high likelihood of success for returning individuals to mainstream life. This could have particular importance in breaking the "cycle of homelessness" described by Ellen Bassuk and her colleagues in Boston,[104] where women abused as children must be retrained to break the pattern of abuse vis-à-vis their children and stop being victimized in their adult relationships. Links between adverse early life events and adult dysfunction point to the importance of early intervention to prevent subsequent

difficulties as well as areas for emphasis in treatment of homeless and/or mentally ill adults.

To reiterate, victimization appears to be embedded in homelessness at least in its contemporary form, if not throughout history. It arises from patterns of behavior deeply rooted in virtually every aspect of social life, but is perhaps most visible in disadvantaged populations among which homeless people fare worst. Victimization is pervasive and its effects devastating and long lasting, resulting in culturally molded patterns of behavior transmitted generationally that are extremely difficult to reverse. Although homelessness itself fosters violence, victimization has been shown to cause homelessness directly through events that propel individuals onto the street, as well as more insidiously. Chains of events beginning in childhood render individuals unable to cope with demands of adult life, thus predisposing them to becoming and remaining homeless.

In terms of the policy implications of associations between victimization and homelessness, it will first be necessary to devote resources sufficient to study this relationship in greater detail through rigorous research methods including longitudinal study designs, comparable sampling plans, and standardized response categories. Comparison groups are necessary to estimate risk of antecedent events.

Victimization must be viewed with a systemic perspective in order to appreciate interrelationships of problems as well as services. It is important to forge institutional linkages between systems not heretofore viewed as closely related — education and day care, health and mental health, substance-abuse treatment, criminal justice, social and protective services, shelter providers, and so forth. There is a great deal of fragmentation between social services agencies, health and mental health treatment providers, schools, and battered women's shelters, with no well-established system of early detection and treatment of abuse.[105] Moreover, issues of abuse and other forms of childhood dysfunction are seldom elicited in treatment or featured in therapy among mentally ill patients, and more infrequently still among homeless populations, although homeless women might benefit greatly from resolving these issues and stopping the cycle of abuse.[106] Greater efforts should also be made toward retention of custody of children in homeless families in view of the detrimental effects of family disruptions.[107] Current models of case management should be altered to accommodate victimization-engendered problems in homeless populations.

Finally, society must make a real commitment of will as well as resources to stop the escalating level of violence that pervades modern life to the great detriment of the most vulnerable members of society — children, women, physically disabled, mentally ill, and poor people. Interventions, seemingly costly, will in the long run prevent great suffering by avoiding heavy cost shifts to alternate systems of care, such as emergency rooms and mental and penal institutions. ❧

Notes

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