Homeless Alcoholic Women on Skid Row

EILEEN M. CORRIGAN

School of Social Work
Rutgers University
New Brunswick, New Jersey 08903

SANDRA C. ANDERSON

School of Social Work
Portland State University
Portland, Oregon 97207

ABSTRACT

Studies of homeless alcoholic women remain rare. Women on Skid Row in New York City were sought out at the Women’s Shelter for a study of homeless women alcoholics. The findings in this study of 31 homeless alcoholic women tend to confirm an earlier study by Garrett and Bahr in most respects. A major difference relates to the population’s lack of homogeneity. A life-long pattern of marginality does not exist for most of the women. All judged to be alcoholic, some lived with their families, husbands, or a male partner prior to coming to the shelter. Almost a third lived alone. Sometimes the death of someone close or other crisis precipitated homelessness. In many instances there was no apparent crisis. For a substantial group of these women there did seem to be a long-standing pattern of instability and transient living in the two years preceding their move to the shelter. Public resources invested in shelter care are much needed either for individuals whose limited resources run out or where a crisis results in the loss of safe, adequate shelter.
INTRODUCTION

There have been relatively few studies of homeless women. Those that have been completed indicate that these women have high rates of alcoholism, medical and psychiatric disorders, and unemployment [1, 2].

This paper will discuss the drinking histories, family backgrounds, and drinking patterns of homeless women. In addition, the consequences of their drinking and their treatment histories will be evaluated. Finally, they will be compared to a group of 150 alcoholic women interviewed concurrently at treatment agencies and AA groups in urban and suburban areas of two eastern states. They will also be compared with the homeless women studied by Garrett and Bahr.

Essentially, the investigators were interested in determining if homeless alcoholic women were homeless because of their alcoholism or if there was a life-long pattern of a marginal existence. The opportunity to answer such a question arose within the context of studying a larger group of alcoholic women as they entered treatment [3]. Some comparisons are made with the larger study group.

METHODOLOGY

The Women's Shelter in New York City's Bowery district* was utilized to interview 31 homeless women for the present study. The staff at the Women's Shelter identified all new admissions who met the study criteria: a known history of heavy drinking or treatment for alcoholism. An experienced female social worker was in almost daily communication with the shelter staff. By this method, 31 women who met the criteria were interviewed over a 5-month period between October 1974 and 1975. Six women identified were not interviewed; three women refused because they did not wish to discuss their drinking, and three left the shelter before the interview could be completed. Selective demographic data were gathered on these six women from the shelter staff, and were compared with the data on the 31 interviewed women. While the six subjects considered losses were older than those interviewed (mean age of 52 vs 46), the two groups did not differ significantly in education, race, religion, employment status, usual occupation, income, or treatment history.

The homeless and agency women are compared on a number of characteristics in Table 1. There are significant differences between the two groups in

---

*The Women's Shelter offers short-term housing.
Table 1. Background Characteristics of Homeless and Agency Women: Percentage Distribution

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Homeless ($N = 31$)</th>
<th>Agency ($N = 150$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>55</td>
<td>75</td>
</tr>
<tr>
<td>Black</td>
<td>39</td>
<td>21</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Age:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 30</td>
<td>16</td>
<td>18</td>
</tr>
<tr>
<td>30-39</td>
<td>6</td>
<td>27</td>
</tr>
<tr>
<td>40-49</td>
<td>29</td>
<td>33</td>
</tr>
<tr>
<td>Over 50</td>
<td>49</td>
<td>22</td>
</tr>
<tr>
<td>Marital status:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever married</td>
<td>61</td>
<td>73</td>
</tr>
<tr>
<td>Religion:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protestant</td>
<td>61</td>
<td>44</td>
</tr>
<tr>
<td>Catholic</td>
<td>39</td>
<td>47</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
<td>9</td>
</tr>
<tr>
<td>Usual quantity drinks:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very heavy (15 or more drinks)</td>
<td>32</td>
<td>25</td>
</tr>
<tr>
<td>Heavy (12-14 drinks)</td>
<td>19</td>
<td>18</td>
</tr>
<tr>
<td>Moderately heavy (5-11 drinks)</td>
<td>49</td>
<td>40</td>
</tr>
<tr>
<td>Low-heavy (less than 5 drinks)</td>
<td>-</td>
<td>17</td>
</tr>
</tbody>
</table>

