



Assessing Sexual Trauma Histories in Homeless Women

Sally Weinrich PhD, RN, FAAN, Sally Hardin PhD, RN, FAAN, Dale Glaser PhD, Mary Barger PhD, MPH, CNM, Jill Bormann PhD, RN, FAAN, Cabiria Lizarraga RN, MSN, Micheal Terry DNP, FNP, PMHNP, Jeeni Criscenzo & Carolyn B. Allard PhD

To cite this article: Sally Weinrich PhD, RN, FAAN, Sally Hardin PhD, RN, FAAN, Dale Glaser PhD, Mary Barger PhD, MPH, CNM, Jill Bormann PhD, RN, FAAN, Cabiria Lizarraga RN, MSN, Micheal Terry DNP, FNP, PMHNP, Jeeni Criscenzo & Carolyn B. Allard PhD (2015): Assessing Sexual Trauma Histories in Homeless Women, Journal of Trauma & Dissociation, DOI: [10.1080/15299732.2015.1089968](https://doi.org/10.1080/15299732.2015.1089968)

To link to this article: <http://dx.doi.org/10.1080/15299732.2015.1089968>



Accepted author version posted online: 19 Nov 2015.



Submit your article to this journal [↗](#)



Article views: 2



View related articles [↗](#)



View Crossmark data [↗](#)

Assessing Sexual Trauma Histories in Homeless Women

Brief Report

Sally Weinrich, PhD, RN, FAAN, University of San Diego Hahn School of Nursing and Health Science & Betty and Bob Beyster Institute for Nursing Research, Advanced Practice, and Simulation, San Diego, CA

Sally Hardin, PhD, RN, FAAN, University of San Diego Hahn School of Nursing and Health Science & Betty and Bob Beyster Institute for Nursing Research, Advanced Practice, and Simulation, San Diego, CA

Dale Glaser, PhD, University of San Diego Hahn School of Nursing and Health Science & Betty and Bob Beyster Institute for Nursing Research, Advanced Practice, and Simulation, San Diego, CA

Mary Barger, PhD, MPH, CNM, University of San Diego Hahn School of Nursing and Health Science & Betty and Bob Beyster Institute for Nursing Research, Advanced Practice, and Simulation, San Diego, CA

Jill Bormann PhD, RN, FAAN, Department of Veterans Affairs, Center of Excellence for Stress and Mental Health, San Diego, CA and Clinical Professor, University of San Diego Hahn School of Nursing and Health Science & Betty and Bob Beyster Institute for Nursing Research, Advanced Practice, and Simulation, San Diego, CA

Cabiria Lizarraga, RN, MSN, Sharp Grossmont Hospital, La Mesa, CA

Micheal Terry DNP, FNP, PMHNP, University of San Diego Hahn School of Nursing and Health Science & Betty and Bob Beyster Institute for Nursing Research, Advanced Practice, and Simulation, San Diego, CA

Jeeni Criscenzo, Amikas, San Diego, CA

Carolyn B. Allard, PhD, VA San Diego Healthcare System, University of California at San Diego, Military Sexual Trauma & Interpersonal Trauma Clinic, San Diego, CA

Corresponding Author: Sally Weinrich, PhD, RN, FAAN. University of San Diego Hahn School of Nursing and Health Science, 5998 Alcalá Park, San Diego, CA 92110-2492, Email: sallyweinrich@sandiego.edu

KEYWORDS sexual trauma, military sexual trauma (MST), homeless women

Almost one out of every three homeless women, 32%, in the United States, United Kingdom, and Australia, has experienced childhood sexual trauma. We assessed lifetime sexual trauma histories among 29 homeless women from three southern California community sites: one residential safe house and two safe parking areas. More than half of the women (54%) reported a history of sexual trauma. That rate was higher (86%) among women living at the safe home, versus only 42% among women staying at the safe parking sites. All four of the women who had served in the military reported having experienced military sexual trauma. The high percentages of sexual trauma found in homeless women highlight the need for effective interventions for sexual trauma.

Sexual trauma and homelessness are receiving increased national attention. However, the percentage of sexual trauma in homeless women in the United States is reported in only one study. Studies that do report percentages for sexual trauma vary in 1) time of trauma (childhood, lifetime, and military sexual trauma); 2) populations studied (non-homeless women and homeless women); and 3) definitions of sexual trauma as unwanted sexual attention, rape or both. This study reports on the percentage of sexual trauma in homeless women. Sexual trauma is defined as both rape and unwanted sexual attention.

