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Toward a More Comprehensive Understanding of Violence Against Impoverished Women

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Research and knowledge of violence against impoverished women continues to be limited. To achieve a more comprehensive understanding of violence against impoverished women and therefore inform prevention and intervention efforts for this population, the authors report on recent (past 6 months) physical, sexual, and psychological violence among 898 women who were randomly sampled from temporary shelter settings ($n = 460$) and low-income housing ($n = 438$) in Los Angeles County. Women experienced notable rates of violence during the past 6 months (e.g., 23% of sheltered women and 9% of housed women reported physical violence). Perpetrators were diverse, particularly for the sheltered women, including sexual partners, family, and strangers. These findings, and others suggesting that the different types of violence are distinct and severe, may call for more comprehensive screening and intervention efforts to enhance the safety of impoverished women.

Keywords: *violence; impoverished; women*

In the decade since the passage of the Violence Against Women Act in 1994, the epidemic of violence against women has achieved a heightened level of recognition and increased attention from researchers and health care providers in the United States (Crowell & Burgess, 1996; Gordon,

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2000; Koss et al., 1994; U.S. Department of Health and Human Services, 1999; Zierler & Krieger, 1997). Still limited, however, is research focusing specifically on issues and concerns regarding violence against impoverished women (Benda & Dattalo, 1990; North & Smith, 1993; Robertson & Winkleby, 1996; Wenzel, Tucker, Elliott, Hambarsoomian et al., 2004; Wenzel, Tucker, Elliott, Marshall, & Williamson, 2004), in which we use the term *impoverished* to refer to economic poverty. This gap in knowledge regarding the victimization of impoverished women exists despite evidence that violence is a risk factor for women's economic poverty (Riger, Raja, & Camacho, 2002; Zink & Sill, 2004) and that women who are poor are at higher risk of being victimized compared to women in better financial situations (Bassuk, Melnick, & Browne, 1998; Ingram, Corning, & Schmidt, 1996). A more comprehensive understanding of violence against impoverished women is necessary to better inform community-based violence prevention and intervention activities for this population. This understanding can be achieved through addressing a number of research gaps and limitations in the existing literature.

A gap in understanding violence against impoverished women exists in part because these women have been underrepresented in probability-based surveys that have examined violence against women. Such surveys are important for ensuring representative samples from populations and thus the generalizability of survey findings to the populations for which prevention and intervention services would be developed. Probability sampling of respondents for the National Violence Against Women Survey (e.g., Tjaden & Thoennes, 2000), one of the best sources of information on incidence and prevalence of intimate partner violence in the United States (Lee, Sanders-Thompson, & Mechanic, 2002), was based on household telephone numbers, therefore underrepresenting impoverished women without stable residences. Studies that have focused specifically on violence against impoverished women have commonly relied on clinic-based or other nonprobability samples. Although these studies are important, representativeness of participants and generalizability of findings can be called into question (Augenbraun, Wilson, & Allister, 2001; Wood, Valdez, Hayashi, & Shen, 1990). The few probability-based studies conducted thus far have been limited by relatively small samples of such women (Wenzel, Koegel, & Gelberg, 2000).

Another limitation regarding the existing research on violence against impoverished women is that insufficient attention has been paid to the different types of and co-occurrence of violence experienced by women (e.g., physical, sexual, and psychological), differences in perpetrators (i.e., sexual partners, family, friends, acquaintances, strangers), the severity of violent

events, and the extent to which these characteristics differ in subpopulations of impoverished women. Greater knowledge about the above characteristics should facilitate better targeting of prevention and intervention services for impoverished women.

