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Latina and Black Women: Narratives on the Path to Homelessness

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Abstract

An increasing number of Americans are experiencing homelessness, with the latest count estimating that over one-half million people were living in the street or occupying areas not meant for human occupation in one single night. While a general portrait of the homeless population tends to highlight black or older men, almost 40 percent of the homeless population are now women. Among these are the growing numbers of Latina and Black women.

In this manuscript, we present a community based participatory research study approach designed to explore the experiences of Latina and Black women living in skid row Los Angeles, frequently recognized as the "homeless capital. Of the U.S. The finding from the mixed quantitative and qualitative study reveals similarities and salient differences on the factors that the women perceive led them on a path to homelessness. Included in the narratives are how the Black women have learned to navigate various support systems, in contrast to how the Latina women have struggled to gain entry into the system. The women's narratives present a portrait of structural and cultural inequities, and a need for interdisciplinary and intersectoral collaboration with diverse teams in order to develop programs the serve the needs of these new homeless populations. The findings call for urgent need to address systems of inequity and bias, along with needed policy changes.

Keywords: *Latinas, Blacks, homeless, racism, gender*

Background to the Study

The first author for this study has been providing health care and allied services for underserved local and global communities for several decades; as a registered nurse and nurse practitioner, university educator and researcher, along most prominently as a clinician, community advocate, mentor, and volunteer. At times, the services were on the periphery, volunteering for services with agencies servicing farmworkers in hard to reach areas, or simply assisting with food services to homeless groups of families. Most recently, my nursing background came full circle with the opportunity to develop public health nursing projects while supervising nursing students at a major university; primarily focused in the Skid Row area of a large metropolitan city. Through these endeavors, the nursing student groups witnessed the changing demographics among the homeless population; including the racial/ethnic, gender, and age differences visible. The increasing number of women and "people of color" we encountered through our service projects did not fit the portrayals of homeless individuals in this country; as the faces of men are what students most frequently recalled. Instead, we encountered groups of Latina and Black women who reached out for the health education and social interaction opportunities.

The interactions with these women led to the development of this study, as the literature review suggested a gap in research as women experiencing homelessness have not been fully included in the discourse and policy arenas.

Introduction: What do we know about the homeless population?

In general, it is difficult to get a reliable estimate on the homeless individuals and family. Some of the difficulty in gathering data is the lack of consensus on how to define and measure homelessness. Additionally, how does one identify and locate "homeless" individuals? As the National Law Center on Homelessness and Poverty suggests, [1] there are different definitions of homelessness used across the U.S. For example, some of the major issues include the varying definitions used by the U.S. Department of Housing and Urban Development, or HUD, the states, and the U.S. Department of Education. In these examples, HUD relies on stricter guidelines of counting individuals located in shelters, transitional units or publicly visible places. Unlike HUD, the Department of Education guidelines include families who are "doubling" or "tripling" up in the homeless count, as these families are precariously housed and on the verge of becoming homes.

Others have also pointed out the unreliability of the methodology used to count the number of homeless individuals, or the point-in-time homeless count conducted over one-to-two nights; and then applying these figures for service, funding, and policy development [2]. Moreover, the literature suggests a simple typology of economics, employment and lack of affordable housing as primary factors contributing to homelessness. This simple typology of job loss and lack of affordable housing may not fully explain these individual's pathway to homelessness.

Homeless in the U.S.

In the most recent U.S. national "homeless count" conducted over one to two nights in January, slightly more than one half million people were counted as homeless (U.S. Department of Housing and Urban Development) [3] Of these, a little over one-third (37%) were "unsheltered" meaning staying overnight in the streets, doorways, cars, tents, parks, under bridges, in storage or collection bins, abandoned buildings, parks, or various other places not meant for human habitation [4]. These figures suggest that four out of every ten homeless individuals are unsheltered, living in the streets; visible but mostly invisible to society.

The demographics also reveal that almost two-thirds of the individuals experiencing homelessness were men (61%), while women represented almost 39% of the population; an 8% increase between 2018 and 2019, as the numbers continue to grow. Two states had the largest numbers of individuals identified as homeless during the annual count (California and New York), although California had over half (53%) of the unsheltered population in the nation. Almost half of the overall homeless population were white, although they comprise over half (57%) of the unsheltered population. Among all of the unsheltered groups, the largest increase among the unsheltered racial/ethnic groups was found among white of African American populations, followed by Native Americans [4].

