



# Interpersonal and structural complexities among women experiencing homelessness in a U.S.-Mexico border community

## Las complejidades interpersonales y estructurales entre las mujeres que experimentan la falta de vivienda en una comunidad fronteriza entre México y Estados Unidos

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**Abstract:** The life complexities of women experiencing homelessness warrants further exploration as there is insufficient information on their life's interpersonal and structural challenges. The aim of this study is multifold: to explore the experiences of unhoused women in El Paso, Texas, a city that borders with Ciudad Juarez Mexico, to identify barriers to health and social services, to promote agency, and improve access to care. Recruitment of participants was done through partner agencies in selecting a sample of 15 Hispanic and 15 Non-Hispanic women who were experiencing homelessness and residing in local shelters in the spring of 2019. The Beck Depression Inventory II, General Self-Efficacy (GSE), and Adverse Childhood Experiences (ACE) scales were administered to enhance understanding and knowledge on the characteristics of women with a lived experience of homelessness to learn about their interpersonal and adverse experiences and future outlook. Feminist perspective was employed as part of the theoretical framework to further explore the interpersonal and structural realities of women experiencing homelessness. Three major themes emerged: relational adversity and intimate partner violence; lack of social support; and challenges related to transitioning out of homelessness. Implications highlighted in the findings will inform health and human service providers, and decision makers about the needs of women and the importance of person-centered carer for this population. It is critical that social workers, human service practitioners, policy makers, researchers, and the general public pause, listen and understand the realities that women experiencing homelessness face and their resiliency to ensure quality services to support them transition and end homelessness.

**Keywords:** Women, Homelessness, Structural complexities, Health, Gender violence.

**Resumen:** Las complejidades de la vida de las mujeres que se encuentran sin hogar ameritan una mayor exploración, ya que no hay información suficiente sobre los desafíos interpersonales y estructurales de su vida. El objetivo de este estudio es múltiple: explorar las experiencias de las mujeres sin vivienda en El Paso, Texas, una ciudad que limita con Ciudad Juárez México, para identificar las barreras a los servicios sociales y de salud, promover la agencia y mejorar el acceso a la atención. El reclutamiento de participantes se realizó a través de agencias asociadas para seleccionar una muestra de 15 mujeres hispanas y 15 no hispanas que se encontraban sin hogar y residían en refugios locales en la primavera de 2019. El Inventario de Depresión de Beck II, Autoeficacia general (GSE), y las escalas de Experiencias Adversas de la Infancia (ACE) se administraron para mejorar la comprensión y el conocimiento sobre las características de las mujeres con una experiencia vivida de la falta de vivienda para conocer sus experiencias interpersonales y adversas y su perspectiva futura. La perspectiva feminista se empleó como parte del marco teórico para explorar más a fondo las realidades interpersonales y estructurales de las mujeres sin hogar. Surgieron tres temas principales: adversidad relacional y violencia de pareja íntima; falta de apoyo social; y desafíos relacionados con la transición de la falta de vivienda. Las implicaciones destacadas en los hallazgos informarán a los proveedores de servicios de salud y humanos, y a los tomadores de decisiones sobre las necesidades de las mujeres y la importancia del cuidador centrado en la persona para esta población. Es fundamental que los trabajadores sociales, los profesionales de servicios humanos, los encargados de formular políticas, los investigadores y el público en general hagan una pausa, escuchen y comprendan las realidades que enfrentan las mujeres sin hogar y su capacidad de recuperación para garantizar servicios de calidad que las apoyen en la transición y pongan fin a la falta de hogar.

**Palabras clave:** Mujeres, Falta de vivienda, Complejidades estructurales, Salud, Violencia de género.

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## **1. INTRODUCTION**

The experience of homelessness ranges from situational, episodic, and chronic to intergenerational. Poverty and exclusion are often at the forefront of trapping individuals within the homeless experience; however, structural and health inequity are contributing factors (Hendwood et al., 2015). According to the United States Department of Housing and Urban Development (HUD) Point-In-Time (PIT) survey conducted in 2019, a survey that captures the number of individuals experiencing homelessness on a certain night, more than 500,000 individuals experience homelessness on any given day; furthermore, approximately 20% are of Hispanic ethnicity and 38% identify as cisgender female, corresponding with the sex the person has or was identified at birth (HUD, 2019).