In terms of different types of violence and their co-occurrence, studies on intimate partner violence against women have tended to focus on one type of violence, typically physical violence. Less attention has been paid to the co-occurrence or intersection of different kinds of violence (Crowell & Burgess, 1996; Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). A number of studies in the United States (including of impoverished women) have assessed experiences of both physical and sexual violence among women but have not focused on psychological violence (e.g., El-Bassel et al., 2004; Wechsberg et al., 2003; Wenzel et al., 2000). Psychological violence has received attention in the clinical, qualitative, and survey literature (Coker, Smith, McKeown, & King, 2000; Dutton, 1992; Smith, Smith, & Earp, 1999; Smith, Tessaro, & Earp, 1995; Smith, Thornton, DeVellis, Earp, & Coker, 2002) but has not been systematically investigated in large probability samples of impoverished women. The available research supports a conceptual and empirical distinction among different kinds of violence and indicates that women may be more seriously emotionally affected by psychological than by physical or sexual violence (Krug et al., 2002; Sackett & Saunders, 1999; Smith et al., 2002). Failure to assess psychological violence might result in an artificially low overall estimate of violence against women (Smith et al., 2002), might provide an incomplete reflection of women's experiences, and thus might convey an incomplete picture of need for violence prevention and intervention services. To help women with histories of violence, researchers and service providers must obtain a richer understanding of the variability in women's traumatic experiences (Collins, Cornely, & Grella, 2002).

Regarding perpetrators, findings to date indicate that the majority of the violence against women is from intimate male partners (Crowell & Burgess, 1996; Koss et al., 1994; Krug et al., 2002). Although not systematically examined among impoverished women, it is reasonable to expect that rates of violence by nonintimates might be relatively higher among homeless women than other women because subsistence services and temporary living facilities (e.g., homeless shelters) may be located in higher crime areas (Wenzel et al., 2000; Whitbeck & Simons, 1993). In addition, among women with drug problems, those who consider themselves homeless are disproportionately at risk for drug dealing and the subsistence behavior of prostitution (Wechsberg et al., 2003)—dangerous activities that expose women to violence from a number of individuals including different kinds of sexual

partners. Previous research on violence against women has rarely attended to the fact that women may have different kinds of sexual partners; for example, a primary or steady partner such as a boyfriend, a casual or occasional partner, and a partner a woman has sex with specifically for things she needs, such as money or shelter. Prevention and intervention approaches might differ, however, depending on the perpetrator type (Wenzel, Leake, & Gelberg, 2001).

Understanding the severity of violence, which has been defined in terms of how frequent the violent events occur and how serious the violent acts are (Gordon, 2000), is also important to a comprehensive understanding of violence against women and is thus a better targeting of intervention resources. Information on how serious the acts are can be gained from whether physical injuries resulted and the extent to which the violence was relatively more major (e.g., involving weapons use or threats, beating with fists, or rape) or more minor (e.g., involving shoving or pushing), as conceptualized by Straus, Boney-McCoy, and Sugarman (1996). The women's own perceptions of whether the events that occurred to them were violent events may also be important, although this subject has received little study. Women's perceptions can influence responses to victimization, including level of psychological distress (Weaver & Clum, 1995), intentions to leave abusive relationships (Dutton, 1992; Pape & Arias, 2000), and help-seeking behavior (Rodriguez, Quiroga, & Bauer, 1996). Severity of violence defined in terms of multiple objective and subjective indicators has received no attention in populations of impoverished women to our knowledge.

A further complexity in understanding violence against impoverished women is that such women do not constitute a homogeneous population. For example, risks and experiences faced by impoverished women living in presumably worse conditions (e.g., streets or homeless shelters) may differ from those of women living in more stable residential settings. Findings from a number of studies suggest that risk is associated with residential status. The limited previous research has shown that homeless women living in the street as opposed to shelters may experience greater levels of violence and other health-related needs such as substance use (Nyamathi, Leake, & Gelberg, 2000). Similarly, evidence suggests that sheltered homeless women may experience greater risk of violence and other health-related needs than low-income housed women (Bassuk, Weinreb, Buckner, Salomon, & Bassuk, 1996; Wenzel, Tucker, Elliott, Hambarsoomian et al., 2004). It is reasonable then to expect that the experiences surrounding violence and victimization in terms of perpetrator types and severity may also differ based on residential status. The extent and complexity of differences in violence among indigent women in different living situations is not well understood,

and studies have not investigated these issues with large probability samples of impoverished women from whom detailed information has been collected on physical, sexual, and psychological violence. Such knowledge may carry implications for services provided to women in different kinds of settings.

