an acceptable method of conflict management. On the street, the anger and frustration associated with the stresses of poverty can lead to negative emotions being resolved through violence in a dangerous environment populated by other violent offenders. Being on the street cuts street youth off from the moral values of the conventional society and places them in a situation in which peers offer them protection, educate them in violence, and provide support for aggressive behavior while reducing the fear of legal sanctions. The violent values acquired at home and on the street provide guidelines as to when violent behavior is expected and influence how street youth react in conflict situations. The complex causal process requires a multifaceted approach to prevention and treatment to combat street youth homelessness and violence.

—Stephen W. Baron

Further Reading

STRESSFUL LIFE EVENTS

Stressful life events can be defined as experiences that play a key role in one’s life and that frequently cause significant changes for the person involved. Some typical examples are divorce, birth of a child,
Stressful Life Events

a new job, and suffering some kind of aggression. It is important to note that there are no universal positive or negative events; rather, events have different meanings in our lives depending on various circumstances, such as type of event, previous experiences, personal characteristics, and social support. Despite these individual differences in meaning, in the last two decades of the twentieth century, research has recorded the effects of stressful life events on the development and persistence of various mental disorders and other psychological problems. Similarly, some people have been observed not only to resist the impact of this kind of event in a very adaptive manner, but also to develop and become more resistant to them over time, showing resilience when faced with stressful life events.

Stressful Life Events in Infancy and Adolescence

The main results of studies of stressful life events suffered in childhood by homeless persons are consistent in pointing out that these individuals frequently present indicators of dysfunctional homes, such as histories of physical and/or sexual abuse in infancy, parent substance abuse or mental illness, running away from home, foster care, and institutionalization.

With regard to physical abuse, Stein, Leslie, and Rierdan (2002) find that almost one-third (31 percent) of the women who took part in their study had suffered physical abuse in childhood. This percentage escalates in the studies carried out with the adolescent population: Tyler and Cauce (2002) find that almost one-half (47 percent) of the adolescents who participated in their study (372 homeless youths, between 13 and 21 years of age) had suffered from this type of abuse. In the results of the work of Craig and Hodson (1998), carried out in London, this percentage reaches 66 percent, but drops to one-third when considering the household adolescents who participated in the study.

With regard to sexual abuse in childhood, the percentages found in the homeless population also seem higher than those of the general population. For example, Wong and Piliavin (2001) find 13.9 percent of sexual abuse in childhood in their sample (430 persons selected by a “multi-stage design”). Among adolescents, the results are also alarming: Almost 30 percent of the homeless adolescent population had suffered this type of abuse during their childhood. Moreover, as expected, among adolescent women, these percentages are even higher: Noell et al. (2001) find that 39 percent of the adolescents who participated in their study (216 women under 21 years of age) had suffered recent sexual abuse, and Tyler and Cauce (2002) report an even more serious situation, with the number of adolescent women who had been sexually assaulted reaching 44 percent.

Homeless individuals who are mentally ill make up another group that seems to suffer an especially high rate of sexual abuse in childhood. In a work in which they compare data of the homeless population with and without mental disorders (RAND’s Course of Homelessness Study [COH]), Sullivan, Burnam,
and Koegel (2000) find higher rates of physical and sexual abuse in childhood in those persons who presented mental disorders.

The data on growing up away from home during childhood ratify the lack of family structure experienced by these individuals in the earliest years of their lives. Koegel, Melamid, and Burnam (1995), also using data from the Course of Homelessness Study, point out that 46 percent of the homeless persons who participated in their study were not raised by their parents, and 20 percent had been educated in institutions, which is very near the 28 percent mentioned by Wong and Piliavin (2001).

In London, Craig and Hodson (1998) find rates of institutionalization of 40 percent during childhood among homeless adolescents, much higher than the 4 percent of their sample of adolescents living in a household. The situation is very similar in other European cities: In a qualitative study carried out in Madrid, Rome, Copenhagen, Lisbon, and Brussels, the results reveal levels of dysfunction and family breakup comparable with the data from the United States or the United Kingdom (Leonori, Muñoz, Vázquez, et al., 2000).

When studying homeless families, very similar results are observed with regard to the parents’ growing up away from home during their childhood. Bassuk et al. (1997) point to foster care as a differentiating element between homeless mothers and mothers in economically disadvantaged households.

