Experiencing Interpersonal Violence: Perspectives of Sexually Active, Substance-Using Women Living in Shelters and Low-Income Housing

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Perspectives of Sexually Active, Substance-Using Women Living in Shelters and Low-Income Housing

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As part of a larger study, the authors investigated experiences of recent violence among sexually active, substance-using women. Structured interviews were conducted with 172 women living in shelters and low-income housing, 41 of whom also completed an in-depth interview on their worst violent episode. Structured interviews indicated that rape and self-blame were more common among sheltered women. In-depth interviews suggested that sheltered women were vulnerable to instrumental aggression from a range of perpetrators, whereas housed women tended to experience hostile partner aggression. Intoxication during the violent episodes was more common among sheltered women. Implications for violence prevention and treatment services are discussed.

Keywords: *impoverished women; substance use; violence*

Interpersonal violence is a significant health threat facing impoverished women (Bassuk et al., 1996; Browne & Bassuk, 1997; Goodman, Dutton, & Harris, 1995). Prevalence rates of lifetime physical abuse by a male partner in welfare samples, for example, range from 28% to 63% (Tolman & Rosen, 2001). Women living in shelters or seeking shelter tend to have greater histories of violence compared to more stably housed poor women (Bassuk &

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Rosenberg, 1988; Ingram, Corning, & Schmidt, 1996; Shinn, Knickman, & Weitzman, 1991; Wood, Valdez, Hayashi, & Shen, 1990), although even the latter group appears to be at higher risk compared to more economically advantaged women (Wenzel, Tucker, Hambarsoomian, & Elliott, in press).

Equally important to understanding prevalence rates is the need to examine women's experiences of violence and how they may differ across subgroups of impoverished women because this has implications for targeting prevention and treatment programs to these subgroups. The violent experiences of homeless women may be more likely to involve substance use, sexual assault while trading sex, theft of drugs or money, and other forms of opportunistic violence (e.g., Bassuk, Buckner, Perloff, & Bassuk, 1998; Smereck & Hockman, 1998; Wechsberg et al., 2003). Although most violence against women is perpetrated by intimates (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002), homeless women may be more susceptible than housed women to violence from strangers and casual acquaintances.

Understanding how impoverished women think about violence against women in general, as well as interpret their own experiences of violence, is also important in that it can influence how they respond to victimization, including their degree of psychological distress (Weaver & Clum, 1995), intentions to leave abusive relationships (Pape & Arias, 2000), and help-seeking behavior (Rodriguez, Quiroga, & Bauer, 1996). For example, self-blame has been identified as an important predictor of psychological distress after victimization (Frazier, 1990; O'Neill & Kerig, 2000). Self-blame may occur if women believe that their actions, such as substance use or staying with an abusive partner, contributed in some way to their victimization. Rape victims with a history of childhood sexual abuse are more likely than those without an abuse history to blame themselves after the rape (Arata, 1999), highlighting the impact of prior abuse on how women view new episodes of victimization. To the extent that homeless women have greater exposure to violence, both as victims of violence and as witnesses to violence against others, they may be more likely than poor housed women to normalize violent episodes and not necessarily view them as abusive or assaultive. Furthermore, the realities of living in high-risk environments, prior experiences of

victimization, and having few people to turn to for support or assistance (Letiecq, Anderson, & Koblinsky, 1998; Nyamathi, Bennett, Leake, & Chen, 1995; Wood et al., 1990) may contribute to homeless women's heightened feelings of vulnerability to violence and inability to protect themselves from future violence compared to housed women. In sum, there is reason to believe that homeless and housed women will have distinct perspectives on their own experiences of violence as well as what constitutes violence against women in general, although we are not aware of previous studies that have examined these issues in detail.

The present study is part of a larger project examining violence, substance use, and HIV risk in a probability sample of women living in temporary shelters and low-income housing in Los Angeles County. We extend our previous work comparing the prevalence of violence among sheltered women to that of housed women (Wenzel et al., 2004; Wenzel et al., in press) by examining how women's experiences and perceptions of violence differ across these two groups. Focusing on sexually active, substance-using women who had recently experienced violence, we were interested in obtaining a detailed understanding of the context of violence in these women's lives as well as how they thought about their own violent experiences (e.g., the role of substance use, attributions of blame, its impact on their lives) and violence against women in general. We employed both quantitative and qualitative methods in this exploratory study to provide a more comprehensive examination of these complex issues.