To achieve a more comprehensive understanding of violence against impoverished women and thus inform effective targeting of resources for community-based prevention and intervention activities, we report findings from a study of 898 women who were randomly sampled from temporary shelter settings and low-income housing in Los Angeles County. We address the following research questions for sheltered and low-income housed women in this study: (a) What is the recent prevalence of physical, sexual, and psychological violence? (b) Who are the perpetrators of violence? (c) What is the overlap among (co-occurrence of) these three kinds of violence during a recent time period? (d) What is the severity of the violence? (e) How do the foregoing characteristics differ for sheltered and low-income housed women?

Method

Participants

Participants were 898 women in Central Los Angeles County (460 in shelters and 438 in low-income housing) interviewed as part of a larger study sponsored by the National Institute on Drug Abuse (Wenzel, 1999). Eligible women were between the ages of 18 and 55, spoke and understood English, and did not have significant cognitive impairment. Computer-assisted face-to-face structured interviews were conducted by trained female interviewers, with interviews lasting approximately 1 to 1.5 hours. Women were paid \$15 for their participation. The research protocol was approved by the RAND Institutional Review Board, and a Certificate of Confidentiality was obtained from the U.S. Department of Health and Human Services to protect participants' privacy.

Study Design

We define "sheltered" women as women who were sampled from facilities with a majority of homeless residents (e.g., persons who would otherwise live in the streets or who sleep in shelters and have no place of their own to go) and did not charge persons a fee exceeding the means of homeless women on public assistance, as reported by shelter directors. The shelter sample was

drawn from 51 facilities identified in local service directories: homeless emergency shelters, transitional living facilities, single-room occupancy hotels, board-and-care facilities, detox and rehabilitation facilities, mental health facilities, and HIV and AIDS transitional homes. Our goal in developing this sampling frame was to represent the diverse array of temporary shelter situations available to women in Los Angeles County; thus, study implications extend to multiple facilities where homeless women are found. Domestic violence shelters were not included in our sampling frame because their addresses and locations are not published. By excluding women who were literally homeless at the time (i.e., living on the street or other public places not meant for habitation), we may have overlooked women with more significant risk for violence and who might thus have greater need for intervention services. Ninety-two percent of sheltered women in this study, however, reported an experience of literal homelessness sometime during their lifetime. Sheltered women were selected by means of a stratified random sample, with shelters serving as sampling strata. A proportionate-to-size stratified random sample would have been overly burdensome on the larger shelters, so small departures were made from a proportionate-to-size sampling approach and corrected with design weights.

Interviewers randomly sampled women from shelter bed lists. One trained female interviewer approached each prospective respondent who had been sampled, asked the respondent if she was between the ages of 18 and 55, and if yes, sought written informed consent from the woman to participate in an interview of approximately 1 to 1.5 hours in length. If the woman was not available for interview at the time we approached her, the interviewer made an appointment with her and returned to interview her at a later time. In the case of a woman who was sampled but not present in the shelter at that time, the interviewer returned at a later time to introduce herself and seek participation. The response rate was 86%. Of the women who were sampled from bed lists or shelter rosters within shelters, the denominator for the response rate included women whose age eligibility could not be determined, women who could not be located to complete the interview, those who refused to be interviewed, and those who completed interviews. Women were paid \$15 for their participation in the interview.

We defined "low-income housed" women as those who were sampled from Section 8 private, project-based HUD-subsidized apartments in the study area. The housed sample was drawn from 66 HUD Section 8 apartment buildings, with buildings serving as sampling strata. To qualify for Section 8 housing, an individual can make no more than 50% of the median income for Los Angeles County. We included all such apartment buildings within the study area that were reported by HUD to consist entirely of

Section 8 project-based apartments not specifically designated to house elderly or disabled tenants. To sample units from a building, we adopted the same sampling scheme adopted for the shelters.

Once a unit was sampled from a building, we randomly sampled one woman resident within that unit. To achieve this sampling, we asked to speak with the woman of the house and then asked whether she lived there and whether other women lived there too (i.e., regular place to stay and not just visiting). We then asked for the age of each woman to determine her eligibility and sampled one woman from among those eligible. As for the sheltered women, once a woman was sampled from the household, we returned if it was necessary to conduct the interview. Of the women who were sampled from individual apartments in Section 8 buildings, the denominator for the response rate included women whose age eligibility could not be determined, who could not be located to complete the interview, who refused to be interviewed, and who completed the interviews. The response rate was 76%. Women were paid \$15 for a 1- to 1.5-hour interview. Additional details on this study's sample design are provided elsewhere (Elliott et al., 2003).

