



ROUGH LIVING

SURVIVING VIOLENCE & HOMELESSNESS

Catherine Robinson

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ROUGH LIVING SURVIVING VIOLENCE & HOMELESSNESS

Catherine Robinson



A Partnership Project of
Public Interest Advocacy Centre (PIAC) and UTS Shopfront

UTS Shopfront Monograph Series
No 6

UTS Shopfront: Working with the Community

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Published by UTSePress
in association with the
Public Interest Advocacy Centre (www.piac.asn.au)

UTS Shopfront Monograph Series No 6
This monograph series is refereed.

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National Library of Australia Cataloguing-in-Publication entry

Robinson, Catherine (Catherine Françoise).
Rough living : surviving violence and homelessness

1. Homeless persons — Violence against — New South Wales — Sydney.
2. Homelessness — New South Wales — Sydney.
3. Discrimination against the homeless — New South Wales — Sydney
4. Homeless persons — Services for — New South Wales — Sydney.

I. Title.

(Series: UTS Shopfront monograph series; no 6).

305.569209944

Bibliography.

ISSN 1834 2035 (Online) 1834 2027 (Print)

ISBN 978 1 86365 425 8

ACKNOWLEDGMENTS

This research project was funded by the Public Interest Advocacy Centre (PIAC), for the Homeless Persons' Legal Service (HPLS), a joint initiative of PIAC and the Public Interest Law Clearing House NSW. I would also like to gratefully acknowledge receipt of the Inaugural UTS Shopfront Excellence in Community Engagement Award for work on this project. This award supported the valuable appointment of Sage Saegenschnitter, Homeless Support Coordinator, HopeStreet, as a Research Assistant for the project.

Staff at HopeStreet and the Women's and Girls' Emergency Centre generously supported the project by providing spaces in which interviews could occur, by referring potential participants and by providing follow-up support for participants. Ozanam Learning Centre also supported the project by providing interview rooms as well as meeting spaces for the Project Steering Committee. Corrs Chambers Westgarth Lawyers provided interview transcription services and research pro bono, and in particular I would like to thank Dixon Hearder (Partner, Corrs Chambers Westgarth) for his support. Brett Smout, Director of Student Services at UTS, provided me with valuable professional supervision during the fieldwork period. Thanks also to the two anonymous reviewers of this monograph for their helpful comments and to Pauline O'Loughlin, Manager, UTS Shopfront, for her enthusiastic support, Emily Lloyd for layout design and Kathryn Lamberton for her editorial work.

The Steering Committee for this project included members of Street Care, an advisory group to HPLS, and I thank all committee members for their insightful workshopping of both the project proposal and the findings.

Sage Saegenschnitter from HopeStreet and Chris Hartley from HPLS were crucial intellectual and emotional supports during this project. Chris initiated the project and Sage made it possible. I could not have imagined more professional, caring and committed community partners for this research, and I thank them deeply.

Finally, I would like to thank the 12 participants in this project who, through sharing their life stories, reflect the often silent violence in our community and humble those who have been luckier.

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PREAMBLE

This research project emerged in response to the growing number of informal narratives of violent victimisation encountered by staff of Homeless Persons' Legal Service (HPLS) in their work with homeless clients and current and former homeless advocates in Sydney, New South Wales. Despite consistent reports of repeated experiences of violence occurring both before and whilst living homeless, it was observed that little current local documentation or wider policy acknowledgment of these exists. Disturbingly, reports about episodes of violence revealed that positive engagement with responding emergency and support services was rare and in many cases was never even sought, and that the opportunity for the follow-up of past traumatic events was even rarer. Most distressing, however, was the perception identified amongst victims that often brutal and repetitive victimisation was a 'normal' and accepted part of everyday life in the past and present, and an expected part of everyday life in the future.

As a researcher in the homelessness field with a particular interest in trauma, I was approached in 2008 to begin designing what would become a contract project for HPLS exploring homeless people's survival of violence. The project was shaped in response to the key concern of HPLS staff that rich and insightful narratives about the experience and context of long-term violence remained unrecorded and yet represented powerful evidence for use in advocacy work, challenging both how homelessness is understood to eventuate and be prolonged and how it is responded to.

As such, this project has at its core a concern to listen to and learn from both homeless people's personal narratives of violence and their analyses of the social contexts in which these narratives emerge. My primary focus has been to facilitate the documentation and formalisation of data generated through interviews in order to provide a resource for HPLS, and secondly, to offer my own analysis of how it is that homelessness and violence interweave. As a small-scale pilot project it aims to break the descriptive and conceptual ground at the nexus of violence and homelessness and to call for larger scale social research to further deepen and broaden the evidence-base and political valency of this issue.

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ROUGH LIVING

It is well known that the population of those currently experiencing homelessness in Australia has now reached over 100,000, with 27,000 estimated to be living in NSW, and 16,000 in the greater Sydney region (Chamberlain & MacKenzie 2009, p. 45). A current resurgence of policy interest in homelessness at both state and federal levels again offers opportunities to refocus on the issues central to perpetuating homelessness and on the alignment of these issues with current government and community responses. With the recent release of the Australian Government's new raft of social policies to address homelessness, outlined in *The Road Home* (Commonwealth of Australia 2008), and the recent development of the *NSW Homelessness Action Plan* (NSW Government 2009), it is now becoming clear that stemming the erosion of affordable housing *and* recognising the need for housing and support will characterise future strategies aiming to reduce and end homelessness. Better understanding of the important role of support stems from available evidence of the 'high and complex needs' of those who deal with homelessness in the context of mental illness and drug and alcohol addiction (see, for example, Bisset, Campbell & Goodall 1999; NSW Ombudsman 2004; Robinson 2003). For this group, some of whom endure repeated or iterative episodes of homelessness long term, it is now widely understood that affordable housing alone is unlikely to be an adequate or lasting solution to homelessness.

Another issue key to the experience of homelessness, particularly iterative and complex homelessness, is violent victimisation. Problematically, however, violent victimisation still receives limited acknowledgment within policy development or academic research, despite the fact that existing studies, both in Australia and internationally, consistently document that people experiencing homelessness report a horrendous and disproportionate level of victimisation, including repeated experiences of childhood abuse, domestic and family violence, rape, physical and sexual assault, and robbery (see, for example, Buhrich, Hodder & Teesson 2000; Jasinski et al. 2005; Kipke et al. 1997; Kushel et al. 2003; Larney et al. 2009; North, Smith & Spitznagel 1994; Taylor & Sharpe 2008). It is clear that repeated experiences of violent victimisation are more likely for those whose homelessness is both prolonged and made complex by mental illness and substance abuse, and yet the wide-ranging and often enduring impacts of victimisation are rarely acknowledged and considered as part of 'housing plus' (Morrison 2009, p. 1) responses to homelessness.

Given the small but nonetheless powerful body of available research evidence which concludes, 'a history of violent victimisation is associated with the initiation and prolongation of homelessness' (Kushel et al. 2003, p. 2492), it is also deeply troubling that more commonly public policy and public opinion address homeless people as *perpetrators* of crime (Strategic Partners 1999, p. 37). This is disturbing in a context in which one Australian study concluded simply that 'a lifetime experience of trauma is common among homeless people' (Buhrich, Hodder & Teesson 2000, p. 966), with half of the female participants reporting rape and over half of male and female participants reporting physical assault (Buhrich, Hodder & Teesson 2000, p. 965). Half of the homeless respondents in a more recent Australian study indicated they had been violently victimised at least once in the past year (Larney et al. 2009, p. 348).

As Gaetz (2004, p. 447) concludes, however, ‘the homeless in general are cast not as real or potential victims ... but rather, as criminal offenders’ (see also Alder 1991, p. 3; Strategic Partners 1999, pp. 4–5) and as a result public policy falls short of fully confronting violent victimisation as a central theme in homelessness. As Morrison (2009, pp. 2–3) points out in the Australian context, for example, it is a surprising oversight that neither homeless policy nor research yet adequately addresses sexual violence, which remains so pivotal in the lives of many homeless women in particular. It has also been argued that crime prevention frameworks implicitly underpin the current policy and practice shift towards early intervention strategies aimed at homeless young people in particular (Strategic Partners 1999, p. 37). Here again, an explicit recognition of young homeless people’s likely experience of violent *victimisation* remains missing.

The silencing of homeless people’s experience of victimisation is ensured socially by beliefs that homeless people are somehow deserving of violence because of their risky lifestyles – most extremely demonstrated in the active perpetration of violent hate crimes against those homeless (NCH/NLCHP 2008; Wessler & Melnick 2005). It is also ensured institutionally by the exclusion of homeless people from national crime surveys which inform crime prevention policy and through the evolution of service sectors without resources and time to offer more than superficial care to homeless people. Further, the entrenched under-reporting of victimisation by homeless people suspicious of law enforcement and emergency health agencies only serves to further cyclically perpetuate these silences. It is also tragically ironic that in the public domain homeless people are understood as a threat, despite the fact that, internationally and in Australia, homeless people strikingly report random members of the community (Alder 1991, p. 6; Ballintyne 1999, p. 15; Newburn & Rock 2005, p. 27) and indeed law enforcement officers (Alder 1991, p. 6; Zakrisson, Hamel & Hwang 2004) as major perpetrators of violent crime against them.

In Australia, research on homelessness and violence is particularly limited with the first major study since Alder’s (1991) work on the violent victimisation of homeless youth only appearing recently (Larney et al. 2009). This quantitative study examines the violent victimisation of homeless adults in Sydney in the 12 months prior to participation in the research. The only other recent study to emerge in Australia (Murray 2009) qualitatively examines women’s experiences of violence during homelessness. Importantly, both studies confirm the findings of international research that violence is endemic to the experience of homelessness, particularly long-term iterative homelessness, is linked to poor mental health and substance abuse, and has cumulative and lasting impacts on victims’ continuing vulnerability to poor physical and mental health, to housing instability and to further violent victimisation. These findings are deeply worrying in the context in which it has been estimated that, at any one time, at least a quarter of homeless populations in countries such as Australia may be experiencing long-term iterative homelessness with associated high and complex needs (Reynolds 2007, pp. 4–5).

The present study seeks to complement this recent research in its different interest in the ways in which both violence and homelessness may be intimately intertwined right across the *full life course*, rather than in a specific time period or only during periods of time spent homeless. As Wenzel, Leake & Gelberg (2001, p. 749) argue, ‘qualitative research is also needed to more thoroughly understand the course and context of violence’ for those homeless. In recognition of the enduring impacts of trauma often resulting from violent victimisation and its repetition, this project examines long-term trajectories of violence to which episodes of homelessness may be connected in both immediate and delayed ways. Given that experiences of violence may be interspersed throughout periods of both stable housing and homelessness, this is to ask both about how survivors of violence are vulnerable to homelessness *and* about how survivors of homelessness are vulnerable to violence.

This study uniquely uses the social research methodology of biography to build up an intimate understanding of how repeated violence is experienced, managed and survived across the life path. In its close focus on individual life pathways, the study explores observations that early victimisation frames later vulnerability to both repeated victimisation and homelessness and that, in turn, the wider socio-spatial exclusion and marginalisation associated with homelessness specifically prolongs and entrenches vulnerability to violence (see also, Kushel et al. 2003; Lee & Schreck 2005).

The project was framed by the following research questions:

1. What experiences of violence have homeless people had and how have they managed these?
2. What factors shape homeless people’s vulnerability to violence?
3. Which services best respond to requests for assistance in dealing with violent victimisation and what are the gaps in available assistance?
4. What do reflections on victimisation reveal about the relationship between homelessness and violence?

Addressing some of the silences within social research and social policy, these questions reflect an initial attempt to frame the collection of qualitative data about experiences of violence and how these are managed, and to characterise the landscapes of violence that many who experience homelessness move through. Further, in taking up violent victimisation as one key ‘lens’ through which to understand homelessness, a new light is shed on both the gaps and possibilities in appropriate service, policy and community responses (see Morrison 2009, p. 1). As will be discussed in Chapter 4, however, the intention of the report to explore the service use of participants revealed instead the marginal and at times negative place of services in participants’ lives. Whilst limiting the report’s account of service use, this absence tellingly revealed what might be the very specific outcome of long-term and persistent experiences of violence and homelessness – isolation, including disconnection from the helping professions themselves.

BIOGRAPHIES OF VIOLENCE

Research on homelessness and violent victimisation has usually been undertaken via large, descriptive, cross-sectional statistical studies predominantly generated within the disciplinary areas of public health, community medicine and psychiatry. A concern for most researchers has been to generate nationally comparative rates of victimisation for those homeless in order to evidence and highlight their alarmingly disproportionate experience of violence. Studies are commonly split in their concentration on either homeless people's experiences of childhood victimisation within family homes (Janus et al. 1995; Thrane et al. 2006) or their experiences of victimisation within recent periods of homelessness (Alder 1991; Ballintyne 1999; Gaetz 2004; Kipke et al. 1997; Larney et al. 2009; Newburn & Rock 2005), though a few offer epidemiologic overviews of lifetime experiences of trauma and violence (Buhrich, Hodder & Teesson 2000; North, Smith & Spitznagel 1994; Taylor & Sharpe 2008). Further, many researchers focus on the experience of a particular form of violent victimisation and its relationship to homelessness, for example, domestic and family violence (Browne 1993; Tually et al. 2008), childhood sexual and physical abuse (Tyler et al. 2001; Wenzel, Koegel & Gelberg 2000), and rape and sexual assault (Goodman, Fels & Glenn 2006; Morrison 2009; Wenzel, Leake & Gelberg 2001).