In El Paso, Texas—a city with a predominant Hispanic population (City of El Paso, 2018)—a 2019 PIT survey estimated that 809 people experienced homelessness daily from which 626 were accounted for in shelters (The El Paso Coalition for the Homeless, 2019). However, there is a lack of data specific to women and there are concerns about underrepresentation of Hispanics due to a lack of adequate measurements, inconsistent homeless definitions, and the “Hispanic Homeless Paradox.” This phenomenon suggests that there is actually a large population of homeless Hispanics who are not being accounted for in the estimates due to their stays in “non-traditional areas” like cars, abandoned buildings, and a family and friend’s house (Castaneda et al., 2014; Moya et al., 2017; Campbell & Lachica, 2013).

The literature suggests that homeless experiences vary by gender, (Whitbeck et al., 2015; Upshur et al., 2017; Huey, 2014; Phipps et al., 2019) race, and ethnicity (Jones, 2016) due to structural barriers that place them at a greater risk for adversity and disadvantage to obtaining services (Teruya et al., 2010). It is salient to understand the characteristics of the sample of this study and their background life complexities to address needs through their journeys and prevent future homelessness.

Living on the streets, being unhoused or residing in a shelter is an adverse experience, which disproportionately affects ethnic-racial groups of lower socio-economic strata and often co-occurs with other life challenges such as chronic mental and physical illness, abusive relationships such as intimate partner violence (IPV), and substance abuse (Paat et al., 2019; Moya et al., 2017; Nooe & Patterson, 2010). Individuals who experience homelessness may also face economical and organizational structural factors that hinder becoming economically independent and finding stable housing, which ultimately impedes transitioning out of homelessness (Paat et al., 2019).

There is paucity in the literature on the relationship between gender, ethnicity, and homelessness. Based on recent studies, IPV is a leading cause of homelessness for women that can result in exacerbated mental health problems such as depression and difficulty of transitioning out of homelessness (Baker, 2014). Adverse childhood experiences (ACE) have been indicative of victimization, mental health illness, and substance abuse in adulthood (Phipps et al., 2019). Furthermore, evidence on how experiences of homelessness differ between Hispanic and non-Hispanic individuals is inconclusive (Jones, 2016). Some literature suggests that white women who are homeless are more likely to report physical and mental health care disparities than Blacks and Hispanics (Teruya et al., 2010), there is still not enough information on the experiences of women of color that may lead to generalizations of homeless experiences. Such generalizations can heavily affect the design of effective interventions that address their specific needs.

Structural barriers such as limited resources and negative interpersonal relationships caused by lack of support systems, social marginalization, stigmatization, and negligence increments and perpetuates homelessness (Moya et al., 2017). Compared to the general population, unhoused women confront greater healthcare disparities in chronic conditions, mental, sexual and reproductive health (Phipps et al., 2019). Stigmatization and discrimination may disrupt social integration even after transitioning out of homelessness (Tsai, Mares, & Rosenheck, 2012).

It is critical to consider the specific needs of this population due to the intricate pathways that lead to homelessness and the negative impacts that result from these experiences (Rabiah-Mohammed et al., 2019). Unfortunately, the voices of individuals experiencing these adversities and complexities are not often heard and their opinions on decisions that directly affect their lives are seldom taken into consideration (Moya et al., 2017).

