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## VIOLENCE AGAINST WOMEN EXPERIENCING HOMELESSNESS

**The prevalence and nature of violence against women experiencing homelessness: A quantitative study**

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### **Abstract**

Individuals experiencing homelessness – an extreme form of social exclusion – have considerably higher risk of being victims of violence than the general population. We analyze the episodes of violence suffered by 504 individuals experiencing homelessness in Spain, as well as the differences between men and women. The results indicate high levels of violence and suggest that gender (specifically, being a woman) is the primary factor driving exposure to violence among this group. Highlighting the reality of women experiencing homelessness can help social, mental health and addiction services adjust responses to better address the needs of this group and offer comprehensive care.

*Keywords:* homeless person; women; homelessness; victimization; gender-based violence

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Homelessness is an extreme form of social exclusion that poses significant risks to the health of those experiencing it. International data indicate that individuals experiencing homelessness (IEHs) are more likely to experience illnesses attributed to premature aging (Grenier et al., 2016), viral diseases (Beijer et al., 2012), mental disorders, substance use disorders (Fazel et. al, 2014) and suicide (Lee et al., 2017). In addition, a high mortality rate has been identified among IEHs (Calvo et al 2021; Nusselder et al., 2013). Linked to these “extreme health inequities” (Aldridge et al., 2018) is the increased risk of violence faced by IEHs (Ellsworth, 2019; Gaetz, 2004).

Existing research has found a range of ways in which women experiencing homelessness (WEH) may suffer more adverse health experiences and outcomes than men experiencing homelessness (MEH). WEH are at higher risk of suffering premature death than MEH (Montgomery et al., 2017). Gender may heavily influence the experiences and consequences of homelessness (Cobb-Clark et al., 2016; Johnson et al., 2017), as well as individuals’ ability to access support and accommodation appropriate to their specific needs (Bowpitt et al., 2011). In Los Angeles, WEH suffer on average more chronic health problems than MEH, including mental health issues (Winetrobe et al., 2017). In Spain, WEH struggle with substance abuse disorders more severely and are at higher risk of committing suicide than MEH (Calvo-García et al., 2016). Vazquez and Panadero (2019) found that almost half of a sample of WEH in Madrid, Spain had attempted suicide, with a third of these doing so for the first time after having experienced homelessness.

As long ago as 1993, the United Nations expressed its concern for WEH as a group of people at particular risk of suffering from gender-based violence (UN, 1993). Victimization among WEH tends to begin at an early age and continue throughout adulthood (Song et al, 2019; Stein et al., 2002). For instance, a systematic review of findings on homelessness and childhood sexual trauma in the United States, United

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Kingdom and Australia indicated that one in every three WEH had experienced childhood sexual trauma (Sundin & Baguley, 2015), with subsequent qualitative research supporting the findings of this meta-analysis (e.g. in the United States, see Weinrich et al., 2016).

These experiences have been identified as specific risk factors that lead to homelessness in later life (Sundin & Baguley, 2015). Exposure to violence appears to continue – and indeed increase – beyond childhood and adolescence for WEH. Other studies have established that the prevalence of violent experiences among this population are much higher than among women in the general population (Jasinski et al., 2005; Wenzel et al., 2001), especially in the case of gender-based violence (Bassuk et al., 2006; Johnson et al., 2017). In an Australian study, Watson argues that WEH can become trapped in a cycle of exposure to gender-based violence (Watson, 2016), with similar findings reported elsewhere (Broll & Huey, 2020; Tinland et al, 2018).

According to a recent Swedish study, WEH are most often hurt by men known to them (former romantic partners, friends or acquaintances). (Beijer et al., 2018). Although WEH tend to report attacks (Beijer et al., 2018), they experience institutional violence as a result of their own supposed lack of credibility (for example, if they don't have a medical report of their injuries), bureaucratic obstacles, lack of confidence in the protection system, lack of information about the judicial process, fear of not being able to take care of their children if they are financially dependent on their aggressor, and finally, fear of falling victim to even more severe violence (Bodelón, 2014). As a result of these factors, even when WEH give a positive evaluation of their treatment by police when they report violence, they have little hope that the process will contribute to protecting them from violence in the mid- or long term (Gil, 2013).

