

# Danger on the Streets

## Marginality and Victimization Among Homeless People

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*Data from a national survey are used to examine the relationship between marginality and criminal victimization among the homeless. The results show that homeless people are victimized disproportionately often both in absolute and relative terms (i.e., compared to members of the domiciled population) and that the modal pattern entails multiple forms of victimization. Conventional demographic antecedents of victimization receive little support in the analysis. However, measures representing different dimensions of marginality—disaffiliation, health problems, traumatic events, and lifestyle-exposure—all significantly increase the odds of being victimized, as hypothesized. The failure of the lifestyle-exposure variables to mediate the effects of the other predictors suggests that distal factors should be considered along with proximate ones if the vulnerability of disadvantaged groups to crime is to be adequately understood. Implications of the present research for the victim-offender relationship and the meaning of victimization are also discussed.*

**Keywords:** homelessness; victimization; marginality; lifestyle-exposure

**Data from the National Crime Victimization Survey** indicate that rates for every major type of personal and property crime in the United States have decreased in recent years, many by 50% or more, reaching their lowest levels since 1973 (Rennison & Rand, 2003). To put these rates in perspective, an adult's annual likelihood of injury from all kinds of accidents is now three to four times that of having something stolen (Karmen, 1996). The odds of

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victimization are not constant, varying along demographic lines. Yet most domiciled Americans are able to achieve an acceptable degree of personal safety. Their dwelling units allow them to secure themselves and their belongings. Law enforcement agencies and personnel are attentive to their needs. At work or in the neighborhood, they benefit from the watchful eyes of others, taking precautions as necessary. As a result, their daily lives are relatively free of danger.

The circumstances faced by homeless people stand in stark contrast to the typical situation just described. We argue that the high incidence of victimization observed among the homeless (Fischer, 1992b; Fitzpatrick, LaGory, & Ritchey, 1993; Lam & Rosenheck, 1998) can be traced to their marginality. The concept of marginality was originally used in sociology to depict the dilemma of immigrants and multiethnic people familiar with two cultures but anchored in neither (Park, 1928). Over time, the term has acquired a more general meaning, referring to a lack of integration. Marginal individuals are "outsiders" excluded from full membership in society. The sources of their exclusion can be both structural and personal, a point well illustrated by theories of contemporary homelessness. Whereas persistent poverty, a shortage of affordable housing, economic trends, changes in welfare and mental health policy, and similar forces operating at the macro level are hypothesized to have expanded the at-risk population, theorists note that those individuals subsequently selected into literal homelessness often exhibit the kinds of problems (e.g., substance abuse, mental illness) that reduce employability, erode support networks, and evoke stigmatizing reactions (Koegel, Burnam, & Baumohl, 1996; Rossi, 1989; Wolch, Dear, & Akita, 1988; Wright, Rubin, & Devine, 1998).

Marginality among the homeless manifests itself in ways that highlight an ongoing struggle to exercise control of one's daily life. By definition, homeless persons suffer from residential and spatial marginality (Snow & Mulcahy, 2001). They do not have permanent housing, an important source of protection, and they frequently must carry their possessions with them. Their exposure to victimization is further enhanced by their concentration in inner-city locations (Burt, Aron, & Lee, 2001; Lee & Price-Spratlen, 2004). Skid rows and other districts the homeless occupy exhibit the sorts of "deviant place" attributes that attract motivated offenders but offer limited guardianship (Sherman, Gartin, & Buerger, 1989; Stark, 1987). Police tend to stress maintaining order in such settings rather than responding to specific complaints. For homeless people, passing time on the streets during the night as well as the day increases their chances of becoming a crime victim. Witnessing crime or hearing about it is also common, with large percentages of the homeless reporting such "vicarious" involvement (Fitzpatrick, LaGory, & Ritchey, 1999; Simons & Whitbeck, 1991).

Direct and indirect exposure to crime makes homeless persons fearful and concerned about their vulnerability (C. I. Cohen & Sokolovsky, 1989; Coston & Finckenauer, 1993; Kipke, Simon, Montgomery, Unger, & Iversen, 1997;

Padgett & Struening, 1992). However, there is little reason to assume however that all are equally likely to be victimized. Despite their disadvantaged spatial circumstances, homeless people differ on economic, social, and other dimensions of marginality relevant to victimization. For example, receiving regular pension checks or government assistance should provide more insulation from crime than does resorting to panhandling as an income source. So should having attachments of some sort (through work or ties to family and friends) as opposed to being isolated. And health difficulties, although common among the homeless, may elevate risk mainly for those who are rendered weak, disabled, or disoriented and who thus become attractive targets. In short, because homeless populations contain more and less marginalized members, victimization is expected to be a variable phenomenon.

Our primary interest is in how best to understand this variation. On the one hand, some of the more distinctive aspects of marginality associated with homelessness, such as social disaffiliation and poor health, require the development of homeless-specific explanations of victimization. On the other hand, scholarship in criminology—largely neglected in past homelessness research—offers useful guidance. Perhaps the same demographic correlates of victimization (sex, race, age, etc.) detected among domiciled individuals pertain to their homeless counterparts. Or, consistent with the logic of lifestyle-exposure theory (Hindelang, Gottfredson, & Garofalo, 1978; Meier & Miethe, 1993), the manner in which homeless people cope with the circumstances of street life may shape their risk of victimization. Prehomeless traumatic events such as childhood abuse or divorce could also foster marginality and ultimately increase risk.

This menu of possible antecedents of victimization brings to mind the distinction between distal and proximate causes of crime. Hagan and McCarthy (1998) pointed out the emphasis on the former in the criminology literature, but their investigation of homeless youth supports the notion that the proximate or situational aspects of homelessness can independently induce criminal behavior, providing both motivation and opportunity (see Gibbons, 1971). Are situational factors also sufficient to account for differences in the likelihood of becoming a crime victim? Or do one's chances of victimization depend in part on trajectories set in motion by earlier experiences (i.e., by distal factors)?

These questions remain unanswered in the studies of homeless victimization reviewed in the next section, which have produced inconsistent findings. Such inconsistency is not surprising because different analyses incorporate different independent variables (often only a few), the selection of which is poorly informed by the general victimization literature. Another problem has to do with the samples employed, which are usually small, unrepresentative, or both. Investigators rely on single-city, nonprobability designs that capture narrow segments of the homeless population (e.g., runaway youth, women, the mentally ill). By targeting specific groups, these designs restrict the diversity present among the homeless. As a consequence, they preclude a comprehensive ex-

amination of how different dimensions and degrees of marginality influence victimization.

Our study seeks to rectify the methodological and theoretical shortcomings of previous work. Employing data from the National Survey of Homeless Assistance Providers and Clients (NSHAPC), we identify the determinants of criminal victimization in a representative sample of homeless adults. We start by describing the prevalence of overall victimization and of specific types of victimization. We then use logistic regression techniques to test several possible explanations—drawn from both criminology and homelessness research and reflecting both proximate and distal causes—for why some homeless are more likely to be victimized than others. Demographic characteristics constitute the baseline model in our regressions, facilitating comparison with the domiciled population. We elaborate that model to incorporate measures of disaffiliation, health problems, traumatic events, and lifestyle.

### EXPLAINING VICTIMIZATION

The explanations of victimization explored here recognize, at least implicitly, the range of actors responsible for crimes against the homeless. These actors include domiciled predators who cruise skid row, hotel managers who overcharge for illusory services, labor contractors who systematically underpay, and tavern and liquor store operators who run inflated tabs. Some forms of victimization appear to be impersonal, resulting from routine policies and practices. As an illustration, shelters discard unclaimed belongings at regular intervals, and municipal street and alley clean-ups destroy the “homes” and “businesses” of persons living outdoors (Baldwin, 1998; Duneier, 1999). Of course, the homeless victimize each other as well (Fischer, 1992a; Snow, Baker, & Anderson, 1989). The occurrence of homeless-on-homeless crime reflects physical propinquity, minimal guardianship, and a low perceived likelihood of sanctions. In some cases, homeless perpetrators are reacting to their own prior victimization at the hands of colleagues. The tensions of street life seem particularly conducive to a vicious cycle in which individuals alternate between victim and offender roles (Lauritsen, Sampson, & Laub, 1991; Ruback & Thompson, 2001; Singer, 1986).

