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Surviving Violence in Everyday Life: A Communicative Approach to Homelessness

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ABSTRACT

In this narrative review, the author synthesizes the literature on homelessness across various disciplines (e.g., public health, social work, sociology, and communication) to demonstrate how the experiences of homelessness can be created, maintained, and reinforced through communication, including interpersonal interactions and public discourse. By conceptualizing homelessness as a culturally constructed and socially situated phenomenon, the author examines (a) the complex conceptualization of homelessness, (b) everyday violence faced by people who are homeless, and (c) coping strategies of people who are homeless. In summary, homelessness is a complex social phenomenon, involving tensions between individuals, families, and social systems, all of which are situated in the larger sociocultural and sociopolitical contexts of a specific time and place.

Although the term *the homeless* implies a unified definition of the population (i.e., those without homes), the reality of people who are homeless is far more complicated (Lee, Tyler, & Wright, 2010). For example, researchers have argued that how *home* is defined and understood may create differences in whether one is considered homeless or not (Gowan, 2010; Somerville, 1992; Tipple & Speak, 2005). Tipple and Speak (2005) noted, "[T]he margin between homeless and inadequately housed is much more vague and can be set very low, excluding squatters, or very high, including all who are not owners or renters of formally approved dwellings" (p. 350). As a result, estimates of the prevalence of homelessness often vary significantly due to differences in how *homelessness* is defined.

To understand the impacts and meanings of homelessness, we must first consider the meanings of home. Tipple and Speak (2005) explained,

> Thus "home" is a place where a person is able to establish meaningful social relations with others through entertaining them in his/her own space, or where the person is able to withdraw from such relationships. "Home" should be a place where a person is able to define the space as their own, where they are able to control its form and shape. (p. 338)

Somerville (1992) proposed seven meanings of *home*, including shelter, hearth, heart, privacy, roots, abode, and paradise, each entails specific connotation (e.g., warmth, love, and source of identity), sense of security (e.g., physical, emotional, and territorial), and identity and relational implications (e.g., protection, happiness, and stability). From this perspective, it is important to recognize that being homeless is not just a problem of a lack of physical housing. Being homeless is deeply emotional and highly personal. It involves existential anxiety about identities, relationships, survivorship, and future outlooks (Otis, 2014).

Despite the large number of quantitative studies and public health research on the homeless population, researchers increasingly emphasized the importance of local studies, utilizing interviews and

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ethnographic research (Farrugia, 2011; Gowan, 2010; Hsieh, 2016b; Passaro, 2014; Terui & Hsieh, in press), to better understand the lives and struggles of those in extreme poverty whose voice and suffering are often silenced in census data or survey research. Medical sociology is one of the earliest fields in examining issues of health and illness as a social phenomenon (Mechanic, 1980). Many medical sociologists have successfully demonstrated how individuals' voices can be ignored or suppressed in medicine, including its organizational structure, cultural perspectives, and system values (Foucault, 1973/1994; Kleinman, 1980; Waitzkin, 1991). By highlighting individuals' coordination with others in a social system, sociologists highlighted that individuals' experiences of health and illness are culturally constructed and socially situated (Kong & Hsieh, 2012; Pescosolido & Olafsdottir, 2010; Pitaloka & Hsieh, 2015; Waitzkin & Magana, 1997). Within the larger field of sociology, there is an inherent and pervasive concern in giving voice to the voiceless, those who are marginalized in our social world.

In contrast with medical sociologists' emphasis on system-level social injustice or structural prejudice, health communication researchers ask how such health disparities are created, maintained, and reinforced through communication, including interpersonal interactions, mass communication, and policy discourse (Dutta & Kreps, 2013; Freimuth & Quinn, 2004; Hsieh, 2013, 2016a; Hsieh & Terui, 2015; Ndiaye, Kreiger, Warren, & Hecht, 2011). In this review article, I aim to synthesize the literature on homelessness across various disciplines (e.g., public health, social work, sociology, and communication) by situating the experiences of people who are homeless from a communicative perspective. By conceptualizing homelessness as a culturally constructed and socially situated phenomenon, my goal is to demonstrate how the experiences of homelessness can be created, maintained, and reinforced through communication, including interpersonal interactions and public discourse. In addition, I also examine the different ways people who are homeless can resist such sociocultural forces as they struggle to survive on the streets.

Method

I conducted a narrative review (rather than a systematic review; Mulrow & Cook, 1998), which is particularly useful for examining complicated issues across various disciplines (Booth, Papaioannou, & Sutton, 2011; Rumrill & Fitzgerald, 2001). I conducted literature search through library databases (e.g., Medline, PsycInfo, ERIC, and JSTOR) and Google Scholar, using combinations of varied search terms, including *homeless* (e.g., homelessness, roofless, and precariously housed), *demographic groups* (e.g., men/women, race, youth, elderly, and veterans), violence (e.g., trauma and suffering), *culture* (e.g., cultural norms/displays), and *coping* (e.g., coping strategies and survivorship). I focused on how homelessness has been conceptualized and examined across different disciplines, with a focus on social interactions and public discourse. I excluded publications written in languages other than English.

Results

Recognizing the complexity of homelessness

The temporal dimensions of homelessness can be critical to individuals' understanding of their social situations and coping strategies (Lee et al., 2010). Researchers noted that there are three major types of homeless groups (Culhane, Metraux, Park, Schretzman, & Valente, 2007): (a) transitional or temporary homelessness represent individuals who are in transition between stable housing situations and whose brief homeless spells often amount to once-in-a-lifetime events, (b) episodic homelessness include individuals who cycle in and out of homelessness over short periods, and (c) chronic homelessness in which individuals experience homelessness as a permanent condition. These different conditions of homelessness would entail different implications and impacts to individuals' economic, human, and social capitals (Shinn et al., 2007).