This study explores the interpersonal and structural realities of women and identifies barriers to care. The aforementioned study is grounded in the perspective of feminist intersectionality, which consists of the understanding of aspects of an individual's social, political and sexual identities and how they can overlap, creating compounding experiences of privilege and discrimination (UN Women, 2020). Feminist theoretical perspective acknowledges the lived experiences of women as a valued source of knowledge for social change (Wuest, 1995; Thorne, 1998), while feminist intersectionality examines the intersection of multiple experiences of exclusion and marginalization (Crenshaw, 1993). Feminist intersectionality moves beyond examining marginalization from simply a gendered perspective, to further acknowledge the intertwined nature of various sections of societal inequality. Intersectionality was used in this study to examine the complex dimensions of homelessness based on race, ethnicity, gender, and class as interactive forces rather than independently functioning categories.

## **2. METHODS**

### **2.1. Setting**

The interviews took place in El Paso, Texas in the United States, bordering sister city of Ciudad Juárez, Mexico, which is a region with high low socio-economic status, low educational attainment rates, and a predominantly Hispanic of Mexican-origin demographic (US Census, 2019). The city reported a higher prevalence of mental health concerns (32.7%), domestic or intimate partner violence experiences (29.2%) and use of drugs and alcohol (12.5%) in adults who are homeless at some point in their life (The El Paso Coalition for the Homeless, 2019).

### **2.2. Sample and Data Collection**

Thirty adult women that met the study inclusion criteria were recruited with the assistance of four shelters' case managers. Inclusion criteria consisted of women 18 years old or older, experiencing homelessness and residing in a shelter or transitional living facility at the time of the interview. Eligible women participated in a face-to-face in-depth interview and answered three scales. Some participants preferred for the scales to be read to them due to their literacy needs based. Data collection took place between February and May 2019. Upon identification of eligible participants, interviewers secured informed consent. Each interview was conducted in the participant's language of preference (i.e. English, Spanish or bilingual) by a member of the research team consisting of bilingual faculty members, graduate and undergraduate students. The interviewers were trained in ethics and procedures. To safeguard the participants' privacy, codes were assigned and no personal identifiers were collected. Upon completion, the participants were compensated with a \$10 gift card, care package and health information for their participation in the study. The University of Texas at El Paso Institutional Review Board (IRB) approved study procedures.

### 2.3. Instruments

**Quantitative tools.** Survey instruments consisted of the Beck Depression Inventory II scale; the Adverse Childhood Experiences 9 (ACE) scale; and the General Self Efficacy (GSE) scale. These measures were selected to enhance understanding and knowledge on the characteristics of women with a lived experience of homelessness to learn about their interpersonal and adverse experiences and future outlook (Whitbeck et al., 2015; Upshur et al., 2017; Huey, 2014; Biederman & Forlan, 2016).

The *Beck Depression Inventory* (BDII) (Beck et al., 1996), a 21-item self-reporting inventory, measures characteristics, attitudes and symptoms of depression. Scores are measured on a scale from 0 to 3 and then summed for a total. The levels of depression range from 0-13 as minimal, 14-19 as mild, 20-28 as moderate, and 29-63 as severe. The *Adverse Childhood Experiences scale* (ACE) is a 10-item scale that measures traumatic childhood experiences and adult risk behaviors, household challenges, and later-life health and wellbeing (Felitti et al., 1998; Murphy et al., 2007). Responses to the questions are dichotomous (yes or no) and are summed for a total. The sum of final ACE scores represent the total amount of ACE conditions experienced with 0 being none and 10 being the most. The *Generalized Self-Efficacy* (GSE) is a 10-item scale (Schwarzer & Jerusalem, 1995) that measures resilience and ability to cope with stressful life events. Scores are measured on Likert-type scale of 1 (not true at all) to 4 (exactly true). There is no cut-off score to categorize participants as high or low self-efficacious, however previous studies have found a mean score to be 29.28 (SD = 4.6) (Schwarzer, 1993).

**Qualitative tool.** The in-depth interview consisted of 38 open and closed-ended questions grouped in six categories: 1) sociodemographics; 2) history of homelessness; 3) barriers and facilitators to services; 4) mental and physical health; 5) quality of life; and 6) participants recommendations. The instrument was created, reviewed, translated, and pilot-tested by the research team in collaboration with partner agencies before IRB approval. The interview tool examined the interpersonal and structural complexities faced by women with an emphasis on their experiences of homelessness and

intersectionality with discrimination, sexism, stigma, coping mechanisms, support systems, and future outlook.