race, age, marital status, religion, and usual quantity of alcohol consumed. The homeless women are more likely to be Black, older (46 years on the average for the homeless women as compared to 41 for the agency women), never married, Protestant, and heavier drinkers. Both groups had approximately the same educational preparation, a mean of 11.6 years for the homeless and 12.0 for the agency women. There is little difference in the proportion who worked at some time; 97% of the homeless as compared to 95% of the agency women. The homeless women, however, were more likely to be classified as service, household workers, or operatives (63%), whereas the agency women were more likely to be found among the clerical and sales or professional and technical categories (71%).

Living Situation Prior to Women's Shelter

In discussing why they came to the Women's Shelter, the reasons most
frequently mentioned were hospital or welfare referrals or loss of a room or apartment. Less frequently mentioned reasons were termination of a relationship, financial problems, police referral, or referral by a social agency other than welfare.

Prior to coming to the shelter, the majority of the women had been living in quite transient situations. Six had been in a living situation for less than 1 month, nine had lived in a setting for from 1 to 6 months, and another six women had been in the same living situation for at least 1 year. Only nine women had remained in the same living situation for over 2 years. Prior to their moving to the shelter, 12 women had been living alone, eight had been living with family members, and seven had been living with a male friend. Data were not available for the remaining four. Four women had separated from their families within the past 5 years.

Only four women reported never having felt part of any community. When asked about the circumstances that made them feel part of a community, the most frequently mentioned factors were knowing people to talk to, having friends in the community, and having been raised in the neighborhood. The majority (20) of the women reported having seen friends within the past 3 months.

Current Living Situation: The Women's Shelter

In contrast to the situation in their former neighborhood, the majority (20) of the women reported not feeling part of the Women's Shelter. Only five knew people in the neighborhood by name, and socializing, when it occurred, was usually in a group setting. The majority (19) of the women reported that they had no one in whom to confide, and 13 stated that there was no one to notify in the event of something happening to them.

In spite of this, the majority (23) of the women reported that they were still in contact with someone in their family. Seventeen women had had contact with a family member within the past 6 months, five had had contact within the past year, and nine had not seen a family member for over 2 years.

Onset of Drinking and Problem Drinking

Most studies on drinking patterns indicate that alcoholic men typically begin drinking at an earlier age than do alcoholic women [4-7]. The homeless
women in the present study first started drinking at 21 years of age. The 150 women interviewed at treatment agencies also took their first drink at an average age of 21. While eight women have never worried about the amount of their drinking, the majority of the subjects began to perceive their drinking as a problem an average of 12 years after first starting to drink. In essence, problem drinking began for these women at an average age of 33 years.

After beginning to perceive their drinking as a problem, the homeless women in the present study waited an average of 9 years before seeking help. In comparison with these findings, the 150 women interviewed at treatment agencies waited an average of 6 years before seeking help.

While the homeless women began to perceive their drinking as a problem an average of 4 years sooner than the agency women, they waited an average of 3 years longer before seeking help for their problem. Thus, while the two groups arrived at treatment at about the same age, the homeless subjects had by this time been alcoholic for a longer period.

**Quantity and Type of Alcohol**

The average amount of liquor consumed daily by the homeless women is slightly more than 13 drinks, an average of two more drinks per day than the agency women. As shown earlier in Table 1, more of the homeless than agency women can be characterized as very heavy or heavy drinkers. When compared to the 150 agency subjects, they are less likely to be binge drinkers (16% vs 28%). Daily drinking was more typical among the homeless women.