METHOD

PARTICIPANTS

A probability sample of 898 impoverished women was recruited from the central region of Los Angeles County for a study examining their experiences of drug use, violence, and HIV risk. Women were eligible for the study if they were 18 to 55 years old, spoke and understood English as their primary language, and did not have significant cognitive impairment. Women we refer to as *sheltered* were sampled from a diverse array of tempo-

rary shelter settings in Los Angeles County that serve a majority homeless clientele. Women we refer to as *low-income housed* were sampled from Section 8 private, project-based, U.S. Department of Housing and Urban Development–subsidized apartments. The response rate was 86% for sheltered women and 76% for housed women. A full description of the sampling design is provided elsewhere (Elliott, Golinelli, Hambarsoomian, Perlman, & Wenzel, in press). Our present analyses used structured interview data from 172 of these women who met the following criteria: at least one sexual partner, any substance use, and at least one episode of violence in the past 12 months.

PROCEDURES

Individual, computer-assisted, face-to-face structured interviews were conducted by trained female interviewers with the full sample of 898 women. To gain a more detailed understanding of women's experiences and perceptions of violence, we conducted an additional set of face-to-face, in-depth interviews with women who indicated in the structured interview that in the past 6 months, they (a) had at least one sexual partner, (b) engaged in any alcohol or drug use, and (c) experienced at least one episode of physical or sexual violence. We planned to terminate recruitment when we reached our target of 20 interviews each with sheltered and housed women, with the qualification that women in sites where structured interview recruiting was still in progress would remain eligible for the in-depth interview until all structured interviews at that site were complete and sampling for the site was closed. In-depth interviews were obtained from 21 of the 27 eligible sheltered women and 20 of the 27 eligible housed women. Interviews could not be completed with 10 women (6 sheltered, 4 housed) by the end of the field period, and 3 other women (all housed) refused to participate.

To better compare results from the in-depth and structured interviews, we restricted the structured interview sample for this article to the 172 women (128 sheltered, 44 housed) who met the same three criteria (at least one sexual partner, any substance use, and at least one episode of violence) for the past 12 months. Characteristics of these subsamples are shown in Table 1.

TABLE 1
Characteristics of the Structured Interview (n = 172) and In-Depth Interview (n = 41) Samples

	Structured Interview Sample		*In-Depth Interview Sample*	
Variable	*Sheltered (%)*	*Housed (%)*	*Sheltered (%)*	*Housed (%)*
African American	47	68	52	85
Hispanic	23	27	19	10
White or Other	30	5	29	5
Age				
18 to 35	56	82	53	80
36 to 55	44	18	47	20
Living with a spouse or partner	11	30	5	15
Had primary partner(s) (12 mo)	84	91	90	90
Had casual partner(s) (12 mo)	60	41	66	40
Had need-based partner(s) (12 mo)	38	7	48	10
Had multiple partners (6 mo)	64	43	71	50
Living with minor child(ren)	35	77	43	90
High school graduate	55	77	43	75
Employed part-time or full-time	38	75	29	85
Any drug use (12 mo)	78	32	86	40
Any binge drinking[a] (12 mo)	56	41	52	35

a. Defined as four or more drinks on one occasion.

STRUCTURED INTERVIEW: MEASURES AND ANALYTIC METHOD

Measures. Violence was operationalized as physical or sexual and was assessed with a series of behavior-based questions designed to elicit disclosure based on items from the Conflict Tactics Scale (Straus, Hamby, Boney-McCoy, & Sugarman, 1996), the National Women's Study (Kilpatrick, Edmunds, & Seymour, 1992) and our previous work (Wenzel, Leake, & Gelberg, 2000). Questions on physical violence included whether anyone had done any of 13 things to them during the past 12 months. Eight items were considered to be indicative of major violence: punch or hit you with something that could hurt; choke you; burn or scald you on purpose; beat you up; kick you; bite or scratch you; use a knife or gun on you, including as a threat; and slam you against a wall. Five items assessing less severe types of violence included throw something at you that could hurt, twist your arm