The term *the homeless* thus includes a wide variety of groups of people and individual experiences. Approximately 11% of the homeless population are veterans, among whom Black race and unmarried

status are major predictors of homelessness for both men and women (Montgomery, Dichter, Thomasson, Fu, & Roberts, 2015). Approximately 70% of the general homeless populations have high school degree or less; in contrast, half of the homeless veterans have completed some college courses or have a college degree (Metraux, 2014). Many women who are homeless live intermittently with friends and relatives for weeks and months before they enter shelters (Meadows-Oliver, 2003). Personal experiences and access to resources can be significantly different between women who are homeless with and without children (Burt & Cohen, 1989; Page & Nooe, 2002). A study found more than one half of adults who are homeless age 55 and older in New York City led conventional lives (e.g., keeping conventional housing and jobs) for extended period of time before becoming homeless late in life (Shinn et al., 2007). Although older and younger groups who are homeless are equally likely to report a history of alcohol abuse, older people who are homeless are much less likely to report a history of drug abuse (Hecht & Coyle, 2001).

Homelessness is a fundamentally gendered experience. Among single adults who are homeless, there are typically more men than women (i.e., 4 to 1; Burt, 2001); however, differential mortality leads to larger numbers of elderly women who are homeless than men (Hecht & Coyle, 2001; Shinn et al., 2007). A national study found that men with children accounted for 2.3% whereas women with children comprised 12.2% of the total homeless population (Burt, 2001). Although women who are homeless are more likely to experience violence and sexual victimization, men who are homeless are less likely to have access to shelters and social assistance (Passaro, 2014). Women and men who are homeless have different pathways to homelessness: women are more likely to report eviction as the cause of their homelessness; men are more likely to attribute their homelessness to the loss of a job (Hecht & Coyle, 2001; Tessler, Rosenheck, & Gamache, 2001). Men are more likely to experience chronic homelessness; in contrast, though women can experience crisis-driven homelessness, they often are able to solve the problem quickly to avoid long-term homelessness (Hecht & Coyle, 2001).

The number of people in families who are homeless, among whom 58% are children, accounts for 36% of all people who are homeless (Henry, Cortes, & Morris, 2013). Youth who are homeless are one of the fastest growing and most vulnerable segments of the U.S. homeless population, with more than 1,301,239 homeless students, including 88,966 unaccompanied youth, enrolled in public schools in the 2013–2014 academic year (Endres & Cidade, 2015; Rahman, Turner, & Elbedour, 2015). Among adolescents who are homeless, throwaways were more likely than runaways to perceive their parents as wanting them to leave home even though both groups perceive extensive parental–child conflicts in their homes (Adams, Gullotta, & Clancy, 2014). While runaway homeless are more likely to use drugs than throwaways, they often maintain closer ties with their parents; in contrast, youth who are throwaways are more likely to report selling illicit drugs and having a legal guardian other than their parents (Thompson, Safyer, & Pollio, 2001).

A person can be homeless but not jobless. In fact, 44% reported paid work in the past month, including 20% who worked in a job lasting or expected to last at least 3 months (Burt et al., 1999). Gowan (2010) followed individuals who were homeless in San Francisco, among whom some self-identified as recyclers: They put in over 12 hours a day, taking in 200 pound loads, as they collect recyclable items (e.g., glass and plastic) and sell them to recycling companies. These individuals who are homeless view themselves as honest workers.

Gowan (2010) found both society and people who are homeless often shift between different viewpoints of homelessness by adopting "sin-talk" (e.g., homeless people bring their situation upon themselves), "sick-talk" (e.g., the homeless are ill in some way and need treatment), and "system-talk" (e.g., poor job markets, racism, and other social institutions cause individuals to lose their homes). The different attributions to homelessness highlight the growing tensions between empathy toward homelessness and "quality of life" in local communities as the homeless population has been increasing steadily since 1970s (Lee et al., 2010; Rossi, 1989). By associating homelessness with images of filth, filth, decay, and disease, the public perpetuate the stereotypes, marginalization, and stigmatization of the homeless (Amster, 2003), demanding social distance between the homeless and the community. Strauss (2012) noted,

> During the 1980s, homeless legislation began a shift from trying to help the homeless to trying to help ordinary citizens who were bothered by the homeless. So-called "quality of life" legislation was used to prevent the homeless from engaging in behaviors that irritated citizens. (p. 337)

By associating homelessness with disorder and criminality, local authorities justify their strategies to harass, punish, or restrict the presence of individuals who are homeless in public space (Amster, 2003; National Law Center on Homelessness and Poverty, 2014a, 2014b). A 2014 national survey found a growing number of cities have been criminalizing homelessness (Mach, 2015). Ismail (2009) concluded that some of the common tactics include:

- Enactment and enforcement of legislation that makes it illegal to sleep, sit, or store personal belongings in public spaces in cities where people are forced to live in public spaces
- Selective enforcement of more neutral laws, such as loitering, jaywalking, or open container laws, against persons who are homeless
- Sweeps of city areas in which persons who are homeless are living to drive them out of those areas, frequently resulting in the destruction of individuals' personal property such as important personal documents and medication
- Enactment and enforcement of laws that punish people for begging or panhandling to move people who are poor or homeless out of a city or downtown area
- Enforcement of a wide range of so-called quality of life ordinances related to public activities and hygiene (i.e., public urination) when no public facilities are available to people without housing.

In summary, homelessness is not only an issue of physical suffering. Rather, it is a sign of strains between economically marginalized, socially deprived individuals and their support network, situated in larger sociocultural contexts. For people who are homeless, the experience is profound as it challenges the fundamentals of individual identity and existence. For the supportive others and community, empathy and assistance toward people who are homeless call out moral obligations to fellow mankind while posing threats to their limited resources.

Violence in everyday life for the homeless

Physical, sexual, intimate partner, and domestic violence

Individuals who are homeless face various forms of violence in their everyday life. Although physical, sexual, intimate partner, and domestic violence are different forms of brutalities, they are not mutually exclusive. A person can become traumatized either by being a witness or a victim of such violence. In addition, the literature has suggested that childhood exposure to these violence are predictors of (a) homelessness and posttraumatic stress disorder (Bender, Ferguson, Thompson, Komlo, & Pollio, 2010; Herrenkohl, Sousa, Tajima, Herrenkohl, & Moylan, 2008; North & Smith, 1992) and (b) becoming victims or perpetrators of such acts in adulthood (Herrenkohl et al., 2008; Renner & Slack, 2006; Will, Loper, & Jackson, 2016).