Among women in the United States who are not homeless, between 20% and 25% of women report having experienced attempted or completed rape (Fisher, Cullen, & Turner, 2000). When unwanted sexual contact or coercion is included, the rate increases to 45% to 75% in non-homeless women (Lloyd & Emory, 2000). Among 136 homeless women from a hospital-based sexual assault care center, 61.5% reported experiencing adult sexual trauma (Stermac & Paradis, 2001). In a meta-analysis of homelessness and childhood sexual trauma in the United States, United Kingdom, and Australia, one out of every three homeless women had experienced childhood sexual trauma (Sundin & Baguley, 2015). Childhood sexual trauma was more prevalent in these three countries than in the global population (Sundin & Baguley, 2015).

Military sexual trauma is an important risk factor for subsequent homelessness among Veteran women (Hamilton, Poza, & Washington, 2011; Washington et al., 2010). Three findings from a Connecticut study with 581 homeless female Veterans are relevant for this study. (1) Two-thirds of the women reported having been raped at some time during their life (Tsai, Rosenheck, Decker, Desai, & Harpaz-Rotem, 2012). (2) Women who reported previous rape spent more days homeless ($p < .001$) (Tsai et al., 2012). (3) And forty-two percent of female veterans who reported lifetime rape in Tsai et al.'s study reported that it occurred in the military (Tsai et al., 2012).

Among non-homeless women who have served in the military, nearly one out of every four who sought care at the Department of Veterans Affairs reported military sexual trauma (Department of Defense, 2014; Department of Veterans Affairs, 2013; Frayne, et al., 1999). Among 125,729 Veterans deployed in Operation Enduring Freedom and Operation Iraqi Freedom, 15.1% of the women reported sexual trauma (Kimerling, et al., 2010). Often, military sexual trauma is not reported (Department of Defense, 2014); actual rates of military sexual trauma may reach 70% (Allard, Nunnink, Gregory, Klest, & Platt, 2011).

Sexual trauma is a strong risk factor for many serious physical and psychosocial problems (Caton, et al., 2013; Frayne, et al., 1999; Kimerling, et al., 2010; Houston, Sandfort, Watson, & Caton, 2012; Tsai, et al., 2012). Among woman veterans of the Gulf War, military sexual trauma was even more likely to lead to post traumatic stress disorder (adjusted odds ratio of 5.4) than high combat exposure (adjusted odds ratio of 4.45) (Kang, Dalager, Mahan, & Ishii, 2005). This study reports the percentage of previous sexual trauma in homeless women from a civilian population, and among Veteran women, the percentage of military sexual trauma. This study addressed two questions: 1) What percentage of homeless women have experienced sexual trauma? 2) And does the percentage of previous sexual trauma vary by type of community site? The present study is part of a larger study designed to decrease insomnia in homeless women (Barger, Weinrich, Bormann, Bouvier, & Brosz Hardin, 2015).

Methodology

The university internal review board approved the research plan for protection of human rights. A total of 29 homeless women from two free parking areas (Dreams for Change, 2014) and one safe house (Amikas, 2013) were recruited in southern California during October 2013. Recruitment consisted of a visit to each site the week before and individual distribution of flyers announcing the program to all of the women. A week later, the study was explained, and participants were asked to read and then consider signing their informed consent forms.

We collected demographic information and previous experiences of sexual trauma using paper and pencil questionnaires. The two questions about race and ethnic origins were taken from the 2010 United States Census (United States Census Bureau, 2013). Four questions that assessed age, marital status, education, and family income used in previous community based research studies were reliable with a Spearman Brown Prophecy score of 0.8 (Weinrich et al., 1998; Weinrich, S., Weinrich, M., Priest, Fodi, & Talley, 2001).