or hair in a hurtful way, push or shove you in hurtful way, grab you, and slap you. Items for sexual violence included whether they had been forced to engage in vaginal intercourse, anal intercourse, oral sex, or other undesired sexual acts during the past 12 months. The first three types of sexual acts were considered to be rape. Note that the terms *violence*, *abuse*, and *assault* were not used during the interviews in referring to these experiences because of their potential biasing effect on how women would respond to our questions. Rather, we referred to these experiences as "physical and sexual events."

Separate items asked women the extent to which the physical or sexual events caused them to initiate or increase their use of alcohol or drugs or to leave where they were staying. Women completed two items from the Appraisal of Violent Situations Questionnaire (Dutton, Burghardt, Perrin, Chrestman, & Halle, 1994) asking how much they believed that they could keep these kinds of things from happening again and how much they were able to protect their personal safety. They also completed one item each from the Appraisal of Violent Situations Questionnaire and the SAFE survey (Neufeld, 1996) asking how much they believed that in the near future these kinds of things would happen again and how much they believed that in the near future, they were at risk of serious harm because of something that someone might do to them. Attributions for violence were assessed by asking women to rate how much they believed that, these events happened to them because of (a) fate, chance, God's will; (b) their environment; (c) something about them as a person or their actions; and (d) something about the other person or their actions (1 = *not at all* to 5 = *extremely*).

Analytic methods. There is a small amount of missing data for some variables from the structured interviews (generally 0.1% to 0.5%). We imputed the median value for continuous and ordinal variables and imputed the modal value for unordered variables. We compared sheltered and housed women on the occurrence of major violence and rape using Fisher's exact test. These groups were compared on the measures in Table 2 using *t* tests.

TABLE 2
Responses to and Attributions for Violence in Structured Interview Sample (*n* = 172)

	Sheltered		*Housed*		
Variable	M	SD	M	SD	p <
Responses to violence					
Caused you to increase use of alcohol or drugs	2.9	1.7	1.5	1.2	.01
Caused you to leave where you were staying	3.1	1.7	1.6	1.3	.01
You can keep these things from happening again	3.8	1.3	3.7	1.3	*ns*
You are able to protect your personal safety	3.9	0.9	4.3	0.9	.05
Violence will happen again in the near future	1.6	1.0	1.7	1.1	*ns*
At risk for serious harm in the near future	1.8	1.3	1.6	1.1	*ns*
Attributions for violence					
Something about perpetrator or his or her actions	4.0	1.1	3.8	1.2	*ns*
Something about respondent or her actions	3.0	1.4	2.3	1.4	.01
Respondent's environment	2.9	1.6	1.9	1.4	.01
Fate, chance, or God's will	2.3	1.5	2.0	1.4	*ns*

NOTE: Scale: 1 = *not at all* to 5 = *extremely*.

IN-DEPTH, SEMISTRUCTURED INTERVIEWS: CONTENT AND ANALYTIC METHOD

Content. The in-depth, semistructured interview was designed to elicit more detailed information on several topics covered in the first (structured) interview. We used both open- and closed-ended questions, which is an ideal mix for situations in which there is only one chance to speak with a respondent (Bernard, 2001). Interviews were based on a detailed protocol to ensure that key questions were addressed and to permit comparisons across individuals and groups. We followed well-established procedures for conducting semistructured interviews (Bernard, 2001; Kvale, 1996). Within each topic area, open-ended questions typically were asked before closed-ended questions so as not to bias a respondent's answers (Becker, 1958; Bernard, 2001; Spradley, 1979). Standard probes, such as verification, were used (Crabtree & Miller, 1992). All interviews were conducted by trained female interviewers who had experience working with this population. To preserve the richness and detail of the interviews, interviews were tape-recorded and transcribed verbatim. A subset of interviews was reviewed for quality assurance purposes.