In contrast, this project aimed to develop a qualitative overview of the cyclical and enmeshed relationship of violence and homelessness and to examine the context and impact of violence throughout the life paths of those who become homeless. As a biographic study the project was extremely small scale, involving only 12 participants in life story interviews. The researcher can find no similar published research undertaken either in Australia or internationally and as such the project is unique in its methodological design. Further, this approach may also be understood as an alternative, or useful precursor, to longitudinal research which is seen by many as the needed and ideal form of research in this area (Borris et al. 2002, p. 362; Larney et al. 2009, p. 350; Wenzel, Leake & Gelberg 2001, p. 749).

Biography has developed within the social sciences as a research methodology specifically sensitive to the connections between individual experience and social and historical context (Denzin 1989, p. 9; Plummer 2001, p. 39) and to the exploration of marginal life histories (Liamputtong 2007, p. 113). The aim of biography as a social research methodology is to develop an analytical, rather than descriptive, account of an individual's life. Researchers employ biography to explore key social forces and events which shape the course of individual life paths. In this project, face-to-face life story interviews were used to engage participants in developing a verbal account of their own biography in collaboration with the researcher. Interviews usually began with the initial prompt 'Do you want to start by telling me a little bit about your earliest childhood memories, about where you grew up ...' but did not necessarily proceed in a linear fashion or, in many cases, with much further direct questioning from the researcher.

Life story interviewing ideally offers participants the opportunity to control the narration of their own lives and so is understood as an empowering research method appropriate for vulnerable people and for research topics which are emotionally difficult (Liamputtong

2007, p. 113). The use of life story interviews in this project enabled participants to select the information they were willing to share about their lives and to decide how detailed this information would be. This control became crucial for some when discussing subjects and events which they found distressing or which they wished to keep private. Importantly, the method allowed participants to talk widely about their life experiences, rather than focus only on events of victimisation.

Because of the extremely sensitive nature of the project's focus on violence, particular care was taken to consider the practical implementation of an ethical research design and formal ethics approval was granted by the UTS Human Research Ethics Committee. Professional supervision was provided for the researcher through the UTS counselling service. Weekly debriefing sessions during the fieldwork period provided an invaluable source of support and guidance in coping with the often extreme interview content and in appropriately managing the relational context of research interviews. The fieldwork was hosted by HopeStreet, a community welfare service supporting housed and homeless residents of Woolloomooloo in inner-city Sydney. Sage Saegenschnitter, a community worker at HopeStreet specialising in outreach work with people experiencing homelessness, was employed as a research assistant on the project.

With the approval of HopeStreet, Sage was able to use her dual role as community worker and research assistant to recruit and practically and emotionally support participants through their involvement in the project. This included contacting potential participants, talking them through project information provided by the researcher, introducing them to the researcher, arranging appropriate times for interviews, and providing post-interview follow-up and support where required. It was Sage's particular concern to very clearly explain the project's focus and ensure participants were as comfortable as possible with the idea of revisiting and documenting often extremely traumatic periods in their lives. Sage also arranged, where possible, the return of interview transcripts to participants, and passed on any feedback or requests for further interviews. Because of Sage's position at HopeStreet, participants knew they had ongoing access to her support after the completion of fieldwork. In the context of the often unexpected effects of recalling traumatic memories, this ongoing availability of professional support for participants was a key dimension of the ethical design of the project.

The researcher was introduced initially to most participants by Sage in a drop-in café run by HopeStreet and then interviews took place in a safe and private room in a secure area of the building. Three participants were interviewed through another inner-city service, Women's and Girls' Emergency Centre, where a similar recruitment and interviewing process took place. As part of the information and consent process which preceded each interview, permission was obtained to digitally record the interviews, from which full de-identified transcripts were produced for return to participants for their feedback and for use in the process of thematic analysis. Participants were comfortable with an analysis strategy which would thematically draw out commonalities and differences *across* the body of data rather

than one which might involve the detailed reporting and analysis of whole individual biographies (for example, narrative analysis). Whilst thematic analysis has the effect of fragmenting discussion of the life stories collected, it was an important point of reassurance for participants in the process of negotiating consent for the anonymous public dissemination of interview material.

Participants were paid \$50 for their involvement in the life story interview which took anywhere between forty-five minutes and two and half hours. One interview was conducted in two separate instalments on different days partly because of time restrictions but also because the participant felt it would be extremely intense to try and work through his whole life history in one sitting. Participants were also to be paid \$30 for optional follow-up interviews to discuss the initial interview transcripts. To the best knowledge of the staff supporting the project, all participants received a copy of their de-identified interview transcripts; however, no one requested further contact following receipt of these. It is possible participants were simply happy with what had been recorded, but also the emotional and practical effort of reconnecting with the researcher for further discussion may have been prohibitive. It is also possible that participants were empowered by the process of simply being listened to, knowing that they did not have to maintain ongoing contact. One participant was concerned that his transcript had been de-identified and requested a copy, which was provided, using original names and addresses and so on, for his own personal use. Best attempts will be made to ensure that all participants receive a copy of this final report.

Six men and six women aged between 31 and 62 years took part in the interviews which took place over a three-month period from September to November in 2009. With permission, pseudonyms were assigned to the participants by the researcher to protect their anonymity. Carrie (female, 48 years), Jim (male, 40? years), Dee (female, 47 years), Marty (female, 50? years), Jamie (male, 45 years), Alex (female, 49 years), Martin (male, 60 years), Mary (female, 40? years), Paul (male, 35 years), Peter (male, 48 years), Ben (male, 45 years) and Annika (female, 31 years) had all lived homeless for at least one year. Most had experienced homelessness off and on over their life course, including extensive periods of rough sleeping for up to 10 years, with periods of homelessness, including rough sleeping, beginning as early as age seven. Seven participants were currently homeless, either sleeping rough or staying in temporary accommodation, and five were recently accommodated in boarding houses and public or community housing. As noted above, all participants were identified and personally invited to take part in the research either by Sage or staff at the Women's and Girls' Emergency Centre, and as such the report reflects consideration of data from a convenience sample rather than a representative one. During the process of recruitment, at least six potential participants declined involvement in the project when approached, making it clear they did not feel at the right point in their lives to discuss their life story in the context offered by the project.

Every interview involved the graphic and distressing discussion of often multiple accounts of violent victimisation including physical and sexual assault, torture, rape, and childhood sexual and physical abuse. All participants were currently safe and in touch with support

services, with the researcher making only one specific referral to Sage, with the participant's permission, to ensure specific follow-up was provided. While nearly every participant became obviously distressed at various points over the course of their interviews, interestingly, it became clear that many had chosen to become involved in the project because of their desire to talk through their experiences of violence. For some, the interview coincided with other periods of private reflection (particularly for those who were currently housed) or therapeutic work (such as with a case worker, psychologist or psychiatrist) and presented another apparently safe space in which to give voice to often otherwise 'unspeakable' trauma. At the conclusion of the interviews, many participants, despite initial nerves or reservations, expressed the positive emotional release telling their life story had brought them (see also, Robinson 2004, 2008). Some acknowledged that they had shared information in the interview that they had not been able to bring up with their friends, caseworkers or psychologists. Some even surprised themselves by revisiting experiences they had never previously discussed with anyone, and for some, such as Alex, the interviews were a chance 'to give something back, a little bit of life experience'.

Overall, the practical design of the fieldwork worked well, with support at hand on the one occasion it was immediately required. Despite the grief that involvement in the project triggered, the fieldwork nonetheless delivered small immediate benefits for both participants and HopeStreet. The fieldwork brought at least one participant into contact with Sage and HopeStreet for the first time, and as it happened this was the participant who was in need of immediate support. Her relationship with the service has to date been ongoing. Most significantly, as noted above, the interviews presented what seemed to be a very important opportunity for many participants to work through, and even clarify, their traumatic experiences for themselves with 'no strings attached'. With its focus on the telling and crafting of the story itself, the research interview clearly offered participants a unique venue in which to simply be heard, rather than to be 'fixed'. Participants could also listen to *themselves*, to how their own life experiences sounded aloud; in other words, to experience some sense-making separation from their own pasts. They also experienced a 'live' response to their story, as one participant emphasised – the response of an embodied, focused listener.

As will be discussed in the following chapters, these observations of the need for a space in which extraordinary experiences could be voiced and confirmed are powerfully suggestive of the intense isolation which accompanies victimisation and of the inability of current services to intervene in this. Whilst such findings have immediate relevance in the arena of service provision, it is also useful to question what role and responsibilities research has in providing needed 'listening spaces' in which participants feel valued. Where possible, researchers should be encouraged to develop methods of research that *in themselves* have identified benefits for studied communities, rather than to justify their interventions on the basis of very delayed research impact. In the context of research on homelessness, such methods may imply extra costs and extended timeframes but may be crucial in ensuring participants do not, once again, experience the sharing of often excruciatingly painful lives as brief and mundane.

VIOLENT ECOLOGIES

Like I said, I've been bashed from pillar to post most of me life.

Mary

This chapter examines the key contexts – home, homelessness and institutional care – in which violent victimisation played out for participants and also describes the kinds of victimisation that most commonly took place in each setting. Though the catalogue of victimisation presented here makes for grim reading, it is important to clarify the wide yet common range of experiences of violence participants reported, and to characterise the landscapes of violence that participants found themselves moving through at key points across their life course. This descriptive chapter precedes discussion in Chapter 3 about the ramifications of victimisation and about the ways in which different geographies of violence overlap and link and become interwoven with the experience and perpetuation of homelessness.

Violence at Home

Whilst home for many is a site of care, safety and nurturing, for many who become homeless, home is the first site in which violent sexual and physical victimisation occurs and often remains a conflicted and dangerous place throughout the life course (see also Tomas & Dittmar 1995). Specifically, for those who become homeless, home is too often a key site of childhood physical and sexual abuse and of domestic and family violence. All but one participant in this study experienced either childhood sexual or physical abuse, or both, and also witnessed or were direct victims of domestic and family violence. One male was also a perpetrator of family violence in the context of his own survival of chronic child abuse.

Despite the significant difficulties faced in accurately capturing data (resulting in under-reporting), research has clearly documented the extremely high rates of childhood sexual and physical abuse (understood here as the assault, rape or molestation of those aged under 18) experienced by those who become homeless. In combination with lack of care in the home, childhood physical and sexual abuse has been established as a powerful predictor of adult homelessness (Herman et al. 1997). Familial physical and sexual abuse have been widely reported in Australian and international literature as a central and even repeated experience for young homeless people in particular (see, for example, Downing-Orr 1996; Hatty, Davis & Burke 1996, p. 50; Janus et al. 1995; Rew, Taylor-Seehafer & Fitzgerald 2001). Studies have revealed that over 70 per cent of young homeless women and 30 per cent of young homeless men can be expected to be survivors of sexual abuse and that over 70 per cent of young homeless men and 30 per cent of young homeless women can be expected to be survivors of physical abuse (Thrane et al. 2006; Whitbeck, Hoyt & Bao 2000).

Likewise, research evidence suggests that domestic violence (understood here as violence occurring between intimate adult partners) and family violence (understood here as violence occurring between a range of intimate and extended family members) are common in the lives of those who also experience homelessness. In particular, domestic violence and family violence have been shown to be overwhelmingly central to women's trajectories

into homelessness (Tually et al. 2008, p. 13). As will be discussed, however, for the women participants in this study domestic violence was as likely to occur in the context of, rather than as a precursor to, homelessness. Witnessing domestic violence during childhood in their family homes, however, was a common precursor to homelessness for most participants.

In general, violence at home most often occurred in the context of discordant family relationships and poverty. Eight participants described childhoods marked by their parents' relationship breakdowns and separation, addiction and mental illness, housing instability, and inability and unwillingness to care for their children. Seven participants reported witnessing their parents' domestic violence and five were also exposed to the physical and sexual abuse of their siblings. Further, 11 participants reported childhood sexual and physical abuse perpetrated mostly by parents and step-parents but also by siblings. This included sexual abuse, physical torture, physical violence with weapons, physical bashings by punching, slapping and kicking, and neglect. Sexual and physical abuse was accompanied by emotional abuse which usually revolved around participants being told they were useless or unwanted, being threatened with further harm, including murder, and receiving punishment if they questioned the abuse or revealed the abuse outside the family. Several discussed the constant and intense anxiety associated with home life, which for some had not waned 40 and more years later.

The common context of childhood family discordance and violence was well illustrated by Alex. Alex described her brutal father and her awareness of her mother's experience of domestic violence as well as of her father's multiple addictions:

Alex: I was born in Melbourne. I'm one of eight children. I don't have a lot of memory of my early childhood. I remember that my father was a really violent, aggressive mongrel of a man and I grew up with violence. I grew up with him, and his alcoholism and his addiction to drugs, and he was an addict and alcoholic and he used to beat us and my mother and that's what I grew up with basically. I left home at a really early age as a result of his beatings and seeing him the way he was, doing what he was doing. I couldn't take it, and I was usually on the end of his fist anyway so I left.

Jamie described the violence he experienced at the hands of his alcoholic stepfather and siblings and his awareness of the domestic violence experienced by his stepmother. At the time of his interview, Jamie was trying to establish his relationship with his parents and siblings with the assistance of a Child Abuse Assessment Team, which included investigating his belief that he may have been abducted as an infant from the Royal Hobart Hospital. Jamie revealed a particularly horrendous childhood marked by torture and imprisonment:

Jamie: From the time I was two and a half years of age all I can remember is just walking in this green gate ... in Hobart and then everything just went downhill from there. Like I wasn't sent to school. I was tied up no more than three days a week and no less than three days a week. I was tied up, I was bashed, I was put over at [the] golf course, tied to trees. For nine years I went through that and my stepdad he was an alcoholic ...

Catherine: And so all the kids, they beat up on you all the time?

Jamie: Yes, like 'You are not going to school today!' Then I complained but then I'd get hit for complaining ... So they'd just drag me by my hair and just like tie me up, [laughs] tie me up. They'd tie my arms around my legs, and like I just curled up. I had no, no choice, and then I was just put on the floor and just left there.