Sexual and physical assault are common experiences for people who are homeless and marginally housed, with 32.3% of women, 27.1% of men, and 38.1% of persons identifying as transgendered reported a history of either sexual or physical assault in the previous year (Kushel, Evans, Perry, Robertson, & Moss, 2003). Women who are homeless experience a particularly high risk of sexual assault (Kipke, Simon, Montgomery, Unger, & Iversen, 1997; Kushel et al., 2003). For young men who are homeless, the leading cause of death was homicide (Hwang, 2000). In fact, homeless shelter users at New York City have age-adjusted death rates two to three times higher than the city's general population (Barrow, Herman, Córdova, & Struening, 1999).

For many people who are homeless, their experiences of violence first started in their childhood before leaving home. Childhood exposure to violence can shape individuals' self-concept, developing interpersonal styles, and personality traits (e.g., learned helplessness) that make individuals vulnerable to

further exploitations in adult life (Renner & Slack, 2006; Will et al., 2016). Early sexual abuse indirectly increases the chances of prostitution by elevating the risk of running away, substance abuse, and other forms of delinquent criminal behaviors (Simons & Whitbeck, 1991), all of which are also common pathways to youth homelessness (Mallett, Rosenthal, & Keys, 2005; Tyler & Melander, 2013). Personal vulnerability factors (e.g., mental illness and substance abuse) and exposure to criminal opportunities are antecedents of recent victimization for people who are homeless (Wenzel, Koegel, & Gelberg, 2000).

Domestic violence (e.g., physical and sexual victimization and witnessing intimate partner violence) is one of the major contributors to homelessness in young people (Martijn & Sharpe, 2006), especially in low socioeconomic populations who have limited housing options. Mallett et al. (2005) found four distinctive pathways for youth homelessness: (a) young person's drug/alcohol use → family conflict → homelessness, (b) family conflict → young person's drug/alcohol use → homelessness, (c) family conflict → homelessness → young person's drug/alcohol use, and (d) family member(s) drug/alcohol use → family conflict → homelessness. Noting that many of the participants use drugs as a coping mechanism to family conflicts and/or stress associated to a step-parent, Mallett et al. (2005) concluded, "The impact of family breakdown and/or blended families on these young people cannot be over emphasized" (p. 196).

Housing insecurity poses major barriers to leaving domestic violence (Thurston et al., 2013). As a result, women with children and/or with limited resources can be particularly vulnerable when faced with domestic or intimate partner violence. Women who experienced intimate partner violence in the last year are four times more likely to report housing instability than women who did not experience intimate partner violence (Pavao, Alvarez, Baumrind, Induni, & Kimerling, 2007). A study found that 38% of women who experienced domestic violence reported homelessness immediately after separation and 25% reported having to leave their homes during the year after separation (Baker, Cook, & Norris, 2003). Such statistics also highlight the crisis-driven nature of women's experiences of homelessness (Hecht & Coyle, 2001; Tessler et al., 2001).

Symbolic and structural violence

Symbolic violence exerts its influences through meaning making within the sociocultural context, imposing moral judgments and value sanctions toward individuals who do not conform to social norms, promote undesirable values, or create anxiety in others (Goffman, 1963). Individuals who are homeless face symbolic violence in their everyday life.

Social stigma is one of the most common symbolic violence against people who are homeless. By associating homelessness with negative connotations in physical characteristics (e.g., uncleanliness and filth), moral characters (e.g., laziness and criminality), dangers to local neighborhoods (e.g., property value, safety, and public health), the public blames people who are homeless for their own predicament (Phelan, Link, Moore, & Stueve, 1997) and demands distance from and restriction on the use of space by people who are homeless (Lee et al., 2010). In addition, stigma exerts compounding impacts as the homeless population is often associated with other stigmatized groups (e.g., individuals with mental illness, criminal history, low socioeconomic levels, low education, and/or substance abuse problems). For example, 40% of the youth who were homeless self-identified as lesbian, gay, bisexual, transgender (LGBT) individuals (National Coalition for the Homeless, 2014) and nearly 20% of the homeless population have serious mental illness or conditions related to chronic substance abuse (National Alliance to End Homelessness, 2016).

It is important to note that although symbolic violence shapes the meanings of *homelessness*, it entails tangible impacts on the behaviors and experiences of people who are homeless in everyday life, often reflected in structural violence in social systems. By *structural violence*, I mean the various forms of marginalization, criminalization, and medicalization of the homeless population that are imposed by the larger society.

For example, people who are homeless experience social exclusion from the mainstream society as the public demands "safe" space by annihilating access to space of people who are homeless

(Amster, 2003; Snow & Mulcahy, 2001). By instituting "quality of life" legislations that we discussed earlier, individuals who are homeless are put into an impossible situation. As camping and sleeping in public, loitering, urinating and defecating in public become illegal acts, individuals who are homeless are denied access to the only space to meet their basic needs. When city ordinance makes washing car windows on the streets, begging, and panhandling illegal, people who are homeless are forced to turn into street economy (e.g., prostitution and drug selling) to survive (Gwadz et al., 2009; National Law Center on Homelessness and Poverty, 2014b). Wasserman and Clair (2013) argued that the institutional model in managing people who are homeless rationalizes their resource distribution by implying "some people should be left with the choice of submitting to the condition of the shelter – regardless of whether they actually do need treatment – or be left to die" (p. 180). Mitchell (1997) concluded, "The intent is clear: to control behavior and space such that homeless people simply cannot do what they must do in order to survive without breaking laws. Survival itself is criminalized" (p. 307).