This is a best estimate of a serious human rights and public health issue, as various reports suggest the figures may be much higher, with anywhere from 1.6 million to over three million individuals experiencing homelessness over one year's time (National Law Center on Homelessness & Poverty [NLCHP]) [5]. These are outstanding figures for a first world country as the U.S.

Homeless in Los Angeles

In Los Angeles County (LAC), estimates suggest that almost 47,000 of people were homelessness in 2016. In contrast to the national data, the LAC homeless population is more diverse with widening disparities, as the majority (75%) of homeless individuals continue to be unsheltered (Los Aneles Homeless Service Authority [LAHSA] [6].

Additionally, one in three of homeless individuals were women, representing a 55% increase from the 2013 figures. Since a growing number of women are homeless and unsheltered, we can expect to see more women surviving in tents and other street make-shift encampments [6]. These are staggering figures that further compounds health risks for the female homeless population, as women experiencing homelessness suffer additional burdens when compared to homeless men; including physical and mental trauma, and sexual assaults. [7].

Demographically, African-Americans comprise 39% of the homeless population in LAC, although they represent less than 10% of the general LAC population; and while Hispanic/Latinos represent 27% of the homeless population. Additionally, almost one-fourth (18%) of the total homeless s population had a history of physical or sexual abuse, including domestic or intimate partner violence; while females reporting higher incidents [6]. At the same time, a report suggests that getting overnight housing in shelters does not necessarily offer protection against violence for women, as almost one-fourth of women reported they were victimized while staying in shelters [7]. Another study also suggests that women living in the streets, meaning unsheltered, were more likely to remain homeless for longer terms, had greater odds of poorer physical health, and over 12 times greater odds of poor mental health at greater risk for alcohol use, multiple sexual partners, and a history of physical assault, but less likely to access needed health services [8].

Locally and nationally, the homeless population is increasingly diversifying, yet there is a paucity of research on racial/ethnic minority women dealing with homelessness. In the parent study, we became familiar with the growing number of Latinas and Black women in skid row; but their growing presence did not fit the general characterization of Latino families and *familismo* where solidarity and the collectivist spirit of extended multigenerational families provide enduring support through the lifespan [9]. Earlier well recognized studies also suggested that the core features of intergenerational familismo played a protective role, thus contributing to the epidemiolocal paradox where despite disadvantage, Latinos demonstrated longevity and better health outcomes; or better than anticipated [10-12]. Along with familial based support, the cohesiveness of ethnic enclaves may play a role for caregiving and maintaining wellness, despite high risk for community members [13]. Today, some core features of familismo has been associated with intergenerational caregiving, especially among foreign born Latinos who retain their Spanish language and cultural links via ethnic enclaves and extended family ties [14].

Among Black families, as with other racial/ethnic minority populations, extended family household live-in arrangements have been found to be supportive when intergenerational solidarity-cultural orientations are aligned. Filial assistance is thus recognized as embraced by Black and Hispanic families [15]. Fictive kin as functioning as extended social networks also suggest how extended social networks among some Blacks support collaboration, cooperation and solidarity for nurturing and moving beyond simply coping or surviving in harsh environments [16-17].

The changing demographics among the homeless population and general portrayals of women cared for and supported by large networks of kin led to conceptualizing this study for exploring how race/ethnicity, gender and social class plays out among this homeless population. Because this study sampled both Latina and Black women (as a comparison group), this study will be able to note similarities and disparities for these groups of racial/ethnic minority women.

Aims

The overriding goal of this study was to explore Latina and Black women's perceptions of factors in their lives that may have contributed to living in skid row (the "homeless capital") in the U.S. By exploring their lived experiences in skid row and surviving in this environment, we anticipated that their narratives would provide insight on the issues faced by women necessary for expanding the narratives on homelessness so necessary for program and policy development.

Methods

Some of the data used in the analysis for this project were collected as part of a study on Older Latinos Aging in Skid Row. For that first study with an older population, the focus was on older homeless Latino men and women over 50 years of age seeking services in skid row [18]. Included in the parent study were 6 self-identified Latina women. As that first study progressed, we noticed a small, but noticeable growing number of women of various ages and diverse racial/ethnic backgrounds living in skid row. The brief encounters with the "women of skid row" led us to conceptualizing the follow up study with Latina and Black women. This present study allows us to gain further insight on the intersection of race/ethnicity and gender, specifically on Latina and Black women's experiences surviving in Skid Row.