## **2.4. Analysis**

**Quantitative Data.** Using SPSS Version 25.0, quantitative statistical analyses were used to calculate descriptive statistics of demographic variables, overall scale scores, dichotomous, and closed questions.

**Qualitative Data.** Interview data were transcribed verbatim and analyzed for categories, then compared based on the participants' ethnic affiliation. Miles, Huberman & Saldaña (2014) content analysis process was utilized to interpret data. Salient quotes were selected and displayed in an Excel spreadsheet to facilitate information organization, ease the data coding process, and then re-identify repeating concepts. A pre-coding technique of highlighting salient quotes was employed to filter responses and ease code formation (Saldana, 2015). Investigator triangulation technique by three independent coders was utilized to strengthen intercoder reliability and to reduce bias (Denzin, 1978; Hruschka et al., 2004; Noble & Heale, 2019; Kohlbacher, 2006). Any disagreements were resolved through discussion among the team of researchers.

## **3. FINDINGS**

### **3.1. Quantitative Results**

**Characteristics of participants.** All participants identified as cisgender female. Two participants identified as biracial (i.e. Hispanic and Black) however, one stated identifying more as Hispanic and was listed in the Hispanic sample. The average age of a Hispanic and Non-Hispanic participants was 37 and 49 years old, respectively. Among the Hispanic participants, a majority reported to be single (66.7%), had children (53.3%), and were employed (40%) at the time of the study. In the Non-Hispanic sample, a majority reported being divorced (46.7%), having children (93.3%) and were employed (20%) at the time of the study. While a majority of the Non-Hispanic participants had experienced homelessness more than once (73.4%), most of the Hispanic participants (66.7%) had never experienced homelessness in the past. However, most participants from both Hispanic and



Non-Hispanic samples had experienced homelessness for a length greater than 6 months (60% and 73.3%, respectively). Furthermore, a greater proportion of the participants from the Hispanic and Non-Hispanic samples perceived that homelessness is a gender-specific experience (86.7% and 66.7%, respectively) and reported being abused by a partner, family, employer sometime in their life (86.7% and 80%, respectively). Hispanic and Non-Hispanic participants perceived that there are no racial disparities for women experiencing homelessness (53.3%). Overall, the women did not report any noticeable ethnic differences.

Average scoring of the BDII scale indicated the participants in both samples exhibited mild depression; however, the Hispanic sample had a higher average score ( $M = 18.1$ ,  $SD = 10.4$ ) than the Non-Hispanic sample ( $M = 15.87$ ,  $SD = 12.44$ ). Results indicate marginally higher scores for the ACE in the Hispanic sample ( $M = 4.9$ ,  $SD = 2.7$ ) compared to Non-Hispanic ( $M = 4.8$ ,  $SD = 3.5$ ); nonetheless an average of four ACE was found in both samples. Lastly, GSE scores were higher in the Non-Hispanic sample ( $M = 32.9$ ,  $SD = 5.5$ ) than the Hispanic sample ( $M = 30.5$ ,  $SD = 7.2$ ); however, both samples had relatively high self-efficacy scores.

**Table 1**  
**Supplemental material**  
*Sociodemographic, History of Homelessness, & Perceived Experiences*  
*Characteristics of the Participants*