Catherine: So your siblings did that or your father did?

Jamie: My siblings.

Catherine: And did your parents know?

Jamie: My stepdad did but my stepmum didn't, she thought that I ran away. But I think they just ... yeah oh she knew, but there's not much she can do, because she used to get hit herself.

Though violence was often perpetrated by fathers and stepfathers, participants, such as Paul and Carrie, also reported their mothers' and stepmothers' abuse, which was just as brutal:

Paul: ... Things like an open-handed beating was a soft beating for me. It was normally, being punched was not uncommon. I only remember once having a wooden spoon used on me and it broke, so after that it was like the big metal serving spoons and egg flippers and rolling pins, jug cords, garden hoses, thongs, steel capped boots. Weapons basically. You know, there wasn't a day that went by when I wasn't getting beaten. I remember one time when I was five my mother made the mistake of sending me to school on the Monday covered in bruises from head to toe. The school called the police and they came and asked me where I got all the bruises from and I just said, 'Oh, I copped a beating', basically. The police took me home and gave my mother a warning which prompted another beating [laughs] for having the audacity to go to school covered in bruises! [laughs] My mother is also an alcoholic, so there was a lot of alcohol-induced violence.

Carrie: I think what happened was Dad took out an order from the court that he could take me, 'cause he was taking custody of my sister, 'cause my mother had the little baby and my older sister in her care. So he was fighting to get two children while she had two. Now unfortunately when he took me over there my stepmother was a very bad abuser to me.

Catherine: Did she hurt you or shout at you?

Carrie: Oh tremendously so. She used to get a feather duster, it didn't matter if I didn't do anything wrong, if she felt like it, she'd belt me left, right and centre around the household. Absolutely. It was horrendous. I'd just have to go to school, wear my jumper every day even though it was hot, to cover up the belts on my arms, you know, belts on my legs. I had to cover it up with black thick stockings. I had to wear my uniform down to my knees.

Several participants discussed the way in which violence would flow through their family, from father to mother to children, and then in some cases from older to younger children:

Peter: You learnt to keep your mouth shut. The smart thing is lying low. Who am I going to go to? Mum, she won't do anything. Me old man's the cause of it. Then me brother started on me ... Then Mum still wouldn't do anything about it. So, what's the point?

As a result, participants, such as Jim, described households thoroughly permeated by both the constant occurrence and the threat of violence:

Jim: So I think there was one occasion there where I actually heard an argument in the kitchen, this is a few years later when we moved to central Victoria, Mum and Dad and Paul, my oldest brother, were arguing in the kitchen and I snuck out of bed and went to the kitchen door and opened the kitchen door and sort of screamed out, 'What's going on?' And there's my dad with a tomahawk raised and there's my brother in the middle. I've still got the snapshot – bang. My dad and tomahawk raised. My brother against like that, and then my mum cowering under my brother and I don't know whether it was coincidental or what but a couple of days later I noticed Mum had an axe mark on her foot but he reckons that he did that by accident showing her how to chop wood and she slipped off the chopping block or something and it cut her foot, but there was always excuses, always. Always cover-ups and stuff but I did see quite a bit. You know when you get up in the morning and Mum goes to bed – she puts you to bed. She's looking fine and then you get up in the morning and she's holding her ribs and she's got a black eye. So, you know ... Some of that violence would come back off Mum onto us, unfortunately. But Dad he was, yeah, I really feared his wrath, yeah, absolutely yeah.

For Marty, the home context of her parents' alcohol abuse and domestic violence did not lead to their direct abuse of her and her sister, but nonetheless contributed to creating a neglectful and chaotic context in which continual sexual abuse occurred:

Marty: When it was just my mum and dad at home there was physical violence, like he was beating her up and my brothers and I saw that. There was also sexual abuse on my part you know, like men coming into the room and touching and you'd go 'I'll go and tell my mother' and nothing will ... Well I suppose in those days you didn't have the resources to follow up on this sort of stuff like you do today.

Catherine: How old would you have been? Younger than eight?

Marty: Yeah younger than eight.

Catherine: And were these men family members or friends or were they known?

Marty: They were friends of my parents from the pub you know, they'll come home from the pub ... But quite scary, you know, like when you've got a man trying to touch you, it's like [throws hands up] whoa!!

Tragically, this pattern of exposure to alcohol abuse and the lack of protection from sexual abuse was again repeated once Marty's parents had separated and when she and her sister passed into the 'care' of their aunt in a similarly chaotic household:

Marty: So we were just staying with family and whoever's got a spare room we'd sleep in that room for a couple of months till the ones who were paying the rent were pissed off with my father then, oh well, see ya later, out you go.

Catherine: Did you see much of your mum during that time or were you mainly moved between your aunt and your dad?

Marty: We mainly moved between my aunty and my dad. We didn't really see much of my mum as I said from, oh, I'd say nine...and then my aunty made us Ward of the State and she got legal custody of us, of my sister and I. It was okay because we were going to school and we had a pretty stable home but still there was drinking in the house but that was okay because this time it was like with family members.

Catherine: Would you say alcohol abuse?

Marty: Oh yeah, yeah, yeah I would say alcohol abuse ... There wasn't much domestic violence at that time, Catherine, but there was a lot of sexual abuse.

Catherine: When you were living with your aunt?

Marty: Mmmm.

Catherine: Of you?

Marty: Yeah myself and my sister.

Catherine: People that you knew?

Marty: Family members, yes, cousins, uncles and then I told my aunty and she'd like put the skeletons in the closet so to speak you know.

Catherine: So do you mean that there were a number of people abusing you?

Marty: Yes, yes.

Catherine: Regularly?

Marty: One was regularly, yeah. Others were just now and again or when they slept over home because there was a number of us staying in this two bedroom place and we had to share the same bedroom. We had bunks and two other beds and then you'd get someone you know hand under the covers and away they'd go you know.

In such contexts of violent abuse, for some, homelessness simply came to represent a safer option than living at home – an observation which betrays the intense fear and suffering experienced during childhood. As Alex, Peter and Paul explained:

Alex: I would live with other street kids and friends that I'd make and yeah, hide out in squats in Brisbane city. We'd hide out in squats, mainly squats and that, and make a home for ourselves.

Catherine: Did you feel safe in those squats?

Alex: Back then [aged between 10 and 12] with my mates, probably safer than I would have at home. I was happier. I know I was happier.

Paul: So when I was seven was when I started running away from home. I just felt that the streets were a safer place for me to be than at home you know.

Jamie: Like then it was winter time too so yeah and I thought, oh well, I would rather go out in the cold than get tied up in the house ... So I had to walk out and you know, what do you do? If I knocked on the door [at home], I just would have been bashed anyway so.

Participants escaped childhood homes of abuse and entered into long trajectories of transient housing and homelessness interspersed with periods of institutionalisation in children's homes and prison. In these contexts, and in any stretches of settled homed life which sometimes also occurred, they again, however, were both subjected to, and witnessed, multiple episodes of violence right into adulthood. Where participants were able to establish settled homed lives, these were often as dangerous and chaotic as the childhood homes they had endured and eventually dissolved due to violence, relationship breakdown, and drug and alcohol abuse. Mary's married life, for example, simply dramatically extended the violence of her childhood home which included physical abuse perpetrated by her father, sexual abuse perpetrated by her stepfather, and exposure to a chaotic drug-selling household also marked by her parents' domestic violence and her father's alcoholism:

Mary: Me real father, he was a drunk, so he bashed us all ... All my family are violent you know like, my sisters, you know we all punch on and it's just – that's why I've tried to get away from them, you know, like but that doesn't seem to be working either, but anyway. Then I ended up getting married. He was very violent.

Catherine: How old were you when that happened?

Mary: 20.

Catherine: Yeah. Was that a positive thing though marrying him or ...?

Mary: No, I knew I never should have married him from the day dot. I dunno why I done it but I done it and then we were both on drugs. He killed me stepfather so it's just violence, violence, violence ... What happened was my stepfather molested all of us and he [ex-husband] says that's why he killed him, because he done, he touched me ... He [ex-husband] now has disappeared. He done a long time in jail and he disappeared and umm, the coppers know he's dead but they just don't know who's done it.

Likewise, Carrie, who suffered her stepmother's physical abuse, then discussed the alcohol-fuelled physical abuse that her partner perpetrated, even after she managed to separate from him:

Carrie: I never got rid of my de facto. I lived with him for two years, but we were together for eight years. I said enough is enough, you are too violent, you won't do as you're told, every time you drink you're hitting me. So I had to ask him to move back to his father's place, so he did, and his sister and

him ... I know it was very sad, but it was the best thing I had to do for myself at the time. I had children in my care, I was getting abused. So that stopped. But there had been certain times when I had to call the police when he come over for access visits, even DoCs [Department of Community Services] ... cause once he burnt ... oh I don't want to go into that. I've cut it out, moved on with my life.

Carrie: He also ... I had to have seven stitches in my head. He went and got my head and rammed it straight into a telephone box, and that was opposite the Columbian Hotel where three witnesses upstairs being young gentlemen come downstairs and said, anytime you want a witness for this, this is where we live, we will guarantee, we will vouch to be witnesses for what he just did.

Violence during Homelessness

Despite seeking and at times experiencing safety on the street (see, for example, Downing-Orr 1996), homelessness also exposed participants to new forms of violence including environmental, random and symbolic violence. Disturbingly, as Janus et al. (1995, p. 443) show, though the frequency of violence decreases once young homeless people leave abusive homes (the attraction of the street as described above), the *severity* of violence experienced increases in the context of homelessness. Nonetheless, whilst the frequency of violence may be reduced on the street for those escaping abuse, these rates remain extraordinarily high in comparison with homed populations. Newburn & Rock (2005, p. 12) found, for example, that 52 per cent of a sample of 305 currently homeless people had experienced violence in the past year, in comparison with 4 per cent of the general UK population. Likewise, a recent study undertaken in Sydney found that 48 per cent of the 106 homeless respondents had experienced at least one episode of violent victimisation in the last year (Larney et al. 2009, p. 349), in comparison with 5 per cent of the homed NSW population, recorded in 2007 by the NSW Crime and Safety Survey (ABS 2007, p. 3).

All participants in this research had experienced extensive violence during homelessness; indeed, one female participant still had a black, weeping eye following a robbery and assault only a few days before the interview, and only days after exiting prison into homelessness. Many indicated multiple scars on heads, hands and legs which illustrated the range of violent attacks they had survived. Some, through their engagement in extremely risky activities during homelessness, such as crime (armed robbery, burglary, theft, drug dealing), sex work, gang involvement, and extensive drug and alcohol use, had been exposed to multiple kinds of extremely violent physical and sexual victimisation. In being without the privacy and security of safe shelter, others were also greatly exposed to random community violence, which often took the form of harassment and bashings by drunken young adults, and also to symbolic violence which involved hurtful stigmatisation of participants by passers-by.

Further, and reflecting the gendered nature of violent victimisation, women participants in particular described enduring violent intimate relationships in the context of homelessness as well.

The increased risk of experiencing environmental violence once homeless was a common reality for participants in this study. Having left home and school early and often already with drug and alcohol abuse problems of their own, on the street participants described quickly hooking up with others involved in drugs, crime and sex work. It was in the context of their involvement in 'underground' networks that participants experienced intense periods of both homelessness and victimisation as they were simply immersed in volatile environments that often necessitated high mobility. They became enmeshed in illegal and unprotected industries and activities that were organised through violence and populated by people for whom perpetrating violence had already become a way of life.

Jim described the beginnings of what became several decades of transient living whilst he was involved with the violent underworld drug scene in Melbourne. In the 1970s, still a boy, he left a history of chronic physical abuse and cramped conditions living in a caravan park to sleep in the famous smiling entry structure of Luna Park and begin a dangerous career as drug user and runner:

Jim: ...then I was basically living on the streets and stuff like that in [inner-city Melbourne] and I ran into Geoff who was a major drug trafficker. He is pretty well known over there. Big drug trafficker in [inner-city Melbourne] at the time ... I ended up hooking up with Geoff and until he got shot, I was running heroin for him ... I'd grab it from him and take it to the person and then they'd give me the money and I'd take it back to the motel room. He'd count it out and then he'd give me a shot [of heroin] in the morning, one at lunchtime and then one for bedtime. And I was earning my money that way and whatever I could to get fed and stuff. I was about 16 by then.

Catherine: So did you earn cash or just heroin?

Jim: Just heroin. He paid me in drugs, yeah. There was no mention of cash, yeah. So from age fourteen up to sixteen I spent a lot of time in [inner-city Melbourne]. I actually slept in the mouth of Luna Park for quite a while ...

As well as managing his homelessness and drug addiction, Jim had to negotiate the context of violence that his new career entailed. This meant, for many years to come, both experiencing and witnessing a 'double jeopardy' of chronic physical violence at the hands of employers and competitors in the drug-dealing market:

Jim: Oh, a couple of times I got tipped and they tried to take the money off me but I could run. I was a good runner. Yeah, a couple of times there was. Yeah there was a couple of real sticky situations. One where I was going up the back lane, up towards the boarding house were some people I was delivering to and I'd delivered and I was coming back and this guy and his mate. His mate came from that way and he came from that way, out of the back of a fence of a shop and he gripped me around the throat and pulled me into the fence and said, 'Right empty your pocket!' But I never kept the money in me pockets. I knew better. You know it was in the crack of me butt.

Catherine: Yeah.