Research team

As with the parent study that explored older Latinos path to homelessness (in review), the study team for this project included a diverse team of research assistants from multidisciplinary programs, including Chicano Studies, Anthropology, and Nursing; all spoke Spanish and identified experiences with Hispanic/Latino communities. Additionally, a doctoral nursing student focused on studies the intersection of race and health issues contributed to the present study, adding an additional layer of expertise.

The multidisciplinary personal and professional experiences of the authors as well as the research assistants, was instrumental for assisting the team in gathering data and capturing cultural nuances. These multiple layers of expertise added to the cross cultural analysis for this manuscript [19].

Study population and recruitment of participants

The parent study was expanded; allowing us to recruit more an additional group of Latina and to add Black women over 18 years of age dependent on services in the skid row area of Los Angeles.

For this present study, the research team utilized the same study design utilized in the original study; as the mixed quantitative survey and qualitative open interview format worked well and captured the cultural nuances and findings we had not located in published studies we reviewed. Thus, this study includes 6 Latina participants from the parent study, plus an additional 6 newly recruited Latina participants (total of 12); along with 13 newly recruited Black women.

As in the parent study, participants were recruited through snowball methods and assured that they could stop the survey or interview at any point of time. Participants were compensated for their time and provided an envelope with 20 dollars cash at the end of their participation. The study was approved by the University Institutional Review Board and followed guidelines for ethical research.

By focusing on Latina and Black women, the study allowed us to compare and contrast the path to homeless for these groups of marginalized women, their lived experiences pre-homeless, their perception of the pathways to becoming homeless, along with networks and family connections, as well as their recommendations for ameliorating experiences faced by groups of homeless women.

Results

Socio demographics

The sociodemographics and health related table (Table 1) highlights some salient differences between the Latina and Black women participants. In contrast to the Latina participants, Black women U.S. born, all were all English speakers; they represented a younger cohort (mean age of 48 years) versus the Latinas (mean age of 76 years); greater years of formal schooling (average of 12 years versus 6 years); and fewer years of homelessness for the majority of the women (less than 5 years). In contrast, all but two Latinas were born in various Latino/Hispanic countries and several arrived in the U.S. unaccompanied or limited to acquaintances and thus with limited networks; and most were primarily Spanish speakers. In regard to

Table 1. Sociodemographics-Health Issues for Latina and Black Women (N=25)

Characteristics	Latinas N=12 No. (%)	Black/African American N=13 No. (%)
Age (years)		
20-29	0	2 (15%)
30-39	1 (8%)	4 (31%)
40-49	0	3 (23%)
50-59	4 (33%)	4 ((31%)
60-69	2 (17%)	1 (.07%)
70-79	5 (42%)	2 (1.5%)
	Range: 33-77	Range: 25-70
	Mean: 76.2	Mean: 48.46
Country of Origin		
Mexico	4 (33%)	13 (100%)
U.S.	2 (17%)	
El Salvador	2 (17%)	
Puerto Rico	2 (17%)	
Guatemala	1 (08%)	
Primary Language		
English	3 (%)	13 (100%)
Spanish	8 (17%)	
Spanish/English	1 (08%)	
Education: Years completed		
None	2 (17%)	0
1-5 years	4 (25%)	0
6-10 years	2 (17%)	1 (07%)
12 years	4 (25%)	6 (46%)
Over 12		6 (46%)
Mean	Mean 6.2 years schooling	Mean: 12 years
Years of Homelessness		
1-5 years	6 (50%)	9 (69%)
6-10	4 (33%)	3. (23%)
11-20	2 (17&)	1 (8%)
over 20	0	0
Self-Rated Health		
Excellent	0	2 (16%)
Good	2 (17%)	6 (50%)
Fair	5 (42%)	4 (33%)
Poor	4 (33%)	0
Missing	1	1
Medical-other related Issues	High blood pressure, diabetes, heart problems, overweight, back problem, psoriasis, osteoarthritis asthma, arthritis, cataracts, prior alcohol abuse (1), drug use (1), prison history (1).	High blood pressure, pneumonia, overweight, hospitalization, asthma, COPD, depression, manic depressive, PTSD (1), drug use (2), youth guidance center history (1).

health matters, the majority of Latinas (85%) rated their health as fair to poor, in contrast to the majority of Black women (66%) who rated their health as good to excellent. As noted in Table 1, both groups of women reported suffering from various chronic health conditions. Health issues are a major concern, as the Latinas expressed limited access to health care, including linguistic, cultural, and other biases in accessing resources that others benefitted from.