<b>Demographic Variables</b>	<b>Hispanic (N = 15) Percentage (%)</b>	<b>Non-Hispanic (N = 15)</b>
Age, <i>M</i> ( <i>SD</i> )	37.1 (11.3)	49.4 (9.1)
<b>Marital status</b>		
Single	66.7 %	20 %
Separated	13.3 %	6.7 %
Married	13.3 %	13.3 %
Divorced	0 %	46.7 %
Widowed	6.7 %	13.3 %
<b>Employment</b>		
Employed	40 %	20 %
<b>Education</b>		
Elementary	20 %	0 %
High School or GED	33.3 %	26.7 %
Vocational College	6.7 %	0 %
Undergraduate Studies	40 %	73.3 %
<b>Children</b>		
Yes	53.3 %	93.3 %
No	46.7 %	6.7 %
<b>History of Homelessness</b>		
<b>Number of Times Homeless</b>		
1 time	66.7 %	26.7 %
2 times	13.3 %	46.7 %
3 times or more	13.3 %	26.7 %
<b>Length of Homelessness</b>		
1-6 months	26.7 %	13.3 %
7-11 months	13.3 %	13.3 %
1 year or more	46.7 %	73.3 %
<b>Perceived Experiences</b>		
<b>Gender Differences</b>		
Yes	86.7 %	66.7 %
No	6.7 %	20 %
Undecided	6.7 %	0 %
No Response	0 %	13.3 %
<b>Ethnic/Racial Differences</b>		
Yes	46.7 %	46.7 %
No	53.3 %	46.7 %
No Response	0 %	6.7 %
<b>Perceived Abuse</b>		
Yes	86.7 %	80 %
No	13.1 %	13.3 %

Note: Total sample size is 15 for each group; however, some variables have missing values. These scores represent raw values calculated from available data.

**Table 2**  
*BDII, ACE, & GSE Scores Characteristics of the Participants*

Overall Scale Scores		
Beck Depression Inventory II (BDII)	18.1 (10.4) (range : 3-36)	15.9 (12.4) (range : 0-43)
Adverse Childhood Experiences (ACE)	4.9 (2.7) (range : 1-9)	4.8 (3.5) (range : 0-10)
Generalize Self-Efficacy (GSE)	30.5 (7.2) (range : 15-40)	32.9 (5.5) (range : 20-40)

Note: Total sample size is 15 for each group; however, some variables have missing values. These scores represent raw values calculated from available data.

### 3.2. Qualitative Results

Text analysis generated three categories (Figure 1) related to the interaction between the participants and the community around them and are presented chronologically: the past (what happened to me?), the present (how I feel now?), and the future (what I need to do?). The major themes emerged within categories: 1) Relational adversity and IPV; 2) social support and views; and 3) transitioning out of homelessness.



**Figura 1.** Key Categories Emergent repared by authors.

**Relational adversities, IPV, and the effects of social support and views.** Even though the participants were not asked about their relationships or experiences with partners or family members, all participants reported adverse relationships and experiences of abuse and gender violence and referred to relational adversities at the personal, social and structural level.

Gender violence was prevalent in the 30 participants through reports of experiencing various types of abuse by either a partner or a family member. Most of the participants talked about one type of violence (i.e., emotional, physical, sexual, economic); however, in their stories they report other types of violence not recognizing them as an abuse, and justifying the violence as something that they caused, therefore being their responsibility.

Research on gender violence documents multiple types of abuse at once (Sesar et al., 2010; DAIP, 2017) such as financial, emotional, psychological, sexual, and physical abuse, exemplified in the participants' experiences of violence when asked about their life prior to becoming homeless. Several participants left their home due to physical abuse:

*I was living with my daughter, her husband and my nine-year old grandson at that time. My son in law was deployed at the time. He was also an alcoholic so he started going into detox, I guess. He came up with this whole thing about me being a monster... So, he made up this big family emergency leave to come home to kick me out in the streets with nothing. (Black, age 57).*

Some participants described the violence they encountered in their home by a parent who physically and emotionally abused them. In the following excerpt, a participant described how she was mistreated and forced to servitude:

*My quality of life...it's hard to say, because I suffered from psychological and physical abuse. Although my father had a very large house that was very beautiful... I had my own room, all carpeted, a luxury home. It was beautiful, but I was the maid, literally. (Translated from Spanish; Hispanic, 26).*

Other participants reported that one or several family members took advantage of them and abused them emotionally and sexually during their childhood which affected their relationships with future intimate partners. Women reported a continuous cycle of these relational adversities. An example of this abuse was narrated:

*I was sexually abused when I was a child on two occasions. And just about every relationship I've ever been with has been physically or emotionally abusive. (Black, 45).*