We extend past scholarship by considering five explanations that capture distal and proximate antecedents of victimization. The first two explanations are informed by criminological research, whereas the other three stress factors are especially germane to homelessness. Each focuses on a different manifestation of marginality. Although we present the explanations separately, this should not be taken to mean that any of them is capable of standing alone. All five require attention if the complex roots of victimization are to be understood.

### DEMOGRAPHIC CHARACTERISTICS

The first, or demographic, explanation emphasizes position in the social structure, noting that victimization varies systematically by sex, age, race, income, and place of residence among members of the general population. Current estimates from the National Crime Victimization Survey paint a familiar picture: Persons who are male, younger, African American, less affluent, and live in large cities are most likely to become victims (Duhart, 2000; Laub, 1997; Rennison & Rand, 2003).<sup>1</sup> Their greater vulnerability can be traced to deficits in power and resources, to status-specific traits such as youthful innocence and male risk taking, and to their propensity for associating with others like themselves, as expressed in the principle of homogeneity (Sampson & Lauritsen, 1990).

Although we predict similar differentials for the homeless, the peculiar samples used in past research make it impossible to know if our hypotheses are well grounded empirically. Several studies show, as anticipated, that homeless men experience theft, threats, and most forms of violence (except for sexual assault) more often than do their female counterparts (Padgett & Struening, 1992; Whitbeck, Hoyt, & Ackley, 1997; Whitbeck & Simons, 1993). Other studies produce opposite findings. For example, Lam and Rosenheck (1998) documented greater vulnerability among women and Whites in their sample of homeless mentally ill clients. Perhaps most puzzling are the analyses that fail to detect significant demographic variation (Fitzpatrick et al., 1993; Kipke et al., 1997). Attempting to interpret such null findings, Fitzpatrick and his collaborators (1993) portrayed homelessness as "a leveling process that eradicates risk differentials [across] social categories" (p. 362).

### LIFESTYLE-EXPOSURE

Another interpretation of weak or absent demographic effects is given by lifestyle-exposure theory, which stresses proximate influences. It holds that the demographic variables influence victimization indirectly by shaping people's daily activities (or lifestyle), which in turn place them at greater or lesser risk depending on whether the activities occur outside of conventional housing units (Hindelang et al., 1978; Meier & Miethe, 1993).<sup>2</sup> The frequency and length of homeless spells serve as crude surrogates for these activities. We hypothesize that the odds of victimization accompanying street life add up: Individuals who experience more or longer spells should be particularly vulnerable to crime. For the most part, our hypothesis rests on a solid foundation, with several studies offering support (Kipke et al., 1997; Simons & Whitbeck, 1991). However, Anderson (1996) reported a lower incidence of victimization among the long-term homeless, who presumably learn how to avoid "being in the wrong place with the wrong associates" (p. 370).

Besides measures of homelessness frequency and duration, which tap lifestyle in a global sense, lifestyle-exposure theory points to specific activities that influence the chances of being victimized. Certain types are precautionary (e.g., teaming up with homeless partners, sleeping during the day, keeping one's finances secret) and should therefore reduce vulnerability (Baldwin, 1998; C. I. Cohen & Sokolovsky, 1989; Coston, 1995; Dordick, 1997). At the same time, a variety of subsistence-oriented behaviors can be identified that distinguish the more marginalized and vulnerable homeless. Prompted by desperation, these behaviors include food scavenging, sleeping outdoors, panhandling, prostitution, and drug dealing (Lee & Farrell, 2003; Snow & Anderson, 1993). Because of their deviant, eye-catching character, they draw attention to homeless people as potential targets. The fact that the activities are carried out in public settings amplifies their impact. Moreover, some of them, such as drug sales and prostitution, put the homeless in the company of potential offenders. A series of Midwestern surveys of homeless adolescents and adults (Simons, Whitbeck, & Bales, 1989; Whitbeck & Simons, 1990, 1993) confirms our central hypothesis: Engaging in a subsistence lifestyle heightens the likelihood of victimization.

#### DISAFFILIATION

The homelessness literature uses the concept of disaffiliation to refer to the weak connections that many homeless have to people, places, and institutions (Bahr, 1973; LaGory, Ritchey, & Fitzpatrick, 1991). Drawing on his own Chicago survey and a review of 40 other studies, Rossi (1989) concluded that the average homeless person is rarely in touch with relatives and has few strong friendships. Participation in the formal economy appears limited as well: Nearly half of Rossi's Chicago respondents had not held a steady job in 4 years (also see Burt & Cohen, 1989; Koegel, Burnam, & Farr, 1990). The absence of these sorts of anchors may contribute to the frequent moves made by some homeless, who suffer from what has been termed *chronic residential instability* (Sosin, Piliavin, & Westerfelt, 1990).

Although disaffiliation is often treated as a cause of homelessness, it also provides an explanation of victimization patterns, indicating how risk is influenced by gradations in social, economic, and residential marginality within the homeless population. All else equal, we expect more isolated and mobile members of that population (or of the domiciled population, for that matter) to have fewer protective resources and thus be prime candidates for victimization. Similarly, those without institutional ties through work or organizational involvement are likely to spend more time in public space, elevating their risk. The guiding hypothesis here—that disaffiliation positively affects victimization—is intuitively reasonable, but it comes with an important caveat. If an individual's social ties are only to other homeless, he or she could be pulled into drinking, drugs, or crime, increasing the chances of being victimized. The mixed results

from previous studies that include measures of interpersonal relations and peer interaction reinforce this double-edged character of social networks (Anderson, 1996; Simons & Whitbeck, 1991). From a safety standpoint, what seems to matter most are connections that extend beyond the homeless community.

#### **HEALTH PROBLEMS**

The fourth explanation to be evaluated in our analysis stresses the impact of health problems on victimization. Numerous investigations have documented the substantially higher rates of infectious and degenerative disease, injury, mental illness, substance abuse, and nutritional deficiency found among the homeless than in the domiciled population (Burt et al., 2001; Institute of Medicine, 1988; Wright et al., 1998). The lack of control associated with marginal status is exacerbated by each of these problems, though in distinctive ways. Some of the problems are visible, serving as an invitation to street predators (Fischer, 1992b). Poor physical health lessens the ability to fight or flee when assaulted. Individuals experiencing psychological distress or under the influence of alcohol or drugs may be at greater risk of victimization because of distorted perceptions, poor judgment, or other forms of dysfunction that prevent them from "sizing up" a potentially dangerous situation and responding appropriately. They might also be prone to lash out in a violent manner, leaving themselves open to retaliation. Ironically, treatment programs designed to address health problems could heighten the target appeal of homeless clients, who often receive financial support to cope with their disabilities (Fitzpatrick et al., 1993). These dynamics lead us to hypothesize that victimization is more common among homeless people who are further marginalized by poor health. Extant studies produce findings consistent with such a prediction, irrespective of how health is measured (Fischer, 1992a; Fitzpatrick et al., 1993; Hiday, Swartz, Swanson, Borum, & Wagner, 1999; Lam & Rosenheck, 1998; Padgett & Struening, 1992).

#### **TRAUMATIC EVENTS**

Health conditions may be of lengthy duration, predating the onset of homelessness, or they can develop as a result of the hazards endemic to street life. In short, they qualify as both distal and proximate determinants of victimization. The last explanation considered in our analysis emphasizes traumatic events that fall primarily in the former category. Underlying this explanation is a simple idea: Certain types of events are serious enough to have long-term consequences (Fischer, 1992b; Macmillan, 2001; Menard, 2002). Some happen during childhood, such as being abused or neglected by parents, dropping out of school, or running away from home (North, Smith, & Spitznagel, 1994; North, Thompson, Smith, & Kyburz, 1996; Tyler, Hoyt, Whitbeck, & Cauce, 2001; Whitbeck &



Hoyt, 1999). Others—divorce, incarceration, job loss—occur later in the life course. Because the events are upsetting, people tend to react negatively. Their reactions presumably cut them off from mainstream institutions and peers, leaving them with weak social skills, educational credentials, and work histories. Legitimate options are thought to narrow as a result.

How does the downward drift into marginality following one or more traumatic events increase the likelihood of victimization? Depending on the nature of the events, the affected individuals may be socialized into passivity or deviance. In the first instance, they become an easy mark due to what Fischer (1992b) termed their “learned helplessness,” unable or unwilling to defend themselves. In the second, their participation in drug, sex, or criminal subcultures increases their exposure to violence and their contact with offenders. Simons and Whitbeck (1991) argued that traumatic events can also lead to a more entrenched form of homelessness. The longer people with troubled pasts are on the streets, the harder it is for them to fulfill basic needs. They thus resort to subsistence behaviors—and incur the accompanying risks—as a means of survival.