Another indicator of the disturbing family situation experienced in childhood is the high proportion of runaways among these individuals: Wong and Piliavin (2001) point out that 27 percent of the homeless persons who participated in their study had run away from home and stayed away for at least one week in their childhood or adolescence.

Various studies have addressed other events in childhood that have been reported as highly prevalent among homeless people, such as parent substance abuse, which would affect between one-third and one-half of those studied, or homelessness in childhood, affecting 16.2 percent. In both cases, the percentages are clearly higher than those of the general population.

When comparing the homeless population with people whose economic resources are scarce but who live at home, the differences become blurry. There is no complete agreement in this respect, although some results reveal some differences among the young homeless and household populations. Bassuk et al. (1997) only found differences between both populations in foster care and in mothers’ use of drugs.

Taking all the above data into account, stressful life events in childhood have been revealed to be risk factors for homelessness. Some authors have even gone so far as to identify a relationship between the number of events experienced and the age of first homelessness. It appears that a higher concentration of adverse events in childhood corresponds with a decrease in the age at which a person becomes homeless.

**Stressful Life Events in Adulthood**

As could be expected, economic problems are the main stressful events that affect homeless people in adulthood. Various studies coincide in reporting the loss of jobs and personal economic crises as having affected the immense majority of homeless people. Complementarily, events that reveal a state of poor physical or mental health of homeless persons should also be considered: illnesses, hospitalizations, substance abuse, and so forth are well-established events in research. Other life events, such as experiencing physical or sexual violence in adulthood, being robbed, having been in jail at some time in their life, and attempted suicide, have also been included in the studies. Indeed, homelessness itself is a stressful event in its own right and increases the vulnerability of homeless individuals to certain other stressful life events, such as the risk of suffering physical or sexual abuse. The lack of social networks to support or protect them, drug or alcohol use, and mental disorders or physical limitations (conditions that are frequently associated with homelessness) increase the risk of victimization. Taking into account that the issues related to the economic and health situation of homeless people have been addressed in detail in other sections of this encyclopedia, it is more appropriate to focus attention in this entry on those stressful events that
are liable to provoke victimization processes in homeless adults.

Upon exploring the exposure to violence in a representative and stratified sample of homeless people, Fitzpatrick, LaGory, and Ritchey (1999) point out that in the previous six months, 22 percent of those included in the study had been robbed and 14 percent had been assaulted.

Wong and Piliavin (2001) find that 65 percent of the homeless participants had suffered some form of victimization in the previous twelve months, and almost one-third of them (31 percent) had experienced physical violence.

Looking at the data on women, again a situation of even higher vulnerability can be observed. Just one datum may be sufficiently indicative: According to Noell et al. (2001), the life prevalence of rape in homeless women exceeds 50 percent (53 percent).

But here, the differences with other economically deprived groups are not so clear. When comparing data on victimization in homeless mothers with those of mothers receiving economic aid, Bassuk et al. (1997) find no differences between the samples, with the percentages of victimization in both cases being very high.

Other studies have addressed the impact of life events in homeless people's current situation: for example, in the psychiatric symptoms experienced by these individuals or in suicide attempts. A low number of stressful life events and, in particular, "a happy childhood" are predictors of a lower number of psychiatric symptoms in homeless persons (Cal-Myn and Morse 1992). On the other hand, many authors have indicated a relation between a higher frequency of stressful life events suffered both in childhood and in adulthood and the amount of psychological distress currently experienced. Along these lines, a higher number of stressful life events seems to be related to an increased frequency of thoughts about suicide and suicide attempts.

PERCEIVED CAUSALITY

It is important to be aware of homeless persons' perception of the causality of the various events, that is, their perception of the likelihood that some event may have influenced the etiology or persistence of their homelessness. This kind of information is also important because the manner in which people interpret such events may influence their emotional reactions to them and their coping strategies. Specifically, in the case of the homeless, the perceived degree of control and attributional style may play an important role in the persistence of homelessness. From this perspective, the main results indicate that when attempting to explain their own situation, homeless people assign a very relevant role to events related to economic problems and to the breakup of affective and social relationships. These data are repeated in various European cities and are independent of whether or not the persons involved have some mental disorder.