At the social level, participants articulated their frustration with society. When asked about men's homelessness compared to theirs, participants referred to injustices experienced in public due to their gender and multiple vulnerabilities that placed them at risk of exploitation and abuse. They talked about their subordinate position in society. Women reported feeling stigmatized, marginalized and alienated by others:

*Just because we are in here, (shelter) does not mean we have done something negative. Many of these women have mental issues. So, just because we live in a shelter doesn't mean anything, you know, we're still people. (Hispanic, 32)*

Some of the participants elaborated on experiences where they were labeled as unfit women or mothers. They were blamed by society for being homeless and seen as either deviant or immoral:

*We're not all on drugs. We have stories. We have families. We have things that we care about. We have interests. We are not here because we want to be. Life has put us here. Not everyone chooses to be homeless. I didn't choose that. It either was that or continue being abused.* (Black, 45).

Few participants described the impact of the socially constructed roles of women on services received. Some women experienced unequal treatment because they did not have children. They reported that women with children were often offered different services and given more attention. They were more accommodated with services than women without children.

*There is discrimination against women who are not married or do not have children.... There is a lot of favoritism in organizations.* (White, 45).

Several participants highlighted the impact of the traditional gender roles, recognizing how women are expected and even encouraged to be dependent. They discussed their need for finding “a good man” to transition out of homelessness, as society perceives women’s place is in the home, tending to the needs of their husband, partner and children. Some participants expressed their feelings of failure for not fulfilling their traditional gender roles.

*It is harder for women...we have our babies...women being homeless have a lot to fear...there is more opportunity for males than there are for females. Self-esteem is a barrier...We do not think that we can do, that we can achieve...* (Black, 45).

The gender roles had affected their wellbeing before and during homelessness. They referred to their subordinate position in their families and in society and their experiences of social pressures and forms of vulnerability putting them at risk for exploitation, abuse and exacerbating the depth of the injustices encountered.

At the structural level, there was a common theme: conditions that shaped their lives. Participants referred a lack of access to necessary resources required to manage traumatic events in their lives. Participants felt frustrated and helpless and they talked about their work experiences referring to instability, underpayment and being laid off frequently. Irregular employment or unemployment affected their housing stability:

*I am working three hours and it is not enough. I applied for another job, but nothing is conformed...I applied for housing.... this is what I am doing to get out of homelessness. I get paid every fifteen days...I have no money. (Hispanic, 42).*

Participants with children elaborated on their difficult experiences as mothers facing IPV, poverty, or sometimes both. They revealed a lack of financial and emotional support. The consequences of this lack of support leading to homelessness:

*When women have to deal with a bad situations at home, they put their children first. Women take their children with them. Some women do those things because they can't handle it... It is getting by to keep on surviving, which is different, by just getting here and there. (Hispanic, 21).*

**Mental distress and illness were prevalent among the participants. When asked about their life before becoming homeless, several participants talked about their mental illness and its impact. Depression, anxiety, bipolar and psychosis were cited as the conditions experienced. Some participants were receiving mental, health services, or both. However their condition(s) were not well attended or managed due to lack of health insurance, lack of professional services or inability to keep up appointments. Others were not receiving any mental health services. Mental health illness was mentioned by Hispanic and non-Hispanic women as a condition that kept them from transition out of homelessness. In most cases homelessness was the result of any type of violence, lack of support, and resources available to them when facing adverse and traumatic life events.**

**Transitioning out of homelessness and the effects of social support and views.** The third theme was linked to the participant's future and the process to transition out of homelessness. Despite women expressing wanting to exit homelessness, no concrete plans were described. Barriers at the personal level such as lack of support systems, mental and physical health conditions, social stigma, discrimination, immigration status, inadequate services, and lack of resources impeded participants' ability to exit homelessness.