This scenario underscores a key feature of the framework guiding our research. Although the five explanations posit different causes of victimization, indirect effects are implied in each case. These indirect influences seem most likely to operate through the proximate lifestyle-exposure variables, which we hypothesize will play a mediating role for all predictors, not just the demographic variables. In particular, disaffiliation, health problems, and traumatic events—whatever their interrelations—are anticipated to culminate in more frequent homeless episodes and the adoption of risky subsistence behaviors, which in turn should heighten vulnerability to victimization. From a statistical standpoint, there is an obvious way to check the mediation hypothesis: Enter the lifestyle-exposure variables into the equation last and see if the main effects of the variables based on the other explanations are diminished or rendered insignificant. We pursue this strategy in the multivariate portion of our analysis.

### THE NSHAPC SAMPLE

The data for the analysis come from the National Survey of Homeless Assistance Providers and Clients (for more details on NSHAPC design and methodology, see Burt et al., 2001; Urban Institute, 1999). Census Bureau staff conducted the survey in late 1996 for the Interagency Council on the Homeless, a policy group of 12 federal government agencies. To ensure national coverage, 76 primary sampling units were randomly selected, including the 28 largest census-defined metropolitan areas, 24 medium- and small-sized metropolitan areas, and 24 clusters of nonmetropolitan counties. Within each of these units, all service sites offering emergency shelter, meals, health care, and other programs for the homeless were identified. The service sites formed the corner-



stone of a two-pronged survey strategy. First, mailed questionnaires were completed by informants familiar with nearly 5,700 programs administered through the service sites. Second, 6 to 8 randomly selected clients of 700 of these programs (which were themselves chosen in probability fashion from the pool of 5,700) were paid \$10 to complete a face-to-face interview.

We focus on the respondents to the client survey. Of the roughly 4,200 total, 2,401 qualify for our working sample. These are persons 18 or older with complete data on the variables of interest who were homeless at the time of the interview. Thus, according to the criteria stated in the McKinney Act of 1987, they lacked a permanent and adequate nighttime residence of their own, or their primary residence was temporary or transitional in nature or not originally intended as sleeping accommodations. Many of the clients in the full sample have been excluded because they failed to meet this operational definition of homelessness at any point in their lives. We have also dropped currently domiciled individuals with homeless episodes in the past, hoping to minimize recall error and complexities of causal order (about which more will be said later).

Our working sample is weighted to represent the national population of homeless who consumed any services in an average week during the mid-October through mid-November survey period in 1996. Compared to the samples used in previous victimization studies, this sample is more geographically extensive in scope, and it reflects the diversity of all homeless people rather than restricting attention to a particular subgroup. Moreover, it captures not only shelter users but outdoor sleepers, the vast majority of whom come in contact with some aspect of the service infrastructure covered by the NSHAPC design. Both the range and volatility of respondents' residential arrangements can be inferred from information about where they slept during the 7 nights prior to the interview. Although more than one third (36.2%) had spent the week entirely in shelters and another 5.8% entirely on the streets (e.g., outdoors, in a car or abandoned building, at a public transportation site), the majority experienced some combination of shelter, street, and conventional housing accommodations just before participating in the survey. Strikingly, more than 3 in 10 had slept outdoors or in street locations at least once during the preceding week.

### INDEPENDENT VARIABLES

The client survey items most relevant to the concept of marginality and to our five explanations of homeless victimization are summarized in Table 1. Demographic measures include gender, age (in seven categories ranging from 18 to 21 years to 65 and older), race (indicated by four minority group dummy variables with non-Hispanic Whites as the omitted reference category), and income during the last month (in six categories ranging from none to \$700 or more). As Table 1 shows, the members of the sample are disproportionately male, younger, non-White, and poor. We also treat place of residence on the day of the interview

**TABLE 1: Description of Independent Variables**

<i>Variable</i>	<i>Percentage</i>	<i>Variable</i>	<i>Percentage</i>
Demographic		Disaffiliation	
Gender		Family isolation	
Female (0)	29.0	Family members present (0)	20.2
Male (1)	71.0	Family members absent (1)	79.8
Age		Unemployment	
18 to 21 years (1)	6.1	Almost none of adult life (0)	16.5
22 to 24 years (2)	4.5	Some of adult life (1)	14.6
25 to 34 years (3)	25.0	Half of adult life (2)	31.9
35 to 44 years (4)	40.0	More than half of adult life (3)	37.0
45 to 54 years (5)	17.7	Geographic mobility	
55 to 64 years (6)	5.7	One place (1)	56.5
65+ years (7)	0.8	Two places (2)	21.7
Race		Three or more places (3)	21.8
White (reference)	38.4	Health problems	
Black	43.6	Chronic conditions	
Hispanic	10.8	None (0)	51.0
Native American	6.4	One or more (1)	49.0
Other minority	0.8	Mental illness	
Income (past month)		None (0)	31.9
None (0)	12.4	One problem (1)	11.7
\$1 to 99 (1)	15.3	Two problems (2)	13.6
\$100 to 299 (2)	22.4	Three problems (3)	11.2
\$300 to 499 (3)	20.4	Four problems (4)	10.2
\$500 to 699 (4)	12.2	Five problems (5)	8.9
\$700+ (5)	17.2	Six problems (6)	6.7
Location		Seven or more problems (7)	5.7
Outside central city (0)	25.7	Substance abuse	
Inside central city (1)	74.3	None (0)	25.5
Lifestyle-exposure		Alcohol or drug problems (1)	34.0
Homeless episodes		Alcohol and drug problems (2)	40.5
One (1)	46.6	Hunger	
Two (2)	17.5	None (0)	38.2
Three (3)	12.1	One problem (1)	20.1
Four or more (4)	23.8	Two problems (2)	18.3
Outdoor sleeping		Three problems (3)	23.4
No (0)	68.8	Traumatic events	
Yes (1)	31.2	Abuse/neglect	
Begging/panhandling		No (0)	71.2
No (0)	83.9	Yes (1)	28.8
Yes (1)	16.1	Left home	
Illegal activities		No (0)	61.4
No (0)	96.4	Yes (1)	38.6
Yes (1)	3.6	Incarceration	
Survival eating		Never (0)	41.2
No (0)	88.4	One facility (1)	31.5
Yes (1)	11.6	Two or more facilities (2)	27.3

NOTE:  $N = 2,401$ .

as a demographic attribute. Like the other demographic variables, it serves to locate individuals in the social structure, albeit in a more literal (spatial) sense. A dichotomy is used to distinguish homeless people in central cities (who compose three fourths of the sample) from those in suburban or nonmetropolitan settings.

The demographic characteristics, not to mention the other independent variables, are expected to operate through the intervening mechanisms posited by lifestyle-exposure theory. A count of the number of times a respondent has ever been homeless for 30 days or longer serves as a general lifestyle indicator. Experiencing one episode constitutes the modal category (46.6%), although nearly one fourth of the sample reports four or more episodes. Our decision to employ number of episodes rather than a measure tapping duration is based on the fact that the NSHAPC interview failed to ask about the total length of homelessness across all episodes. Moreover, the information on current duration is incomplete because all respondents in our working sample were homeless when surveyed.

Our analysis incorporates specific aspects of lifestyle as well. The following four kinds of risky subsistence activities are measured in dichotomous fashion: whether the respondent has recently (a) spent the night outdoors, in an abandoned building, or in some other place not designed for sleeping; (b) begged or panhandled; (c) obtained money through illegal means; or (d) engaged in survival eating (e.g., procured food from trash cans). Three of these activities—sleeping outdoors, survival eating, and begging/panhandling—appear relatively common in light of the brief periods (preceding week for the first two and preceding month for the third) to which their survey items pertain. All are proximate or situational in nature, assessing vulnerability as a result of one's circumstances while homeless.

The aspects of disaffiliation we examine are harder to classify because their origins may lie in the distant past. Because an absence of ties to family members can be especially disadvantageous, we have constructed a family isolation variable to identify individuals who live by themselves (i.e., without a spouse, children, or other relatives). About four fifths (79.8%) of the sample fit this description.<sup>3</sup> Institutional disaffiliation is measured with an item that indicates for what proportion of their lives (after age 16) respondents have had a job or worked for pay in the formal economy. This item is reverse coded so that the top category translates into long-term unemployment (unemployed more than half of the time since age 16). Our mobility measure, the number of different towns or cities stayed in during one's current bout of homelessness, provides a gauge of geographic disaffiliation.