Existing research suggests that violence against WEH can result in a prevalence of post-traumatic stress disorder almost four times higher among WEH compared to housed

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women (Beijer et al., 2018), which has repercussions for their emotional, cognitive, physical and immunological state (Brewin et al., 2000). Additionally, WEH have a greater probability of experiencing anxiety, mood and substance abuse disorders linked to abuse that they suffered as children (Bretherton, 2017; Dawson et al., 2013).

Despite these clear gendered patterns in relation to health and, specifically, to exposure to violence, research on homelessness conducted from a gender perspective remains relatively scarce (Mayock & Bretherton, 2017), meaning that the experiences of WEH are arguably less visible and less understood than MEH's. This is reflected in the poor adaptation of mental health resources, addiction resources and social services that serve WEH (Salem & Ma-Pham, 2015). In some Spanish cities, WEH increased by five-fold in the 2010s, underlining the growing urgency of understanding and responding to their needs (Calvo et al., 2018).

In particular, the lack of quantitative data regarding experiences of violence among this group in Spain, including gender-based violence, is a conspicuous gap in the literature and a barrier to ensuring WEH's access to the resources they need to overcome homelessness and prevent their exposure to violence. As such, our objectives are first, to analyze the frequency and types of violence experienced by WEH; second, to compare these experiences of violence with those of MEH; and third, to explore the characteristics of violent episodes experienced in relation to the identity of the aggressor and the likelihood of reporting such incidents to the authorities.

### **Method**

#### **Design**

We used an observational, cross-sectional approach because our objective was to ask participants about their perception of past experiences. To do so, we conducted non-probability quota sampling, separating men and women.

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### **Population**

The population under study comprised IEHs in Barcelona and Girona (Catalonia, Spain) from December 2014 to December 2017. Specifically, members of the population fell into at least one of the following categories defined in Busch-Geertsema et al.'s (2016) global framework for conceptualizing and measuring homelessness: 1(a) people who sleep in public spaces; 1(b) people who sleep in sheltered public spaces not designed for human habitation, such as abandoned buildings, bus stops or stations; 1(c) people who sleep in vehicles; 1(d) people who live on the streets in some sort of improvised roofed space; 2(a) people who stay in night shelters where they have to renegotiate their stay every night; 3(e) people who live in conventional housing that is not suitable for human habitation; 3(f) people who live in trailers, caravans or tents; and 3(g) people who live in unconventional buildings and temporary structures (including those located in marginal neighborhoods or illegal settlements). The estimated IEH population included in these categories during these years (2014-2017) was 950, according to specialized homelessness services in the cities, of which 80-85% were MEH (Calvo & Carbonell, 2017).

### **Sample**

A convenience sample was recruited at public shelters, day centers, and street outreach services in Barcelona and Girona that offered support and/or accommodations to people experiencing the kinds of homelessness detailed in the categories above. With an estimated population of 950 IEHs, the size of the sample was calculated considering the maximum indeterminacy principle  $p = q = 50\%$ , with an error margin of 3% and a reliability level of 95%. As such, we sought a total sample of at least 504 participants. The inclusion criteria were 1) being in one of the defined homelessness categories at the moment of the interview and 2) agreeing to participate voluntarily. The exclusion criterion was being intoxicated with alcohol or drugs.

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### **Procedure**

We requested permission to access the services described above to recruit participants. Between December 2014 and December 2017, we visited the facilities to collect data from the IEHs who were available to participate; offered scheduled appointments to those who were unable to participate at that moment; and accompanied the street teams on several occasions to gain access to people falling within the aforementioned IEH categories. The street teams staff introduced us to potential participants. Participants were informed verbally and via a written information sheet about the project and its aims, with emphasis given to the entirely voluntary nature of their participation and its anonymous basis. The participants were not compensated, except for our commitment to report the study results to them if they chose. Those who agreed to participate signed an informed consent form. The research protocol was approved by the Comitè d'Ètica d'Investigació Clínica de l'Institut d'Assistència Sanitària (CEIC-IAS) in December 2014.

### **Instrument**

An *ad hoc* questionnaire was employed to collect data regarding 1) the sociodemographic characteristics of participants (gender, age, origin [foreign-born or Spanish-born], and days spent in homelessness); 2) the types of violence experienced by participants before experiencing homelessness and in the last 12 months while experiencing homelessness; 3) the number of violent episodes they had experienced; 4) their relationship with the aggressor (when known); and 5) whether the victim had reported episodes of violence to the authorities. The term “violence” is defined by the World Health Organization as, “The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation” (Krug, et al., 2002, p.5).