When drinking first began, 39% (12) of the women drank beer, 6% (2) drank wine, 16% (5) drank hard liquor, and 39% (12) drank a combination of beer, wine, and hard liquor. At the time of the research interview, fewer (16%) were drinking beer, more were drinking wine (23%) and hard liquor (26%), and 35% were combining beer, wine, and hard liquor. In general, then, the changes that did occur were away from beer and toward wine and hard liquor.

**Setting of Drinking**

Almost one-half (14) of the subjects in the present study typically drink alone, usually in their room; only two women report usually drinking in a friend's home, with seven drinking in a bar. These findings are consistent with Garrett and Bahr's in indicating that homeless women are more socially isolated
than homeless men and probably more sensitive to public disapproval of their drinking.

Secrecy in Drinking

Almost two-thirds (20) of the homeless women do nothing to hide their drinking from others. In spite of this, over 80% believe that women are more secretive about their drinking than men.

The social-escapist index [8] was used to measure the women's reasons for drinking. This index includes items adapted from the Mulford and Miller [9] and Knupfer et al. [10] studies which reflect "social" and "personal involvement" motives for drinking. Four items constitute the "social" drinking scale: I drink to be sociable, because the people I know drink, to celebrate special occasions, because it is the polite thing to do in certain situations. Five items are classified as "personal involvement" or "escapist" reasons: I drink because it helps me to relax, when I want to forget everything, because it helps me to forget my worries, because it helps cheer me up when I'm in a bad mood, because I need it when tense and nervous. Two additional items are enjoyment oriented and not clearly either social or escapist in implication: I drink because I like the taste, because it improves my appetite for food. Cahalan, Cisin, and Crossley [8] classified as "escape drinkers" those who chose two or more of the escapist reasons as at least "fairly" important. The homeless women in the present study had a mean escapist score of 3.48; escapist reasons for drinking best characterize both the homeless and agency women.

Other Drug Use

Fifty-eight percent (18) of the subjects report having used other drugs in addition to alcohol at some time in their lives. The most commonly used drugs are depressants such as tranquilizers and sleeping pills. Almost all (17) of the women who have ever taken other drugs have used tranquilizers or sedatives, and over one-half of these had used them within 3 months prior to the interview.

Of particular interest is the finding that only four of the women report that they have used other drugs while drinking. Two women report having used only sleeping pills while drinking, one used only tranquilizers, and one
subject used five other drugs (sleeping pills, tranquilizers, marijuana, heroin, and methadone) while drinking.

Marriage

Nineteen of the 31 women were married at some time; 15 women have been separated or divorced, with only two reporting their own drinking as the major reason for the separation or divorce. In spite of this, nine women report that they were drinking heavily during their first marriage. Eight of these women believe that their drinking became a problem after they were married, and only three report that their husbands disapproved of their drinking. All nine women recall drinking with their husbands during this marriage, and four women describe their husbands’ drinking as heavy or fairly heavy. Only two women report getting drunk with their husbands, however, and the majority believe that their husbands’ drinking had no effect on their own drinking. Only one woman perceived her husband as having a drinking problem.

Compared to the agency women, homeless women were more likely to have never married (39 vs 27%). Of those who did marry, the agency women were less likely to be divorced or separated (50 vs 79%).

Of the 12 homeless women who have never been married, 10 have lived with a man at some time in their lives. Seven also report that the man had a drinking problem, and five describe their relationship with him as unhappy.

In summary, of the 19 homeless women who have ever been married, 15 have been separated or divorced. Over half of these women drank heavily with their husbands during their marriage, but few reported that their drinking was the major reason for the separation or divorce. Similarly unhappy situations were reported by those who never married. The majority of these women have lived with problem-drinking men for short periods and report unhappy relationships with them.

Children

A majority (24) of the homeless women have had children (an average of 2.6 children each). The children ranged in age from 15 to 22 at the time of the research interview.

Of the 24 women who had ever been pregnant, only five reported that they drank heavily during their pregnancy. Four women had children with birth
defects, but only one of the women had been drinking heavily during that pregnancy. Only three women report having a child with a learning problem.