Generally, all of the women expressed how a myriad of complex and interrelated issues contributed to them becoming homeless; including changes in family structure, dissolution of a marriage, loss of employment, limited or lack of social networks and family support contributed to ending up living in skid row. However, while the women may share some similarities in their narratives, there are some salient differences between the Latina and Black women. The women's narratives were analyzed using content analysis allowing us to code; identify labels and categories for the development of major themes and subthemes.

Theme 1. Moving Away for survival; Moving towards a better life

This theme was prominent among several Latinas only as 10 out of the 12 participants were born outside of the U.S.; while all Black women were born in the U.S. and thus did not have the immigration experience to reflect upon. Several Latinas spent a good amount of time sharing their immigration experiences and how they had to leave their home country due to war or threats of abuse, fear, or hunger.

Their comments of "coming to the U.S. for economic necessity and to survive" and "I came for a better way of living, maybe just surviving, but you can't starve here" exemplify their need to move away in order to survive.

For others, migrating to the U.S. was seen as necessary in order to find jobs to as a means to support themselves or families back home, or in order to find medical care not available in their home countries for physical conditions including arthritis, heart ailments, diabetes, or other several ailments. One Latina expressed that in skid row, "being around people helps with depression", although it was not clear if she was expressing sadness, or if she suffered from depression. Also, as with other descriptive studies, researchers are not able to assess what came first; was it the state of becoming homeless that contributed to the emotional or mental status, or the reverse.

Theme 2. Learning to navigate the system: The have versus have-nots

Depending on immigration status, language, and networks in skid row, the Latina and black women diverged on their ability to navigate the system for accessing housing, meals and other resources available. For the Latina women, their stories revealed multiple barriers, including being dependent on others to become familiar with services available, language and cultural barriers, limited social skills for gaining entry to clinics, social workers and others who could provide referrals for service access.

A Spanish speaking Latina described how she immigrated to the U.S. with her sister, so that she could serve as her babysitter. As her sister earned very little, she was paid a small mount and left the home when the brother-in-law "wanted to have sex with me, so I had to leave but nowhere to go." This woman ended up in Olvera Street (perhaps a sanctuary church), and was able to meet with a social worker in skid row. This Latina # 8 described how she "just follows instructions, they tell me where to go" without asking questions or saying much due to the language limitations.

Another Latina participant expressed frustration at her inability to access any health or education sessions, "they always give out flyers, with special talks, like for HIV or lots of other talks…but they're all in English." Another Latina shared how losing the job led to anxiety caused feelings "like depression and ended up leaving the house; I" didn't want to be a burden for my brothers, and that's why I decided to live in the streets."

For the Black women participants, instead of immigration status and cultural or language impacting access to services, several of the Back women expressed frustration with some hotel and shelter managers, the limited housing available to women without children, and the "welfare system."

One woman expressed that "there's free clinics or minimal cost" and there's various treatment programs for alcohol and drug abuse. Another Black woman expressed that "I went crazy after I lost my kids" and became homeless, and this led to her drug use. This woman also shared that she did not encounter any difficulty accessing resources and programs in skid row; "there's programs here, and if they don't have what you need, they give it to you."

The discordant between the Latina and Black women narratives reveal varying perceptions regarding the system of services, the availability and access to basic health and service needs. This led to uncovering a subtheme for the have-and have-nots.

Subtheme 2: On being privileged-Latina women's narratives on Non-Latinos

Some Latinas expressed that Latinos with "los papeles" (citizenship or established residency, as Puerto Ricans), and Blacks have greater support and access to services, including individuals who may help them to navigate housing, meal, and "better" health care (meaning out of the skid row area, as they may have insurance, Medicaid or Medicare). As one Latina stated, "no paper, no help." A few Latinas also expressed frustration and dislike for "the roaches, drug dealers and drug use" as they perceive that "those with benefits" may spend their money foolishly; money that is not available for those "without los papeles."

Theme 3: Homelessness: Separation of mind from physical conditions

Among both Latina and Black women their narratives reveal a separation of mind and body; as mental health issues are not considered as affecting the physical well-being. Although several described various chronic health conditions potentiated by the harsh homeless environment; they separated stories on their physical ailments from the mental health aspects as loss of self-esteem, loss of control, and complacency; without noting the connecting between

mental and physical well-being (or not being well). Although some men in the parent study (older Latino men and women) expressed that "it's depressing here; it's not motivational, and you become trapped and you suffer,"none of the women participants expressed a similar connection with the mind, body, and mental health.