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Given this study's focus on gender and experiences of violence, the survey instrument utilized a gender-based violence typology that distinguishes five types of violence: 1) physical (physical aggression); 2) sexual (sexual aggression); 3) psychological (pressure to have a sexual or emotional relationship; non-consensual kissing or touching; discomfort about or fear of remarks, looks, emails, phone calls, persecution or surveillance; rumors about sexual life; sexist remarks about women's intellectual capacity or their role in society, as well as any remarks with hateful or humiliating sexual connotations (Valls et al., 2016); 4) economic violence (acts aimed at inflicting economic harm, e.g. by limiting, controlling or reducing an individual's income); and finally, 5) property violence (actions, omissions or conduct that damage the property rights of the individual, including damage to common or individual property through the transformation, subtraction, destruction, damage, loss, limitation, or retention of objects, personal documents, and other goods) (López, 2007). This gender-based typology of violence was used because it is the usual classification of violence in Spain and because it is helpful for understanding different categories of violence against women (Fawole, 2008; Fulu et al., 2013). It is also useful for comparing differences between men and women (Arribas-Ibar, 2018; Valverde et al., 2019)

To collect information on the relationship of WEH and institutional services, as well as their sense of having institutional protection (Fornari & Labronici, 2018; Perkins & Graham-Bermann, 2012) and public service support (Ferrari et al., 2016), we asked: Do you feel protected as an IEH? Do you feel assisted as a victim in public health, social or justice services? Do you believe that the violence you have experienced will occur again in the future?

### **Statistical analysis**

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Measures of central tendency and dispersion were used to describe the numerical variables, while absolute and relative frequencies were used for the categorical variables. To compare measures, the Student's t-test was used for the independent samples and the chi-squared test was used to compare the categorical variables. We then conducted a multiple linear regression analysis, with the number of violent episodes suffered constituting the dependent variable. All variables were analyzed with a confidence interval of 95% and an alpha level for significance of 0.05. The IBM® SPSS® software platform for Mac (version 22) was used to analyze the data.

### Results

#### Descriptive statistics

A total of 504 IEHs participated in the study, representing 53.1% of the estimated total IEH population of the analyzed territory (December 2014 to December 2017) and falling within the aforementioned categories. A total of 408 were MEH (80.9%) and 96 were WEH (19.1%). The mean age was 40.17 years (SD = 6.25; range = 23-56), with WEH in the sample on average slightly younger than MEH, though this was not a statistically significant difference (WEH = 38.63; SD = 6.53 vs. MEH = 40.53; SD = 6.13;  $t = 2.7$ ;  $df = 502$ ;  $p = 0.007$ ). Over half (52.9%) of the sample ( $n = 267$ ) were foreign-born. No significant gender differences were found in relation to origin (MEH = 55.4% vs. WEH = 52.6%,  $X^2 = 4.52$ ;  $df = 1$ ;  $p = 0.01$ ). Participants reported experiencing homelessness for an average of 1,123 days (over 3 years) (SD = 2,364), and there was no clear time difference in homelessness between MEH and WEH (MEH = 1,234 days; SD = 2,184 vs. WEH = 1,186 days; SD = 1,542;  $t = 0.28$ ;  $df = 502$ ;  $p = 0.872$ ).

#### *Violence suffered during homelessness*

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Of the total sample, 76.2% (n = 384) reported having been the victim of some type of violence in the last 12 months. This experience was reported by 100% of the WEH and 70.6% of the MEH ( $X^2 = 37.06$ ;  $df = 1$ ;  $p < 0.001$ ). This higher proportion of victims who were women compared to victims who were men pertained across all types of violence (see Table 1).

Differences in the proportion of MEH and WEH experiencing particular kinds of violence were greatest in relation to psychological violence and sexual violence: all WEH reported experiences of psychological violence in the past 12 months, compared to less than half of MEH (WEH = 100% vs. MEH = 47.1%;  $X^2 = 88.94$ ;  $df = 1$ ;  $p < 0.001$ ). Experiences of sexual violence were the norm for WEH (62.5% of the WEH), with two thirds reporting such experiences in the last year compared to just 5.9% of MEH ( $X^2 = 179.4$ ;  $df = 1$ ;  $p < 0.001$ ). While WEH were much more likely than MEH to report the experience of property violence in the last 12 months (26.0% reported having done so), notably, 11.6% of MEH reported such violence ( $X^2 = 9.632$ ;  $df = 1$ ;  $p = 0.001$ ).