Some participants, despite their precarious living situation, expressed having a positive experience in the shelter and referred to it as a 'safe haven', because it provided them with minimum support like roof over their head, meals and shower facilities:

*I don't have distractions anymore. Living conditions are pretty amazing. We get three meals a day, we get to shower. We have everything we need. Actually, we have a surplus of things we need. (Black, 57).*



Participants reported physical and mental illness which limited their employment options, impacting their quality of life:

*My health conditions. I have sleep apnea. I don't have a machine. I have my sciatic nerve, my back and my right hip... I'm diabetic, I have PCOS, anxiety and depression. So, all of that is bad. I cannot go to McDonalds, work there, and be on my feet for more than 30 minutes because it starts hurting. (Hispanic, 35).*

For other participants, structural inequities marginalized them and produced disadvantages in economic and educational resources leading to homelessness:

*In California, a big reason people were homeless was because of lack of jobs... It was a lack of experience and they would not give us (women) the same opportunities. Where we were from, they called it the 'ghetto', they don't have things that are in nicer neighborhoods... We grew around the roughness, it makes us act like that, they don't give us the same opportunities. (Hispanic, 35).*

All participants expressed stigma as an adversity they faced. One participant stated

*...I live in a shelter, maybe they're (community) assuming the worst of me, you know? (Hispanic, 32).*

Participants elaborated on how people's judgement and views made it difficult to get a job:

*...they automatically assume that they (us) don't have mental abilities, that they (us) don't have feelings... before I became homeless, my opinion was that 'oh they just don't want to work'... most of the people that are homeless are that way – not because of choice. (Black, 45).*

The narratives indicate how violence, stigmas, physical and mental health illness are structural barriers to transition out of homelessness. They are tasked with juggling health and mental illness, finances, recovery and responsibilities which are exacerbated by homelessness and their disabilities.

All participants expressed hopes of transitioning out of homelessness. Some mentioned that were wanted to find a job and be housed. However, most do not have a strategy or plan. A participant described her goal without a strategy:

*I'm a good worker, so I'm thinking about getting a job. I need to work out some things so that I can have more contact with my grandmother in the next 12 months. Registering for school. I don't know what, I don't know where, but I need to go back to school. (Translated from Spanish; Hispanic, 26).*

For other participants, long-term plans in their constantly changing lives were unattainable and thus resorted to concentrating on one day at a time: "My plan is to take it day-by-day" (White, 45).

Access to services was identified as a pathway to transition. Though some reported using shelter resources such as the educational services, others reported not receiving services tailored to their needs. For example, lack of childcare services was a main problem for participants with children. This not only limited their job opportunities, nonetheless made financing for expenses difficult. However, for women who had experienced economic violence, financial literacy was helpful in regaining independence:

*Well I think, it's difficult ...this (shelter) is a support for people who have, well, these types of problems and they teach us a lot here. I have learned a lot. I... regret not... not having learned this (financing) before. (Translated from Spanish; Hispanic, 38).*

Most of the women interviewed in El Paso did not express racial or ethnic disparities among them, in contrast to other studies that report that homelessness differs by race (Teruya et al., 2010; Jones, 2016). As one participant elaborated:

*Despite how we were all brought up, I mean we all (independent of ethnicity) feel the same emotions. Like the despair, you know the physical part of it, you know like being out in the hot sun or in the cold, and being hungry or whatever. So yeah, I think it doesn't really matter the race, it's hard on everyone that's homeless. (White, 41).*

As recommendations, participants articulated the need for the community to know and understand the painful realities behind homelessness and support those experiencing it order to help them to leave this reality and thrive:

*Don't make us feel ashamed or guilty or bad...we are trying even if it seems like our progress is slow...it takes a while for any results to show cause we are working on our inner stuff too... (White, 41).*

Despite their precarious situation, participants expressed hope and determination, in addition to the importance of receiving mental and physical care:

*Do not give up. I mean, keep pushing... If it's a job, get off drugs, you know, go to rehab. Do something for yourself. You know, don't let your situation at that point (homelessness) determine your whole life because there is hope. You know, there is a way out. (Hispanic/Black, 45).*

#### **4. DISCUSSION**

The findings indicate that violence has a radiating impact on the women's lives, affecting their life choices, engendering stigmas, instability and ability to remain connected with their support systems resulting from adverse childhood experiences and traumas, absence of family's nurture, family violence, mental and physical illness, and alienation.