To evaluate the health problems explanation of victimization, we have selected variables that refer to longstanding ailments as well as to more immediate concerns. An additive index created from items asking about chronic or degenerative physical conditions (cancer, heart disease, diabetes, missing limbs, etc.) has been recoded to a dichotomy, with a value of 1 signifying one or more conditions. Mental illness is measured by the number (from 0 through 7 or more) of

different psychological problems—depression, anxiety, hallucinations, suicidal thoughts, and the like—that respondents report having ever experienced. Substance abuse is captured with a 3-point scale that taps drug- and alcohol-related problems during the life course; persons receiving the lowest score report no problems with either drugs or alcohol, whereas those receiving the highest score report one or more problems with both.<sup>4</sup> We include a hunger scale in recognition of the debilitating effects of an inadequate diet. Respondents earning the maximum score of 3 on this scale say that there is often not enough to eat, that they have recently gone an entire day without eating, and that they have been hungry in the past month because they could not afford food. As expected, the descriptive statistics in Table 1 point to a population in which health problems are quite common.

The most distal explanation of victimization is depicted by three types of traumatic events. A dichotomous measure of childhood abuse or neglect indicates whether respondents were physically or sexually abused by someone in their home or were left without adequate food or shelter before they reached 18 years of age. Nearly 3 in 10 (28.8%) had been mistreated in one of these ways. Our “left home” variable is a dichotomy as well; 38.6% of respondents report that they ran away or were forced out of their homes for more than 24 hours while they were children or adolescents. Finally, several interview items focus on incarceration: Respondents were asked if they had ever spent 5 days or longer in juvenile detention, military lock-up, a local jail, or state or federal prison. From these items we have developed a summary measure that discriminates among persons who have never been incarcerated, who have been in one kind of facility, and who have been in two or more kinds of facilities.

## DEPENDENT VARIABLES

Our dependent variables are based on four victimization questions in the NSHAPC interview schedule. Respondents were asked if during any homeless episode, someone had (a) stolen money or belongings from them while they were present (labeled *theft-present* in our tables), (b) stolen anything from them while they were gone (labeled *theft-absent*), (c) beaten them up or physically assaulted them, or (d) raped or sexually assaulted them. Each of these dichotomous items is analyzed separately, and all four are combined in an overall (yes-no) victimization measure. The items have the benefit of being fine-tuned to fit the most common instances of criminal activity encountered by homeless people. At the same time, they remain sufficiently similar to questions posed in the National Crime Victimization Survey to permit crude comparisons between homeless and domiciled populations. Their value is further enhanced by the representativeness of the sample to which they apply.

However, the NSHAPC items are less than ideal in certain respects. For one thing, each item registers prevalence, namely, the commission of a particular

type of crime against the respondent rather than the frequency or severity of such crime. To the extent that multiple crimes of the same type are experienced, our results will underestimate the incidence of victimization. In addition, the at-risk period for victimization (at any time while homeless) may be so broad or so far in the past for some respondents that accurate recall becomes a problem.<sup>5</sup> A degree of causal ambiguity could creep into the results as well. Of primary concern are independent variables that measure conditions or events occurring after an individual was victimized during an earlier episode of homelessness. We address the recall and causal difficulties in the final stage of the analysis.

Beyond the nature of the items themselves, several pressures toward underreporting could lead to artificially low estimates of victimization (Ruback & Thompson, 2001; Wardhaugh, 2000). Homeless victims, like members of other marginal populations, may anticipate that they will not be taken seriously or—if they are—that they will be unable to document their victimization experiences with credible evidence, witnesses, and the like. They might worry about the interviewer relaying their experiences to the police, especially if they fear retaliation from offenders or they happen to be offenders themselves. The potential for embarrassment and humiliation could also keep some individuals from fully disclosing the crimes committed against them. Alternatively, they could deny their vulnerability to reduce cognitive dissonance. The key point here is that both survey item structure and respondent behavior suggest the possibility of conservative bias in the victimization data.

### VICTIMIZATION PATTERNS

An initial empirical issue concerns the prevalence of victimization. As expected, the majority of respondents (54%) report having been victimized in some way during their time on the streets. Yet when we disaggregate overall victimization into its specific types, less than one fourth (21.3%) have been physically attacked while homeless, and fewer than 1 in 8 homeless females (11.4%) have been raped. In short, experiencing violence directly—as a victim rather than as a bystander or observer—does not appear to be an everyday event for most homeless people. However, the homeless are more likely to have lost some of their property through theft, with one half (49.5%) disclosing that someone had taken something from them while they were present or absent.

They are also likely to encounter multiple forms of victimization. Table 2 presents the most common patterns for the working sample and the victim subsample. The modal pattern of victimization consists of both types of theft. The next most frequent pattern includes both types of theft accompanied by a beating. The experience of all four types of victimization is rare, occurring among 2.2% of all homeless and 4.1% of homeless victims. These results should not be interpreted to mean that multiple victimization necessarily involves separate incidents. For example, a typical “jackrolling” combines physical assault

**TABLE 2: Patterns of Victimization**

<i>Pattern</i>	<i>Full Sample</i>	<i>Victims Only</i>
1. Victimization	54.0	100.0
2. Theft-present and theft-absent	15.7	29.1
3. Theft-present, theft-absent, and beating	11.0	20.4
4. Theft-absent only	9.7	17.9
5. Theft-present only	5.9	11.0
6. Beating only	3.5	6.4
7. Theft -present, theft-absent, beating, and rape	2.2	4.1
8. Theft-absent and beating	1.7	3.1
9. All others	4.3	8.0

NOTE: *N* for full sample = 2,401; *N* of victims = 1,298.

with the taking of property. What can be safely concluded from Table 2 is that most homeless victims have more than one kind of crime committed against them at some point.

In assessing the evidence on victimization prevalence and patterns, the conservative bias noted a moment ago should be kept in mind. Even with such a bias operating, victimization levels among the homeless are impressive when viewed against the backdrop of the domiciled population. The National Crime Victimization Survey shows that in 1996 (the year of the NSHAPC study), roughly 4% of all persons 12 years of age or older experienced violent crime and 27% of all U.S. households were victims of property crime (Ringel, 1997). By comparison, 16.2% of NSHAPC respondents in the midst of their first-ever homeless episode in 1996 report one or more violent acts committed against them during that episode, with 38.6% reporting theft of property. The median length of this initial episode is 1 year, implying that current first-timers' aggregate exposure to risk approximates that of National Crime Victimization Survey respondents.

### DETERMINANTS OF OVERALL VICTIMIZATION

To differentiate homeless victims from nonvictims, we employ multivariate logistic regression. This statistical technique allows us to estimate the role that demographic attributes, disaffiliation, health problems, traumatic events, and lifestyle play in determining the likelihood of overall victimization. The first column of Table 3—our baseline model—shows the effects of the demographic variables alone, few of which achieve statistical significance. Consistent with past findings for the general (domiciled) population, homeless males have a greater chance of becoming a victim than do homeless females. Hispanics differ significantly from Whites, being victimized less often, whereas Native Americans are victimized more often.

**TABLE 3: Logistic Regressions of Overall Victimization on Demographic, Disaffiliation, Health Problems, Traumatic Events, and Lifestyle-Exposure Variables**

<i>Variable</i>	<i>Model 1 Odds</i>	<i>Model 2 Odds</i>	<i>Model 3 Odds</i>
Demographic			
Male	1.59***	1.17	1.02
Age	0.95	0.97	0.95
Black	1.02	1.52***	1.50**
Hispanic	0.58***	0.86	0.95
Native American	1.53*	2.13***	2.33***
Other minority	0.77	0.91	0.96
Income	1.05	1.10**	1.10**
Central city	0.94	0.93	0.98
Disaffiliation			
Family isolation	—	1.93***	1.93***
Unemployment	—	0.88*	0.91*
Geographic mobility	—	1.51***	1.39***
Health problems			
Chronic conditions	—	1.34**	1.33*
Mental illness	—	1.15***	1.16***
Substance abuse	—	1.43***	1.38***
Hunger	—	1.34***	1.24***
Traumatic events			
Abuse/neglect	—	3.04***	2.75***
Left home	—	1.12	1.04
Incarceration	—	1.08	1.11
Lifestyle-exposure			
Homeless episodes	—	—	1.20***
Outdoor sleeping	—	—	1.09
Begging/panhandling	—	—	1.79***
Illegal activities	—	—	0.62
Survival eating	—	—	1.31
Nagelkerke $R^2$	.03	.31	.32
Model $\chi^2$	53.22	620.92	664.07
$\chi^2$ difference	—	.00	.00
<i>df</i>	8	18	23

NOTE:  $N = 2,401$ .\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

In the second model of Table 3, we supplement the demographic variables with measures representing the disaffiliation, health problems, and traumatic events explanations of victimization. After the inclusion of these measures, the male and Hispanic odds ratios drop to insignificance, but homeless Blacks now have a greater likelihood of victimization than Whites, bringing our results more in line with research on nonhomeless populations. The unexpected positive effect of income hints that money transforms homeless people into targets rather than insulating them from crime. None of the remaining demographic variables significantly influences victimization net of the other predictors in the model.