Instead, a Latina blamed herself for an incident of sexual abuse. This woman expressed that she may have contributed to the abuse, as "maybe because you are a drunk and you want to be …" This woman's discussion suggested that the physical trauma was not relevant to her mental health. At the same time, this Latina described how she needed medication for "my bones, for walking, stomach problems and other ailments." In this case, there was no consideration for the association between physical and mental health.

Theme 4. The long road to becoming homeless-where do familismo and fictive kin fit in?

There were salient differences between the Latina and the Black participants on the path leading to becoming homeless. Among Latinas, almost all had migrated to the U.S. (11 out of 12) and each described experiences of being dependent on others for getting to the U.S., housing, employment, and various geographical moves before arriving in Los Angeles. Additionally, over half (8) described living as homeless for over 5 years (one reported being homeless over 16 years). For several of these Latinas, it was difficult for them to identify factors that led to becoming homeless. For example, many of these women had been moving into various homes; dependent on family and friends for a space to sleep in. These Latinas had been "doubling up," meaning sharing crowded homes that are not meant to accommodate large numbers of individuals. For many individuals, this meant that they had no established residence, as they moved repeatedly until they ended up in skid row. However, "doubling up" is not recognized as a state of being homeless by the federal government. In contrast, this sample of Black women had not "lived on the edge" (meaning doubling up); and in contrast to the Latina group, only a small number of these Black women (4) reported being homeless for five years or more. The number of years for dealing with homelessness is important, as living in the harsh environment could play into worsening health conditions, along with the loss of family connections for support and emotional well-being.

The narratives from the Latina women also contributed a cultural layer for exploring the state of familismo and filial social support, as the majority described minimum contact with family members, one-half of the participants (6) could not think of anyone they could count on for help in case of emergency. Two of these women felt they could count on a "friend", although they had not previously accounted for any such friends, and 1 reported she would count on the paramedics for emergency needs or maybe support. When asked about family contact and family based networks, several Latinas expressed a wish to "even have other women I could talk with in Spanish."

In contrast, with a lifelong history of living in the U.S., the majority of Black women (10 of 13) reported they had family near the city, including mothers, children, and friends they could reach out to if needed. However, the social networks both groups of women alluded to for support was not fully addressed by both the Latina and Black women, and several did not wish to provide further information. Still, one Black woman shared that her physical conditions do not affect her mental status by her remarking that "physically I'm fine…we have all the food here; mentally I'm a mess."

Overall, among the Black women, conversations with other women described as friends were mostly for navigating the system, speaking with social workers, housing managers, or simply carrying on conversations with others residing in skid row. It appears that familismo and fictive kin networks became a hardship and slowly fade with time and the impact of living in the homeless environment.

Discussion/Conclusion

As the demographic and findings reveal, there are salient differences between the sample of Latina and Black women. The one tying thread, or similarly is of family connection and supportive networks frequently attributed to Latino and Black population; especially as these social support networks as perceived as contributing to resilience and longevity. While both the Latina and Black women appeared to be resilient and surviving among the homeless, none seemed to have established functional social networks, much less a supportive network that they could count on. Although several Latinas lamented, "others get to depend on the government and available services granted to citizens" but this does not equate to having a social supportive network that they could count on.

In regard to health, both the Latina and Black women shared that they suffer from a myriad of serious debilitating chronic health conditions, including hypertension, diabetes, asthma, arthritis, previous hospitalization, along with various other debilitating conditions. Among the Black participants, conditions as chronic obstructive pulmonary disease (COPD), manic depression, and post-traumatic stress disorder (PTSD) were mentioned. This suggest that unlike the Latina participants, the Black women had access to medical and mental health services that provided these advanced diagnosis; access and follow-up care that the Latina group did not have access to.

Similar to the issue of health matters, drug use among these women warrants further exploration. For unlike previous studies that mention high rates of drug use among some homeless populations, the researchers noted that while or illicit drug use was mention by the Latina group (1) and by the Black women (2), this low rate of drug use among the women conflict with previous studies that most often utilize samples of homeless men.

Overall, the narrative from these women was sorrowful and call for aggressive changes and policy development. Future research would expand our lenses by utilizing as mixed quantitative and qualitative approach, with multicultural, multilingual and multidisciplinary if we are to adequately capture the voices of these women left behind in what many describe in a harsh, biased, and never ending cycle of homelessness.

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