Review Title: Resiliency and Victimized Homeless Women’s Attitudes Toward Mental Health Counseling

Reviewer: Shannon Smith-Bernardin, MSN, RN
Doctoral Student - University of California-San Francisco, School of Nursing


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Article Summary: The authors explore the presence of resiliency and positive coping skills in homeless women who had been victims of violence. In reviewing the existing literature, the authors found that – out of hundreds of previous articles detailing the negative effects of violence on women who were homeless – only three featured positive aspects of recovery and resiliency within this population. The authors discuss resiliency as a phenomenon encompassing: personal strengths, strategies including self-care and relations with others, positive internal resources, and adaptive behaviors. The authors then explore whether resiliency impacts the individual’s view of post-victimization counseling.

The authors conducted interviews with homeless women (n=79), and utilized grounded theory as proposed by Glaser and Strauss in 1967 to initially analyze the data. Those women indicating a history of violent victimization (n=60) were included in this
study. As no subjects specifically expressed the words “resilience” or “resiliency” in their interviews, open coding used the phrases “strong”, “strength” or “personal strength”, “getting over it” or “moving past it” as indicators of this concept. After coding for the concept of resiliency, the authors reviewed the recorded interviews to evaluate the data for views of mental health counseling.

Their findings indicate a substantial level of resilience within this population of women; however, attitudes regarding counseling were less clear and did not align with perceived levels of resilience.

**Brief Overview:**
This paper offers an exploration of resiliency among homeless women who have been victims of violence. Also, the authors explore the attitudes and perceptions of victimized, homeless women about the value of therapeutic counseling in aiding the process of overcoming trauma.

**Aims/hypotheses of the article:**
The authors asserted two particular aims to their study. The first was to explore resiliency in a population of homeless women with a history of violent victimization, detailing which factors may influence positive responses and adaptations to violence. The second more broadly asked whether women, who either identify as resilient or show positive adaptive behaviors regarding their past victimization, are more or less likely to describe mental health services as an appropriate and necessary component of healing after violence. The researchers sought to answer whether the level of resiliency would influence the women’s perceptions of counseling as advantageous post victimization.

**Relevant findings:**
The authors conducted semi-structured interviews with 79 homeless women in thirteen community service agencies in Detroit and Chicago, within which 60 women indicated a history of violent victimization. The age range was from 18 to 70 years, and years homeless ranged from one week to over 20 years.

Interventions explored their experiences with violent victimization, analysis of their positive coping mechanisms and behaviors, and their attitudes towards therapeutic counseling post-victimization. Two waves of interviews were completed. After interviewing the first 26 subjects, the data was initially analyzed for emerging themes. With this, the second wave of interviews (N=53*) included an interview checklist to assist in focusing the interviews.

The women’s experience with violent or criminal victimization was divided into that occurring during childhood and adolescence, and that occurring in adulthood. Overall, 175 incidences of victimization were identified. Eighty percent of the women (n=48) reported more than one incident. Types of victimization stated by the women included adult physical or sexual assaults, intimate partner violence, robbery, gang violence, attempted murder, and childhood abuse.

Thirty-seven women reported abuse in childhood and adolescence. Physical assault (by a parent) and sexual abuse (typically by a family member) were the two most frequent abuses among the subjects. Intimate partner violence was the most common form of violent adult victimization, followed by sexual assault by an acquaintance. Approximately one-third of the women were also adult victims of robbery or physical assault by a stranger.

Overall, there was a significant amount of victimization reported by the women both in childhood/adolescence, and adulthood. Despite this, fifty-
two women self-identified as resilient, verbalizing positive attitudes, optimism for the future and successful strategies for coping. Six subjects felt they had not yet prevailed emotionally over the violence to which they had been subjected, and considered themselves weak and/or vulnerable. Two of the women were deemed somewhere between these two conditions, considering themselves a mix of both vulnerable and resilient characteristics.

The participation in counseling varied widely. Twenty-three of the 60 women had never received counseling, with 19 of these women in the resilient group. Though the majority of the resilient women regarded counseling in a positive light, twelve considered counseling as not useful and seven had mixed views of the potential value of counseling. Of those with mixed views, each of these seven women had previous unsatisfactory experiences with counseling – but held hope that there could be a benefit of counseling in the future. A major factor in whether counseling was viewed in a favorable light was the weighing of costs and benefits of therapy. Many of the resilient women felt that they had put the trauma behind them, and thus did not require therapy to discuss it. Others felt that counseling would likely resurface too many negative, unresolved emotions and experiences of the past, which the women did not feel would be beneficial to their current situation.

This paper notes a number of positive qualities shared by the resilient women. For example, many women expressed the ability to view their abuse as outside their control, and not internalize blame for their abuse or violence. Many found strength in spiritual faith or prayer. The ability to form positive relations with the shelter staff and other women who are living in the shelters was a common feature in resiliency. Still, other women expressed the ability to compartmentalize feelings to distance themselves from the abuse. This seemed both a cognitive effort to let go of the past, and a necessity to be able to continue on for their future. These women verbalized goals and aspirations for the future, and many were actively pursuing steps to achieve that future.

Authors’ Conclusions:
Overall, the authors found that despite the significant amount of trauma experienced by the women, a majority was resilient, possessing numerous positive attitudes and coping strategies. However, the attitudes towards counseling were not consistent within the sample. One-third of the women viewed therapeutic counseling as either not useful or with mixed opinion to its usefulness.

Some women did indicate that counseling should complement current needs and future goals, rather than only focus on past events. Otherwise, counseling may be useful in the future, however survival was the main current priority.

Potential limitations of the article/ findings:
As with any study reliant on self-disclosure, the authors are limited by the information shared by these women. Additionally, these women were from two cities and self-selected to participate in an investigation advertised to study violent victimization. Thus, there may be a bias in the nature of participants who would enroll in this study.

Reviewer’s Comments:
This study evaluates a previously underrepresented topic regarding women who are homeless, victimization and resilience. Despite the level of violent victimization experienced by the participants, the authors reaffirm that this population is strong, resilient and capable of very positive recovery. Policy implications may include a more comprehensive approach to assessing and engaging
homeless women who have been victims of violence. Rather than focusing on past transgressions, care providers can utilize the noteworthy level of positive attributes and strength within this population.

**Reviewer’s Summary:**
The authors include findings that adeptly provide a personal glimpse into the lives of these women and the details of their violent victimization. Furthermore, the authors are able to distinguish the various views of mental health counseling and provide clinically useful insight into the priorities of these women.

*Side note:* The article indicates the interviews were conducted in two waves: one with 26 women, and the second with 44 women. As the N=60 (subjects with history of violent victimization, for this paper) or N=79 (total original interviews) and 26+44=70, there seemed to be a discrepancy in how this section was described. I contacted the author, Dr. Huey, on May 31, 2013 and confirmed the paper incorrectly indicated 44 second-wave interviews. The second wave of interviews included 53 women, for a total of 79 unduplicated subjects (60 of whom were featured in this article and analysis).