Measures

Violence was operationalized as physical, sexual, and psychological, and was assessed with a series of behavior-based questions designed to elicit disclosure. Assessment of physical violence was based on the revised Conflict Tactics Scale (Straus et al., 1996). Women were asked 13 questions regarding whether, during the past 6 months, anyone had slapped them, grabbed them, kicked them, thrown something at them that could hurt, used a knife or gun on them including as a threat, or perpetrated any of six other acts against them. To assess sexual violence, we asked four items (one item each) about experiences of forced vaginal intercourse, anal intercourse, oral sex, and other undesired sexual acts during the past 6 months, guided by the National Women's Study (Kilpatrick, Edmunds, & Seymour, 1992). The terms vaginal, oral, anal, and intercourse were defined for the women. All items for physical and sexual violence were asked with reference to each of five groups of perpetrators: primary sexual partners; casual sexual partners; need-based sexual partners; family, friends, and acquaintances; and strangers. Primary partners were defined for the women as steady, such as a husband or boyfriend; casual partners were defined as not steady but rather once in a while or just for fun; need-based partners were defined as someone women had sex with because they needed money, food, a place to stay, drugs, or something else.

We derived dichotomous variables to represent whether the women experienced any act of physical violence (i.e., any affirmative response to the 13 questions above) by: a sexual partner (primary, casual, or need-based); a family member, friend or acquaintance; a stranger; or any of the above perpetrators. We additionally created a variable to represent whether the women experienced any act of major physical violence (e.g., had a knife or a gun used on them, was beaten up, etc.; Straus et al., 1996). We created dichotomous variables to represent any sexual violence (i.e., affirmative response to any of the four items) by the different perpetrators and by any of the perpetrators and to represent any forced intercourse (rape) by any perpetrator.

If women responded affirmatively to experiencing any act of physical or sexual violence during the past 6 months, they were asked how many times that particular act occurred. We summed the number of acts of physical violence, major physical violence, sexual violence, and rape. After the series of questions about acts of physical and sexual violence, women were asked about their perceptions of these events: "Would you describe any of these things that anyone did to you during the past 6 months as abuse or assault, yes or no?" Women were also asked if they were "physically injured by any of the physical or sexual things that happened" to them during the previous 6 months and were presented with a list of nine response options (e.g., cuts, punctures, bite wounds; scratches, abrasions, bruises; pain that lasted into the next day) that were based on Dutton (1992) and the World Health Organization (2000). We created a categorical variable to indicate self-reports of no injuries, one or two injuries, or three or more injuries.

To assess psychological violence in the past 6 months, we used a subset of three items from the Psychological Maltreatment of Women Inventory (Tolman, 1999). These items were designed by Tolman to understand maltreatment of women by their partners. Women were asked with reference to each of three types of sexual partners (i.e., primary, casual, need based) if they were treated as stupid or inferior, made to report where they have been and what they have been doing, and were sworn at or called names. We derived dichotomous variables to represent any act of psychological violence by partners and all three acts of psychological violence by partners.

We assessed background characteristics to describe the sample: age; ethnicity; educational level; whether they had primary, casual, or need-based partners; whether they had children living with them; the number of months spent homeless during their lifetime (Koegel & Burnam, 1999); and whether they had experienced physical, sexual, or psychological abuse before the age of 18. Childhood abuse items were developed based on a synthesis of the adult violence questions and previous literature on this topic (Koegel & Burnam, 1991).

We asked respondents one question (yes or no) each about any sexual, physical, and psychological abuse they experienced from a parent or other adult during childhood (i.e., ever touch your private parts in a sexual way, make you do something sexual to them, or make you have sex with them; ever call you names or swear at you, or make you feel stupid or worthless; ever do something else to you, such as hit you, kick you, beat you up, choke you, burn you, use a knife or gun on you, or something like that).