Slightly more than one-third of the women report being the prime caretaker of her children. Other relatives, excluding husbands, have been the prime caretakers in almost as many other cases. Fourteen women report that their children have been separated from them at some time in their lives. These separations ranged from 1 to over 8 years, with a mean of over 5 years. In spite of this rather extensive period of separation, only three women have had children placed by the court as the result of a neglect charge.

Seven women report that they were not drinking heavily when their children required care. Of those who were drinking heavily during this period, several reported that child care was possible because they did what had to be done early in the day before drinking began, and several reported that they "forced themselves" to take care of the children. Surprisingly, over one-half of the heavy drinking mothers report that they almost never had difficulty caring for their children. In those cases in which the children were not separated from her, all subjects reported that their relationship with their children has been fairly good or very good. In those families where the father was also present in the home, his relationship with the children was described as fairly good or very good in 11 cases and as not really good or poor in four cases. Nine women have seen their children within the past 6 months, seven have seen them within the past 2 years, and eight have not seen them for over 2 years.

When asked specifically about the effect of their drinking on their children, only four women reported that any of their children were affected. All of these subjects reported that their first two children were affected adversely, and one woman believed that her third child was also affected by her problem drinking.

Sexual Behavior

A majority (23) of the subjects believe that others think women are more sexually available when they are drinking. In terms of their own experiences, approximately one-third (11) of the subjects reported that, due to drinking, they had been sexually involved with someone with whom they would not have been otherwise. This is somewhat less than the 43% of the agency women who acknowledged this occurring as a consequence of their drinking. This may be underreporting by the homeless women or a true difference in the behavior of the two population groups. Eight of the homeless women reported more than
three occasions which involved different male partners on each occasion. Twelve women reported that they had been taken advantage of sexually because of their drinking, and eight stated this occurred on more than one occasion.

Specific “Troubles”

Several studies in the field [8, 9, 11], in evaluating consequences, have used the concept of “troubles” due to drinking. These studies have tended to weigh heavily those external activities which bring individuals into conflict with employers or the police. Because women may hide their problem drinking in the workplace more than men and are more frequently ignored by police, women drinkers generally have been shown to have fewer troubles than men as a result of their drinking. For example, Edwards and associates [11], using an extensive list of 25 troubles, found that no women reported the occurrence of 10 items.

In evaluating “troubles” in the present study, 13 items traditionally utilized in similar studies were included and items specific to employment were excluded. Five items were added which seemed particularly germane to a female population; these related to suicide attempts and ability to cook and shop for food and to care for self and home.

The average “trouble” score for the homeless study women is 6.65, slightly less than the average of 7.59 reported by the agency women. This relatively high score is consistent with what one would expect of a population of problem drinkers, but appears higher than reports on alcoholic women in the literature. For example, Mulford’s study [12] used 10 “trouble” items and reported a mean of 2.5 for women first admissions for treatment, as compared to a mean of 3.2 for men. The mean score of the subjects in the present study more closely approximates the mean for men reported in Mulford’s study.

The evidence for characterizing the women as alcoholic is presented throughout the paper (social escapist index, pattern of drinking, and treatment history), but is most compelling when comparisons are made with the agency women in Table 2. The agency women had presented themselves for treatment for an alcohol-related problem in contrast to the homeless women who were primarily seeking shelter. Yet of the items considered symptomatic of alcoholic drinking among the “troubles” shown (gone without a drink, blackouts, can’t stop once start, hands shake, drinking first thing in the morning, heard or seen things), they look quite similar to the self-identified alcoholic population of women who sought treatment.
As shown in Table 2, more than two-thirds of the homeless women report having spent too much money on drinking, not drinking for a period to prove they could stop, not remembering the previous night, not being able to stop drinking once they started, and drinking first thing in the morning. When compared to the troubles of the agency women, the homeless women are twice as likely to report being arrested for a "drunk offense" and more likely to report a financial problem due to drinking.
Overall Functioning

The homeless women were asked to complete a booklet containing 52 questions about how drinking affected their functioning in four major areas of their lives: family relations, social relations, job functioning, and health. The subjects were first asked if drinking had interfered with any of these four major areas of their lives. If interference had occurred, they were then asked about specific experiences in each area.