Although mental illness is a major health problem and predictor of the homeless population, researchers have raised concerns about the medicalization of people who are homeless. Although media coverage traditionally has provided sympathetic and positive views toward people who are homeless, it often centers on the deficits and deviant characteristics of people who are homeless (Buck, Toro, & Ramos, 2004). By blurring the boundaries between people who are homeless and individuals with mental illness and attributing the increase of the homeless population to the closing of mental health care facilities in the 1980s, governments and media have reinforced negative stereotypes of people who are homeless and treated homelessness as a medical problem (Mathieu, 1993). By constructing homelessness as a "disease" or deviancy to be avoided by self-awareness and responsible behaviors, shelter staff encourages people who are homeless to look into themselves to identify causes of their homelessness, a practice that transforms people who are homeless to self-blaming and self-governing persons (Lyon-Callo, 2000). In other words, people who are homeless can only find redemption through submission to the regime of surveillance, discipline, and personal enhancement (Farrugia, Smyth, & Harrison, 2016; Wasserman & Clair, 2012, 2013). It is important to note that while these approaches justify resources distribution to people who are homeless, they also have profound impacts on defining the types of resources (e.g., shelters vs. social welfare) that should be made available to people who are homeless (Wasserman & Clair, 2013). In addition, such an institutional attitude and public discourse fail to recognize and respond to the structural inequalities that contribute and reinforce everyday suffering of people who are homeless.

Another example of structural violence is reflected in the lack of research on men who are homeless. There are numerous evidence-based research on the predictors of and pathways to homelessness and policy-driven agenda for social change for specific homeless populations, including the young, the elderly, sexual minorities (e.g., lesbian, gay, bisexual, and transgender), women (with and without children), veterans (of both genders) and individuals with mental illness (Chambers et al., 2014; Meanwell, 2012; Montgomery et al., 2015; Tyler & Melander, 2013). These are the vulnerable populations that "deserve" attention and resources of our society. In contrast, there are significantly fewer studies that focus on men who are homeless alone. When men who are homeless are investigated, they often serve as a comparison group to women who are homeless or are treated as part of the general homeless population (Caton et al., 2005; Wenzel et al., 2000). From this perspective, men who are homeless may face particular challenges: they are the invisible homeless as little is known about their unique experiences of and pathways to homelessness, resulting in a lack of resources and political advocacy to address their specific needs. Men who are homeless are left to their own devices.

Structural violence makes it impossible for people who are homeless to leave homelessness. As sociocultural and sociopolitical structures create inequalities and injustice, vulnerable populations' suffering is silenced. This is particularly important for the increasing homeless population post-1980s, a social phenomenon that is called the rise of the "new homelessness" (Lee et al., 2010; O'Flaherty, 1996). Whereas previous waves of homelessness were phenomena of economic depression, the new

homelessness has occurred in relatively prosperous times, in cities with plenty vacant housing (O'Flaherty, 1996; Tompsett, Toro, Guzicki, Manrique, & Zatakia, 2006). O'Flaherty (1996) argued the income inequality reduces the size of middle class, which has a trickled-down effect in increasing pressure in vulnerable populations, resulting in increased homelessness; this further increases income inequality and eventually causes more homelessness. On the other hand, Jencks (1995) attributed the deinstitutionalization of the mentally ill, the invention of crack cocaine, rising jobless among men, declining marriage rate, cuts in welfare benefits, and the destruction of skid row as the causes of increasing homeless population. These sociocultural and sociopolitical forces not only are beyond the control of people who are homeless but also create insurmountable barriers to their path out of homelessness.

Coping with and surviving homelessness

Because people who are homeless are a stigmatized and marginalized population, they face unique challenges in coping with and surviving homelessness. In particular, because they have limited resources (e.g., lack of education and health care insurance), lack access to resources that are available to others who are not homeless (e.g., employment and formal identification are difficult to obtain without a home address), and face personal vulnerabilities (e.g., criminal histories, mental illness, and substance abuse), they need to develop creative strategies to survive on the street (Gwadz et al., 2009).

Identity as performance

Because adults with children have access to more resources (e.g., shelter, sympathy, generosity, and social welfare) than single adults, gender and parenthood become valuable resources in one's help-seeking process. Burt and Cohen (1989) argued that women bring their gender responsibilities into the homeless situation as almost half of the women who are homeless have children with them while only 1% of urban men who are homeless have children with them. Most men who are homeless also have not supported or contacted their children for years (Burt & Cohen, 1989). The differences in parenthood status are reflected in individuals' mean spell length of homelessness: Women with children have the shortest duration (i.e., 15 months); in contrast, single men have 43 months and single women have 34 months (Burt & Cohen, 1989). Women who are homeless with children also reported receiving more public assistance and fewer stressful life events commonly associated with homelessness (e.g., experience of hunger and sense of security) than single adults who are homeless, men or women (Roll, Toro, & Ortola, 1999) Children are valuable assets for adults who are homeless who wish to gain access to shelters and other social services/resources. Passaro (2014) explained,

> One of the few possibilities homeless men have of escaping the streets is to become a family member – to father a child. This child can then be used as leverage for moving in with the mother if she is housed, or if she is not, to then apply with her and the child for the social benefits that accrue to families. In other words, efforts to protect children also endanger children, because having children give homeless adults one of their best chances of survival. (p. 11)

In addition to using the identity of a parent to access resources, many women who are homeless strategically perform their gender roles to balance their needs for resources and security. For example, a women who are homeless may choose to adopt the feminine display to gain support and protection from men (who are homeless) who hold power or to assume a masculine identity as masculine display of aggression are socially acceptable and frequently rewarded on the street (Huey & Berndt, 2008). Similarly, an adolescent who is homeless may intentionally dress in a certain way in hope of passing as a person who is not homeless or adopt threatening posture to feel powerful when interacting with kids who are not homeless (Roschelle & Kaufman, 2004). For individuals who are homeless, their abilities to transition between different identities allow them to access different forms of resources and to increase their odds of surviving on the street.

Street economy and self-destructive behaviors

Certain groups of people can be particularly vulnerable to long-term homelessness. For example, older age group and arrest history are predictors for long-term homelessness (Caton et al., 2005). Without a home address, a youth who is homeless is unlikely to obtain employment or formal identification, both are critical in obtaining social services and surviving homelessness (Gwadz et al., 2009). Although people who are homeless often are victims of violence and/or face unique personal vulnerabilities (e.g., substance abuse and criminal history), it is critical that they are not simply categorized as victims or deviants. Rather, they are individuals with limited resources, which requires them to develop unique survival skills (e.g., street smart and networking) in a hostile environment (Bender, Thompson, McManus, Lantry, & Flynn, 2007).