Jim: And I said, 'I got nothing!' I said, 'I dropped off. They're paying later'. I said, 'I got nothing, I got nothing' and they said, 'Yes you have!' And I'm not talking about a hundred dollars here. I'm talking about quarter ounce of heroin. That was worth a lot of money and I would have copped it for that. Geoff would have killed me but, so it was double jeopardy ... He gripped me by the throat, put me into the fence and his mate started chopping into me stomach ... and then they started whacking me in the head, punching me around the head, 'Where's the money? Where's the money?' I broke free and just bolted down the lane up into another lane through the street and then down to where Geoff was staying. I remember rapping on the door, you know, yelling, 'Let me in, let me in!' And he took what felt forever to open the door and I could remember looking back and I could just see them, the silhouette in the distance, him, ahead of his mate. His mate couldn't run too well. He was a bit podgy but they were coming, they were coming to get me and I'm banging on the door and I'm saying 'Geoff, open the d o o o r'. Finally he ... came up and answered the door. I pushed the door open and he went back into the chair behind the door ... He shut the door and I'm panting and he said, cause I'm bleeding from the eye and a couple from the cheek and stuff, from inside the cheek, you know from where my teeth hit me mouth, yeah, and he said, 'What happened?' And I said, 'Oh a couple of blokes just tried to pull the money off me'. 'What?' He grabbed his gun from under the bed. 'Who was it?' Oh, then it got messy. I had to take him out and show him who it was. He just pistol whipped them anyway, he didn't shoot him. But he pistol whipped the guy who set it up and apparently he knew him and he'd been watching Geoff's house. Yeah so it was a bit of a set-up.

Whilst similarly being exposed to the intense environmental violence involved in the drug using and dealing scenes Jim described, several women participants also reported concurrent experiences of domestic and sexual violence. This layering or interweaving of different forms of violence made for trajectories of extreme stress and suffering, and was specific to women's survival of violence during homelessness. Five of the six women interviewed discussed drug addiction as central to trajectories of homelessness, and four engaged in sex work, and one in bank robbery, in order to fund their addictions. They discussed other experiences such as exchanging sex for drugs and shelter, or being bullied into sex work or other significant crime in order to support both their own and their partner's drug habits. Women's experiences of domestic violence during homelessness and of being bullied into sex work were perpetrated by both male and female partners.

The extreme vulnerability to physical and sexual violence that drug addiction underpinned was well demonstrated in both Annika's early (in the 1990s) and consequent experiences of homelessness. Annika, after leaving a physically violent childhood home, fell in with drug dealers in Sydney in order to ensure her access to heroin, staying wherever a bed was available. She became involved in sex work and was raped by her boyfriend/pimp, as well as by clients known by him. In a subsequent relationship she endured ongoing domestic violence, engaged in sex work to support her own and her partner's heroin addictions at his demand, and also witnessed the shooting of her partner in a violent drive-by.

At the time of the shooting, she lived with her partner in a shed (with no kitchen or bathroom). Following the shooting, they returned to the shed where Annika cared for her partner – who was temporarily wheel-chair bound – before moving onto the street together (presumed rough sleeping and squatting). As he recovered and his capacity for violence against Annika began to increase, Annika knew she had to leave before he could seriously injure her. Whilst she did manage to leave him, she first suffered a severe bashing, and then was left to negotiate her continued homelessness on her own:

Annika: Like I said he was a drug dealer, I suppose he must have owed somebody a lot of money or something I don't know, I was with him for a couple of months and then one day the guys that – I say this and I feel like it's not even real. I feel like it's – I haven't talked about it and it just sounds like I don't know – sorry. I was with him for a while and I thought yeah you know we're going to get a house, he promised me all this stuff and I thought it would be good, finally I'd get a home, we're going to be good and blah, blah but one day these guys came round in a car and started shooting at him. He got shot, he got six bullets through his body. I was basically, I was with him in the hospital.

Catherine: Were you with him at the time of the shooting?

Annika: Yes. He'd gone outside because he heard something and then I just heard shots and I'd never heard gunshots before but I thought to myself that sounds like gunshots and I went out the front and he was lying on the ground. The only thing he said to me was, 'Get me, give me a shot' [of heroin], because he was in pain. I was in shock.

Catherine: Far out. Did you see the people at all?

Annika: No. When I came out they'd gone. I heard a car taking off really quick and gunshots.

Catherine: Far out, you must have been terrified?

Annika: Yes.

Catherine: Did you have a phone. Could you ring for help?

Annika: The neighbours rang. The people who lived next door, they saw it, so they rang up and the whole street got cut off.

Catherine: It's like a movie you know.

Annika: Yes, he'd make me, he was in hospital and he'd make me go out and [sex] work and stuff and I don't even know why, I was just stupid I suppose. And I'd do it.

Catherine: To get money?

Annika: Yes to support his habit and mine. Even though he was drugged all the time in the hospital.

Catherine: Did you take him drugs in hospital to use?

Annika: Yes.

Catherine: Where did you live when he was in hospital, did you still stay at ...?

Annika: I'd stay with him in the hospital.

Catherine: So you never went back to the shed place?

Annika: After, when he got out of hospital, yes.

Catherine: How long was he in hospital for? Was it a long period?

Annika: I think he was there for two weeks. I think something like that. It was a while because he couldn't move his legs, he couldn't walk. He was constantly with a drip of morphine in him.

Catherine: And the staff let you stay in the hospital?

Annika: Yes. He had his own room and stuff.

Catherine: Sometimes they don't, you know, they make you go away.

Annika: No.

Catherine: It's good that they let you stay there.

Annika: Yes.

Catherine: He was obviously okay and he came out of hospital.

Annika: Well, he was in a wheelchair for ages and I had to look after him and everything until he learned how to walk. I think when he started to use the walking sticks. But he couldn't run or anything, he was limping and at that time we were both on the streets, there wasn't even the shed where he was at and I think I tried to leave him. I said, 'I don't want to be with you any more'. Even though I did want to do it before, I was afraid. And I told him and he gave me a big bashing for it. After that I don't know what happened, I went to the police but then I was scared to press charges because I thought he's just going to come back and kill me because they're not going to put him in jail, they're not going to do anything ... I had all my face here, when he bashed me, he bashed me against a concrete floor. He grabbed me by my ponytail because I tried to walk away, he got angry because he couldn't run.

For others whose homelessness was not enmeshed with drug addiction and the intense vulnerability to physical and sexual violence this so often entailed, rough sleeping brought exposure to the often daily violent and drunken quarrelling of other homeless people but also to the violence and harassment perpetrated by the homed community. Participants also discussed the volatile nature of some homelessness services at which drug- and alcohol-affected people often congregated. These were sites of risk for participants, and three participants discussed their refusal to use certain services because of the physical bashings they had experienced there.

It was in the context of spending time on the streets alone, however, that extreme and random victimisation was perpetrated, participants argued, by groups of usually younger men from the homed community. Several participants talked about their own horrific random victimisation

but also that of their friends and street acquaintances. All examples given involved grievous bodily harm and hospitalisation (resulting from severe bashings by groups or being set on fire), and several participants dwelt sadly on the fate of those they knew whose life spans had been shortened dramatically because of the injuries they had sustained or who had in fact been murdered whilst rough sleeping. Participants agreed that while a general level of violence existed among the street community, this was constant but minor in comparison with the brutal beatings experienced at the hands of outsiders. Jim, for example, despite a lifetime experience of abuse and criminal violence, received his worst physical injuries from a random bashing whilst he was rough sleeping:

Jim: When I was sleeping rough, yeah, that happened in Perth. That was Northbridge in Perth. I was in a park, I was covered over with palm leaves and stuff like that, to disguise meself and these four guys just came up. One ripped me pair of runners off, the other one jumped on me shoulders so I couldn't move and the other one held me legs down while the guy that was on me shoulders just started peppering me, bang, bang, bang, 'Where's your money? Where's your money?' 'I haven't got any money mate, that's why I'm on the streets.' And yet, 'Where's your drugs? Where's your drugs?' 'I don't have any drugs.' I said, 'Hang on I got a bit of pot here'. I pulled it out of me pocket and gave it to them. They said, 'Right where's the rest?' I shouldn't have done that, they thought there was more. So they beat me unconscious and I don't know who it was, somebody came along at the time and rang an ambulance but they left so I could never find out who that person was that rang the ambulance. I spent three weeks in hospital for that.

Participants described the personal experience of random victimisation as physically horrendous (and as often resulting in long-term injury or disability), but as also deeply emotionally and psychologically shocking and as contributing to heightened feelings of fear and disempowerment (see also Newburn & Rock 2005, pp. 14–15). Such violence was understood to be the ultimate extension of the aggressive harassment (for example, the throwing of rocks and bottles), taunting and scorn they also experienced at the hands of drunken party-goers in nightlife areas and as the inevitable outcome of general symbolically violent social attitudes towards those homeless within a community which stigmatises and fears rough sleepers in particular.

Martin, who was still currently rough sleeping in the CBD and who came into homelessness as an adult, described his overwhelming shock at two key violent experiences which occurred in 2003–2005 whilst he was on the street. With a very different trajectory into homelessness from a middle-class background and lifestyle, these were the first episodes of violence he had encountered in his lifetime:

Martin: First time it happened to me. I'm sleeping on the bench up at Observatory Hill. Freezing bloody cold night, just got in me sleeping bag, got nice and comfortable, going off to sleep. Next thing it was like my head exploded and I was just getting bashed and kicked, pulled off the bench on the ground and I could not get up because I was in my sleeping bag. I

had me nose broken, fractured, teeth kicked out. I couldn't move the next day, I was covered in blood and I couldn't move and I sat there all day. The day after, the next day I made it down to the Talbot, and there used to be a woman who used to work here at that time, her name was [...] and [...] says, 'Martin, what's happened to you?' I said, 'I got – these guys just bashed me, I was in bed going to sleep'. And I remember thinking and this would have been 2003, end of 2003 first time, and I remember it wasn't just the fist and the boots and hitting me. It attacks all your senses if that makes any sense you know what I mean? It shocks you right down to the core, it did me. Violence was a sort of an abstract sort of thing and then after this one night I got that paranoid I wouldn't close me eyes, I wouldn't close me eyes. I would sit up all night and then go and have a couple of hours sleep in the park in the middle of the day. And it shocks you to the very core of you, it shocks you. Then the second time, I'm walking up, I was at Circular Quay, early at night, plenty of people around, I don't know if you know where the Overseas Terminal is at Circular Quay and Doyles?

Catherine: Yes.

Martin: I was just walking up there and I heard these ... laughing and footsteps running coming up behind me, but of course there was people everywhere and I was just walking along, backpack over my shoulder, and it was like my whole head exploded. It was just ... I'm just, pick up me foot, foot down and the next thing I was face down in the street and I got such a kicking, nose broken again, fractured, more teeth kicked out. And someone called the police, and there was, the last thing I remember I'm just walking along and I was so relaxed because nothing could happen to you with all these people around, right? Nothing can happen to me because I'm in amongst all these groups of people. Blood everywhere and you don't, because of the shock, you don't feel the pain initially, that comes later. I remember these people helping me up and one was saying, 'No, lay down, we'll get an ambulance', and then next thing I'm trying to get up because I think I've got to get up to defend myself, but they're long gone.

For others, a high level of victimisation already experienced in other contexts prepared them for victimisation on the street. As Paul argued, as opposed to what he had survived at home, at least the victimisation he experienced during homelessness was more likely to be perpetrated by someone his 'equal':

Paul: You know, but the intensity of street life and the violence associated with it just appealed to me. I don't know why. Maybe because I had a fighting chance I think, you know, because the general violence you receive on the street is someone generally equal to you rather than a parent or a partner or such you know.

Violence in Institutional Care

Given how terrorising both home and street life could be for participants, it was no wonder that some described relief at the isolation and enforced order that institutions provided. Most participants had contact with childhood services in the 1970s, followed by contact with correctional services in the 1980s and 1990s. For some, children's homes had provided respite from witnessing domestic violence and experiencing family violence and abuse. Peter, for example, recalled being extremely clear about not wanting to return to a context of domestic and family violence and instead to remain in a children's home:

Peter: When me mother drove me down the cop shop I was kicking and screaming the whole way, I mean ten years old ... Children's Court rah rah rah but I'd been there for something like a month in the children's home. Judge asked me if I wanted to go home, I said, 'No'. He said, 'Why?' 'Well, I'm not getting bashed in [the children's home] at the moment, so'. So [he] put me in their care and protection ...

Participants sadly observed that they were well prepared for prison through time spent in children's homes and the half-way houses that they were inappropriately exited into from state care. Prison provided a break from the stress of the street and also reconnected them with a familiar environment and a community of others who were likewise moving through the institutional system from state care into prison. Prison was a kind of routine space for Peter, who had moved between state care facilities and then correctional facilities from age 10 until his thirties:

Catherine: Did you like being in jail?

Peter: Yep. I actually did.

Catherine: What was good about it?

Peter: I knew how to survive. You know you don't have to rob people, you know, and do all this, didn't have to sleep in the streets.

Catherine: Did you make friends there, like did you feel a sense of community or is it more that you just felt somehow safe or ...?

Peter: You might not understand it, put it this way. When I grew up with the children's homes, by the time I hit [prison] I was around 19, 18 to 19, no 19, I basically knew most of the young people in there. You know, I walk into [prison] no problems whatsoever. But I liked it, they locked you away for something like 12 hours a day, 16 hours a day. And I liked that, you don't have to deal with people all the time, I really don't like get along with people. Because I find them annoying.

Commonly, however, male and female participants also discussed both children's homes and prison as negative sites of endemic violence, a situation which has been well documented elsewhere (Community Affairs Reference Committee 2004; Heilpern, 1998). At times this violence was perpetrated by wardens. For example, both Alex and Peter described violent

interactions with wardens in children's homes, which included, for Alex, having her arm broken by a warden and routinely being subdued with Valium, and, for Peter, being physically assaulted:

Alex: The corrective services got a hold of me, I was put into a home because I was on the streets, a young kid on the streets ... probably about 12 ... and they put me in a home in [Queensland] where I probably became institutionalised from an early age because I spent years in and out of this place. After that they made me a Ward of the State until I was 18 and, um, every time I'd take off from home I'd go back to the street, they'd leave me out there for a while and when I got too bad they'd pull me in and put me back in this home. And they'd dose us up on Valium, liquid Valium, back then they could do that. They'd dose us up on liquid Valium to keep us docile and keep us out of it all the time so we weren't aware of what was going on around us and so that's how I lived ...