[TABLE 1 ABOUT HERE]

Participants reported a total of 2,704 episodes of violence in the last 12 months, with an average of 6.1 episodes per person ( $SD = 9.1$ , range = 1-35). There were 1,062 episodes of physical violence (39.3% of the total episodes), 798 episodes of psychological violence (29.5%), 420 episodes of sexual violence (15.5%), 321 episodes of economic violence (11.9%) and 103 episodes of property violence (3.8%). WEH suffered an average of 20.2 episodes of violence of any kind over the previous 12 months ( $SD = 12.1$ ), over seven times as many as MEH, who suffered an average of 2.8 episodes ( $SD = 3.1$ ) ( $t = -14.1$ ;  $df = 98$ ;  $p < 0.001$ ). As shown in Table 1, WEH reported a higher average number of

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violent experiences than MEH across all types of violence considered: the largest differences are seen in relation to psychological and sexual violence. In both cases, WEH reported on average five times as many violent episodes in the last 12 months as MEH.

Participants reported 2,688 episodes of violence for which they knew the aggressor's gender. In 81.2% of cases ( $n = 2,182$ ) the aggressors were reported to be MEH. Considering all the episodes of violence they had experienced, 48.4% of IEHs ( $n = 186$ ) stated that the aggressor was a person known to them through street life. This broad typology includes people with whom they socialized in the street, users from social welfare shelters, and family members who contacted victims on the streets. A total of 34.1% ( $n = 131$ ) reported that they had been attacked by a stranger and 17.5% ( $n = 67$ ) by their romantic partner. Large and statistically significant differences were found between MEH and WEH in this regard. WEH were assaulted to a greater extent by known people linked to the street (69.8% of attacks vs. 27.2% for MEH,  $X^2 = 91.3$ ;  $df = 1$ ;  $p < 0.001$ ) and by their romantic partner (51.1% of the attacks vs. 16.7% for MEH,  $X^2 = 68.91$ ,  $df = 1$ ,  $p < 0.001$ ). No significant differences were found in the case of attacks by strangers (30.1% of the attacks for WEH vs. 25% for MEH,  $X^2 = 2.461$ ,  $df = 1$ ,  $P = 0.639$ ).

Regarding the reporting of violence to the authorities, among those who had experienced at least one episode of violence, 71% never reported these situations, with the remaining 29% only occasionally doing so. WEH were considerably more likely to never report episodes of violence (87.5%) than MEH (65.2%) ( $X^2 = 17.6$ ;  $df = 1$ ;  $p < 0.001$ ). Almost all WEH (91.7%,  $n = 88$ ) indicated that they had suffered some kind of violence before their experience of homelessness, compared to only 24.7% ( $n = 101$ ) of MEH ( $X^2 = 67.5$   $df = 1$ ;  $p < 0.001$ ). In 91% of the total cases of aggression prior to homelessness ( $n = 172$ ), the aggressors were men. A total of 17.7% ( $n = 17$ ) of WEH reported having felt

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fearful in their relationship with a professional (shelter attendants in 12 cases), though none reported to us that a professional was an actual aggressor.

The multiple linear regression model adjusted to the dependent variable for the total number of episodes of violence suffered ( $R^2 = 0.762$ ) indicated that being a woman was the main predictor ( $p < 0.001$ ), with lower age ( $p < 0.001$ ) and male aggressor as covariates ( $p < 0.001$ ). See Table 2.

All of the WEH reported: 1) not feeling protected as an IEH, 2) not feeling assisted as a victim in public health, social or justice services and 3) believing that the violence they had experienced would occur again in the future. In the case of MEH, results for these issues were 70.3% ( $n = 287$ ;  $X^2 = 32.8$ ;  $df = 1$ ;  $p < 0.001$ ), 27.9% ( $n = 114$ ;  $X^2 = 131.6$ ;  $df = 1$ ;  $p < 0.001$ ) and 21.8% ( $n = 89$ ;  $X^2 = 154.5$ ;  $df = 1$ ;  $p < 0.001$ ), respectively.