Surviving in the street comes at a price. For example, a study found that crime did not precede youth homelessness; rather, homeless youth's involvement in criminal activity increases as a coping strategy to support their basic needs or their drug habit (Martijn & Sharpe, 2006). Although some of the survival skills are also found in highly functioning and successful individuals within the mainstream culture (Bender et al., 2007), it is important to recognize that many of the survival strategies can put people who are homeless in great danger. A recent survey found that 81% of youth who are homeless have participated in street economy (Gwadz et al., 2009), which includes panhandling, recycling, informal work (e.g., bagging groceries or manual labor), sex work, shoplifting, selling stolen goods, mugging, and activities of the illegal drug economy (Gwadz et al., 2009), all of which can pose significant risks to their physical health, personal safety, and/or incarceration. A national sample found that approximately 28% of street youth who were homeless and 10% of youth living in a shelter participated in survival sex, exchanging sex for shelter, food, drugs, or money (Greene, Ennett, & Ringwalt, 1999).

Access to social services and system resources may appear as a convenient and accessible form of support. For example, individuals with a history of mental health problems or having received government benefits in the past have a shorter length of a homeless spell (Allgood & Warren, 2003; Piliavin, Sosin, Westerfelt, & Matsueda, 1993). It is possible that patients with mental illnesses are able to access additional resources that other homeless groups would not have had, resulting in their reduced duration of homelessness. Nevertheless, to be eligible, suitable, and "worthy" recipients of social services, individuals are expected to submit to service providers' definition, surveillance, and control of their performance and identity (Wasserman & Clair, 2013). As a result, a person who is homeless may refuse to accept much needed resources due to concerns about hidden cost (e.g., loss of control and stigmatization). For example, Luhrmann (2008) found women who were homeless and psychotic refused to accept free housing provided by the mental health services because the housing eligibility requires a psychiatric diagnosis. Accepting the housing would imply that one agrees with the "mentally ill" identity assigned by the social system. As a result, these women talked about the need to be tough so that they can continue to face everyday violence in their street life or to be "mentally strong" so that they can forgo their identities to accept the needed services. From this perspective, as the individuals who are homeless submit to the mercy of the social system, they may continue to face significant loss/cost despite the availability and accessibility of resources.

Finally, because meaning and value systems of the street economy can differ from that of the main society, individuals who are homeless may engage in risky behaviors that may appear incomprehensible or highly problematic to outsiders. An ethnographic study of heroin addicts who were homeless found that they frequently engage in needle-sharing practices, which allow them to maintain their "dope fiend" identities, communicate mutual bonding, and demonstrate trust in their fragile social network (Bourgois, 1998). Similarly, many women who are homeless choose to remain in abusive, exploitative relationship with a male partner, considering it as a rational strategy to maintain stability and companionship in street life (Bourgois, Prince, & Moss, 2004). In this way, the everyday violence faced by people who are homeless takes on a new turn: The very act or relationship that (a) represents "positive" meanings (e.g., bonding, trust, and stability) and (b) can be necessary to their survival on the street are, in fact, self-destructive behaviors.

Conclusion

By recognizing that the experiences of homelessness can be created, maintained, and reinforced through communication, researchers and practitioners can engage in critical thinking about the different attitudes and approaches to homelessness and recognize the various individual, familial, and societal contributors to homelessness. The best of communication scholarship emerges through researchers' willingness and ability to listen by recognizing the perspectives of others and learning through the nuances and complexities of communication practices. This is particularly important when working with marginalized and underserved populations, whose voices are often deprived and silenced, resulting in disparities in their everyday life.

Homelessness is a complex social phenomenon, involving tensions between individuals, families, and social systems, all of which are situated in the larger sociocultural and sociopolitical contexts of a specific time and place. Homelessness is not the end or the beginning of an individual's suffering. Rather, it is often one of the events in a long string of challenges and difficulties faced by marginalized populations. From this perspective, practitioners and policy makers should identify the points of interventions that can take place before individuals experience of homelessness. For example, early interventions to strengthen support systems within a family (e.g., anger management or substance abuse treatment for parents) can reduce the risks of youth homelessness. Providing assistance (e.g., food pantries and public housing) without stigmatizing labels may allow individuals to seek timely support so that they do not become homeless. For example, providing housing first (as opposed to treatment first) to adults who are homeless and who have severe mental illness has a significantly better chance to reduce substance abuse and avoid relapse (Collins et al., 2012; Padgett, Stanhope, Henwood, & Stefancic, 2011).

Efforts to reduce homelessness need not to be limited to people who are homeless. Providing educational resources that allow individuals to ameliorate everyday violence (e.g., domestic violence for women or social stigma for LGBT teens) can reduce the risks of homelessness. By recognizing that a social safety net of government assistance is beneficial to "not just a few but by millions of Americans who, through the course of a lifetime *occasionally*, not chronically, find themselves between jobs, strapped with a hefty medical bill, or facing a crisis, such as divorce, with financial consequences" (Kramer, 2016, p. 268), we can build communities that are more understanding, supportive, and empathetic to those in need and reduce the suffering of the homeless.

References

Adams, G. R., Gullotta, T., & Clancy, M. A. (2014). Homeless adolescents: A descriptive study of similarities and differences between runaways and throwaways. In R. M. Lerner & C. M. Ohannessian (Eds.), *Risks and problem behaviors in adolescence* (pp. 315–324). New York, NY: Routledge.

Allgood, S., & Warren, R. S., Jr. (2003). The duration of homelessness: Evidence from a national survey. *Journal of Housing Economics*, 12, 273–290.

Amster, R. (2003). Patterns of exclusion: Sanitizing space, criminalizing homelessness. *Social Justice*, 30, 195–221.

Baker, C. K., Cook, S. L., & Norris, F. H. (2003). Domestic violence and housing problems: A contextual analysis of women's help-seeking, received informal support, and formal system response. *Violence Against Women*, 9, 754–783.