Without exception, the mean interference scores of the homeless women were lower than those of the agency women. While both groups were most concerned about the effect of drinking on their health, the homeless women perceived much less interference than the agency women in family relations (mean of 1.7 vs 4.5) and in job functioning (mean of 2.2 vs 4.1). This may be reflective of the lack of investment in family and job by the homeless women.

Emotional Health

*Psychophysiological symptoms* One measure of the women's emotional status used in the study was the Twenty-Two Item Screening Score [13]. This measure correlates with what psychiatrists judge to be a psychiatric disorder, primarily psychoneurosis, and focuses primarily on psychophysiological symptoms such as shortness of breath, weakness, etc. Such symptoms have been found to be sensitive indicators of the emotional status of women [14].

A score equal to or greater than four has been used to indicate psychiatric impairment. A score of seven or more, however, assures fewer errors in the assessment of psychiatric impairment. The average score of the homeless women on this measure was 8.13. Fifty-eight percent (18) of the women had a score of seven or more.

*Self-esteem.* Using a scale developed by Rosenberg [15], the women were classified as having high, medium, or low self-esteem. The Rosenberg scale consists of 10 items. It has high reliability with a Guttman reproducibility coefficient of .92; it is also considered to have construct validity [15]. A four-point scale, with gradations of agreement-disagreement, is applied to such as "I feel I do not have much to be proud of," and "I am able to do things as well as most other people." The procedures outlined by Rosenberg for scoring were followed. The majority (20) of the subjects had low self-esteem; six had high and five had medium self-esteem. These findings are consistent with those
on psychophysiological symptoms, indicating that a significant proportion of these women are impaired psychiatrically. Because pre-alcoholic personality data are not available, however, it is not possible to determine whether this emotional status is a precipitant or consequence, or both, of problem drinking. Beckman [16] reports women alcoholics have significantly lower self-esteem than men alcoholics on the Rosenberg Self-Esteem Scale but not differing significantly from women in psychiatric treatment. No significant difference was found by gender at the conclusion of treatment and, in fact, the women had a somewhat greater increase in self-esteem than did the men.

**Treatment History**

Almost all (30) of the subjects had received help for their drinking before coming to the Women's Shelter. Seven subjects had received help from AA, and 17 had been in treatment at outpatient facilities. It is noteworthy that relatively few of the women had approached alcoholism resources, social agencies, or psychiatric hospitals for outpatient treatment. A majority (23) of the women had received inpatient treatment, and one-third (11) had received both in and outpatient treatment for problem drinking. The settings utilized most often by these women were psychiatric hospitals and inpatient alcoholism facilities. One-fourth (8) had been hospitalized at both of these types of facilities.

Those who were seen at social agencies and psychiatric hospitals, however, remained in treatment there for relatively long periods, about 1 year. In contrast, the greater numbers of women who sought outpatient treatment at either alcoholism resources or private psychiatrists remained in treatment for shorter periods, about 6 months.

Those hospitalized in psychiatric hospitals tended to remain considerably longer than those hospitalized in alcoholism facilities or general hospitals. As noted earlier, less than one-fourth (7) of the subjects had been involved in AA, and the average length of involvement was 8 months.

**The Disaffiliation Process**

While Garrett and Bahr [1] conclude that "homeless women alcoholics may very well be the most isolated and disaffiliated residents of Skid Row" (p. 1240), the process of this disaffiliation remains poorly understood. Garrett and Bahr concluded that the dominant process leading to homelessness in their subjects
was a response to a crisis event occurring during their marriage or common-law relationship. A similar interest was pursued in the present study in an effort to determine why and when the homeless alcoholic woman becomes detached from the mainstream of a community. While the findings are similar to those of Garrett and Bahr, there are differences in the nature of the crisis and, in some cases, it can be questioned if a crisis occurred.