Data Analysis

The use of disproportionate sampling techniques and differential response rates required the use of design and nonresponse weights to represent the target population from the sample of respondents. Women were oversampled from small sites and undersampled from large sites; thus, women were sampled with different probabilities. Nonresponse, though minimal, also resulted in differential probabilities of inclusion in the sample. The design and nonresponse weights were generated as the inverse probability of being selected multiplied by the probability of completing the survey, given selection. All analyses incorporate these weights and account for the modest design effect that they induce, using the linearization method (Skinner, 1989). There is a small amount of missing data for some variables (that is, some variables were missing from one to five cases). For these cases, we imputed the median value for continuous and ordinal variables and the modal value for unordered variables. The chi-square test was used in comparisons of sheltered and low-income housed women on categorical variables. The Fisher's exact test was used when the number of cases in any cell was equal to or less than 5. The Mann-Whitney-Wilcoxon two-sample test was used for continuous variables given skewed distributions of those variables.

Results

The sample was predominantly African American (sheltered: 52%; housed: 69%) or Hispanic, or Latina (sheltered: 18%; housed: 25%). The majority of women had completed high school (sheltered: 67%; housed: 80%), and about half were age 35 or younger (sheltered: 44%; housed: 61%). Median monthly income was \$480 for sheltered women and \$811 for housed women. Most women reported having a primary, casual, or need-based partner in the past 6 months (sheltered: 57%, 25%, 12%, respectively; housed: 75%, 12%, 2%, respectively). Many women reported experiencing physical,

sexual, or psychological abuse prior to age 18 (sheltered: 46%, 41%, 56%, respectively; housed: 20%, 21%, 30%, respectively). Lifetime length of homelessness was 16 months for sheltered women and fewer than 2 months for housed women. A more detailed description of the study sample is provided elsewhere (Wenzel, Tucker, Elliott, Hambarsoomian, et al., 2004).

Table 1 depicts the past 6-month prevalence of different types of violence by different perpetrators. Almost one quarter (23.3%) of sheltered women experienced physical violence by any perpetrator type; 10.4% experienced physical violence by a primary sexual partner. Victimization of sheltered women by family, friends, acquaintances, and strangers was experienced just as commonly as that by a primary sex partner. Smaller percentages of sheltered women also experienced violence from casual and need-based partners. Much of the physical violence perpetrated against sheltered women was major (18.5%). Rates of physical violence against housed women were significantly lower overall than for sheltered women; 9.1% of housed women experienced any physical violence and 5.3% experienced major physical violence. As is true for the sheltered women, housed women reported higher rates of violence from primary partners than from other sexual partners. Rates of sexual violence, including rape, were also generally higher among sheltered (4.4%) than among housed (0.4%) women. Among sheltered women, the prevalence of sexual violence committed by a primary partner (1.3%) was just as high as that by a stranger (1.7%). The sexual violence perpetrated against sheltered and housed women was most commonly rape. Sheltered and housed women reported similar rates of any psychological violence from a sexual partner (28.4% and 32.9%, respectively), and the majority of this violence was perpetrated by primary partners. Sheltered women were more likely than housed women to report experiencing all three acts of psychological violence about which we asked them (12.3% vs. 2.5%, respectively).

Co-occurrence of physical, sexual, and psychological violence within the past 6 months and comparisons between sheltered and housed women is presented in Table 2. The subsample for these analyses includes women who had at least one sexual partner during the past 6 months. The percentages of women experiencing two kinds or all three kinds of violence were low overall; however, the co-occurrence of two or more acts of violence was significant with the exception that sexual violence among housed women was not associated with psychological violence. The co-occurrence of any two or all three kinds of violence was significantly more common among the sheltered women. For example, almost 18% of sheltered women had experienced physical and psychological violence during the past 6 months, compared to 5% of housed women.