However, many of those other predictors account for variation in overall victimization risk, a fact that becomes apparent when the Nagelkerke  $R^2$  for the second model is compared to that for the baseline model.

As hypothesized, one type of traumatic event—childhood abuse or neglect—has a long-term adverse impact on victimization, although the data do not identify the exact mechanisms responsible. Model 2 further reveals that individuals who suffer from chronic physical conditions, mental illness, substance abuse, and hunger have greater odds of victimization. These results support the argument that at least among the homeless, health problems undermine a person's ability to protect belongings and to deter or escape attackers. Of the disaffiliation variables, family isolation increases one's chances of being victimized. So does the number of cities that the respondent has lived in while homeless. More mobile homeless people may possess fewer resources to guard against victimization because uprooting from the place of origin terminates protective social ties. And as migrants to a destination community, they have to establish new ties, learning which parts of town and which of the locals are suspect. The lower risk of victimization associated with unemployment is the only disaffiliation effect not in the hypothesized direction. Our previous ad hoc interpretation for income could apply here as well: Individuals who have rarely worked lack the material worth to be attractive targets.

The third model in Table 3 enables us to evaluate the lifestyle-exposure explanation. Central to that explanation is the idea that activities conducted in public space carry with them greater absolute exposure to victimization; chronic homelessness by definition should heighten vulnerability. As the bottom panel of the table shows, respondents who have more episodes of homelessness face significantly greater likelihood of becoming a victim net of disaffiliation, health problems, and traumatic events. This finding challenges the view that people successfully adapt to dangerous circumstances the longer they are on the streets. Instead, risk appears to accumulate.<sup>6</sup> For those who experience repeated episodes of homelessness then, victimization constitutes a routine aspect of life, especially when vicarious or indirect types of victimization are taken into account.

Given the heterogeneity evident in daily activity patterns, we cannot assume that persons with the same number of homeless episodes will experience uniform risk. In particular, high-visibility subsistence behaviors should increase the chances of being victimized in direct fashion, beyond what the frequency of homelessness can account for. Our results confirm the direct effect of one such behavior on victimization. In line with hypotheses, homeless people who engage in begging or panhandling are at greater risk of victimization. Outdoor sleeping and survival eating also have positive though nonsignificant effects on victimization.

Interestingly, illegal activity decreases the likelihood of overall victimization in nearly significant fashion. This finding contradicts what research on domiciled populations shows (Lauritsen et al., 1991; Sampson & Lauritsen, 1990).

To see if the unexpected effect is a function of collinearity, we have regressed illegal activity on the other independent variables in a separate analysis (not shown). Illegal activity turns out to be significantly associated with a number of variables, among them income: Homeless people who make money through illegal means tend to have higher incomes than their "legit" counterparts do. This raises the ironic possibility that certain kinds of illegal activities, such as selling drugs, are financially rewarding enough to permit safer sleeping arrangements and other routine behaviors that shield one from crime. Such activities may also be pursued by "tough guys" whose reputations serve a protective function.

Finally, Model 3 bears on the accuracy of the mediation hypothesis proposed earlier: that all antecedent variables should influence victimization indirectly through lifestyle. Contrary to the hypothesis, the demographic variables that attain significance in Model 2 still do so in Model 3, and the magnitudes of their odds ratios remain essentially unchanged despite the inclusion of the lifestyle-exposure measures. The effects of the other significant predictors are not attenuated by these measures either. Race, income, disaffiliation, health problems, and childhood abuse or neglect all shape the odds of victimization among the homeless independently of any association they might have with number of homeless episodes or engagement in subsistence activities. Stated in broader terms, one should not focus exclusively on the most proximate factors when explaining overall victimization.

### DOES TYPE OF VICTIMIZATION MATTER?

There is much qualitative variation in the nature of victimization events; rapes and beatings differ in obvious ways from thefts. Consequently, explanations that relate to diverse forms of victimization are desirable. Table 4 presents full-model results for each of the four victimization types covered in the NSHAPC study. Based on the Nagelkerke  $R^2$  and model  $\chi^2$  values (which are comparable to the explained variance and overall  $F$  statistics from ordinary least squares regression), the independent variables as a whole explain violent victimization less well than property victimization and are least successful in accounting for rape. (The latter finding may be due to the relatively small number of respondents who report being raped while homeless.) Nevertheless, several of our independent variables have consistent effects across the categories of violent and property victimization. With respect to lifestyle, persons experiencing more episodes of homelessness are at greater risk of all four types of victimization, and persons who beg or panhandle are at greater risk of three. Substance abuse and incarceration likewise significantly influence risk across all categories, although the odds of rape are actually lowered by incarceration. Being Native American, having a higher income, living alone (without family members), and suffering from mental illness each registers three significant impacts,

**TABLE 4: Logistic Regressions by Type of Victimization**

<i>Variable</i>	<i>Theft-Present Odds</i>	<i>Theft-Absent Odds</i>	<i>Beating Odds</i>	<i>Rape Odds</i>
Demographic				
Male	1.01	0.90	0.57**	0.13***
Age	1.03	0.90*	1.06	0.99
Black	1.37*	1.46**	1.02	1.29
Hispanic	1.12	1.13	0.90	1.17
Native American	2.64***	2.15***	3.03***	1.86
Other minority	1.90	1.22	1.81	2.83
Income	1.18***	1.14***	1.11*	1.06
Central city	0.99	1.21	0.59***	1.41
Disaffiliation				
Family isolation	1.51**	1.74***	1.71**	1.44
Unemployment	1.01	1.01	0.87*	0.86
Geographic mobility	1.31***	1.36***	1.04	1.07
Health problems				
Chronic conditions	1.01	1.15	1.13	2.25**
Mental illness	1.29***	1.15***	1.15***	1.00
Substance abuse	1.27**	1.22**	1.28**	1.38*
Hunger	1.04	1.41***	1.05	1.00
Traumatic events				
Abuse/neglect	1.52***	1.12	1.87***	3.48***
Left home	0.91	1.19	1.49**	1.04
Incarceration	1.27**	1.31***	1.20*	0.73*
Lifestyle-exposure				
Homeless episodes	1.21***	1.23***	1.19***	1.30***
Outdoor sleeping	1.27	0.92	1.49*	1.14
Begging/panhandling	2.08***	1.66**	1.24	2.94***
Illegal activities	0.85	0.77	0.27***	0.53
Survival eating	1.09	0.62**	2.91***	1.08
Nagelkerke $R^2$	.29	.25	.25	.25
Model $\chi^2$	567.83	488.12	418.04	205.68
<i>df</i>	23	23	23	23

NOTE:  $N = 2,401$ .\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

increasing the likelihood that a homeless person has been beaten and had property stolen (theft-present or -absent).

In contrast to the versatility exhibited by these variables, other predictors matter in more specific ways. For example, women are more likely than men to be beaten or raped, and the chance of rape rises in the presence of chronic—and presumably debilitating—health conditions. African Americans are more likely than Whites to have something taken, whether they are present or not. Geographic mobility also increases the odds of becoming a victim of theft, but it does not seem to influence violent victimization. Among the subsistence mea-

tures, sleeping outdoors and survival eating elevate the risk of being beaten, yet engaging in illegal activities reduces that risk, due perhaps to the financial and reputational benefits of such activities noted earlier. Surprisingly, survival eating makes theft less likely. One possible interpretation here is that those homeless persons desperate enough to obtain food from garbage cans or dumpsters possess little of material value.