Catherine: So when you went to prison that first time [at 18 years old], was prison a safe place for you?

Alex: No. I hated it then. I don't know. I just adapted. I didn't accept it, I adapted. And I think that earlier childhood in the homes, that got me ready for it, that prepared me for it.

Catherine: In what ways do you think?

Alex: The lock-up, being locked up, being locked in, being told what to do, how to do it. It's the same in the kids' home ... it's just a kids' jail, it's exactly the same, it's just a kids' jail. They still beat yah, belt yah in there too. I had my arm broken once by a screw in [children's home]. He bent my arm too far up my back, and crack! Like I couldn't do nothing, I was just a little kid out of control.

Peter: I spent two weeks in Albury cop shop, ended up in ... transported to the Sydney, I was put into the [...] Boys Home.

Catherine: Right.

Peter: Yeah.

Catherine: And what was that like?

Peter: Hell. They were a lot different from the officers down in Victoria. One of the children's homes down there.

Catherine: Okay, in what way?

Peter: Lot stricter, lot harder, lot meaner, you know.

Catherine: Were they violent?

Peter: There was one. Can't even tell you his name, it's just, oh oh me being me, you know, I was a bit of a bad egg, you know, bad attitude, rah rah rah. Yeah yeah sort you out pretty quick.

Catherine: So were they aggressive towards you from what you remember?

Peter: Yeah yeah.

Catherine: Did they ever punch you or hit you, you know?

Peter: Yeah yeah.

Catherine: They did?

Peter: Yeah one of the teenagers there I had a run in with him, you know, rah rah rah. I didn't hurt him whatever. Screw's got me and he said rah rah, whacked my stomach, winded me [sucking noises], rah rah rah put the boot in, 'Don't go near him again!' You know.

Catherine: So it was generally a physically violent environment?

Peter: Yeah they're a lot meaner up here I'm telling yah.

Catherine: Right.

Peter: You had to fold your clothes to a size of a tile, if not it was [a whack in the] back of the head.

In prison, it was violence from other inmates which featured. Peter described having to learn early about the sexual victimisation which occurred in prison and Alex described her constant exposure to physical violence amongst other women prisoners:

Catherine: So any trouble that you got in jail, I mean it was from other prisoners rather than the officers?

Peter: Yeah.

Catherine: And was that ... like did you, were you fearful?

Peter: I was when I first went in there you know, rah rah rah. This was me first time in jail.

Catherine: You must have been terrified.

Peter: Yeah well, you go through it so. But what can I say, it's going to happen, or it's not going to happen. It's just try and deal with the situation. Like blokes would try and get you drunk and then try to rape you, all of this, they try to give you drugs, all of them into the drugs.

Catherine: So that was going on in the jail?

Peter: Yeah.

Catherine: So there were drugs and alcohol available in the jail?

Peter: Oh yeah. You can basically buy anything but a ladder and a grappling hook at the shop they had there.

Catherine: And so older, was it older prisoners who were trying to get you to use alcohol and drugs?

Peter: Yeah.

Catherine: And you feel in order to then try and take advantage of you or ...?

Peter: Well that's the whole idea, like at the time I didn't [understand] but the more years you do, the more you find out. Some them go at 18 – you got a bloke that's in that's doing life well, 10 years or whatever. You know a nice little young eighteen [year old boy], looks more like a girl than anything else.

Alex: Look I've seen a lot of violence over the years with inmates. Not necessarily in that first part, that first time, I was just a kid ... The Kooris [Indigenous Australians] took me, took care of me, took me in, when I went to [the correction facility] and got me in with them and I was okay, I was in with the Blackfellas, they looked after me. And down here, when I went to prison down here, I saw some things. That's where the violence really took off.

Catherine: That's when you were in your 20s?

Alex: Yeah. Like girls being hung by other girls, you know, hit with cups, smashed over their head, stabbed, yeah ... I've seen a lot of things.

For several participants, violence occurring in the context of homelessness followed them directly into prison. Jim and Paul described episodes of violent physical attacks in prison which were related to the 'underworld' drug-running and gang activities they were involved in whilst homeless:

Jim: I became their patsy and they had, I remember I walked into the house one day and the whole one room was just lined up with shot guns. And they just done a big raid on a drug dealer. Well the drug dealer came back to get everything and I was there at the time and I was tied to a chair and they were slapping me around and I'm saying, 'Look I'm just visiting my girlfriend', me ex-girlfriend, Ange, was there. Then they said, 'No, no, you're in it, you're in it, you're here, you're in it!' Slapping me around and well belting me around and they knocked me unconscious and then I pretended to be unconscious for about 10 minutes, after that I didn't want to wake up. They loaded all the stuff back into the car and just about as they were to leave I noticed four police officers going past the kitchen window and I thought, I'm not saying a word here. I'm just going to sit here real quiet and I'm tied to a chair and I've been battered. So they all got done and when I went to Pentridge for the charges outstanding, [underworld personality] and his mate ... they came up to the gate with a knife. They put one to me throat, one to me kidney and said, 'You're off [dead] when you get back from your visit!'

Paul: ... I was with the gang, you know. When you are in a gang, when you are in prison and you are in a gang you have a target on your back constantly and the prison I was in was in the territory of a rival gang, so we were heavily outnumbered. At one point, for the last year and a half that I was in prison on that stretch I was in a 60-man unit and I was the only member of my gang in it and there were about 20 or 30 of the other guys in our main rival gang. So I had to play a constant game of cat and mouse

as far as intimidation stakes go, making sure that their senior members wouldn't send any of their junior members over to test me. So constantly proving myself as a very hard-line guy and you know not afraid to do what it takes to do what I have to do.

Catherine: So did you experience physical violence in that time?

Paul: Oh yes, I had my jaw broken in prison. Got king hit while I was having a fight with another guy. Another guy came, I don't know what he hit me with, but it broke my jaw. It wasn't his fist I know that.

Thus it was the case that in all three contexts of home, homelessness and institutional care, participants accumulated layered histories of violent victimisation. Domestic and family violence, incorporating physical and sexual abuse, characterised childhood and adulthood homes, especially for female participants. Violence during homelessness stemmed from intense environmental risk associated with lacking safe shelter, unsafe survival strategies, drug and alcohol use, and engagement in illegal activities, from random and symbolic violence perpetrated by the homed community, and from continued vulnerability to domestic and sexual violence for female participants in particular. Being placed in state care as a child and in prison as an adult went hand in hand, and a high level of physical violence was consistently reported by both male and female participants with experiences of institutionalisation. Whilst the nature of the geographies of violence that participants moved through changed from intimate to public, from underworld to institutional, violent victimisation seemed an enduring experience in their often chaotic lives. As Mary bluntly summarised: 'Like I said, I've been bashed from pillar to post most of me life'.

A CHAIN OF DISADVANTAGE

Me dad was a drunk. Me mum married a ... thug. So all our lives we were just totally ... I don't think any of us really had a chance from day dot.

Mary

This chapter explores how violence and homelessness inform each other. As noted in the Introduction, this is to explore both how violence may increase people's vulnerability to homelessness and how homelessness may increase people's vulnerability to violence. In understanding how homelessness and violence interact it is crucial not to focus on violence which occurs in the context of homelessness alone. Because of the wide-ranging and enduring impacts of violence, victimisation should be considered as a possible factor in causing and prolonging homelessness no matter when it occurs. In this study, for all participants except one, high levels of violence preceded first and early experiences of homelessness, and also, for all participants, homelessness was accompanied by violence too. Violence occurring both outside and within contexts of homelessness underwrote a chain of expanding disadvantage which served to both entrench homelessness and make future iterations of homelessness more likely.

It is crucial to note, however, as Herman et al. (1997, pp. 252–53) argue, that violence “causes” homelessness only within a broader social context that allows for the existence of widespread homelessness’. The structural absence of accessible, affordable housing and of accessible, affordable housing with support, for example, are core factors which frame the context in which homelessness is prolonged. In this sense, the violence that occurs during homelessness may also be understood as a structural responsibility of a society which knowingly chooses not to protect those of its citizens who, because of their lack of safe shelter, will likely be vulnerable to victimisation. As such, it can be argued that homelessness in itself may be usefully understood as a form of structural violence and trauma.

Likewise, violence only ‘causes’ homelessness in a context in which a broader social structure allows for the existence of widespread violence. A society which knowingly fails to intervene in the structured perpetration of violence itself – with children, young people and women more likely victims – and then, further, knowingly fails to provide safe and adequate care and opportunities for healing, again perpetrates both cycles of homelessness and revictimisation (see also, Goodman, Fels & Glenn 2006, p. 3). These broader social failures culminate, for example, in the provision of abusive contexts of state care, in the experience of violence at the hands of police, in the provision of unsafe and underfunded homelessness services, and in traumatising correctional facilities which exit inmates into homelessness. Thus the structural perpetration of homelessness and violence should not be understood to happen ‘at a distance’ and can be easily traced to individual victimisation.

Tracing individual pathways through violence and homelessness does not then elide the importance of structural factors in causing and sustaining homelessness but instead illustrates how these contribute to the multi-dimensional disadvantage marking everyday life. Importantly, violence is revealed as an underlying complexity in the biographies of those who become homeless to which a range of presenting issues – such as drug and

alcohol use and post-traumatic stress symptoms – may be connected. As such, better understandings of violence become very helpful analytical tools – in both policy development and service delivery – through which to historicise, contextualise and make sense of issues sometimes perceived as specific, individual failures and often addressed in isolation. Further, and challenging the conception of violence as itself a random, one-dimensional and individualised phenomenon marking homeless people’s lives, biographies of violence enable the multi-dimensional or layered nature of victimisation to emerge. In the biographic context, violence is no longer a discrete ‘event’ which triggers homelessness or which provides a set-back for those already homeless. It is a shaping narrative, compounding with time, that must be negotiated every day as it materialises repeatedly and lastingly in a range of physical, psychological, emotional, behavioural and financial disadvantages.

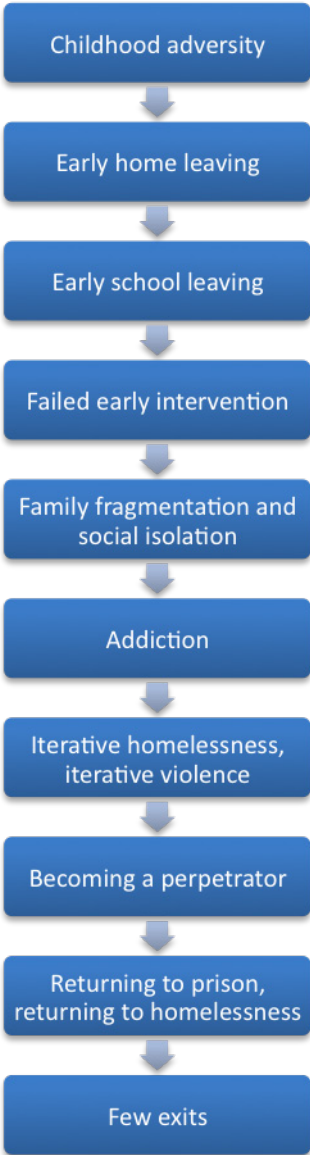


Figure 1: A chain of disadvantage

Tracing Chained Disadvantage through Biography

Biographic study offers a pivot, then, through which to illustrate the intertwined – and inseparable – structured and lived contexts of violence and homelessness and, as such, summarised below, and drawn from across all of the life stories of participants in this research, is a *generalised* biography of how violent victimisation and homelessness emerged across the life course of participants. This is at once a continuation of the descriptive work of characterising the kinds of violence those who become homeless survive and an analytical mapping of the contexts of vulnerability which give rise to victimisation and homelessness and the ripple effects of both which so often underwrite what become cyclical trajectories of violence and homelessness experienced across the life course.

As explained in detail below, in the life stories of participants the experience of childhood adversity – including neglect and physical and sexual abuse – commonly initiated a chain of disadvantage resulting in both trajectories of revictimisation and compounding social exclusion. For many, revictimisation and social exclusion were woven together in multiple iterations of homelessness experienced into adulthood, and produced an ever-deepening trajectory of instability, stress and trauma from which participants struggled to exit.

Surviving Homelessness and Violence: A Biographic Overview

In the beginning: childhood adversity

As discussed in Chapter 2, childhood adversity, including lack of care and emotional, physical and sexual violence, is a risk factor for child, youth and adult homelessness and, further, may usefully be understood as the ‘crux ... of vulnerability’ for those who become homeless (Jasinski et al. 2005, p. 1). The recollections of participants in this study strikingly revealed the fundamental lack of an experience of being precious to intimate carers as a child. Instead, both parents and siblings were described as dysfunctional, and as engaged in drug and alcohol abuse, as perpetrators of domestic and family violence, and as living with mental illness. Childhoods were also marked by neglect, parental separation – often in the context of violence – and by following periods of housing instability as single parents attempted to cope with increased poverty, stress and overcrowding. Some had early experiences of homelessness as their family moved between family and friends or settled in temporary accommodation, such as a caravan park. Carrie, Paul and Jim described life with their single parents:

Carrie: I went to live with my mother, and my mother found a place over near [Western Sydney suburb] way, it's very cold, my sisters and I were always, there were three of us in one room. It was only a two bedroom, it might have been three. My mother eventually had the four of us over there ... Sometimes we didn't have anything to eat at all. Go to school with notes for the canteen shop, 'Can she pay at a later date?' Things like that.