Table 1
Prevalence of Physical, Sexual, and Psychological
Violence Against Impoverished Women by
Perpetrator Type in the Past 6 Months

Prevalence Variable	% of Sheltered Sample ^a (<i>n</i> = 460)	% of Low-Income Housed Sample ^a (<i>n</i> = 438)	% of Total Sample ^a (<i>N</i> = 898)	<i>p</i>
Any physical violence in the past 6 months				
By any perpetrator	23.3	9.1	15.2	< .001
By any sexual partner	13.7	4.2	8.3	< .001
Primary partner	10.4	3.8	6.6	< .001
Casual partner	3.4	0.5	1.8	.001
Need-based partner	2.6	0.0	1.1	< .001
Family, friend, or acquaintance	11.0	3.0	7.0	< .001
Stranger	10.1	2.4	5.7	< .001
Any major physical violence in the past 6 months				
By any perpetrator	18.5	5.3	10.9	< .001
Any sexual violence in the past 6 months				
By any perpetrator	4.4	0.4	2.1	< .001
By any sexual partner	3.2	0.2	1.5	< .001
Primary partner	1.3	0.2	0.7	.05
Casual partner	0.8	0.2	0.5	<i>ns</i>
Need-based partner	1.4	0.0	0.6	.008
Family, friend, or acquaintance	0.7	0.0	0.3	<i>ns</i> [†]
Stranger	1.7	0.1	0.8	.009
Any rape in the past 6 months				
By any perpetrator	3.9	0.4	1.9	< .001
Any psychological violence in the past 6 months ^b				
By any sexual partner	32.9	28.5	30.4	<i>ns</i>
Primary partner	26.3	27.9	27.2	<i>ns</i>
Casual partner	8.7	3.4	5.7	< .001
Need-based partner	4.8	0.0	2.0	< .001
Experienced all 3 acts of psychological violence in the past 6 months by any sexual partner	12.3	2.5	6.7	< .001

a. Denominators for all percentages are sheltered, housed, and total samples.

b. Psychological violence was asked only with respect to partners.

[†]*p* < .10.

Table 2
Co-Occurrence of Past 6-Month Physical, Sexual, and Psychological Violence Against Impoverished Women^a

Any Physical	Any Sexual	Any Psychological	Sheltered ^a (n = 318)		Housed ^a (n = 334)		% Total (n = 652)
			%	Phi	%	Phi	
X	X		3.8	.34*	0.2	.30*	1.7
X		X	17.7	.40*	5.1	.28*	10.1
	X	X	4.4	.20*	0.3	.07	1.9
X	X	X	3.8		0.3		1.7

Note: X indicates the occurrence of violence. Psychological violence items pertained only to sexual partners; thus, all percentages were calculated for women who had at least one sexual partner during the past 6 months.

a. All chi-square tests comparing sheltered and low-income housed women are significant at $p < .01$.

*Phi coefficients significant at $p < .01$.

Regarding severity of violence, operationalized as the frequency of occurrence and how serious the acts are (Gordon, 2000), results are depicted in Table 3 for women who experienced at least one act of violence during the past 6 months. Sheltered women experienced significantly more acts of any physical violence (median = 9) and major physical violence (median = 4) than housed women did (median = 3 and 2, respectively). Sheltered and housed women experienced the same number of sexual assaults on average (median = 2). The majority of all women perceived physical acts perpetrated against them as abuse or assault, although this was true for significantly fewer housed (67.6%) than sheltered women (83.2%). All the women viewed sexual violence as abuse or assault, and 62.7% of sheltered as opposed to 29.8% of housed women considered psychological acts to be abuse or assault. Approximately 75% of women were injured as a result of physical or sexual violence, and more than 36% of all women experienced at least three injuries. The two most commonly reported injuries were scratches, abrasions, or cuts (63%), and pain that lasted into the next day (60%; not depicted). There was not a significant difference between sheltered and housed women in the number of injuries. Most of the physical violence experienced by the women in this study was major physical violence, and most of the sexual violence was rape (Table 1).

Table 3
Severity of Physical and Sexual Violence Against
Impoverished Women in the Past 6 Months

Acts of Violence and Injuries	Sheltered Sample	Low-Income Housed Sample	Total Sample	<i>p</i>
Median number of acts by any perpetrator ^a				
Physical violence	9	3	5	< .001
Major physical violence	4	2	3	.008
Sexual violence	2	2	2	<i>ns</i>
Rape	2	2	2	<i>ns</i>
Perceived any acts by any perpetrator as abuse or assault (%) ^b				
Physical	83.6	67.6	65.9	.03
Sexual	100	100	100	
Psychological	62.7	29.8	46.5	< .001
Physical injuries from physical or sexual violence (%)				<i>ns</i> [†]
0	20.8	35.8	25.9	
1 or 2	35.9	39.7	37.2	
3 or more	43.3	24.5	36.9	

Note: Information on the median number of acts of psychological violence was not obtained.

a. The medians are reported due to skewness of distributions; the Mann-Whitney-Wilcoxon two-sample test showed differences between continuous variables.

b. Denominators for the percentages are numbers of sheltered, housed, or total sample that experienced the type of violence under consideration (i.e., physical, major physical, sexual, psychological, physical or sexual).