### **Discussion**

To our knowledge, this is the first quantitative study of violence toward IEHs with a focus on gender disparities carried out in Spain. Our main results shown very large differences between men and women in relation with exposure to violence. All of our participants who were WEH reported having been victimized during the period of analysis. The profile of the aggressors of violence against in cases was a man who was the WEH's male partner or another known male, usually a peer associated with street life. Finally, WEH reported feeling unprotected by social services.

#### **Level of violence and differences between men and women**

The results obtained indicate the high level of violence suffered by IEHs: three out of four participants had suffered some sort of violence in the previous year. This proportion is higher than that found in other contexts. For example, Meinbresse et al. (2014) found that less than half of their sample of IEHs across five US cities had experienced violence. Sanders and Albanese (2016) found that a third of their sample of rough sleepers in

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England and Wales had experienced violence in the last 12 months. Despite the lower incidence in these studies, together, the findings underline the significant vulnerability of this population, especially in relation to the risk they face of exposure to violence.

Our data reveal stark gender differences in exposure to violence among IEHs. Being a recent victim of violence was the norm for WEH in our study. Six out of every ten WEH had suffered sexual violence and almost eight out of every ten, physical violence. One hundred percent of WEH in our sample had suffered psychological and emotional abuse in the last 12 months. This percentage is much higher than the 22% of women in the general population who are over the age of 16 and have suffered gender violence (Ministerio de Igualdad, 2017). WEH also reported higher rates of violent episodes than men across all types of violence studied here, with the differences especially marked in relation to sexual and psychological violence. WEH may have suffered violence prior to their situation of homelessness, which may have contributed to causing their homelessness (Tutty et al., 2013). Other things being equal, these higher victimization rates mean that WEH may face higher risks than MEH of health problems, distress, post-traumatic stress disorder and other mental health issues (de Vet et al., 2019; Tinland et al., 2018).

### **Gender violence among IEHs and the profile of the aggressor**

Our results also show that in more than half of the cases in which WEH experienced violence, the aggressor was a man known to her, usually either a romantic partner or a peer associated with street life. We would argue that these violent experiences can be understood as gender-based and, in many cases, are likely to be gender-driven. Qualitative research exploring WEH's experiences of violence would be valuable in better understanding the experiences and support needs of WEH, and the preventative and protective factors that might reduce their exposure to violence. In contrast, the study revealed no differences between men and women in terms of violence perpetrated by strangers, suggesting that

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stranger-perpetrated violence more often has a gender-neutral nature, motivated by criminality (Herrero, 2003), ideology (hate crimes) and/or a wish to humiliate or stigmatize the victim (Mustaine, 2015).

In light of these descriptive statistics, it is perhaps not surprising that our regression analysis shows that gender is the factor that best predicts victimization among IEHs.

Although other studies have identified other predictive factors such as age, time without a home (Meinbresse et al., 2014), mental health problems and substance use (Wenzel et al., 2001), our study shows that being a woman is an independent risk factor for suffering violence among IEHs (for studies in other contexts, see Kipke, 1997; Souza et al., 2016; Watson, 2016).

### **Feeling unprotected, social response and policy recommendations**

The prevalence and nature of violence against WEH revealed by our data clearly demand a robust societal response, first because such violence is traumatic and harmful for those suffering it, and, second, because of the wider and long-lasting impacts of violent experiences on WEH's participation in the labor market (Adams et al., 2012), their economic stability (Sormanti & Shibusawa, 2008), and their ability to access and sustain housing (Pavao et al, 2007). However, our data also make clear that WEH who have experienced such violence are unlikely to report it to the authorities. These findings contrast with those of Beijer et al. (2018) in Sweden, which could point to a greater vulnerability among our sample. Our participants universally described feeling unprotected and unassisted in their situation of homelessness, and all of them expected to continue to be victims of violence in the future. These are important findings, especially because they are being reported in a context in which from 2006 to 2016 homelessness increased 88.4% among MEH and 200% among WEH (Calvo et al., 2018).

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The greater vulnerability of WEH is acknowledged and expressed in the most recognized definitions of homelessness, which include specific categories for WEH and acknowledge that WEH are especially vulnerable when they are literally homeless (rough sleepers, for example) (Busch-Geertsema et al., 2016; FEANTSA, 2005; Turner et al., 2018). WEH experiencing literal street homelessness are the most at-risk population among IEHs (Nyamathi et al., 2000).