Barrow, S. M., Herman, D. B., Córdova, P., & Struening, E. L. (1999). Mortality among homeless shelter residents in New York City. *American Journal of Public Health*, 89, 529–534.

Bender, K., Ferguson, K., Thompson, S., Komlo, C., & Pollio, D. (2010). Factors associated with trauma and posttraumatic stress disorder among homeless youth in three U.S. cities: The importance of transience. *Journal of Traumatic Stress*, 23, 161–168.

Bender, K., Thompson, S., McManus, H., Lantry, J., & Flynn, P. (2007). Capacity for survival: Exploring strengths of homeless street youth. *Child and Youth Care Forum*, 36, 25–42.

Booth, A., Papaioannou, D., & Sutton, A. (2011). *Systematic approaches to a successful literature review*. Thousand Oaks, CA: Sage.

Bourgois, P. (1998). The moral economies of homeless heroin addicts: Confronting ethnography, HIV risk, and everyday violence in San Francisco shooting encampments. *Substance Use & Misuse*, 33, 2323–2351.

Bourgois, P., Prince, B., & Moss, A. (2004). The everyday violence of hepatitis C among young women who inject drugs in San Francisco. *Human Organization*, 63, 253–264.

Buck, P. O., Toro, P. A., & Ramos, M. A. (2004). Media and professional interest in homelessness over 30 years (1974–2003). *Analyses of Social Issues and Public Policy*, *4*, 151–171.

Burt, M. R. (2001). Homeless families, singles, and others: Findings from the 1996 national survey of homeless assistance providers and clients. *Housing Policy Debate*, *12*, 737–780.

Burt, M. R., Aron, L. Y., Douglas, T., Valente, J., Lee, E., & Iwen, B. (1999). *Homelessness: Program and the people they serve*. Retrieved from http://www.urban.org/research/publication/homelessness-programs-and-people-they-serve-findings-national-survey-homeless-assistance-providers-and-clients

Burt, M. R., & Cohen, B. E. (1989). Differences among homeless single women, women with children, and single men. *Social Problems*, *36*, 508–524.

Caton, C. L. M., Dominguez, B., Schanzer, B., Hasin, D. S., Shrout, P. E., Felix, A., . . . Hsu, E. (2005). Risk factors for long-term homelessness: Findings from a longitudinal study of first-time homeless single adults. *American Journal of Public Health*, *95*, 1753–1759.

Chambers, C., Chiu, S., Scott, A., Tolomiczenko, G., Redelmeier, D., Levinson, W., & Hwang, S. (2014). Factors associated with poor mental health status among homeless women with and without dependent children. *Community Mental Health Journal*, *50*, 553–559.

Collins, S. E., Malone, D. K., Clifasefi, S. L., Ginzler, J. A., Garner, M. D., Burlingham, B., . . . Larimer, M. E. (2012). Project-based Housing First for chronically homeless individuals with alcohol problems: Within-subjects analyses of 2-year alcohol trajectories. *American Journal of Public Health*, *102*, 511–519.

Culhane, D. P., Metraux, S., Park, J. M., Schretzman, M., & Valente, J. (2007). Testing a typology of family homelessness based on patterns of public shelter utilization in four U.S. jurisdictions: Implications for policy and program planning. *Housing Policy Debate*, *18*, 1–28.

Dutta, M. J., & Kreps, G. L. (Eds.). (2013). *Reducing health disparities: Communication interventions*. New York, NY: Peter Lang.

Endres, C., & Cidade, M. (2015). *Federal data summary school years 2011–2012 to 2013–2014: Education for homeless children and youth*. Retrieved from http://center.serve.org/nche/downloads/data-comp-1112-1314.pdf

Farrugia, D. (2011). The symbolic burden of homelessness: Towards a theory of youth homelessness as embodied subjectivity. *Journal of Sociology*, *47*, 71–87.

Farrugia, D., Smyth, J., & Harrison, T. (2016). Moral distinctions and structural inequality: Homeless youth salvaging self. *The Sociological Review*, *64*, 238–255.

Foucault, M. (1994). *The birth of the clinic: An archaeology of medical perception* (M. S. Smith, Trans.). New York, NY: Vintage Books. (Original work published 1973)

Freimuth, V. S., & Quinn, S. C. (2004). The contributions of health communication to eliminating health disparities. *American Journal of Public Health*, *94*, 2053–2055.

Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Englewood Cliffs, NJ: Prentice Hall.

Gowan, T. (2010). *Hobos, hustlers, and backsliders: Homeless in San Francisco*. Minneapolis, MN: University of Minnesota Press.

Greene, J. M., Ennett, S. T., & Ringwalt, C. L. (1999). Prevalence and correlates of survival sex among runaway and homeless youth. *American Journal of Public Health*, *89*, 1406–1409.

Gwadz, M. V., Gostnell, K., Smolenski, C., Willis, B., Nish, D., Nolan, T. C., . . . Ritchie, A. S. (2009). The initiation of homeless youth into the street economy. *Journal of Adolescence*, *32*, 357–377.

Hecht, L., & Coyle, B. (2001). Elderly homeless: A comparison of older and younger adult emergency shelter seekers in Bakersfield. *California. American Behavioral Scientist*, *45*, 66–79.

Henry, M., Cortes, A., & Morris, S. (2013). *The 2013 Annual Homeless Assessment Report (AHAR) to congress*. Retrieved from https://www.hudexchange.info/resources/documents/ahar-2013-part1.pdf

Herrenkohl, T. I., Sousa, C., Tajima, E. A., Herrenkohl, R. C., & Moylan, C. A. (2008). Intersection of child abuse and children's exposure to domestic violence. *Trauma, Violence, & Abuse*, *9*, 84–99.

Hsieh, E. (2013). Health literacy and patient empowerment: The role of medical interpreters in bilingual health communication. In M. J. Dutta & G. L. Kreps (Eds.), *Reducing health disparities: Communication intervention* (pp. 41–66). New York, NY: Peter Lang.

Hsieh, E. (2016a). *Bilingual health communication: Working with interpreters in cross-cultural care*. New York, NY: Routledge.