Table 4 reinforces the conclusion that the victimization of homeless people cannot be explained solely in terms of demographic attributes. Less than two fifths (12 out of 32) of the odds ratios for the demographic variables reach significance, compared to half or more for the disaffiliation (6/12), health problems (9/16), traumatic events (8/12), and lifestyle-exposure predictors (11/20). But it also continues to be true that the lifestyle-exposure measures—despite their own direct effects on specific types of victimization risk—fail to mediate the effects of the other antecedents. Simply put, our independent variables are enmeshed in a complex web of direct and indirect influences, reflecting the operation of both proximate and distal factors.

As an illustration of this complexity, the frequency of homeless episodes, which taps exposure to street circumstances in a crude manner, has one of the more powerful direct impacts on victimization documented in Tables 3 or 4. Yet frequency itself is strongly impacted by traumatic events. A regression of homeless frequency on childhood abuse or neglect, leaving home, and incarceration (not shown) reveals that each of these events significantly shapes how often a person has spent time on the streets. However, two of the events (abuse/neglect and incarceration) also affect most specific types of victimization in a direct manner, and abuse/neglect directly influences overall victimization. We thus have reason to believe that distal factors determine victimization risk through multiple pathways.

### PARING THE SAMPLE

Our analysis has maximized sample size by examining the experiences of all currently homeless individuals, including those with prior bouts of homelessness. However, casting the net this widely can be problematic. One potential difficulty concerns recall error: It is unclear just how accurate reports of victimization occurring in previous homeless episodes are given the distorting consequences of memory decay, telescoping, and the like. Causal order, or at least temporal sequence, poses another difficulty. In the case of people who have been homeless before, there is a greater chance that victimization has preceded health problems or aspects of disaffiliation rather than followed them. Stated differently, persons in their first-ever episode of homelessness at the time of the survey should yield higher-quality data and better satisfy the causal assumptions of our analysis.

In additional logistic regressions, we have pared the sample to all first-time homeless ( $N = 1,157$ ) and within that population to those persons homeless for a year or less at the time of the interview ( $N = 812$ ), those homeless for 6 months or less ( $N = 658$ ), and those homeless for 3 months or less ( $N = 446$ ). One should keep in mind that each successive reduction in sample size makes conventional levels of significance harder to reach. Nevertheless, the results of this exercise (not shown) parallel the findings reported in Tables 3 and 4. Overall victimization is primarily a function of family isolation, mental illness, hunger, childhood abuse or neglect, and begging/panhandling in the four subsamples. Regardless of type of victimization, the majority of disaffiliation, health problems, traumatic events, and lifestyle variables operate as expected in direction if not in magnitude.<sup>7</sup> With the exception of race (especially Native American identity), demographic characteristics again have weak, inconsistent effects. Earlier conclusions based on the full working sample thus appear robust, applying to those segments of the homeless population (current first-timers on the streets for brief periods) that we judge best able to meet underlying assumptions about recall accuracy and causal order.

## CONCLUSION

Our analysis advances what is known about criminal victimization among the homeless. Using data from a nationwide survey, we find that homeless people are victimized disproportionately often, both in an absolute sense and compared to their domiciled counterparts. The modal pattern entails multiple forms of victimization, usually the two types of theft together or combined with a beating. Our hypotheses about the demographic antecedents of victimization do not fare especially well, with race and income the only baseline variables to register consistent effects. In contrast, disaffiliation, health problems, traumatic events, and elements of lifestyle—enduring frequent bouts of homelessness or engaging in begging or panhandling—all significantly increase the likelihood of being victimized, as expected. The fact that the results hold for subsamples of first-time homeless respondents gives us an added degree of confidence.

Marginality serves as a useful concept for interpreting these results. With respect to the larger context, it underscores the importance of structural forces (an affordable housing shortage, economic and policy changes, etc.) that push some poor people over the threshold of shelter security, leaving them without the protection from crime offered by a dwelling unit or residential neighborhood. The homeless-domiciled gap in victimization prevalence can be readily understood in terms of this spatial dimension of marginality. So can the limited demographic variation in victimization within the homeless population, insofar as living on the streets “levels” risk across social categories (Fitzpatrick et al., 1993). At the same time, gradations in other forms of marginality—captured by

our four nondemographic explanations—indicate why homeless persons are not all equally vulnerable.

A key insight from the NSHAPC data is that being “on the margins” involves more than dealing with the everyday exigencies created by a lack of conventional housing. Popular criminological frameworks for explaining victimization emphasize such proximate or situational circumstances, including exposure in public settings, physical propinquity to offenders, target attractiveness, and guardianship (L. E. Cohen, Kluegel, & Land, 1981; Meier & Miethe, 1993). To the extent that other factors play a part at all, they are believed to do so indirectly. Our study challenges this notion, generating little support for the mediation hypothesis. Even with the lifestyle-exposure variables entered in the equations, the direct impacts on victimization of the disaffiliation, health problems, and traumatic events measures remain impressive. Such impacts should not be accepted uncritically of course. One could argue that our models are misspecified because they omit safety-enhancing precautions taken by homeless people or because information is unavailable on the specific kinds of settings in which the homeless spend time. A conceptual argument could be made as well: If situational factors were more narrowly defined, then the effects of all background variables would become indirect, operating only through social or psychological processes immediately preceding victimization.

These concerns have some validity, but they fail to reduce the substantive importance of the antecedents we have identified that are least ambiguously distal in nature. In the case of the health dimension of marginality for example, consider how a history of mental illness might make a person less aware of possible risks or—if already victimized—more likely to displace that experience onto others through violence or aggression. Similarly, Whitbeck and Simons (1993) contended that childhood abuse constitutes “basic training” for adult antisocial behavior, which in turn could encourage retribution. Incarceration involves the same kind of negative socialization influences and outcomes. The scenarios just described may occur irrespective of whether subsistence activities are pursued or, more generally, of whether one is homeless at the time. In sum, we regard victimization, like offending, as a product of proximate and distal influences. This conclusion suggests the value of a life course approach to studying both sides of the crime coin (i.e., the predictors of victimization and offending) among the domiciled as well as the homeless (see Desai, Arias, Thompson, & Basile, 2002; Macmillan, 2001; Menard, 2002; Wittebrood & Nieuwebeerta, 2000).

Although we have focused on the marginality-victimization relationship, homeless people also perpetrate crimes linked to their marginal status. They are usually charged with minor offenses such as loitering, disorderly conduct, fighting, and public drunkenness (Fischer, 1992a; Snow et al., 1989). One reason for their high level of “nuisance” offending is that “the pursuit of rather routine behaviors in public places can result in the criminalization of those behaviors” (Snow et al., 1989, p. 543). The visibility of such behaviors—sleeping, passing

time, earning a livelihood, attending to bodily functions, resolving disputes—not only increases the stigma attached to homelessness but leads to differential treatment by the police, courts, and local government (Duneier, 1999; Snow & Mulcahy, 2001). In other instances, the crimes that the homeless commit are motivated by survival needs (Snow & Anderson, 1993) or result from the diminished capacity associated with mental illness or substance abuse (Fischer, 1992a; Gelberg, Linn, & Leake, 1988; Martell, 1991).

The fact that the victims of these crimes are often homeless themselves sounds a warning about the clarity of the distinction routinely drawn between victim and offender roles. As noted earlier, there are good reasons to think that the homeless alternate from one role to the other. With respect to property crime, prior engagement in stealing could precipitate the theft of a person's own belongings. A parallel dynamic may underlie chains of violence: NSHAPC respondents who report difficulty controlling their violent behavior are significantly more likely to have been beaten themselves, suggesting payback as a viable motive.<sup>8</sup> Individuals might even shift roles in the course of a single encounter given the potential for minor disagreements to escalate rapidly. Unfortunately, the NSHAPC data are too crude to allow us to unpack such encounters. We cannot determine who threw the proverbial first punch or how events unfolded after that point. The larger lesson though is that this sort of fluid relationship between victimization and offending probably operates in marginal groups besides the homeless.