[†]*p* < .10.

Discussion

The results demonstrate a notable degree of recent violence against impoverished, primarily ethnic minority women living in one of the largest urban areas in the United States. The past 6-month prevalence of physical violence from a sexual partner (13.7%) that was reported by sheltered women exceeds the past 12-month prevalence for physical assault or rape (2.1%) estimated from the National Violence Against Women Survey (Tjaden & Thoennes, 1998). The past 6-month rates of physical and sexual violence among women living in Section 8 housing were consistently lower than

among sheltered women; however, the 6-month rate of housed women's physical violence by a sexual partner (4.2%) also exceeds the annual estimate from the survey. In one of the few attempts to document the prevalence of psychological battering among women, the past 12-month rate of battering (e.g., feeling owned and controlled, scared, unsafe) in a current or recent sexual relationship was 13% (Smith et al., 2002). That estimate, obtained through a mail survey of female registered voters in North Carolina, is comparable to the 12% of sheltered women in the current study who, for a shorter (6-month) time frame, reported that they were treated by a partner as stupid or inferior, made to report on their whereabouts and activities, and were sworn at or called names. That 6-month estimates of violence in this study are generally higher than those obtained for a 12-month period among relatively more advantaged women indicates an urgent level of need for prevention and intervention efforts for the women in our study population, particularly for women in shelters. These findings are particularly important in light of the predominant ethnic minority composition of our study sample and recent calls to develop and evaluate violence prevention and intervention approaches that are appropriate for women of color (Lee et al., 2002).

Primary sexual partners, family, friends, acquaintances, and strangers were about equally likely to be perpetrators of any physical violence or major physical violence against sheltered women. Violence from sexual partners was most commonly experienced, as is consistent with previous research (Krug et al., 2002). However, our findings also show a notable threat of violence from other sources, and particularly for sheltered women, suggesting that violence against indigent women is a public health problem requiring broad-based interventions that address conflict in a variety of different interpersonal relationships. Approaches that focus only on the role of the partner may be insufficient in protecting these women from danger. That 10% of sheltered women were victimized by strangers additionally raises questions about the safety of temporary shelter settings and other characteristics of the physical environments that such women frequent (Whitbeck & Simons, 1993). In light of the lower rate of violence from strangers among housed women, the finding also suggests that safe, stable housing is important as a protection against violence, a notion that is consistent with findings from the criminal victimization (Miethe & Meier, 1990) and homelessness literature (Whitbeck & Simons, 1993). That housing might be a protective factor against violence is also supported by the significant differences we observed between sheltered and housed women in this study, where housed women experienced lower rates of violence during the previous 6 months than sheltered women. Prevention of further violence, therefore, may be

aided through enhancing structural characteristics of women's lives, including housing and financial security through well-paying jobs that would free them from dangerous subsistence activities such as prostitution.

The co-occurrence of different kinds of violence within the 6-month time frame was low overall, and particularly for housed women. In a survey study of physical, sexual, and psychological violence among higher income women (Smith et al., 2002), there was a low level of association among the different kinds of violence and evidence for conceptual and empirical distinctions. Although our questions about psychological violence were restricted to partners only and thus might have contributed to the low rates of co-occurrence in this study, our findings support that violence against women is multifaceted and cannot be adequately captured by a single measurement tool that focuses only on physical abuse (Smith et al., 2002).