Based on the framework of feminist perspective there are intersectionalities that make women the object of oppression, inequalities and injustices resulting in increased vulnerability and risks for them and their children. Feminist intersectionality moves beyond examining marginalization from simply a gendered perspective, to further acknowledge the intertwined nature of various sections of societal inequality. Intersectionality was used in this study to examine the complex dimensions of homelessness based on race, ethnicity, gender, and class as interactive forces rather than independently functioning categories.

The findings of this study reflect the interpersonal and structural complexities that women experiencing homelessness have and elaborates on the challenges of lack of access to timely health and human services which perpetuate their condition. Furthermore, these findings reiterate the importance of research in gender perspectives and homelessness (Mayock et al., 2012; Phipps et al., 2019; Rabiah-Mohammed et al., 2019).

Women without children feel at a disadvantage as compared to women with children. However, the study found that women with children, regardless of ethnicity, have difficulties managing the diverse roles and expectations as well as providing for their children as they are the primary provider for themselves and their children. Despite the young age of the women interviewed their mental and physical health had deteriorated significantly resulting in loss of quality of life placing them at greater health and mental risk for early disability and death.

The ACE and traumatic events can have a profound effect on life style risks and coping skills. Therefore it is important to assess for ACE early in life and address the risk factors to prevent health and social trauma across the lifetime. There are not enough services to help unhoused women to prevent homelessness and assist them with coping once they are unhoused. There are even less services to help women transition out of homelessness. Networks and support services for victims and survivors of violence are limited and need to be either developed or strengthened to meet the demands in an accessible and affordable way. Training and education on feminist perspectives, intersectionality and trauma informed and healing care are needed to guide practitioners and decision makers to eradicate homelessness. Additional data collection, services infrastructure to identify children, youth, especially transition-aged youth and women early, to accurately assess their needs, and improve service provision and coordination is salient. Efforts are needed to develop accurate assessments of women experiencing homelessness through the lens of race and ethnicity and explore how interventions like Housing First can be adapted for them. The use of early research education in this project had a notable use in guiding future macro social work practitioners for its hands-on approach that allowed students and practitioners to work closely with the community.

## **5. LIMITATIONS**

Like most qualitative studies that utilize non-probability sampling, results from this study are not generalizable to other homeless populations given its sample size (n=30). In addition, because this study relies on self-report data, social desirability bias is plausible during the data collection process. Lastly, the investigation also utilizes convenience sampling of Hispanic and Non-Hispanic participants and did not include other ethnic groups, these findings may not be relevant to other ethnic populations. Despite these limitations, study findings may inform health and human service providers and decision makers about the needs and perspectives of women experiencing homelessness.

## **6. CONCLUSION**

Our study shows that many homeless women have critical needs that are not fully addressed by service providers. Their stories emphasized the need for interventions that address physical and mental health services, childcare, employment, and violence prevention. Addressing these needs is a step towards efficiently and effectively supporting women in transitioning out of homelessness and promoting their empowerment. It is critical that social workers and service practitioners, policy makers, researchers, and the general public pause, listen and understand the painful complex realities that homeless women experience and advocate for adequate and timely supportive services. Advancement in technologies and communication tools are essential given the challenges posed by the COVID-19 pandemic to serve individuals experiencing homelessness in real time.

There is a need to prevent homelessness in girls and women and populations at risk by working across health, mental health, education, foster care, and justice systems. If we know that adverse childhood experiences have a profound effect on human behavior and well being we need to intervene early to prevent homelessness. Interventions need to identify early onset of risks for violence and traumatic events across the lifespan in order to deliver culturally competent and responsive services that ease the challenges that women face to meet their needs and build on their assets needed to end homelessness. Preventing and ending all types of violence is crucial to end oppression, injustices and disparities that lead to homelessness and other social inequalities.

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