A final issue has to do with the meaning of criminal victimization under conditions of extreme deprivation and marginality. According to Fitzpatrick and colleagues (1999), victimization becomes less salient when a person's survival is routinely at stake; it "may appear to be just another momentary hassle" (p. 445). One implication of this view is that victimization has few consequences for the "desensitized" homeless. However, a growing body of research leads to the opposite conclusion. Negative consequences of victimization documented thus far among homeless people include increased fear, psychological distress, substance abuse, and physical injury<sup>9</sup> and decreased employment, self-efficacy, and quality of life (Coston & Finckenaue, 1993; D'Ercole & Struening, 1990; Lam & Rosenheck, 1998; Simons et al., 1989). Indeed, experiencing a crime against one's person or property while on the social, economic, health, and spatial margins of society may compound or intensify the outcomes that normally follow victimization. These outcomes could make it harder to escape the streets, just as the costs associated with victimization in the domiciled population increase the chances of long-term disadvantage (Macmillan, 2000). Thus, our analysis raises a broader question for future inquiry: whether disaffiliation, health problems, traumatic events, and lifestyle—by elevating the vulnerability of the "down and out"—ultimately contribute to their entrenchment in homelessness.



## NOTES

1. Although these generalizations are true in the aggregate, exceptions occur with respect to specific types of victimization. For example, thefts of personal property tend to be more common among Whites and the affluent than among African Americans and the poor, and women are overwhelmingly the victims of rape (Duhart, 2000; Laub, 1997).

2. Considerable overlap exists between lifestyle-exposure theory and the routine activities perspective developed by L. E. Cohen and Felson (1979); we use the terminology of the former largely for the sake of convenience. But we also recognize, as Meier and Miethe (1993) pointed out, that the routine activities approach was originally intended to "account for changes in crime rates over time whereas lifestyle-exposure theory was proposed to account for differences in victimization risks across social groups" (p. 470). Hence our focus on variation among segments of the homeless population provides further justification for sticking with the *lifestyle-exposure* label.

3. Of the family-isolated respondents in our analysis, less than 5% report being with a partner, boyfriend, girlfriend, or other persons at the time of the interview. The rest qualify as true "loners," completely by themselves.

4. Among the eight indicators of drug-related problems are taking more than one type of drug at a time, suffering from blackouts or flashbacks, and missing work or losing friends due to drugs. The eight indicators of alcohol-related problems include experiencing tremors or seizures, being unable to stop drinking, having conflicts with family members about drinking, and being arrested for drunk driving, disorderly conduct, or other alcohol-induced behavior.

5. Given the range of difficulties faced by homeless people, the accuracy of their answers to survey items on any subject might be challenged. However, little effort has been made by researchers to check the survey responses of the homeless against independent sources of information. The earliest published reliability analysis of which we are aware offers reassuring results: Among a sample of 400 homeless men in New York, discrepancy rates between survey data and data from official records were no greater than for domiciled populations, and the factors influencing the rates—item complexity, social desirability bias, and the recency of the event in question—appeared similar to those operating in other survey samples (Bahr & Houts, 1971). A more recent analysis based on a small sample of homeless mentally ill people in St. Louis, Missouri, also confirms the reliability and validity of various self-report measures (Calsyn, Allen, Morse, Smith, & Tempelhoff, 1993).

6. However, we do not know if the rate of accumulation remains constant. One can imagine veterans of previous homeless episodes developing a repertoire of precautionary behaviors that keeps the prevalence of victimization lower than it might otherwise be. Unfortunately, a lack of information in the National Survey of Homeless Assistance Providers and Clients datasheet on the total duration of homelessness (not to mention on the frequency of victimization) prevents us from examining risk as a function of time on the streets.

7. In the case of overall victimization, for example, 41 of 56 odds ratios involving the non-demographic variables (14 variables  $\frac{1}{2}$  four subsample equations) exceed 1.15.

8. This finding fits a more general pattern observed by North, Smith, and Spitznagel (1994), who contended that involvement in violence (as perpetrator as well as victim) frequently begins before the onset of homelessness and continues during one's time on the streets. Alternatively, the behavior of the "troubled" homeless (e.g., those who are mentally ill or substance abusers) may be sufficiently irritating to elicit a violent response. According to Felson (1992), "If distressed persons perform less competently, violate expectations, or annoy others, these others are likely to express grievances. This may foster aggressive interactions in which the distressed person is often, initially, the target" (p. 4; also see Silver, 2002).

9. At the extreme, victimization-related injuries can result in death. Wright and Weber (1987) identified homicide as the cause of death for 26% of the homeless decedents in their sample, a proportion more than 20 times greater than in the domiciled population. Analyses of mortality among the homeless of Atlanta and San Francisco yield similarly high homicide rates (Centers for Disease Control, 1987, 1991).

## REFERENCES

- Anderson, R. (1996). Homeless violence and the informal rules of street life. *Journal of Social Distress and the Homeless*, 5, 369-380.
- Bahr, H. M. (1973). *Skid row: An introduction to disaffiliation*. New York: Oxford University Press.
- Bahr, H. M., & Houts, K. C. (1971). Can you trust a homeless man? A comparison of official records and interview responses by Bowery men. *Public Opinion Quarterly*, 35, 374-382.
- Baldwin, D. M. (1998). The subsistence adaptation of homeless mentally ill women. *Human Organization*, 57, 190-199.
- Burt, M. R., Aron, L. Y., & Lee, E. (with J. Valente). (2001). *Helping America's homeless: Emergency shelter or affordable housing?* Washington, DC: Urban Institute.
- Burt, M. R., & Cohen, B. E. (1989). *America's homeless: Numbers, characteristics, and the programs that serve them*. Washington, DC: Urban Institute.
- Calsyn, R. J., Allen, G., Morse, G. A., Smith, R., & Tempelhoff, B. (1993). Can you trust self-report data provided by homeless mentally ill individuals? *Evaluation Review*, 17, 353-366.
- Centers for Disease Control. (1987). Deaths among the homeless: Atlanta, Georgia. *Morbidity and Mortality Weekly Report*, 36, 297-299.
- Centers for Disease Control. (1991). Deaths among homeless persons: San Francisco, 1985-1990. *Morbidity and Mortality Weekly Report*, 40, 877-880.
- Cohen, C. I., & Sokolovsky, J. (1989). *Old men of the Bowery: Strategies for survival among the homeless*. New York: Guilford.
- Cohen, L. E., & Felson, M. (1979). Social change and crime rate trends: A routine activity approach. *American Sociological Review*, 44, 588-607.
- Cohen, L. E., Kluegel, J. R., & Land, K. (1981). Social inequality and predatory victimization: An exposition and test of a formal theory. *American Sociological Review*, 46, 505-524.
- Coston, C. T. M. (1995). Self-other judgments about perceptions of vulnerability to crime among urban transient females. *International Review of Victimology*, 4, 33-46.
- Coston, C. T. M., & Finckenauer, J. O. (1993). Fear of crime among vulnerable populations: Homeless women. *Journal of Social Distress and the Homeless*, 2, 1-19.
- D'Ercole, A., & Struening, E. (1990). Victimization among homeless women: Implications for service delivery. *Journal of Community Psychology*, 18, 141-152.
- Desai, S., Arias, I., Thompson, M. P., & Basile, K. C. (2002). Childhood victimization and subsequent adult revictimization assessed in a nationally representative sample of women and men. *Violence and Victims*, 17, 639-653.
- Dordick, G. A. (1997). *Something left to lose: Personal relations and survival among New York's homeless*. Philadelphia: Temple University Press.
- Duhart, D. T. (2000). *Urban, suburban, and rural victimization, 1993-98* (NCJ Bulletin No. 182031). Washington, DC: Bureau of Justice Statistics, U.S. Department of Justice.
- Duneier, M. (1999). *Sidewalk*. New York: Farrar, Straus and Giroux.
- Felson, R. B. (1992). "Kick 'em while they're down": Explanations of the relationship between stress and interpersonal aggression and violence. *Sociological Quarterly*, 33, 1-16.
- Fischer, P. J. (1992a). Criminal behavior and victimization among homeless people. In R. I. Jahiel (Ed.), *Homelessness: A prevention-oriented approach* (pp. 87-112). Baltimore: Johns Hopkins University Press.
- Fischer, P. J. (1992b). Victimization and homelessness: Cause and effect. In P. O'Malley (Ed.), *Homelessness: New England and beyond* (pp. 229-246). Amherst: McCormack Institute of Public Affairs, University of Massachusetts.
- Fitzpatrick, K. M., LaGory, M. E., & Ritchey, F. J. (1993). Criminal victimization among the homeless. *Justice Quarterly*, 10, 353-368.
- Fitzpatrick, K. M., LaGory, M. E., & Ritchey, F. J. (1999). Dangerous places: Exposure to violence and its mental health consequences for the homeless. *American Journal of Orthopsychiatry*, 69, 438-447.