While WEH's vulnerability to violence is recognized in these instruments and the international evidence base, it is clear from our study results that policy and practice in Spain in these areas are woefully inadequate (see also Baker et al., 2010). Indeed, it is rare for homelessness services to even ask WEH about past experiences of victimization and its impacts (e.g. injuries, physical health problems, trauma) (Huey et al., 2014). To be sure, there are barriers to improving such services, including the hidden nature of the problem, WEH's reluctance to report episodes of violence, and their lack of faith that the legal, justice and social service systems are concerned with protecting them (Ponce et al., 2014). But there are also very clear actions that homelessness service providers and city, regional and national policy makers can take to improve the situation. These actions would involve both preventing violence and handling its consequences more effectively.

First, provide support groups for WEH, with a focus on sharing information about reducing the harm that comes from living on the street and the risk of violence linked to WEH's immediate social network (Petering et al., 2015). Second, provide support groups for MEH geared toward redefining masculinity and reducing violence (de Oliveira & Tagliamento, 2021). Specific centers for IEHs and general mental health, addiction and social services centers would be appropriate places for recruiting participants for such groups (Lorentzen, et al.2017; Rose & Johnson, 2017). Third, services and authorities should improve the detection and treatment of trauma and post-traumatic stress disorder

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(Bani-fatemi et al., 2020), especially in the aforementioned services, designed with a focus on WEH as potential victims of violence. Fourth, create shelters specifically for WEH. The number of WEH in short- and long-term shelters is smaller than that of MEH, and many shelters provide shared accommodations, meaning that MEH are forced to share a space with past or potential aggressors (Dej, 2018).

Fifth, homelessness service and also programs directed to IEHs in general services, such as mental health and addiction centers, hospital emergency rooms and primary care centers should incorporate a gender perspective in the design, implementation and evaluation of relevant interventions and support (Romero et al., 2017). This perspective should consider the multiple factors that can contribute to the victimization of WEH and adapt programs to individual needs in a flexible way that increases the possibility of professional guidance. These programs should include work on the attitudes of professionals toward verbal and non-verbal factors that can increase WEH's sense of a lack of safety. Applied scientific research should be conducted about the use of a gender perspective in social services, making it possible to transfer academic knowledge to professional practice (Andermann et al., 2021). Also, research budgets should have specific allocations for studying homelessness in Spain with the aim of understanding the effect of trauma on social exclusion and breaking the cycle of marginalization (Bransford & Cole, 2019).

Finally, there is also a strong need for services to encourage and support WEH to report violence to the authorities to ensure that this problem becomes more visible and takes more priority in policy and practice. At the same time, it is essential to redesign the response protocols of authorities to ensure that reporting violent experience is not a difficult or retraumatizing experience (Gil, 2013).

### **Study strengths and limitations**

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Our findings should be interpreted in the light of the following limitations. First, while this paper focuses on experiences of violence among WEH, WEH make up only 19.1% of the sample. While this may seem low, it is equivalent to the proportion of WEH in the general IEH population and representative of IEHs in those cities.

Second, not all categories of homelessness could be included in the analysis. Absent are the following categories: 2(b) people living in homeless hostels and other types of temporary accommodation for homeless people (where occupants have a designated bed or room), 2(c) women and children living in shelters for those fleeing domestic violence, 2(d) people living in camps provided for “internally displaced people” (i.e., those who have fled their homes as a result of armed conflict, natural or human-made disasters, human rights violations, development projects, etc. but have not crossed an international border), 2(e) people living in camps or reception centers/temporary accommodations for asylum seekers, refugees and other immigrants, 3(a) people sharing with friends and relatives on a temporary basis, 3(b) people living under threat of violence, 3(c) people living in cheap hotels or bed and breakfasts, and 3(d) people squatting in conventional housing. It wasn't possible to include these categories because there is no official register in Spain of people in these situations of homelessness, making them too difficult to locate.

Third, the data analysis was purely based on self-reports of violence and was not compared with records, such as municipal police records of reported incidents. We thus have no way of verifying these reports of violence. That being said, relying on official data would also be highly problematic given our findings regarding the significant under-reporting of violence among this population. The disclosure of violence may also have been affected by social desirability, as the topic is highly sensitive and difficult to discuss.