Hsieh, E. (2016b). Voices of the homeless: An emic approach to the experiences of health disparities faced by people who are homeless. *Social Work in Public Health*, *31*, 328–340.

Hsieh, E., & Terui, S. (2015). Inherent tensions and challenges of oncologist–patient communication: Implications for interpreter training in health-care settings. *Journal of Applied Communication Research*, *43*, 141–162.

Huey, L., & Berndt, E. (2008). 'You've gotta learn how to play the game': Homeless women's use of gender performance as a tool for preventing victimization. *Sociological Review*, *56*, 177–194.

Hwang, S. W. (2000). Mortality among men using homeless shelters in Toronto, Ontario. *Journal of the American Medical Association*, *283*, 2152–2157.

Ismail, A. (2009). *US cities criminalize homelessness*. Retrieved from http://www.wsws.org/en/articles/2009/08/hmls-a10.html

Jencks, C. (1995). *The homeless*. Cambridge, MA: Harvard University Press.

Kipke, M. D., Simon, T. R., Montgomery, S. B., Unger, J. B., & Iversen, E. F. (1997). Homeless youth and their exposure to and involvement in violence while living on the streets. *Journal of Adolescent Health*, *20*, 360–367.

Kleinman, A. (1980). *Patients and healers in the context of culture: An exploration of the borderland between anthropology, medicine, and psychiatry*. Berkeley, CA: University of California Press.

Kong, H., & Hsieh, E. (2012). The social meanings of traditional Chinese medicine: Elderly Chinese immigrants' health practice in the United States. *Journal of Immigrant and Minority Health*, *14*, 841–849.

Kramer, E. M. (2016). The working poor: Two perspectives on reality – A communication to the Editor inviting a discussion. *Poverty & Public Policy*, *8*, 263–274.

Kushel, M. B., Evans, J. L., Perry, S., Robertson, M. J., & Moss, A. R. (2003). No door to lock: Victimization among homeless and marginally housed persons. *Archives of Internal Medicine*, *163*, 2492–2499.

Lee, B. A., Tyler, K. A., & Wright, J. D. (2010). The new homelessness revisited. *Annual Review of Sociology*, *36*, 501–521.

Luhrmann, T. M. (2008). "The street will drive you crazy": Why homeless psychotic women in the institutional circuit in the United States often say no to offers of help. *American Journal of Psychiatry*, *165*, 15–20.

Lyon-Callo, V. (2000). Medicalizing homelessness: The production of self-blame and self-governing within homeless shelters. *Medical Anthropology Quarterly*, *14*, 328–345.

Mach, A. (2015). *Interactive map: Number of U.S. cities criminalizing homelessness surges*. Retrieved from http://www.pbs.org/newshour/updates/interactive-map-number-of-u-s-cities-criminalizing-homelessness-doubles/

Mallett, S., Rosenthal, D., & Keys, D. (2005). Young people, drug use and family conflict: Pathways into homelessness. *Journal of Adolescence*, *28*, 185–199.

Martijn, C., & Sharpe, L. (2006). Pathways to youth homelessness. *Social Science & Medicine*, *62*, 1–12.

Mathieu, A. (1993). The medicalization of homelessness and the theater of repression. *Medical Anthropology Quarterly*, *7*, 170–184.

Meadows-Oliver, M. (2003). Mothering in public: A meta-synthesis of homeless women with children living in shelters. *Journal for Specialists in Pediatric Nursing*, *8*, 130–136.

Meanwell, E. (2012). Experiencing homelessness: A review of recent literature. *Sociology Compass*, *6*, 72–85.

Mechanic, D. (Ed.). (1980). *Readings in medical sociology*. New York, NY: Free Press.

Metraux, S. (2014). *Educational attainment among homeless veterans served by the VA*. Retrieved from http://www.endveteranhomelessness.org/sites/default/files/Educational%20Attainment%20Among%20Homeless%20Veterans%20Served%20by%20the%20VA.pdf

Mitchell, D. (1997). The annihilation of space by law: The roots and implications of anti-homeless laws in the United States. *Antipode*, *29*, 303–335.

Montgomery, A. E., Dichter, M. E., Thomasson, A. M., Fu, X., & Roberts, C. B. (2015). Demographic characteristics associated with homelessness and risk among female and male veterans accessing VHA outpatient care. *Women's Health Issues*, *25*, 42–48.

Mulrow, C., & Cook, D. (1998). *Systematic reviews: Synthesis of best evidence for halth care decisions*. Philadelphia, PA: American College of Physicians.

National Alliance to End Homelessness. (2016). *Health care*. Retrieved from http://www.endhomelessness.org/pages/mental_physical_health

National Coalition for the Homeless. (2014). *LGBT homelessness*. Retrieved from http://nationalhomeless.org/issues/lgbt/

National Law Center on Homelessness and Poverty. (2014a). *Criminalization of homelessness in the United States of America*. Retrieved from http://www.nlchp.org/documents/CAT_Criminalization_Shadow_Report_2014

National Law Center on Homelessness and Poverty. (2014b). *No safe place: The criminalization of homelessness in U.S. cities*. Retrieved from http://www.nlchp.org/documents/No_Safe_Place

Ndiaye, K., Kreiger, J. L., Warren, J. R., & Hecht, M. L. (2011). Communication and health disparities. In T. L. Thompson, R. Parrott, & J. F. Nussbaum (Eds.), *The Routledge handbook of health communication* (2nd ed., pp. 469–481). New York, NY: Routledge.

North, C. S., & Smith, E. M. (1992). Posttraumatic stress disorder among homeless men and women. *Psychiatric Services*, *43*, 1010–1016.

O'Flaherty, B. (1996). *Making room: The economics of homelessness*. Cambridge, MA: Harvard University Press.

Otis, J. (2014, December 20). Jobless and homeless, parents vow to hide fears from their 3 young children. *The New York Times*. p. A18. Retrieved from http://nyti.ms/1v38qmk

Padgett, D., Stanhope, V., Henwood, B., & Stefancic, A. (2011). Substance use outcomes among homeless clients with serious mental illness: Comparing Housing First with Treatment First programs. *Community Mental Health Journal*, *47*, 227–232.