- Gelberg, L., Linn, L. S., & Leake, B. D. (1988). Mental health, alcohol and drug use, and criminal history among homeless adults. *American Journal of Psychiatry*, 145, 191-196.
- Gibbons, D. C. (1971). Observations on the study of crime causation. *American Journal of Sociology*, 77, 262-278.
- Hagan, J., & McCarthy, B. (1998). *Mean streets: Youth crime and homelessness*. Cambridge, UK: Cambridge University Press.
- Hiday, V. A., Swartz, M. S., Swanson, J. W., Borum, R., & Wagner, H. R. (1999). Criminal victimization of persons with severe mental illness. *Psychiatric Services*, 50, 62-69.
- Hindelang, M. J., Gottfredson, M. R., & Garofalo, J. (1978). *Victims of crime: An empirical foundation for a theory of personal victimization*. Cambridge, MA: Ballinger.
- Institute of Medicine. (1988). *Homelessness, health, and human needs*. Washington, DC: National Academy Press.
- Karmen, A. (1996). *Crime victims: An introduction to victimology* (3rd ed.). Belmont, CA: Wadsworth.
- 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.
- Koegel, P., Burnam, M. A., & Baumohl, J. (1996). The causes of homelessness. In J. Baumohl (Ed.), *Homelessness in America* (pp. 24-33). Phoenix, AZ: Oryx.
- Koegel, P., Burnam, M. A., & Farr, R. K. (1990). Subsistence adaptation among homeless adults in the inner city of Los Angeles. *Journal of Social Issues*, 46, 83-107.
- LaGory, M., Ritchey, F., & Fitzpatrick, K. (1991). Homelessness and affiliation. *Sociological Quarterly*, 32, 201-218.
- Lam, J. A., & Rosenheck, R. (1998). The effect of victimization on clinical outcomes of homeless persons with serious mental illness. *Psychiatric Services*, 49, 678-683.
- Laub, J. H. (1997). Patterns of criminal victimization in the United States. In R. C. Davis, A. J. Lurigio, & W. Skogan (Eds.), *Victims of crime* (2nd ed., pp. 9-26). Thousand Oaks, CA: Sage.
- Lauritsen, J. L., Sampson, R. J., & Laub, J. H. (1991). The link between offending and victimization among adolescents. *Criminology*, 29, 265-291.
- Lee, B. A., & Farrell, C. R. (2003). Buddy, can you spare a dime? Homelessness, panhandling, and the public. *Urban Affairs Review*, 38, 299-324.
- Lee, B. A., & Price-Spratlen, T. (2004). The geography of homelessness in American communities: Concentration or dispersion? *City & Community*, 3, 3-27.
- Macmillan, R. (2000). Adolescent victimization and income deficits in adulthood: Rethinking the costs of criminal violence from a life-course perspective. *Criminology*, 38, 553-587.
- Macmillan, R. (2001). Violence and the life course: The consequences of victimization for personal and social development. *Annual Review of Sociology*, 27, 1-22.
- Martell, D. A. (1991). Homeless mentally disordered offenders and violent crimes. *Law and Human Behavior*, 15, 333-347.
- Meier, R. F., & Miethe, T. D. (1993). Understanding theories of criminal victimization. *Crime and Justice: A Review of Research*, 17, 459-499.
- Menard, S. (2002). *Short- and long-term consequences of adolescent victimization* (Youth Violence Research Bulletin Series). Washington, DC: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice, and Centers for Disease Control and Prevention.
- North, C. S., Smith, E. M., & Spitznagel, E. L. (1994). Violence and the homeless: An epidemiologic study of victimization and aggression. *Journal of Traumatic Stress*, 7, 95-110.
- North, C. S., Thompson, S. J., Smith, E. M., & Kyburz, L. M. (1996). Violence in the lives of homeless mothers in a substance abuse treatment program: A descriptive study. *Journal of Interpersonal Violence*, 11, 234-249.
- Padgett, D. K., & Struening, E. L. (1992). Victimization and traumatic injuries among the homeless: Associations with alcohol, drug, and mental problems. *American Journal of Orthopsychiatry*, 62, 525-534.

- Park, R. E. (1928). Human migration and the marginal man. *American Journal of Sociology*, 33, 881-893.
- Rennison, C. M., & Rand, M. R. (2003). *Criminal victimization, 2002* (NCJ Bulletin No. 199994). Washington, DC: Bureau of Justice Statistics, U.S. Department of Justice.
- Ringel, C. (1997). *Criminal victimization 1996: Changes 1995-96 with trends 1993-96* (NCJ Bulletin No. 165812). Washington, DC: Bureau of Justice Statistics, U.S. Department of Justice.
- Rossi, P. H. (1989). *Down and out in America: The origins of homelessness*. Chicago: University of Chicago Press.
- Ruback, R. B., & Thompson, M. P. (2001). *Social and psychological consequences of violent victimization*. Thousand Oaks, CA: Sage.
- Sampson, R. J., & Lauritsen, J. L. (1990). Deviant lifestyles, proximity to crime, and the offender-victim link in personal violence. *Journal of Research in Crime and Delinquency*, 27, 110-139.
- Sherman, L. W., Gartin, P. R., & Buerger, M. E. (1989). Hot spots of predatory crime: Routine activities and the criminology of place. *Criminology*, 27, 27-55.
- Silver, E. (2002). Mental disorder and violent victimization: The mediating role of involvement in conflicted social relationships. *Criminology*, 40, 191-212.
- Simons, R. L., & Whitbeck, L. B. (1991). Running away during adolescence as a precursor to adult homelessness. *Social Service Review*, 65, 225-247.
- Simons, R. L., Whitbeck, L. B., & Bales, A. (1989). Life on the streets: Victimization and psychological distress among the adult homeless. *Journal of Interpersonal Violence*, 4, 482-501.
- Singer, S. I. (1986). Victims of serious violence and their criminal behavior: Subcultural theory and beyond. *Violence and Victims*, 1, 61-70.
- Snow, D. A., & Anderson, L. (1993). *Down on their luck: A study of homeless street people*. Berkeley: University of California Press.
- Snow, D. A., Baker, S. B., & Anderson, L. (1989). Criminality and homeless men: An empirical assessment. *Social Problems*, 36, 532-549.
- Snow, D. A., & Mulcahy, M. (2001). Space, politics, and the survival strategies of the homeless. *American Behavioral Scientist*, 45, 149-169.
- Sosin, M., Piliavin, I., & Westerfelt, H. (1990). Toward a longitudinal analysis of homelessness. *Journal of Social Issues*, 46, 157-174.
- Stark, R. (1987). Deviant places: A theory of the ecology of crime. *Criminology*, 25, 893-909.
- Tyler, K. A., Hoyt, D. R., Whitbeck, L. B., & Cauce, A. M. (2001). The impact of childhood sexual abuse on later sexual victimization among runaway youth. *Journal of Research on Adolescence*, 11, 151-176.
- Urban Institute. (1999). *Homelessness: Programs and the people they serve* (Summary report). Washington, DC: Author.
- Wardhaugh, J. (2000). *Sub city: Young people, homelessness and crime*. Aldershot, UK: Ashgate.
- Whitbeck, L. B., & Hoyt, D. R. (1999). *Nowhere to grow: Homeless and runaway adolescents and their families*. Hawthorne, NY: Aldine.
- Whitbeck, L. B., Hoyt, D. R., & Ackley, K. A. (1997). Abusive family backgrounds and later victimization among runaway and homeless adolescents. *Journal of Research on Adolescence*, 7, 375-392.
- Whitbeck, L. B., & Simons, R. L. (1990). Life on the streets: The victimization of runaway and homelessness adolescents. *Youth and Society*, 22, 108-125.
- Whitbeck, L. B., & Simons, R. L. (1993). A comparison of adaptive strategies and patterns of victimization among homeless adolescents and adults. *Violence and Victims*, 8, 135-152.
- Wittebrood, K., & Nieuwbeerta, P. (2000). Criminal victimization during one's life course: The effects of previous victimization and patterns of routine activities. *Journal of Research in Crime and Delinquency*, 37, 91-122.
- Wolch, J., Dear, M., & Akita, A. (1988). Explaining homelessness. *Journal of the American Planning Association*, 54, 443-453.
- Wright, J. D., Rubin, B. A., & Devine, J. A. (1998). *Beside the golden door: Policy, politics, and the homeless*. Hawthorne, NY: Aldine.

Wright, J. D., & Weber, E. (1987). *Homelessness and health*. Washington, DC: McGraw-Hill Healthcare Information Center.

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