Catherine: So your mum didn't have much money back then?

Carrie: She was working, but she was paying private rental for a house, she wasn't getting any support ... I got this to and fro story that my father was sending money to Mum, but Mum was never receiving it, so I guess that he was giving the money to my stepmother and she was never sending it. I can imagine it to be the truth that way.

Catherine: So your family was poor when you were growing up?

Carrie: Very destitute yeah.

Paul: ... More than once the cupboards went dry as we were growing up whenever we were living by ourselves and there were times, like I started, my mother started teaching me to cook when I was four so she could go to the pub and I would be able to cook dinner for my sister and I. And I still remember having to pull the chair up to the oven to cook and I am lucky I never, how many times I never burnt the house down because as a kid ...

Jim: Yeah. He'd made the decision to pack up and move back to Melbourne about a couple of months later. He couldn't survive in central Victoria. There was very little work. So he sold most of everything up there and packed up and took off back to Melbourne with his idea that we'd move into a caravan because it's cheaper. So we became caravan kids for quite a few years, so I was actually homeless before I was homeless, you know, if you look at it.

As children, participants not only endured poverty and instability but also the trauma of their own abuse and of witnessing their parents' drug and alcohol abuse, the violence perpetrated against their mothers by their fathers, and the abuse and self-harm of their siblings. Participants discussed the 'mental breakdowns' of parents, including suicide attempts. Childhood was an experience of cruelty and high anxiety as Carrie described:

Carrie: She did it once to her, but she always used to deliberately pick on me, and I used to get belted through the household with it. Yeah I used to get up in the middle of the night because I couldn't sleep, I'd be real quiet going into the lounge room to ... playing with my doll in there, getting a little bit sleepy, go back to bed being very careful tippy-toe so my father didn't hear me, especially her, that she didn't hear me ... I'd get back to bed when I felt like sleeping because it would annoy me so much I guess ... the anxiousness and the cruelty, the pain of knowing when's the next time I'm going to get belted, when's this ever going to come out of my life, where I can go to school not having to cover up beltings on my legs, wear a jumper all summer long because you can see the marks, wear my winter uniform with the long sleeves.

As such, from an early age and even before birth (Jim's brother suffered permanent *in utero* injuries from domestic violence, for example), violent trauma was a mainstay of everyday life and violence characterised the familial interaction styles from which children learnt. From the beginning, then, participants were at extremely high risk of post-traumatic stress disorder, anxiety and depression, suicide ideation and self-harm, negative cognitive and health outcomes, alcohol- and drug-use disorders, antisocial and self-destructive behaviours, social isolation, interpersonal problems, running away and early independence (see, for example,

Ferguson 2009, pp. 1886–87; Kushel et al. 2003, p. 2498; Molnar et al. 1998, p. 219; North, Smith & Spitznagel 1994, p. 107; Tyler et al. 2001, p. 152). In turn, all of these factors have clearly been linked to the future likelihood of involvement in violence (as both victims and perpetrators) with partners and peers, of sexual and physical revictimisation, and also of homelessness (Larney et al. 2009, p. 350; Taylor & Sharpe 2008, p. 211; Thrane et al. 2006, p. 1125; Tyler et al. 2001, pp. 167–68; Tyler, Melander & Noel 2009, pp. 1030–31).

Early home leaving

Early home leaving was triggered by episodes of running away. Children fled abuse into homelessness from as young as seven years old, were identified by police and were placed in institutional or foster care. As Alex, Paul and Peter recalled, this movement between home, care and the street was often a very chaotic period in which children were often returned to their abusive families before running away again and then being re-fostered or returned to institutions:

Alex: And nobody ever asked me why I kept taking off and yeah, I kept going because of the violence and it took me out to the street and I just kept going and I went often enough that one day he [father] just let me go. The corrective services got a hold of me, I was put into a home because I was on the streets, a young kid on the streets ... probably about 12 ... and they put me in a home in [Queensland] where I probably became institutionalised from an early age because I spent years in and out of this place. After that they made me a Ward of the State until I was 18 and, um, every time I'd take off from home I'd go back to the street, they'd leave me out there for a while and when I got too bad they'd pull me in and put me back in this home.

Paul: It was kind of a standard thing after you get picked up, I am not sure how it happened, but I think after I got picked up a couple of times as a runaway the system just identifies that. So I'd spent a couple of months in a foster home, like I would get interviewed by a social worker, you know, 'Why did you run away?' And I said, 'Because I am always getting beaten'. All right, well, so the foster care program was, okay you get a couple of months in the foster home, you know they would hear the parents' side of the story. 'Okay youse just need a break', and blah blah blah and then half the time you were lucky if I was to stay at home a month after I got back.

Peter ... I'd been released for a month, you know, after I was there for two years, but it only lasted a matter of weeks, [older brother] was back into his business [physical abuse], so [slap] off again, back in the children's home, yeah.

Others managed to avoid foster and institutional care. Jim hit the streets of Melbourne at 14, Jamie, aged 11, slept rough for two and half years in Hobart before beginning a three-year hitchhiking trip around Australia at 14, and Annika at 15 or 16, whilst still trying to attend school in Canberra (including sitting Higher School Certificate exams), moved between friends and squatted:

Catherine: Okay, so how old were you when you left the caravan?

Jim: I would have been 14.

Catherine: Fourteen, and then you spent just a month or so ...

Jim: Say three months working and trying to get stable, but it just didn't happen. Because you didn't have the services that you have got now. You had two options, go to ... boys' homes or go home. So you had to dodge the police as well as everything else you know because if they pulled you on the street and they found out you were 14 that was it you were carted straight off there and I didn't want to do the boys' home thing. I had seen enough mates suffer that and me oldest brother, actually he did quite a bit of time in [boys' homes].

Annika: Yes because I wouldn't want to stay at home. Eventually we had a fight I think and I don't know how, she would have kicked me out and I probably would have told her, 'I'm leaving', I don't know, it probably would have been from both sides and that's when I stopped living with my mum but I don't remember when it was.

Catherine: When you left, did you just go and stay with friends for a while, because it must have taken a little while to sort out some accommodation?

Annika: I was on with friends or I was squatting ...

Early school leaving

For older participants growing up in the 1970s, early school leaving by 14 was common as children were forced to get jobs to bring income into poor and fragmented households. Further, the resulting behavioural effects of childhood abuse, including lack of concentration, uncontrolled aggression and very early drug and alcohol use, meant that participants were expelled or that their schooling was so disrupted it was ineffectual. These similar issues also affected participants' capacity to maintain employment into adulthood. Further, parental housing instability meant changing schools and the chaos of switching between institutional care, foster care, returning home and also running away from both home and institutional care made for extremely disrupted education. Not being sent to school directly formed part of Jamie's abuse, but for others, the indirect outcomes of childhood adversity were similarly as damaging:

Jamie: I used to get taken at school by welfare but then sometimes they [family members] would hide me. They would say 'Oh no, he has run away', but then they would hide me. They'd like put me under the cellar, underneath the house ...

Alex: Well his idea was get 'em into school, teach 'em how to read, write and add up and get 'em out to work and that's what happened. Wasn't any different for me ... I got my primary school education, sort of, you know. They sent me to high school ... and I was bad from there on, I just ... drugs and alcohol, I wouldn't go to school, I'd go and get drunk instead. I didn't go to school. I basically, what I know today I taught myself, it's life experience.

Jim: ... So there goes me becoming an airforce pilot or police officer which I'd chosen out of the two. You know I was going to study hard and get out and get in the forces either way but he put a, he shattered that in the respect of he pulled me out of school early to go to work to help him pay the bills.

Failed early intervention

In many discussions of abuse, it became apparent that various authorities were aware of participants' ongoing abuse and of the domestic violence that their mothers were also experiencing but that children were returned to these settings after running away or after periods of 'time out' in foster care. It was also apparent that authorities were aware of children's early experiences of running away and rough sleeping, often long before participants ended up being taken into care. Participants remembered police attending domestic violence situations in their family homes and being brought home by police after running away. They remembered consecutive warnings being given to their abusive parents by police and welfare officers, and directly revealing their abuse to welfare officers, child psychologists or school counsellors. In Jamie's case, in the 1970s, welfare officers and school teachers were aware that he needed help and, further, whilst sleeping rough in Hobart as an 11 and 12 year old, Jamie asked police several times for help to no avail:

Catherine: And at school were teachers, they didn't even notice that you were being harmed at home?

Jamie: They did but there was nothing they would, they would not do anything ...

Catherine: Yes.

Jamie: And they kept on, 'cause I was not sent to school, like I went ... the welfare I can remember, the welfare picked me up there one day or came to pick me up and they said no, he's not here and like [laughs], I'm not here but I was tied up and like I was taped [over the mouth] and yeah [laughs].

Catherine: Far out!! And so were you ever able to let them know that ...

Jamie: Yes, I tried to let them know. I tried to let them know but they just did not want to listen. They just did not want to listen back then. I don't know why.

Catherine: Yeah. So you stayed living with this family that was so terrible?

Jamie: Only till I was 11. Only until I was eleven and a half years of age, then I went on the streets in Hobart, then I think I was ...

Catherine: ... And do you remember much of what it was like?

Jamie: It was very hard. Very, very hard. Very cold, very wet and very hard.

Catherine: And so you obviously stopped going to school and ...

Jamie: Well I had no choice, I mean I wasn't sent to school anyway when I was young so ...

Catherine: So how long were you on the streets in Hobart for as a kid?

Jamie: Two and a half years.

Catherine: Right. Okay. And were you able to get any emergency accommodation or ...?

Jamie: No, they wouldn't have none back then at the time. I didn't know which way to go back then, like I was just too lost of a person.

Catherine: Yes.

Jamie: I didn't know anything better.

Catherine: Yes.

Jamie: I just did not know which way to go back then. Like back in like '74, like well actually it was '76 it would have been.

Catherine: Yes. And the police, did they know that you were living around, they must have seen you?

Jamie: Yes. I went to the [...] Police Station a couple of times about two or three o'clock in the morning.

Catherine: Yes.

Jamie: I said, 'Oh, can you please take me down to [home address]?' I said, 'Can you please take me down to [home address]?' They said, 'Oh yeah, well who do you think we are, cab services? Get out!'

Like other participants, Jamie was left to address his violent victimisation on his own – through homelessness.

Failed early intervention can be seen, then, as another key factor in extending children's exposure to abuse, a central factor in the sequel of disadvantage that unfolded into adulthood. Ironically, for those children who were 'picked up', however, and as discussed in Chapter 2, early intervention in the form of institutional care was also a failure. Care exposed children to further abuse or was simply inappropriate. Paul, for example, described living for five years from aged 10 in the 1980s in a half-way house for men transitioning from prison and homelessness, where he shared a bunk room with five adults:

Paul: Well, as I said I got made a Ward of the State and I was put into, in New Zealand they are called half-way houses and they are generally for people who are generally either on their way to prison or just gotten out, so half-way [laughs] but they are generally boarding houses, usually run by someone of a Christian denomination and to the best of my knowledge I was the youngest person ever put into such an environment.

Catherine: Can you remember how old you were?

Paul: I was 10.

Catherine: You were 10.

Paul: Yes.

Catherine: Right.

Paul: Because apparently they couldn't find ... there was no other place available for me and I stayed there for five years ... Yeah I had a shared room with five other blokes, men. Because it was a men's hostel, yeah. There were shared, like I was in the biggest shared room which had six bunks, and then there were a few that had just two bunks and maybe 10 single rooms but I was always in a shared room. Occasionally I would get a double shared room but yeah, I was just shunted wherever, you know.

Where it eventually happened, while being taken into care certainly reduced participants' exposure to chronic childhood abuse, they were offered neither protection from other forms of abuse nor a route away from further institutionalisation. In fact, all except one who described being taken into care were later imprisoned, sometimes repetitively, in juvenile and adult correctional facilities. And, as Peter argued, this was a trajectory of recidivism that care had well skilled him for:

Peter: By the time I'm 17 I was released, I've been out a few times, I've escaped a hell of a lot of times, I just learnt a lot of crime, a lot of violence.

Family fragmentation and social isolation

Early home leaving into homelessness or foster or institutional care meant participants experienced the further fragmentation of their family and 'went alone for a long time', as Alex described. Often as children they had no knowledge of where their mother or father had gone and, traumatically, were blamed by the remaining parent for their disappearance. Participants also recalled their confusion about where their siblings went or were 'dumped', as Jim said, and many lost contact with their siblings for years. As they got older (into their 30s and 40s), some participants again came into contact with their siblings – through the enquiries of their siblings or the deaths of their parents, for example – and discovered that they, too, had endured traumatic and troubled lives after leaving or being taken from their abusive family homes in the late 1960s and 1970s:

Alex: My brothers and sisters, like they all went their own ways. Like there was some what got into drugs, some got into alcohol, the boys were alcoholics, they all went through their stages. One sister is dead now, she died at 43 of a massive heart attack. I was missing from my family ... in the process of all this, I went missing. I basically told them all to go to hell 25 years ago, and I went missing. And they were looking for me a couple of years ago to find out if I was dead or alive basically, and found me, up in a little town in [regional] NSW. And we reunited then. Just me and my two sisters, I haven't seen any of my brothers or anything yet, I'm not ready, I don't think I'll ever be, but yeah, I just um, I went alone for a long, long time ... We all have our scars, and our crosses to bear and I think we all bear them in different ways.

Peter: Yeah I'm amazed, where there's eight kids in my family we're all screwed up one way or another, and none of us are dead yet. My older brother has a speed habit, and was dealing speed at one stage, my younger brother, he was a mad armed robber, they caught him outside the Commonwealth Bank ... with a carload full of guns, his own mate fuckin' set him up ...

Catherine: I was going to ask about him. At what point did he leave the family?