Sexual trauma was measured with two questions adapted from the VA Healthcare System's screening measure: 1) "Did you ever receive uninvited or unwanted sexual attention (i.e., touching, cornering, pressure for sexual favors, or inappropriate verbal remarks, etc.?)" and 2) "Did anyone ever use Force or the Threat of force to have sex against your will?" (Kimerling, Gima, Smith, Street, & Frayne, 2007). Response options were as follows: a) Yes, b) No, and c) Declined to answer. Women who had served in the military were asked to answer the two sexual questions a second time with the phrase, "While you were in the military" preceding each of the two sexual questions. Kimerling et al., 2007 reported a sensitivity of 0.92 and specificity of 0.89 for the first question, and a sensitivity of 0.89 and specificity of 0.90 for the second question. The two sexual questions were pilot tested on five different occasions in a southeastern state (Kimerling, et al., 2007).

During each subject's two visits, three of the study authors and two trained graduate nursing students administered the questionnaires. One of the nursing students translated the entire questionnaire for three Spanish-speaking participants who needed translation. Participants needed between 15 and 30 minutes to complete the questionnaire.

All data were cleaned and checked for errors using SPSS v. 21. To avoid small cell counts, multiple responses for education and income were recoded into just two or three categories (Table 1). The race categories "Asian" and "Other" were also combined into a single category. Due to the small sample size, no formal inferential statistical analyses were carried out; but descriptive statistics were performed.

Results

Almost 90% (26 of 29) of the women answered the two sexual questions. Because of privacy concerns, we did not ask the three non-respondents the reasons they chose not to answer the two sexual questions. Although additional counseling was offered after answering the sexual questions, none of the women requested it.

Women's ages ranged in age from 26 to 65 and the mean age was 46 years (Table 1). Almost half were White. Compared to the general population of San Diego, the 29 participants included the same proportion of White women (47% for both sample and population), fewer Hispanic/Latino women (25% versus 33%), more African American women (14% versus 6%), and the same proportion of Asian/other women (14%) (United States Census Bureau, 2013). Table 1 also shows data for participants' marital status, education, and income. The two homeless recruitment sites (cars and a safe home) were similar in mean ages. However, there were demographic differences in race/ethnicity, marital status, education, and income (Table 1).

Sample Characteristics

Addressing Research Questions

More than half (54%) of the participants reported having experienced unwanted sexual attention. The same percentage, 54%, had been forced or had a threat of force to have sex against their will. There were differences by the type of community site for both sexual trauma questions. For

unwanted sexual attention, the safe house site had a greater percentage of “Yes” responses (71%) than the free parking sites (47%). Similarly, for forced or had a threat of force to have sex against their will, the safe house site had a greater percentage of “Yes” responses (86%) than the free parking sites (42%) (Table 1).

The four Veteran women who had served in the military were all living at the safe house. They all reported “Yes,” to both sexual questions (unwanted sexual attention and forced sex) while in the military as well as in civilian life (Table 1).

Discussion

More than half (54%) of the 26 homeless women in this study had experienced sexual trauma, a rate which is higher than the 20-25% rape reported in non-homeless women in the U.S. (Fisher et al., 2000). Although our observed rate of sexual trauma (54%) is lower than the 61.5% rate reported among the homeless women in a hospital-based sexual assault care center (Stermac & Paradis, 2001), the difference was not statistically significant (one-sided $p > 0.20$).

The four Veteran women *all* reported sexual trauma. While the small sample prevents formal statistical tests, this rate is higher than the 67% rate of rape reported in a Connecticut Homeless Women Veteran Program (Tsai et al., 2012), and the 23-24% rape rate reported in non-homeless women in the military (Department of Defense, 2014; Department of Veterans Affairs, 2013; Frayne et al., 1999). It is also higher than the 15% military sexual trauma rate reported in last two American wars (Kimerling et al., 2010) and the 70% rate estimated in a review of military sexual trauma (Allard et al., 2011). That all four homeless Veterans reported previous sexual

trauma in civilian life as well as military sexual trauma is compatible with published research documenting previous sexual trauma as a risk factor for military sexual trauma (Suris & Lind, 2008).

The primary limitation of this study is its small sample size. Additional research studies with larger samples are needed to confirm or refute the 54% previous sexual trauma in homeless women. Results from this study are applicable to homeless women who sleep in their cars and/or a safe house on the southern west coast of the United States.