These limitations notwithstanding, this study has important strengths and represents an important contribution to scholarship in this area. Our research has clearly demonstrated

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that WEH suffer a wide range of types of violent situations. Moreover, in many cases, this violence can be categorized as gender-based violence. This is as yet a poorly understood phenomenon in homelessness research and an issue that does not yet receive adequate attention in policy and practice. We hope this study begins to address this gap and set an agenda for future research as well as developments in policy and practice. In particular, there is an acute need for IEHs to have access to safe spaces that provide comprehensive services that address violent experiences and their consequences. This is particularly important in the case of WEH, for whom it is especially necessary to develop outreach, housing and support programs led by professionals who can incorporate an evaluation from the perspective of gender-based violence to help identify and prevent risk of future violence and facilitate access to comprehensive support. Such support should include mental health services (especially those that address trauma) and substance abuse assistance as well as medical care, family planning and programs designed to reduce risky behaviors.

### **Conclusions**

The participants in our study, who were IEHs in Catalonia, reported being victims of numerous acts of physical, psychological, sexual, economic and property violence. WEH suffered a greater number of violent episodes than MEH, and most of the perpetrators were MEH, former romantic partners or other men known to them, leading us to classify these episodes as gender-based violence. The WEH in our studied showed a lack of confidence in the institutions that should protect them, leading us to conclude that new measures are needed to prevent, detect and manage the victimization of WEH.

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**Conflicts of interest**

The authors declare no conflicts of interest.

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Table 1.

Description of the violence suffered during the last 12 months and its characteristics

Variables	Total N=504 (100)	MEH <sup>a</sup> n=408 (80.9)	WEH <sup>b</sup> n=96 (19.1)	Values		
				X <sup>2</sup> / t	gl	p
<b>Typology of violence suffered n(%)</b>						
Physical	324 (64.3)	252 (61.8)	72 (75.0)	5.92 9	1	0.009
Psychological	288 (57.1)	192 (47.1)	96 (100)	88.9 4	1	<0.00 1
Sexual	84 (16.7)	24 (5.9)	60 (62.5)	179. 4	1	<0.00 1
Economic	83 (16.5)	41 (10.1)	42 (43.7)	18.7 2	1	<0.00 1
Patrimonial	72 (14.3)	47 (11.6)	25 (26.0)	9.63 2	1	0.001
<b><sup>c</sup>Episodes of violence m(ED)</b>						
Physical	3.28 (1.8)	2.83 (1.7)	4.83 (1.2)	- 11.6 3	166	<0.00 1
Psychological	1.58 (1.8)	0.9 (1.1)	4.5 (1.3)	- 24.5 5	129	<0.00 1

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				-	82	<0.00
Sexual	5.0 (2.5)	1.25 (0.4)	6.5 (1.0)	31.5	1	
				9		
				-	168	<0.00
Economic	1.23 (0.9)	1.17 (0.9)	2.2 (1.2)	10.5	1	
				3		
Property	1.07(1.1)	1.21 (0.8)	2.5 (1.3)	-9.97	169	<0.00
					1	
<hr/>						
Relationship with the aggressor <sup>n</sup> (%)						
Peers linked to the street	186 (48.4)	111 (27.2)	67 (69.8)	91.3	1	<0.00
				1	1	
Unknown	131 (34.1)	102 (25.0)	29 (30.1)	2.46	1	0.639
				1		
Romantic partner	67 (17.5)	18 (16.7)	49 (51.1)	68.9	1	<0.00
				1	1	
<hr/>						
Report of the aggression <sup>n</sup> (%)						
Never	264 (71.0)	180 (65.2)	84 (87.5)	17.1	1	<0.00
Occasionally	108 (29.0)	96 (34.8)	12 (12.5)	6	1	

<sup>a</sup>Men experiencing homelessness

<sup>b</sup>Women experiencing homelessness

<sup>c</sup>Average of people who have suffered at least one episode.

## VIOLENCE AGAINST WOMEN EXPERIENCING HOMELESSNESS

Table 2.

Multiple linear regression adjusted model. Predictive factors of total episodes of violence

(Dependent variable,  $R^2 = 0.762$ ).

Model	Non-standardized coefficients		Standardized coefficients		
	B	Desv. Error	Beta	t	p
Constant	1.393	0.776		1.794	0.077
Gender	2.066	0.351	0.584	5.892	<0.001
Male aggressor	1.941	0.304	0.502	5.790	<0.001
Age	0.094	0.017	0.466	5.679	<0.001
Complaint filed	0.475	0.272	0.147	1.749	0.084