Jim: At what point did he ... he was dumped! Basically he was in [...] boys' home ... Then what happened when Mum left Dad, I said to him, 'What about Paul?' He said, 'He can fend for himself. He is your mother's boy anyway.' So he left him a couple of hundred miles away, in a boys' home, without any knowledge of what went on or any support whatsoever.

Jim: Well when we ... dad's funeral a couple of years ago, that's the first time I've spoken to my brothers, my oldest brother in 13 years, and the first time we've spent time together in 13 years, all of us together. And we were going over to clean the unit out after, to get everything out before the funeral and I said to him, 'Have you dealt with all the stuff that happened to you?' And he says, 'Oh yeah, I just put it out of my mind', which tells me he hasn't actually got on ... and dealt with it. And Ben, he recalls very much so.

Participants lived much of their life without the crucial support and care offered by parents and siblings and the wider family, friends and mentors that their immediate family would have connected them too. Alex exclaimed:

Alex: No one's ever role modelled me mate! I never had any role models in my life, anyone to teach me right from wrong.

Dislocated from childhood peers and school friends and teachers, and often without the networks associated with stable employment, participants experienced both social isolation and the frustration of interacting mostly with similarly traumatised people met on the street, who in the end, in some way, often caused them harm (see also Lee & Schreck 2005, pp. 1060–61). Dee, who was currently housed, described her frustration in continuing her contact with friends still on the street:

Dee: ... they either rip me off or they want to stay over for longer times and I can't. I've got to live on my own ... I just don't know where to go to find good people.

Thus, as Gaetz (2004, p. 446) similarly argues, the 'weak social capital' participants experienced not only exposed them to victimisation and revictimisation in that their circle of 'protectors' was limited from an early age, but also meant they had few trusted people to turn to for help, to work through emotional trauma with, or to simply be safe with.

Addiction: drugs, alcohol, gambling

Participants described very early drug and alcohol use and addiction and linked this strongly to their experiences of abuse and to their parents' addictions or drug dealing. For Paul, alcohol played a role in his experience of abuse and neglect from the late 1970s and he described himself as being a binge drinker by age 10:

Paul: When we were living with my mother, well when my mother had a lease on a place, yeah there was neglect. The legend goes that when I was still a baby being fed on the bottle, apparently my father would spend all the money at the TAB and the pub, you know all the food and rent money and so, there I would be as a babe crying because I was hungry and the legend goes that my mother would fill my bottle with rum and coke to put me to sleep.

Paul: From then on, and also between the ages of 10 and 15, I had become a binge drinker. As I said my mother was an alcoholic and there was always alcohol in the house. I remember when my sister and I were very young, again around the age of four, well before I started school, every couple of days my grandmother would buy herself half a dozen long necks to get her through a couple of days, she would have a couple of beers while she was cooking dinner and it was entertainment for my mother to get my sister and I drunk and watch us rolling around on the floor. So, my mother didn't care if I drank. There were always lots of parties and so if I said, my mother took me, the first time I went to a pub was when I was 15 and my mother took me to drink. But anyway, I was getting drunk with permission before I started school. I became a binge drinker at the age of 10. I was a full alcoholic by the age of 17.

Others, like Alex, Mary and Annika, grew up in the context of their parents' drug use and drug dealing, and quickly became heroin addicts themselves. Their addictions likewise developed in the context of childhood physical and sexual abuse and exposure to family violence:

Mary: My mother sold drugs so drugs were just part of the ... you know. Like she wondered why I was a drug addict but you know it was sort of ...

Catherine: At what age did you start using drugs?

Alex: Mate, I remember shooting needles in my arm when I was 12. Barbiturates...

Catherine: Did people show you ...

Alex: I was probably shown back then but it didn't take me much long to pick it up. It's like, you've probably never heard of a kid say, you know, they never grew up meaning, wanting to be a junkie, I think that's all I am and knew I ever would be. I don't know, I just ... it's just something I knew it's all I'd ever be, it's as good as it would ever get for me. I don't know where that came from or what that was about, but, like from a young age, I had him in my head from a little kid, you're stupid, you're fucken ... the emotional abuse as well as the physical abuse ... I don't know which was worse you know.

Annika: I grew up in Canberra. I don't know, my early childhood was ... there was a lot of violence in the house, a lot of alcohol, a lot of pills, and a lot of bashings. I'd go to school, very insecure, scared.

Catherine: Was it your family who were violent towards you or ...?

Annika: My mum and dad and yeah that's about it, my mum and dad.

Catherine: Were they violent to each other and to you or ...?

Annika: To me and to each other, yes. My dad to my mum and then my mum towards me.

Catherine: As in hitting you or ...?

Annika: Yes it was mostly physical stuff and I can't really remember. I remember it just wasn't good and that's why I started turning to drugs to make me forget everything.

As Annika suggested, drugs and alcohol provided an anesthetic from the grief and trauma associated with abuse, violence and family fragmentation. This was a sentiment echoed by Martin and Jim:

Catherine: Were you still drinking all through this time?

Martin: Yeah. It was a good way to anaesthetise yourself, to hide and it didn't hurt so much.

Jim: So, yeah, it was just looking for that out. You know, I was thinking about things, looking for me mum. I was just a confused kid.

Further, for many participants, including Annika and Alex, drug use became a long-term trajectory bound up with surviving both the trauma of violent victimisation and of homelessness itself:

Alex: I'd use heroin, and like I said, I'd sleep through the day and just use through the night. Drugs got me through. Yeah. And you can't be on the street and not do it like that. You just go mad in the end. The drugs have helped me cope.

Annika: There were nights I'd walk around the whole night. I'd never actually put myself on the street and sleep, only because I didn't feel safe so I wouldn't do it.

Catherine: You must have been terrified ...

Annika: Yes, I guess the heroin took a lot of that away, I think. Because when you have it, you really don't care about anything. And I think that's why, even with the violence and stuff, you just think, 'Oh, who cares?'

While drug use became a crucial coping mechanism for some, it was a mechanism which cruelly entrenched participants' vulnerability to further violent victimisation because of the high-risk activities (such as gang crime and sex work) they had to engage in to finance it, and the high-risk people they came into contact with and had subsequent (likely violent)

relationships with (see also Tyler, Melander & Noel 2009). Further, whilst also helping participants to cope with the trauma of homelessness and of sleeping rough, in particular, the chaotic lifestyle and cognitive confusion associated with drug addiction made the task of trying to address homelessness almost irrelevant. Some participants simply had periods in their lives of which they had very few memories. They could not remember where they had been geographically (for example, which state of Australia), where they had stayed or with whom, or what they had been doing. These were periods in which they expressed having little regard for personal safety and in which they know they had been unsafe.

For the two of the 12 participants who did not engage in alcohol and drug abuse, it was gambling instead which provided a similar daily anesthetic, and which, as Ben seemed to suggest, was also related to family history. Peter and Ben described gambling as 'another way of getting away from your problems':

Catherine: Yep. And why do you think you like gambling?

Ben: It ran through the whole family. I think that's probably because it is another way of getting away from your problems. You just decide to do something else that frees you up, but then the problems just get worse and worse.

Catherine: Right. So what was it about gambling?

Peter: Absolute fascination with the machine. Last two years, except for the last couple of months, I was living out in [northern Sydney], in a housing co-op thing. I had a play station. I'm absolutely fascinated. I'll get the same thing out of a play station as I do out of pokies or a card machine. I just zone out, lose comprehension of time, now there's nothing, like I can sit there for 40 hours.

Catherine: Yeah.

Peter: I get exactly the same thing. It's just an addiction to a little machine.

Catherine: Do you think it gives you an escape or ...?

Peter: Yeah. Nothing else matters.

Ben also noted, however, whilst gambling provided an escape, as with the use of drugs and alcohol, it made life harder. Both Ben and Peter described throwing their jobs and accommodation in as gambling addiction took over, and both entered into a period of long-term homelessness of nearly 10 years, much of which was spent rough sleeping. As all available money went into gambling, attempting to find accommodation became irrelevant:

Catherine: And so the money that you were getting, like were you on like Newstart [government-paid employment benefit] or something like that?

Peter: Yeah, generally.

Catherine: And so all of that was going into gambling?

Peter: Yeah I basically get a packet of cigarettes out of it and that was it. The rest would be in the machine.

Iterative homelessness, iterative violence

While experiences of homelessness began very early for many participants, these were often only the beginning of life course trajectories of marginal and unsafe housing and repeated experiences of homelessness, including repeated periods of rough sleeping. Whilst several participants spent long periods living rough (up to 10 years), more often trajectories of homelessness included chaotic moves, often across several different states, between the homes or accommodation of friends and partners, squatting in abandoned buildings, living in cars, staying in backpackers' accommodation, spending time in prison, psychiatric facilities and drug rehabs, and countless periods in crisis accommodation. Alex and Annika hazily recalled periods spent living without stable accommodation:

Alex: Yeah, round the city, round the Cross. Round just squattin', and wherever I could. Women's Place, bloody wherever you can get shelter as you do, you know. There were other places open at the time. Some of them are still open now. There was a place up on Crown Street called Women's Place I used to go to have a shower and stuff. Edward Eager Lodge, I was staying there for a few months, dealing drugs and stuff you know. Yeah, just surviving the best way I could, you know. I spent the last few years ... I got off methadone 10 years ago too, I went to Odyssey House and they got me off the 'done.

Annika: Yes I was staying ... I don't know, just [with] whoever I would find. I was just all over the place. I don't really know where I was. I didn't have a house or anything.

As illustrated in Chapter 2, being without the privacy, safety and security of stable accommodation and being likely to occupy both busy, high crime and isolated geographic areas in the inner-city increased the exposure of participants to random violence on the streets. Random violence occurred in the context of sleeping rough or of simply having to spend a lot of time in public space to fill in the day, wait for refuges to reopen in the evening, or hook up with friends with whom they might get a bed. Likewise, having no access to *independent* accommodation also exposed participants to physical and sexual abuse and violence as they moved through various forms of temporary shelter, dependent on acquaintances, friends and partners. Mary, for example, described the double-edged sword of being offered accommodation with male 'friends':

Mary: Oh sometimes I would go to someone's house for a day or two but usually if, you know, like people that you've known for ages, a guy would say, 'Come on, you can sleep on the lounge'. And you can bet by the middle of the night they're on the lounge trying eh – you know what I mean so – I didn't even go there, you know, so.

Whilst some did describe periods of relative stability in public housing properties, for example, this did not last due to violent relationships, continued problems of drug and alcohol abuse, and a lack of support. Particularly in combination with drug addiction, and being without safer or more legal alternatives, homelessness also encouraged participants' engagement

in high-risk and exploitative survival strategies which compounded their vulnerability to victimisation (see also Gaetz 2004) and to incarceration, as will shortly be discussed.

Thus whilst trajectories of homelessness were sometimes interspersed with periods of marginal or even stable housing, participants' lifestyles were consistently characterised by repeated episodes of violent victimisation and repeated periods of homelessness were never far away. Given the hectic drug and alcohol using lifestyles many continued to lead, having access to accommodation or housing did 'end' homelessness, but often represented a temporary change of circumstance with its own additional risks, and a following exit back into homelessness.

Alex, for example, described long periods of moving around friends' and partners' housing and also losing her own housing because of relationship breakdowns. She discussed the ongoing debt problem she has with the Department of Housing resulting from simply walking out of properties because of their location in high-crime and isolated areas, their run-down state, and the lack of any local services (such as transport) and supports:

Alex: Yeah, friends' housing, this that, or they'd have a house and I'd live with them, you know... I don't know how ... Over the years I have had housing but, like I said, this one person I was telling you about, she um, when we split up, I had a three-bedroom house at [...], we split up, she had a kid, she took the kid into Housing Department and said I got the kid, I got the sick kid, she ain't got no kid, what are you going to do about it? They gave her my house and kicked me out. 'Cause she had the kid. And up until then there were no gay rights in the 80s mate, they told me she was just a piece of garbage that I was bringing with me for that house, and the kid was the reason we got the house, but it was my house and she could never take it from me they said to me. They said, if you split up you'll get put in somewhere else, but you won't lose that house. They took my house and gave it to her, threw me in some stinking bedsit in the 'back of Bourke' [meaning 'middle of nowhere'] somewhere that I walked out of. I just walked out of there and that was the end of that. I walked out of a few places from that, just the loneliness and just being stuck in a flat, in the back of some putrid hole, in 'the back of Bourke' somewhere, no car, no nothing to get anywhere, to go anywhere, government don't care, no one, I had no one to support me, I'd just walk out of these places, hence I'm in trouble today with the Department of Housing, I owe 'em two grand and I can't get a house now until I pay that off, you know. Lucky, it's only two thousand, it's only a couple of grand, it could be worse. But they just tack that on for good measure. Just when I'd leave these places, I dunno, they wouldn't find out for six weeks that I'd gone and they charge me rent for six weeks and, you know, things like that, stupid things. But I can't get housed today because of it.

It was whilst she was living in another Department of Housing apartment in Redfern that Alex became involved with what would be a life-changing event – a police sting operation to apprehend a neighbour for two gruesome murders. This involved Alex having her apartment wired and having the perpetrator stay for two days as he revealed and described his crime

in frightening detail. Visibly distressed, Alex discussed the resulting post-traumatic stress from this terrifying ordeal, which had the immediate impact of her again walking out of Department of Housing accommodation and into homelessness:

Catherine: Did you move away from Redfern?

Alex: Yeah, I walked out of the flat. I had to walk. They wouldn't move me, they wouldn't transfer me, after all that went down. So I walked out and I spent 12 months on the street, just street hopping again. I spent 12 months on the street until they would give me another place. And then they give me a place ... and I was quite happy there and then I went to rehab to get off the 'done.