Page, T., & Nooe, R. (2002). Life experiences and vulnerabilities of homeless women: A comparison of women unaccompanied versus accompanied by minor children, and correlates with children's emotional distress. *Journal of Social Distress and the Homeless*, *11*, 215–231.

Passaro, J. (2014). *The unequal homeless: Men on the streets, women in their place*. Oxford, England: Routledge.

Pavao, J., Alvarez, J., Baumrind, N., Induni, M., & Kimerling, R. (2007). Intimate partner violence and housing instability. *American Journal of Preventive Medicine*, *32*, 143–146.

Pescosolido, B. A., & Olafsdottir, S. (2010). The cultural turn in sociology: Can it help us resolve an age-old problem in understanding decision making for health care? *Sociological Forum*, *25*, 655–676.

Phelan, J. C., Link, B. G., Moore, R. E., & Stueve, A. (1997). The stigma of homelessness: The impact of the label "homeless" on attitudes toward poor persons. *Social Psychology Quarterly*, *60*, 323–337.

Piliavin, I., Sosin, M., Westerfelt, A. H., & Matsueda, R. L. (1993). The duration of homeless careers: An exploratory study. *Social Service Review*, *67*, 576–598.

Pitaloka, D., & Hsieh, E. (2015). Health as submission and social responsibilities: Embodied experiences of Javanese women with type II diabetes. *Qualitative Health Research*, *25*, 1155–1165.

Rahman, M. A., Turner, J. F., & Elbedour, S. (2015). The U.S. homeless student population: Homeless youth education, review of research classifications and typologies, and the U.S. federal legislative response. *Child & Youth Care Forum*, *44*, 687–709.

Renner, L. M., & Slack, K. S. (2006). Intimate partner violence and child maltreatment: Understanding intra- and intergenerational connections. *Child Abuse & Neglect*, *30*, 599–617.

Roll, C. N., Toro, P. A., & Ortola, G. L. (1999). Characteristics and experiences of homeless adults: A comparison of single men, single women, and women with children. *Journal of Community Psychology*, *27*, 189–198.

Roschelle, A. R., & Kaufman, P. (2004). Fitting in and fighting back: Stigma management strategies among homeless kids. *Symbolic Interaction*, *27*, 23–46.

Rossi, P. H. (1989). *Without shelter: homelessness in the 1980's*. New York, NY: Priority Press.

Rumrill, J. P. D., & Fitzgerald, S. M. (2001). Using narrative literature reviews to build a scientific knowledge base. *Work*, *16*, 165–170.

Shinn, M., Gottlieb, J., Wett, J. L., Bahl, A., Cohen, A., & Baron Ellis, D. (2007). Predictors of homelessness among older adults in New York City: Disability, economic, human and social capital and stressful events. *Journal of Health Psychology*, *12*, 696–708.

Simons, R. L., & Whitbeck, L. B. (1991). Sexual abuse as a precursor to prostitution and victimization among adolescent and adult homeless women. *Journal of Family Issues*, *12*, 361–379.

Snow, D. A., & Mulcahy, M. (2001). Space, politics, and the survival strategies of the homeless. *American Behavioral Scientist*, *45*, 149–169.

Somerville, P. (1992). Homelessness and the meaning of home: Rooflessness or rootlessness? *International Journal of Urban & Regional Research*, *16*, 529–539.

Strauss, I. (2012). Book review: Hobos, hustlers and backsliders: Homeless in San Francisco by Teresa Gowan. *Critical Sociology*, *38*, 335–338.

Terui, S., & Hsieh, E. (in press). "Not homeless yet. I'm kind of couch surfing": Finding identities for people at a homeless shelter. *Social Work in Public Health*.

Tessler, R., Rosenheck, R., & Gamache, G. (2001). Gender differences in self-reported reasons for homelessness. *Journal of Social Distress and the Homeless*, *10*, 243–254.

Thompson, S. J., Safyer, A. W., & Pollio, D. E. (2001). Differences and predictors of family reunification among subgroups of runaway youths using shelter services. *Social Work Research*, *25*, 163–172.

Thurston, W. E., Roy, A., Clow, B., Este, D., Gordey, T., Haworth-Brockman, M., … Carruthers, L. (2013). Pathways into and out of homelessness: Domestic violence and housing security for immigrant women. *Journal of Immigrant & Refugee Studies*, *11*, 278–298.

Tipple, G., & Speak, S. (2005). Definitions of homelessness in developing countries. *Habitat International*, *29*, 337–352.

Tompsett, C. J., Toro, P. A., Guzicki, M., Manrique, M., & Zatakia, J. (2006). Homelessness in the United States: Assessing changes in prevalence and public opinion, 1993–2001. *American Journal of Community Psychology*, *37*, 47–61.

Tyler, K. A., & Melander, L. A. (2013). Child abuse, street victimization, and substance use among homeless young adults. *Youth & Society*, *47*, 502–519.

Waitzkin, H. (1991). *The politics of medical encounters: How patients and doctors deal with social problems*. New Haven, CT: Yale University Press.

Waitzkin, H., & Magana, H. (1997). The black box in somatization: Unexplained physical symptoms, culture and narratives of trauma. *Social Science & Medicine*, *45*, 811–825.

Wasserman, J. A., & Clair, J. M. (2012). The medicalization of homelessness and the sociology of the self: A grounded fractal analysis. *Studies in Symbolic Interaction*, *38*, 29–62.

Wasserman, J. A., & Clair, J. M. (2013). The insufficiency of fairness: The logics of homeless service administration and resulting gaps in service. *Culture & Organization*, *19*, 162–183.

Wenzel, S., Koegel, P., & Gelberg, L. (2000). Antecedents of physical and sexual victimization among homeless women: A comparison to homeless men. *American Journal of Community Psychology*, *28*, 367–390.

Will, J. L., Loper, A. B., & Jackson, S. L. (2016). Second-generation prisoners and the transmission of domestic violence. *Journal of Interpersonal Violence*, *31*, 100–121.