The topics covered during the in-depth interview included asking each woman to describe her worst episode of physical or sexual violence in the past 6 months, attributions of blame for the violent episode, the emotional and physical consequences of the violence, and the possible connections between experiences of violence and substance use. To gain a better understanding of how these women thought about and defined violence, we read the list of 13 physical events and asked respondents whether they considered the event to always, sometimes, or never be abuse or assault. This was followed by a question asking how, in general, women decided whether a physical event was abuse and assault. We set up this line of questioning by explaining that people have different understandings of what counts as abuse or assault.

Analytic methods. Responses to relevant sections of the interview were read by two analysts to identify general themes related to (a) the nature of the violent episode, (b) attributions for the violence, and (c) definitions of violence. Themes are abstract constructs that investigators identify before, during, and after data collection. They come from literature reviews, investigators' a priori understanding, and from the interview responses themselves. To extract themes from the interview responses, the analysts used an iterative process to read through a sample of transcripts and look for metaphors, repetitions across informants, and shifts in content that may indicate relevant categories of ideas (Ryan & Bernard, 2003). After this exploratory phase, team members came to a consensus about which general themes should be examined in detail and then returned to the interview responses to mark instances where each theme occurred in our data. To increase confidence that all instances of a theme had been identified, two analysts independently categorized participants' responses according to these themes and resolved any discrepancies in their classifications through discussion (Ryan, 1999). Throughout the Results section, we report the percentages of sheltered and housed women who provided a response that fit a particular theme during the in-depth interviews. It is important to keep in mind that even large percentages reflect a small number of cases in that they are based on the responses of 42 women.

RESULTS

NATURE OF THE VIOLENT EPISODES

Structured interviews with the larger sample of 172 women who had experienced violence in the past year indicated that sheltered women were significantly more likely than housed women to have experienced rape in the past year (21% vs. 5%, respectively; $p < .01$) but not major physical violence (76% vs. 64%, respectively). The stories told by the 41 women during the in-depth interviews provide a more detailed understanding of such violent episodes. As other studies have done (e.g., Testa, Quigley, & Leonard, 2003), we asked women during the in-depth interviews to describe the worst physical or sexual event that they had experienced during the past 6 months. These events tended to involve a partner or former partner (housed: 75%; sheltered: 62%), although some events involved a stranger (housed: 5%; sheltered: 24%), relative (housed and sheltered: 10%), or friend or acquaintance (housed: 10%; sheltered: 5%). These worst events most often occurred where the women were living for housed respondents (housed: 75%; sheltered: 38%) and in public places for sheltered respondents (housed: 20%; sheltered: 48%). Injuries were sustained by two thirds of the women (housed: 55%; sheltered: 71%), with 7% of the injuries described as very severe or life threatening. All of the women who reported very severe or life-threatening injuries were from the sheltered group.

In characterizing the violent episodes, the dominant theme to emerge from the women's stories was the involvement of substance use. Alcohol, crack or cocaine, and marijuana were the most commonly reported substances. Among the 41 women interviewed, one third said that both she and the perpetrator were engaged in substance use, with most cases involving sheltered women (housed: 15%; sheltered: 52%); an additional 29% of cases involved drinking and drug use by one of the parties (housed: 40%; sheltered: 19%). Of sheltered women, 19% (10% of all of the women) reported violent episodes that stemmed directly from their drug-selling activities or sex-trade activities that paid for their drug addiction; each of these women reported being high at the time of the violent episode. Of all of the women who reported that the violent episode involved substance use, 87%

of sheltered women and 36% of housed women believed that the substance use contributed to the occurrence of violence. We will later explore the role of substance use in the attributions women made for their experiences of violence.

The distinction between instrumental and hostile aggression emerged as another important theme in characterizing the worst episodes of violence reported by the women. Instrumental aggression consists of actions that are intended to hurt others, but the aggression is used as a means to an end rather than an end in itself (e.g., mugging). In contrast, hostile aggression is accompanied by strong emotions of anger or rage, and the intention is simply to injure the target of the aggression without any other goal for the aggressive behavior. Rape was categorized separately from instrumental and hostile aggression.