Coupled with the knowledge that the risk of experiencing violence of all types is somewhat higher, and in some cases notably higher, among impoverished women, these findings suggest the need for continuing efforts to screen for each of these violence types carefully and separately. Providers across multiple care settings must recognize and understand the variability in traumatic experiences to best know how to respond and help women (Collins et al., 2002). Research has suggested that different kinds of intimate partner violence require different kinds of services (Lee et al., 2002). More screening across multiple service settings, screening that encompasses the variations in violence, and services to address the variability of violence in terms of types and perpetrators may be necessary to address this public health problem. Screening to identify women in violent relationships, with referral to appropriate community resources, has been recommended for providers in health care settings, such as physicians (Rhodes & Levinson, 2003; Warshaw, Ganley, & Salber, 1996). Brief screening for violent experiences might be appropriate to institute in homeless and other shelters, given trained staff and the ability to make appropriate referrals to services in the community when in-house services are not available. Although a recent report concluded that evaluation data to support the effectiveness of screening for violence in decreasing disability and death are lacking (Nelson, Nygren, McNerney, & Klein, 2004), evidence indicates that screening for intimate partner violence may have other benefits for women, including learning that violence is a problem and being offered the opportunity to be connected to potentially beneficial services (Chang et al., 2003; Krasnoff & Moscati, 2002; Rodriguez, et al., 1996).

An argument for enhanced prevention and intervention activities for impoverished women is reinforced by our findings on the severity of violence, in terms of both how frequent and serious the acts are (Gordon, 2000). There

are no data from other studies against which to compare our findings on how many times acts of violence occurred to women during the past 6 months; however, it is important to note that physically and sexually violent experiences occurred more than once during that brief time period—these were not unique, isolated incidents. The detrimental effects of violence against women can extend to functioning in the roles of employee, student, friend, and caretaker, and to other persons in women's social networks (Riger et al., 2002). The effects of violence can thus be broad and profound, including preventing financial independence by interfering with women's ability to gain or maintain employment and negatively affecting the psychological health of the women's children (Kernic et al., 2003; Riger et al., 2002; Zink & Sill, 2004). Regarding enhanced prevention and treatment services for violence, these would ideally be sensitive to and would address a broad set of needs including support for safe and stable housing, flexibility in treatment scheduling to accommodate women's child care needs and possibly long working hours, and similar day-to-day needs (Wenzel et al., 2004; Wyatt, 1992).

Women's unanimous perception of unwanted sexual acts and rape as violence is consistent with the current and widely accepted legal and societal definition of these activities. That no fewer than two thirds of women perceived physical acts as violence complements the quantitative findings on both frequency and physical injuries, together suggesting that much of the physical violence experienced by women is not only more common than in the general population (as based on prevalence estimates) but is also severe. Conversely, that one third or more of women did not view physical acts as violent acts may indicate a need to educate women so that they can better recognize that such behaviors directed against them are inappropriate and harmful. Helping women to appropriately identify batterers' behavior as abusive may facilitate more effective responses by women, such as taking steps to leave the relationship (Dutton, 1992). Education regarding psychological violence also appears appropriate, given that almost half of the women did not view name calling or similar behaviors as abusive. This is especially noteworthy given that the harm resulting from psychological abuse may exceed that from physical abuse (Sackett & Saunders, 1999). It is unclear why sheltered women were more likely than housed women to perceive their physical and psychological events as violent. It is possible that this reflects sheltered women's greater frequency or severity of violence. Alternatively, perhaps women residing in shelters were exposed to services that facilitated their recognition and understanding of violence. Further research to understand and address women's perceptions of and responses to violence, especially intimate partner violence, must also take into account

sociocultural norms and contexts that are specific to different ethnicities (Lee et al., 2002; Wyatt, 1992).

In summary, this study has provided an important contribution to the literature on violence against women, particularly for economically impoverished women who are predominantly women of color. In response to our research questions, we have established that (a) the recent (6-month) prevalence of physical, sexual, and psychological violence against impoverished women is notable and generally exceeds annual estimates for community samples in the general population; (b) women experience violence from other perpetrators in addition to partners; (c) the three types of violence may be distinct; (d) the severity of violence appears marked overall in terms of frequency, injuries, and women's perceptions; and (e) prevalence, diversity of perpetrators, and severity appear more pronounced overall for sheltered than housed women. These findings call for more comprehensive prevention and intervention efforts to enhance the safety of impoverished women, particularly those who are women of color.

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