The high incidence of sexual trauma in homeless women found in this study highlights the need for effective interventions at the time of sexual trauma, before homelessness occurs. Longitudinal studies are needed to measure the effects of sexual trauma prospectively. The twofold discrepancy between sexual trauma rates at the safe house (86%) and rates at the safe parking sites (42%) may have significant implications for planners of programs to correct homelessness. Additional research with other homeless sites such as shelters and meal sites are needed to help planners customize their homelessness intervention programs. There is a paucity of interventional research studies that focus on alleviation of physical and psychological symptoms of sexual trauma in homeless women. Future studies need to test interventions aimed at decreasing the negative consequences of sexual trauma in homeless women.

Acknowledgements: Two sources of funding were obtained:

1. Jonas Center for Nursing and Veterans Healthcare, 107 East 70th St., New York, NY 10021

2. University of San Diego Hahn School of Nursing and Health Science, Faculty Research Fund, 5998 Alcalá Park, San Diego, CA 92110

References

Allard, C.B., Nunnink, S., Gregory, A.M., Klest, B., & Platt, M. (2011). Military sexual trauma research: a proposed agenda. *Journal of Trauma & Dissociation*, 12(3), 324-345. doi: 10.1080/15299732.2011.542609.

Amikas. (2013). *Because No One Should Be Without a Place to Live*. Retrieved from www.amikas.org.

Barger, M.K., Weinrich, S., Bormann, J.E., Bouvier, M., & Brosz Hardin, S. (2015). Mantram repetition program decreases insomnia among homeless women: A pilot study. *Journal of Psychosocial Nursing and Mental Health Services*, 53(6), 44-49. doi:10.3928/02793695-20150526-03

Caton, C.L., El-Bassel, N., Gelman, A., Barrow, S., Herman, D., Hsu, E., . . . & Felix, A. (2013). Rates and correlates of HI and STI infection among homeless women. *AIDS and Behavior* 17(3), 856-864. doi: 10.1007/s10461-012-0198-x.

Department of Defense. (2014). *Fiscal year 2013 annual report on sexual assault in the military*. Retrieved from www.sapr.mil/public/docs/reports/FY13_DoD_SAPRO_Annual_Report_on_Sexual_Assault.pdf

Department of Veterans Affairs, Military Sexual Trauma Support Team, Patient Care Services, Mental Health Services (2013). *Annual report military sexual trauma*. Washington, D.C.: Department of Veterans Affairs.

Dreams for Change. (2014). *Dreams for change*. Retrieved from <http://www.dreamsforchange.org/>.

Fisher, B.S., Cullen, F.T., & Turner M.G. (2000). *The sexual victimization of college women*. Washington, DC: U.S. Department of Justice.

Frayne, S.M., Skinner, K.M., Sullivan, L.M., Tripp, T.J., Hankin, C.S., Kressin, N.R., & Miller, D.R. (1999). Medical profile of women Veterans. *Journal of Women's Health and Gender-Based Medicine*, 8(6), 835-845.

Hamilton, A.B., Poza, I., & Washington, D.L. (2011). "Homelessness and trauma go hand-in-hand": Pathways to homelessness among women Veterans. *Women's Health Issues*, 21(4S), S203-S209.

Houston, E., Sandfort, T.G.M., Watson, K.T., & Caton, C.L. (2012). Psychological pathways from childhood sexual and physical abuse to HIV/STI outcomes among homeless women: The role of PTSD and borderline personality disorder symptoms abuse, *Journal of Health Psychology*, 18(10), 1330-1340.

Kang, H., Dalager, N., Mahan, C., & Ishii, E. (2005). The role of sexual assault on the risk of PTSD among Gulf War Veterans. *Annals of Epidemiology*, 15(3), 191-195.

Kimerling, R., Gima, K., Smith, M.W., Street, A., & Frayne, S. (2007). The Veterans Health Administration and military sexual trauma. *American Journal of Public Health, 97*(12), 2160-2166. doi: 10.2105/AJPH.2006.092999.

Kimerling, R., Street, A.E., Pavao, J., Smith, M.W., Cronkite, R.C., Holmes, T.H., & Frayne, S.M. (2010). Military-related sexual trauma among Veterans Health Administration patients returning from Afghanistan and Iraq. *American Journal of Public Health, 100*(8), 1409–1412. doi: 10.2105/AJPH.2009.171793

Lloyd, S.A., & Emery, B.C.. (2000). *The dark side of courtship: Physical and sexual aggression*. Thousand Oaks, CA: Sage.