Among the 41 women, instrumental aggression and rape were reported more often by sheltered women (24% and 24%, respectively) than by housed women (5% and 10%, respectively), and the experiences of these subgroups of women were quite different. The stories of sheltered women reflected their higher-risk life situations and greater vulnerability to victimization. As a group, their worst events involved a wide range of perpetrators including partners and former partners, acquaintances, strangers, potential sex-trade customers, and relatives (although, as mentioned earlier, 62% of sheltered women reported an event involving a partner or former partner). Of these women, 42% were prostituting or selling drugs at the time of the worst assault, and two thirds had been using drugs or alcohol. One sheltered woman described what happened when she disobeyed her boyfriend:

> It was drug related. . . . My boyfriend wanted me to go and cop [get cocaine]. I refused to. I told him I did not feel like smoking that day, I was hungry. He did not feed me. We had money for food but he wanted to use it for crack. And when I didn't, he commenced pushing me down on the floor and just kicked me and kicked me until I stopped moving.

Another sheltered woman who was selling drugs at the time recalled:

> He wanted more than what I gave him, and I wasn't going to give him no more cause he already owed me on credit for a couple of

> other times. I got him well and that was about it. But he wasn't happy with that, so he got real mad and just started beating me up and then he pulled the gun.

In contrast, the relatively few housed women who reported instrumental aggression or rape were assaulted at their home by a partner, former partner, or a roommate's partner. None of these housed women reported using alcohol or drugs at the time of the assault.

It was more common for housed than sheltered women to describe their worst episode of violence as involving hostile aggression (85% vs. 52%). Most of these cases involved verbal disputes with intimates that escalated into physical violence. For example, one housed woman described an event this way: "He called me a bitch. I threw a pillow at him. He grabbed me and choked me. Just grabbed me and held me down."

A second type of hostile aggression involved seemingly unprovoked attacks, usually from a partner: "I was at home ironing the kids' clothes. He just came in, grabbed me, and threw me against the wall. I put the hot iron in his face to get him off. He threw me on the bed and started punching me."

In a recurring subtheme, one fifth of both sheltered and housed women who reported hostile aggression indicated that they were fighting with their partner over issues of sexual jealousy or possessiveness at the time of the violence. Substance use was involved in all but one of these jealousy and possessiveness episodes.

RESPONSES TO VIOLENCE

In the structured interviews, sheltered women were more likely than housed women to say that their experiences of violence had caused them to increase their use of alcohol and drugs or to leave where they were staying. In general, both sheltered and housed women tended to believe that they could keep these kinds of things from happening again and were able to protect themselves from violence quite a bit. Furthermore, as a group they felt only a little bit susceptible to violence in the near future. The only difference between the sheltered and housed women was that the former group reported less ability to protect their personal safety (Table 2).

A more complicated picture emerged when we addressed these issues during the in-depth interviews. Consistent with responses to the structured interview, when we asked the 41 women whether they saw any connection between their substance use and experience of violence, many of them (housed: 25%; sheltered: 43%) reported an increase in their substance use as a result of the violence. However, 19% of the sheltered women reported that their experiences of violence encouraged them to decrease their substance use:

> It turned me completely off to it.
>
> It made me think and slow down and get into a program.
>
> I decided to stop. It was becoming humiliating, degrading. Both my relationship and the sex for drugs that I was doing.

In terms of the emotional impact of violence, in-depth interview responses revealed that most of the 41 women (85%) found their worst episode of violence to be extremely upsetting. Many of these women reported that they were bothered by the event almost always or half the time during the past 30 days in the following ways: upsetting thoughts or images about the event (41%), feeling irritable or having fits of anger because of the event (37%), being jumpy or easily startled because of the event (37%), experiencing physical reactions such as breaking out in a sweat or heart beating fast when reminded of the event (22%), and reliving the event, acting or feeling as if it were happening again (20%). Thus, despite the fact that these women, on average, said that they felt only a little susceptible to future violence and quite able to protect themselves, almost all of them reported significant emotional distress at the time of their worst violent episode, and many were continuing to deal with the emotional consequences of the events.