TENDENCIES IN EVENT CLUSTERS

In the last few years, research using empirical procedures, especially multivariate statistical methods, has been done that has attempted to establish groups of life events that differentially affect the diverse subgroups of homeless people. Some of these works have focused on various stressful life events: legal problems, a history of homelessness, economic problems (Humphreys & Rosenheck 1995), victimization, criminal history and history of housing problems (Solarz & Bogat 1990), problems in childhood (abuse, being raised away from home, etc.), institutionalization in adulthood (prison, psychiatric hospitalization), loss of home, victimization, and so forth (Muñoz et al., 2003).

The principal results of this group of studies coincide in indicating empirically the existence of some subgroups among homeless people, despite the different variables employed. Thus, in all the studies, a first subgroup composed of people who are characterized mainly by economic problems, but who maintain appropriate psychosocial and general functioning in their lives, is identified. The identification of this first subgroup is extremely interesting because it helps discard the prevalent notion that all homeless people present severe mental disorders, alcohol or drug problems, and a much deteriorated general functioning.

A second subgroup that tends to appear in all the studies presents as one of their main characteristics
alcohol abuse accompanied by very significant health problems. This subgroup could be the one that best corresponds with the classic stereotype of the homeless person: an elderly person who has problems with alcohol, exhibits a high degree of physical deterioration, and is probably in a situation of chronic homelessness.

Finally, a third subgroup emerges—a multiproblem group—whose situation is especially alarming because of the multiple problems these individuals accumulate and the deterioration they present in various areas from a very early age. Some of these studies have indicated that this group presents an important accumulation of stressful life events, especially in childhood. This accumulation of stressful life events is accompanied by a very significant deterioration of health (both physical and mental), drug and alcohol use, suicide attempts, and so forth.

**FUTURE PATHS FOR INTERVENTION AND RESEARCH**

The significant conclusions of these studies are as follows: First, homeless persons suffer a large number of stressful life events throughout their lives in comparison with the general population. However, differentiation from other groups who are economically deprived but living at home is not so clear. Second, life events are not homogeneously distributed in the homeless group. As we have seen, women, young people, and people with mental disorders accumulate a higher number of negative events throughout their lives. In this sense, it is especially interesting to identify empirical groups as a function of stressful life events experienced: groups with economic problems, chronic groups, and multiproblem groups. Third, the results seem to indicate that the occurrence of stressful life events is not distributed uniformly throughout these persons' lives. Although homeless persons suffer an important number of stressful life events while they are out on the streets, it is very relevant that most of their stressful experiences accumulated fundamentally in childhood and adolescence, in any case, before becoming homeless and in one way or another are direct causes of victimization processes.

Better knowledge of the social reality of the homeless should lead to more efficient preventive intervention and approaches to planning research that are adjusted to the requirements of the problems encountered. In the specific case of homelessness, the results indicate the appropriateness of placing emphasis on preventive interventions that would lead to the reduction of the number of persons who become homeless, because individuals who have suffered stressful life events in childhood (abandonment, abuse, etc.) make up a group that is very vulnerable to homelessness. Once a person has suffered homelessness, the interventions and their effectiveness criteria should be sensitive to the various types of problems of the main subgroups. Hence, there is a need to plan specialized services for persons with economic problems and appropriate social functioning (i.e., good receivers of social and work-related aid and of independent housing), for chronic persons with severe health and social functioning problems (probably requiring alternative protected and long-term residential homes), and for youths who are multiproblematic and very socially deteriorated—who will probably reject the typical services for homeless persons and will need new kinds of resources.

Lastly, research seems to reveal the lack of conjugation of the social and personal variables in multivariate designs that could identify the vulnerability and protective factors that affect the persons who experience homelessness. The role that variables such as resistance to frustration and, especially, resilience may play in the understanding of homelessness deserves special attention, as does the design of more effective alternatives of prevention and intervention.

—Manuel Muñoz, Carmelo Vázquez, and Sonia Panadero

**Further Reading**


1161–1174.

## SURVIVAL STRATEGIES

All people must negotiate ways to satisfy basic human needs, and homeless people are no exception. However, the homeless routinely face serious chal-