Stermac, L, & Paradis, E.K. (2001) Homeless women and victimization: Abuse and mental health history among homeless rape survivors. *Resources for Feminist Research, 28*(3-4), 65-80.

Sundin, E.C, & Baguley, T. (2015). Prevalence of childhood abuse among people who are homeless in Western countries: A systematic review and meta-analysis. *Social Psychiatry and Psychiatric Epidemiology, 50*(2), 183-194. doi: 10.1007/s00127-014-0937-6

Suris, A., & Lind, L. (2008). Military sexual trauma: a review of prevalence and associated health consequences in Veterans. *Trauma Violence Abuse, 9*(4), 250-269. doi: 10.1177/1524838008324419.

Tsai, J., Rosenheck, R.A., Decker, S.E., Desai, R.A., & Harpaz-Rotem, I.(2012). Trauma experience among homeless female Veterans: Correlates and impact on housing, clinical, and psychosocial outcomes. *Journal of Traumatic Stress, 25*(6), 624-632. doi: 10.1002/j.1573-6598.2012.21750.x.

United States Census Bureau. (2013). *State and county quick facts, San Diego County, California*. Retrieved from [www.http://quickfacts.census.gov/qfd/states/06/06073.html](http://quickfacts.census.gov/qfd/states/06/06073.html),

Washington, D.L., Yano, E.M., McGuire, J., Hines, V., Lee, M., & Gelberg, L. (2010). Risk factors for homelessness among women Veterans. *Journal of Health Care for the Poor and Underserved*, 21(1): 82-91.

Weinrich, S. P., Boyd, M. D., Weinrich, M., Greene, F., Reynolds, W. A., Jr., & Metlin, C. (1998). Increasing prostate cancer screening in African American men with peer-educator and client-navigator interventions. *Journal of Cancer Education*, 13(4), 213-219. doi: 10.1080/08858199809528549.

Weinrich, S. P., Weinrich, M. C., Priest, J., Fodi, C., & Talley, C. B. (2001). Perceived health status in African American and Caucasian men 40 to 70 years old. *Holistic Nursing Practice*, 16(1), 65-72.

TABLE 1 Sample Characteristics^a

Characteristics	Sleeping in Cars n=21 (72%)	Sleeping in Safe House n=8 (28%)	Total n=29 (100%)
	Mean (SD)	Mean (SD)	Mean (SD)
Age	47 (12.5)	42 (8.7)	46 (11.7)
	^b Number (%)	^b Number (%)	^b Number (%)
Self-Reported Races / Ethnicity			
White, not Hispanic or Latino	9 (43%)	4 (57%)	13 (47%)

Hispanic/Latino	5 (24%)	1 (14%)	7 (25%)
African American	3 (14%)	1 (14%)	4 (14%)
Asian, Other	4 (19%)	0	4 (14%)
Total	21	7	28
Marital Status			
Single Separated or divorced	15 (71%)	08 (29%)	23 (79%)

Married or Widowed	6 (29%)	0	6 (21%)
Total	21	8	29
Education			
High school or less	11 (52%)	3 (38%)	14 (48%)
Greater than high school	10 (48%)	5 (62%)	15 (52%)
Total	21	8	29

Family Income			
Less than \$12,000	12 (71%)	4 (57%)	16 (67%)
\$12,000 & greater	5 (29%)	3 (43%)	8 (33%)
Total	17	7	24
Civilian Sexual Trauma			
Uninvited or Unwanted Sexual Attention, Question 1			
Yes	9 (47%)	5 (71 %)	14 (54%)

No	10 (53%)	2 (29%)	12 (46%)
Total	19	7	26
Forced or the Threat of force, Sex against Will, Question 2			
Yes	8 (42%)	6 (86%)	14 (54%)
No	11 (58%)	1 (14%)	12 (46%)
Total	19	7	26

Military Sexual Trauma			
Uninvited or Unwanted Sexual Attention, Question 1			
Yes	0	4 (100%)	4 (100%)
No	0	0	0
Total	0	4	4
Forced or the Threat of force, Sex against Will, Question 2			
Yes	0	4 (100%)	4 (100%)

No	0	0	0
Total	0	4	4

^a Sample size varied from 24 to 29 for each variable as some of the 29 women did not answer select questions.

^b Different column headers.