ATTRIBUTIONS FOR VIOLENCE

On average, during the structured interview, both sheltered and housed women indicated that the other person involved in their violent episode(s) was quite a bit responsible for the violence happening. To a lesser degree, they also put blame for the violence on themselves and the environment in which they lived. This was

particularly the case for sheltered women, who rated their living circumstances as being significantly more responsible than did housed women. Both groups of women indicated that fate, chance, or God's will was only a little bit responsible for the violence that they had experienced (see Table 2).

Results from the 41 in-depth interviews revealed striking differences between sheltered and housed women. When we asked women, "Who or what do you think was to blame for this event happening," housed women were much more likely to provide answers that put the blame solely on the perpetrator (65%) than on themselves (0%) or on both of them (20%; percentages do not sum to 100% because some women blamed other factors). In contrast, sheltered women were more likely to put the blame solely on themselves (57%) than on the perpetrator (19%) or both of them (14%). Blaming oneself for being or staying in situations that became violent was a theme that emerged from their responses, particularly among the sheltered women. One sheltered woman explained why she blamed herself after being raped by a casual partner: "Because that's not the first time I've been raped, and sometimes I put myself in situations that I could have avoided." In blaming themselves for the violence, several women referred to their substance use; in fact, drug or alcohol use was mentioned by 60% of sheltered women in explaining who or what was to blame for the violence. Here are two examples of sheltered women blaming themselves, but also alluding to the larger role that drugs played in their violent experiences:

> The reason I was to blame was because I have been through this more than once. And I know that jumping into a car with a stranger, you don't know what they are going to do to you. Before, I didn't know wrong from right but the crack had me going. I wanted another hit, and there it was. He was the next victim to pull up with some money.

A second woman put it this way: "I blame myself. You know why I blame myself? Because if I would'a just gone and got the drugs for him, I wouldn't have been abused."

In contrast, none of the housed women mentioned their own substance use as a reason for why they were to blame for the violence.

DEFINITIONS OF VIOLENCE

To better understand women's definitions of violence, we read the list of 13 physical events (see Measures section) and asked the women whether they considered the event to always, sometimes, or never be abuse or assault. Among the 41 women, 30% of both sheltered and housed women sometimes did not consider acts of what we defined as major physical violence to be abuse or assault. Less severe acts of violence were sometimes not considered to be abuse or assault by 48% of sheltered and 35% of housed women. We then asked women to tell us, in general, how they decide when a physical event is assault and abuse. Almost all responses fit into at least one of the following three themes. The first theme had to do with the perpetrator's intentions, with the intention to harm being a defining feature in most of these responses:

> If something happens accidentally, that's not abuse. But if you do something to intentionally hurt me, that is abuse.
>
> Abuse or assault is when a person just takes advantage of you.
>
> When it was done purposefully and intentionally to cause harm to you.

Of the 41 women, 46% (housed: 60%; sheltered: 33%) reported intent to harm as a defining feature of abuse or assault. Fewer women indicated that intentions were irrelevant (housed: 15%; sheltered: 5%): "If you put your hand on someone, it's abusive, even if it's unintentional." The other two themes had to do with the physical and emotional consequences or potential consequences of the event. Of the 41 women, 37% considered any act that resulted in physical hurt to be abusive (35% housed, 38% sheltered): "If it hurts, I guess you are abusing the person." Others thought that the severity of the injury was important to consider:

> Anything that I feel like is life threatening is abuse to me. Pulling her hair is not life threatening, cursing her out is not life threatening. But choking, slamming, all those things are life threatening.
>
> To me it's not abuse or assault if you're not shedding blood.
>
> I guess I've been abused for so long, my mind is kind of conditioned to it, so a lot of it doesn't bother me as much unless he is about to put me in a hospital or something.

The women who considered only very severe cases of violence to be abuse made up 10% of our sample (housed: 5%; sheltered: 14%). Only about one quarter of the women referred to the emotional consequences of the event (housed: 25%; sheltered: 19%).

> When it is something you are not comfortable with.
>
> The pain, the breaking down of someone's character, personality, their self-esteem, it's like just breaking them down to nothing.
>
> If it's a man, my lover, he's hitting me or screaming at me, I take that as abuse or assault. Mild or severe. My emotions, I guess to sum it up.