A majority of the women in the present study report a transient, downward social course precipitated by some specific loss prior to entering the shelter. Critical situations include death of a mother or common-law husband, divorce, mugging and physical injury, and jailing of husband.

The women who ranged in age from 22 to 69 are described in the following vignettes. The first group of women reported some degree of life stability prior to a critical event.

Ms A., 37, lived with her mother for 30 years. After the mother's death, she became a live-in housekeeper for an elderly man. When his home was torn down, she was referred to the shelter.

Ms B., 58, moved into a hotel room after the death of her common-law husband. When she did not receive her Social Security check she was put out of her room, and stayed on a highway under a bridge for 1 month. She was eventually referred to the shelter.

Ms C., 61, lived with her sister for 4 years after the death of her husband. She then moved into an apartment, but lost it and her job after falling and fracturing her hip. She was referred to the shelter by the hospital social worker.

Ms D., 36, moved into a hotel room after living with her children for some years. She received a head injury from a mugging, and came to the shelter when she no longer had money for her room.

Ms E., 43, was separated from her husband after 20 years of marriage. She lived alone for a short time, then with a man in a furnished room. She was unable to get treatment for her drinking problem at a county hospital, and was referred to the shelter.

Another group of women reported life-long patterns of instability and transience. For example:

Ms F., age 22, lived in an institution for 6 years. After leaving it, she lived with a man who abused her and eventually threw her out. She was referred to the shelter by the Welfare Department.

Ms G., 51, came to this area from a Halfway House in the south. The Salvation Army referred her to a city hospital, where she was in turn referred to the shelter.
Ms H., 50, reports a long history of sleeping in hallways and empty houses. After being hospitalized for "blackouts and asthma," she was referred to the shelter.

Ms I., 42, has had 14 illegitimate children, all of whom are in foster care. She reports a long history of living with numerous men before being referred to the shelter.

If any valid generalizations can be derived from these vignettes, they probably center around the impressive lack of emotional and social resources of these women. In comparison to the other alcoholic women studied, they are less likely to originate from intact families, have received less formal education, and have fewer occupational skills. The typical response to a crisis appears to involve brief attempts to survive in isolation followed by numerous agency referrals leading eventually to the Women's Shelter.

**IMPLICATIONS**

What seems clear is that the individual resources of these women are indeed limited. We are not dealing with homelessness *per se* but rather the homelessness of an alcoholic woman. When faced with a loss of a significant person in their lives, the options are almost nonexistent for continuing to maintain themselves without a community support system such as the shelter. Thus, a public shelter is a necessary and valuable resource. For that other substantial group of women whose existence has been marginal for a number of years, if not life-long, the shelter is another interim housing arrangement in a series of unsatisfactory, inadequate living plans. Many of these women are in their later middle years. Now 47 years old, on the average, they began their problem drinking some 14 years earlier when they were 33 years of age. Nearing their late 40s, they have a respite from true homelessness by living in the shelter. If the women who participated in this study are representative of homeless alcoholic women, they are not a homogenous group with a life-long pattern of marginality.

When this study began, the homeless alcoholic woman was rare and almost invisible except to those seeking her out. There is now a legion of homeless women visible on the streets of New York City. No doubt some are alcoholic. There has been a major societal change in the perception of basic human rights to shelter, and in the 1980s homelessness is no longer a deviant pattern. Thus, like less affluent countries who cannot house their residents or earlier decadent societies who ignored the plight of those in need, we seem to have given up our traditional caring for those who cannot care for themselves. It can only
be hoped that this is a temporary aberration. Clearly, the homeless alcoholic woman as represented by these women no longer can care for themselves without public resources.

ACKNOWLEDGMENT

This investigation was supported by Public Health Research Grant No. AA380 from the Alcohol, Drug and Mental Health Administration, National Institute on Alcohol Abuse and Alcoholism.

REFERENCES