DISCUSSION

Our previous research indicated high rates of interpersonal violence among women living in low-income housing and, particularly, those living in temporary shelters in Los Angeles County (Wenzel et al., 2004; Wenzel et al., in press). Results from this study illustrate the ways in which the experiences and perceptions of violence differ between these two groups of impoverished women. Focusing on the worst episode of violence in the 6 months preceding our interviews, we found that nearly all of the housed women's experiences involved hostile aggression, mostly verbal disputes that escalated to a physical altercation, and occurred at home with a male partner. It was uncommon for the women to be high or intoxicated during the event, with one exception: fights with their partners that involved issues of sexual jealousy or possessiveness nearly always involved substance use by both partners. This is an intriguing finding that requires further research to understand; for example, it may be that disputes of this nature tend to be triggered by substance use, that substance-using couples are more likely to have problems with jealousy and possessiveness, or that these women engage in substance use as a way of dealing with such confrontations with their partner. In contrast, about one half of the sheltered women reported that their worst recent episode of violence involved sexual assault or instrumental aggression, in which the assailant used violence to force money or drugs from them. Most of the sheltered women experiencing this type of violence were high or intoxicated at the

time of the event; for nearly half of them, the violence occurred when they were dealing drugs or soliciting. Sheltered women were more likely to experience their worst episode of violence from a stranger and in more diverse environments than housed women. Nonetheless, most women in both groups reported that the violence involved a current or former partner. This type of violence can have a particularly devastating impact on women's psychological well-being (Feehan, Nada-Raja, Martin, & Langley, 2001; Ullman & Siegel, 1993).

Although we restricted our analyses to sexually active women who had recently engaged in substance use, it is clear that substance use played a very different role in the worst violent events reported by sheltered and housed women. The nature of their substance use, particularly the use of hard drugs, is likely key to understanding these differences. For example, one third of the sheltered women were using crack at the time of their worst violent event, whereas crack use was not reported by any of the housed women. Crack use is associated with high rates of criminal and sexual risk behavior, including drug dealing and trading sex, particularly among women who consider themselves to be homeless (Wechsberg et al., 2003). In contrast, substance use among housed women and their assailants, which was reported for about one half of the events, was largely restricted to alcohol and marijuana. In particular, the episodes of relationship violence that had themes of sexual jealousy and possessiveness—for both sheltered and housed women—almost always involved alcohol use by both partners. This finding is consistent with a large literature implicating alcohol misuse as an important risk factor for relationship violence (Fals-Stewart, 2003; Kantor & Straus, 1987, 1989; Testa et al., 2003).

In addition to women discussing how their substance use contributed to their experiences of violence, many of them indicated that their experiences of violence contributed to an increase in their substance use over time. Support for this self-medication hypothesis has been found in a number of studies (Miranda, Meyerson, Long, Marx, & Simpson, 2002; Salomon, Bassuk, & Huntington, 2002). However, a notable minority of women—all sheltered—reported decreasing their substance use in response to the violent events. These women acknowledged the large role

that substance use played in their experiences of violence and often mentioned seeking services to assist them in decreasing their use after experiencing such an event.

In general, women reported being very emotionally upset by these worst events, and physical injuries were sustained in two thirds of the cases. In light of what they told us about the adverse effects of the violence on their well-being, it was somewhat surprising that these women tended to have relatively strong feelings of self-efficacy as it related to their ability to protect themselves, and low levels of perceived vulnerability to future violence. It is particularly interesting that sheltered women, although feeling less able to protect their personal safety, did not feel differently from housed women in terms of believing that they could keep violent events from happening again, that violence would happen in the near future, or that they were at risk for serious harm in the near future. The use of a near-future time frame may have contributed to the lack of group differences on perceived vulnerability, given that the sheltered women were staying in a relatively protective setting at the time of the interview. It could be argued that these women, all with recent experiences of violence and many with long histories of victimization, may have been overly optimistic in their views. Indeed, other research has found that battered women often appear to have overly optimistic perceptions of their batterer and their own future safety (Gondolf, 1998). Such an optimistic bias can be adaptive in coping with stressful life events (Taylor & Armor, 1996). However, if women living in high-risk environments minimize the threats to their safety or hold unrealistic beliefs about their ability to protect themselves, they may fail to take important precautions to protect their safety.

Sheltered and housed women differed in their attributions of blame for the worst episodes of recent violence. Although housed women tended to put blame squarely on their assailant, most of the sheltered women thought they were partly or wholly to blame for the event. This self-blame often had to do with staying with partners who repeatedly abused them as well as believing that their drug or alcohol use contributed in some way to the violence. Although we did not explicitly examine the correlates of self-blame, previous work has indicated that experiences of

childhood abuse, which were more common among our sheltered women (Wenzel et al., in press), increase the likelihood that women will blame themselves for new episodes of victimization (Arata, 1999). Lower self-esteem among sheltered homeless women compared to housed women (Weinreb, Goldberg, Lessard, Perloff, & Bassuk, 1999) may be relevant here as well. Given that self-blame is associated with greater psychological distress after experiencing violence (Frazier, 1990; O'Neill & Kerig, 2000), this difference may have important implications for the well-being of sheltered and housed women who are victimized.

A final area that we explored in this study was women's definitions of abuse or assault. A large portion of both sheltered and housed women sometimes did not consider major violence to be abuse or assault, perhaps indicating that their exposure to violence had desensitized them to the seriousness of these acts. When we asked women to tell us how they decided if an act was abuse or assault, many of them had difficulty providing a clear definition. More housed than sheltered women mentioned the perpetrator's intent as a key characteristic of abuse or assault, differentiating between physical acts that were play and those that were meant to cause them harm. About one third of both housed and sheltered women focused on the consequences of the act, such as whether it caused them harm. Within this group, the few women (primarily those from shelters) who mentioned severity of physical harm as the main feature of abuse or assault stood out in our analysis. Finally, about one quarter of the women mentioned the emotional consequences of the act as being important to them in thinking about abusive behavior. This finding is in line with several studies indicating that psychological abuse can have a more substantial impact on battered women's psychological distress than physical abuse (Follingstad, Rutledge, Berg, Hause, & Polek, 1990; Sackett & Saunders, 1999).

Strengths of this study include the use of both quantitative and qualitative methods; not only did this allow for a more comprehensive examination of women's experiences and perceptions of violence, but the converging responses from the two interviews lend support to the validity of our findings. However, it is a limitation that our qualitative results are based on a relatively small

number of interviews. We do not view these results as definitive in their own right; rather, they are most useful in terms of providing a context for findings from the structured interview and for illuminating directions for future research. Another strength of this study is the inclusion of both women living in shelters and women living in low-income housing, with our findings highlighting important differences between these two subgroups of impoverished women. However, our sample of Los Angeles County women recruited from these settings (as well as our focus on sexually active and substance-using women in this article) presents some limits on the generalizability of our findings. Experiences and perceptions of violence may differ for other groups, such as homeless women living on the streets, impoverished women living in other geographical settings, and those who are not sexually active or engaged in substance use. Another limitation of this study is its focus on the worst episode of recent violence; as such, our study cannot speak to the full range of violent experiences among impoverished women.

Results from this study have several implications for violence prevention and treatment services. For sheltered women, there is an obvious need for stable housing and income that may, among other benefits, result in less vulnerability to opportunistic violence and engagement in high-risk survival-based activities. Better access to substance abuse treatment services is also critical in that much of the worst violence experienced by sheltered women was the direct or indirect result of their drug use. Our findings suggest that self-blame for violent experiences, unrealistically optimistic assessments of vulnerability to violence and ability to protect oneself, and desensitization to the seriousness and potential threat of violent acts are important problems in this population that need to be addressed by treatment providers. In the case of housed women, substance abuse treatment services for women and their partners may go a long way toward reducing the worst types of violence typically experienced by these women. Furthermore, there is a need for safe housing and neighborhoods, greater employment and financial opportunities, and services that focus on safety and on supporting and promoting independence from abusive partners (O'Campo, McDonnell, Gielen, Burke, & Chen, 2002).

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