What life stories such as Alex's reveal is that homelessness and violent victimisation can become repeated parts of a generalised lifestyle of trauma that is long term. Currently 50 years old and again homeless at the time of the interview, Alex had had a lifetime of interspersed periods of homelessness since first living on the street as a child in the context of chronic physical abuse. She then survived physical abuse in state care, witnessed violence in prison and became the sole witness in a double murder investigation. And, as she exclaimed,

Alex: Mate, I've told you nothing. I've told you nothing. And that's the whole thing of it. It's not a normal life. I have not lived a normal life.

Becoming a perpetrator

For some participants, being a victim of crime and violence in childhood was related to becoming a perpetrator of crime and violence as a teenager and an adult. In particular, the criminal involvement of some participants seemed closely linked to early experiences of abuse and related addictions. Paul, for example, who later also became involved in gang violence as a standover man, revealed that he himself became a perpetrator of family violence, finally bashing his abuser-mother in a once-off drunken outburst, for which he received a prison sentence, and also physically abusing his sister. Paul offered his own analysis of the cycle of family violence he became involved in whilst still in his teens, and also described the shock and self-disgust he experienced when he recognised his own victimising behaviour in an anti-domestic violence campaign screened on television:

Paul: But, yeah, I always thought it was my fault that I got treated the way she treated me. And through that, through the violence that I didn't understand that I was receiving from her, I started doing, I started beating my sister as well. You know, with the mood swings, I started getting mood swings too, and if my sister, because my sister as young sisters do or young siblings do, they like to push your buttons and you know, I copped hell beatings and you know, 'monkey see, monkey do' syndrome, you know. And then one day, oh what do you call it, not advertising but a, a big thing was being advertised about, it was to do with spousal violence actually, you know, and there were all these ads and it was called 'breaking the cycle' and I was watching TV one day and these ads came on as a son was being beaten by his father who then grew up to beat his ... you know ... And then I suddenly realised that I was

doing the same thing. I was being beaten by my mother and in return I was beating my sister you know because my mother was stronger than me but I was stronger than my sister. And it blew me away. I was so shocked. I mean because I did the same thing you know, my mother would give me a big huge beating and then she would be all regretful and all remorseful and then I would be the same with my sister you know, 'Oh I will never do it again' and blah blah blah and make all these stupid promises and I was so, I was absolutely disgusted with myself that I was doing the same thing.

Peter became trapped in a cycle of escalating crime (beginning with car theft and ending with armed robbery and grievous bodily harm). This was a cycle of habitual crime that was contextualised by the experience of abuse and long-term institutionalisation – as Peter observed, you 'just fall back on what you know':

Catherine: So at 20 what did you do, you're living on the streets, what happened?

Peter: You know, still stealing, go back to jail. I was basically like that until the age of 27 ... I was up on armed robbery charges. I was just progressing levels you know safe breaking and armed robbery, all that. The judge told me I was a habitual criminal there's no hope for me rah rah rah, that's the last time, oh sorry second last time, I was ever arrested.

Catherine: Right and so you go into jail, you come out again, you weren't able to find somewhere more stable to stay, or get yourself sorted, it was just ...

Peter: Mostly when I'm out, get out, I'm left to me own devices. I've got no skills or anything. Just fall back on what you know.

For Alex, it was the decision to undertake armed robbery rather than sex work – related to her need to fund her own and her partner's drug addictions – which resulted in her engagement in violent crime and subsequent imprisonment:

Alex: Oh yeah. When I ended up in Sydney, I met a heroin addict and I got into a relationship with her and she introduced me to heroin on a daily basis. And I started using on a daily basis. She was working in a parlour. I didn't like it. I started robbing banks ... for a living. I was quite successful for a while. And then one day I went out and got caught and they locked me up for seven years.

Returning to prison, returning to homelessness

Such engagement in criminal activities opened participants to further experiences of violence, both within the context of crime and associated underworld networks and also during the related time periods spent in correctional facilities. As already discussed, violence followed participants into prison and was also witnessed and newly experienced within prison. Periods of institutionalisation were also related to homelessness with participants describing being released onto the street with no supports in place – a common experience both internationally and in Australia (see, for example, Dyb 2009; Willis 2004). Further,

for those who had public housing, this was lost, as of course were other forms of housing, once participants went to prison. For some, such as Peter and Alex, multiple prison stays as an adult simply extended long periods of institutionalisation and housing instability also experienced as a child.

Few exits

Whilst it is important to document the nature of violence that occurs in the context of homelessness at a particular point in time, it seems that what is crucial to understanding both victimisation and homelessness is the long view that biography offers. What becomes clear through the life stories collected for this project is the cyclical way in which childhood experiences of violence feed homelessness, a context characterised by multi-dimensional social exclusion, increased marginality and decreased protection, which in turn feeds exposure to further experiences of homelessness and violence into adulthood. Whilst this biographic typology is constructed from only 12 cases, it is well supported by wider epidemiological data and, used together, this range of data provides a powerful description and explanation of what may be understood as the ‘closed circuit’ of victimisation and homelessness.

The Closed Circuit of Victimisation and Homelessness



Figure 2: The cycle of revictimisation

As argued, for participants in this study the closed circuit of victimisation and homelessness began with childhood adversity. As survivors of childhood physical and sexual abuse, participants can already be understood to be at high risk of further victimisation and homelessness. The range of intense environmental risk factors associated with eventual experiences of homelessness come then on top of existing vulnerabilities to a range of

negative outcomes, for example, continued partner violence, physical and sexual assault, post-traumatic stress disorder and substance abuse. Homelessness, as participants experienced it, significantly eroded most of the protective factors that might mediate both the traumatic impacts of childhood violence and the related vulnerability to revictimisation. Homelessness also acted to sustain and even increase exposure to future violence. For Jim, this cycle of violence and homelessness was clear:

Jim: Violence naturally put me out on the streets, because of the violence at home, and then you know violence has contributed to me staying out on the streets, so yeah.

As teenagers, and throughout adulthood into their 50s, participants became trapped in cycles of homelessness and revictimisation from which they struggled to exit. Traumatic experiences consequent to childhood abuse increased the likelihood of revictimisation and entrenchment in the daily chaos of homelessness and substance abuse and even crime. Homelessness compounded and extended the experience of multi-dimensional social exclusion, already triggered by childhood adversity, making dependent participants easy targets for victimisation and closing pathways to independence, such as good physical and mental health, supportive social networks, employment and education.

Participants did not become desensitised to trauma through its repetition, as Goodman, Dutton & Harris (1997, p. 66) also argue, but, as will be explored in the following chapter, only came to accept lives of escalating stress, injury and illness and tried to mediate their own suffering often through harmful means such as drug and alcohol abuse, and ultimately through suicide. As such, multiple episodes of victimisation culminated in the risk of self-victimisation, and death was understood as a final exit from exhausting paths of emotional, psychological, physical and sexual punishment. Participants gave voice, in emotional outbursts, to the accumulated weight of the histories of violence and trauma they carried and their ageing, silencing and isolating effects. In short, some participants were in profound despair, haunted by past traumas, and on the brink of mental breakdown and self-harm, as Mary and Alex described:

Mary: But I don't talk about this sort of shit to people you know. I just sort of try and keep it at the back of me head and go along as if life's fine you know ... Honestly I think I've got to smash me head against the brick wall just to clear it sometimes you know [cries]. It just gets so overwhelming, you know? Just things that might come up, or you know, someone might say something and I'll think of something you know, and then I start spinning about it you know, thinking I don't know but I know, you know. I've felt like I'm losing it [cries].

Alex: And see this is the stuff that weighs me down. And I can't talk about ... and people think I'm doing fine, you know. But I'm not doing fine. I'm fucken suicidal for Christ's sake ... I'm washed out, I'm washed up, I'm a mess. I'm just waiting to die now. I guess. And that's sad, you know, 'cause I'd like to think I've got at least 20 or 30 years in me, but it doesn't feel like it ... You

know, that's how I feel like. I feel like I'm 49 going on 80 you know. I just feel like my lifetime, I've lived my lifetime. It's nothing left for me to do, except more misery you know. I just don't know. I'd like to have a little bit of peace and happiness before I go.

The following chapter further explores the lack of opportunities available to address underlying trauma, an issue which emerged as an overall theme in perpetuated contexts of homelessness and revictimisation, and which might usefully be understood as a key factor in continuing to keep the circuit of homelessness and revictimisation closed for some. As well as having experienced other violent trauma during their lifetimes, participants noted the unresolved grief they felt about early childhood abuse. They also commented on the continued physical and mental effects of trauma, including continued hyper-vigilance, a lack of self-care, self-exposure to danger, and the uncontrolled and intrusive return of distressing memories. As Alex commented, whatever else was to follow, her life was irreparably shaped by the abuse of her drug-addicted father:

Alex: And it all started, it began with him. My life began with him, and I've carried it and here I am nearly 50, and I'm still as fucked up as when I was 12.

MAKING VIOLENCE ORDINARY

And it's like ... no wonder you just carry it on your own.

Alex

At the beginning of this project it was assumed that an exploration of participants' interactions with services providing a range of responses to violent victimisation would firstly be possible and, secondly, would enable some kind of revealing analysis of specific service gaps for those experiencing homelessness. It quickly became apparent, however, that even though participants did engage with a range of emergency, health and support services in relation to their experiences of violent victimisation, this engagement was not understood as significant nor, in many cases, was it helpful. In fact, mostly, participants did not engage with services at all – or only briefly – despite their experience of a range of pressing trauma-related needs or even the imminent threat of violent victimisation. Indeed, some actively avoided services because they were viewed as sites of potential revictimisation, because they had previously been provided with a poor experience of care, or because their victimisation related to illegal activities, or they did not want to make themselves known to authorities for other reasons (such as an outstanding warrant).

Overall, participants had little to say about their interactions with services – apart from some critical, though perhaps astute, observations – and most struggled to name any particular services or individual professionals who had significantly helped them deal with an episode of violent victimisation and its related ongoing impacts. As recent research has alternatively demonstrated, however, it is clear that other homeless people surviving violence *do* initiate and receive support with very successful outcomes (Murray 2009). As Morison (2009, p. 3; emphasis added) points out, however, 'some shelter services and systems may create an environment that actually *worsens* a traumatized person's distress'.

Whilst limiting discussion of participants' interaction with services, the finding of poor service interaction in this research arguably reveals a specific group of older adults with intense, long-term experiences of violence and homelessness who were perhaps only contactable for this project because of their select willingness to engage with the informal setting and service provision style of HopeStreet. This raises important questions about the fate of those many others who may exist outside the reach of any form of service support and suggests the vital role of those non-program oriented services which are able to attract extremely vulnerable and understandably suspicious clients who otherwise would continue to fall through the cracks of more formal services.

Importantly, what participants in this research made overwhelmingly clear was that violent victimisation had become an 'ordinary' part of everyday life to which they did not expect services to be able to respond effectively. The view and actual experience of victimisation as just an 'ordinary' part of everyday life was perpetuated by participants' own immersion in and traumatisation by repeated violence, by their analysis of historical and community attitudes to violence, and by their experience of failed intervention and poor-quality service provision. The view that services were not likely to respond effectively stemmed from both their negative experiences of service provision in the past and their sense that their

historical trajectories of violent victimisation were simply too complex and even threatening for service providers who did not have the skills, experience or time to enable them to respond appropriately. Echoing Morrison's observation above, some participants indeed expressed how their sense of hopelessness and isolation was only strengthened through poor interactions with support services.

As opposed to an analysis of participants' interactions with services, then, this chapter briefly explores some of the factors underpinning participants' *non-interaction* with services. Firstly, the habituated experience of violence is unravelled as itself a block to participants seeking and receiving assistance. Secondly, the ways in which victimisation is reinforced as ordinary through poor familial, social, institutional and support service responses is examined. In the following conclusion to the report as a whole, some of the ramifications of these experiences are considered. In particular, the conclusion takes up the theme that those who survive both homelessness and repeated violent victimisation seem to critically lack access to needed, highly skilled spaces in which to be *listened* to in depth and at length.

The Ordinary Nature of Violence

Violent victimisation appeared disarmingly ordinary in the life histories of participants. It was made ordinary through its encompassing scale and repetition. From birth into adulthood, participants lacked contact with both safe people and safe places. Violence characterised forms of interaction within the immediate and extended family and some participants were immersed in wider landscapes of violence, usually related to selling and using drugs. As such, many participants did not appear to experience safety *anywhere*, except perhaps with grandparents they too soon lost contact with, or briefly whilst they were at school, which was likewise cut short. Mary, for example, summarised her life from 15 simply as, 'drugs, drugs, drugs, violence, violence, violence'.

It seemed that, given the persistent nature of violence, some actually struggled to pinpoint particular episodes of victimisation. Several participants stated being so overwhelmed by their experiences that they found it very hard to even begin to formulate an accurate picture of just how out of control their lives had been. Instead, violence emerged as a generalised 'scene' – as Mary described it – that many participants found themselves moving through. Experiences of violence that might have stood out as extraordinary and identifiable life turning points for those in the wider community seemed to blur for participants with other traumatic incidents or major life phases. In general, though some specific descriptions of violent events were offered by participants, it was the *constant* nature of violence that powerfully characterised their life stories and that was also reflected on by participants such as Mary:

Mary: I don't know if you know, but the violence around drugs, you know – so it was just violence constantly ... it's just a very violent scene ... like runnin' in on you and holding guns to you and ... you know, all sorts of shit.

Whilst participants certainly did not understand either the forms or levels of violence they experienced as 'normal', violence *became* a normalised or expected part of life simply because it was repeated, it was part of habitual ways of relating and of everyday activities, and because they were surrounded by others for whom violent victimisation was also prevalent. In just surviving and getting on, experiences of violence – of 'all sorts of shit' – were buried and made silent and unspecific, and in this way, too, violence came to appear as a mundane experience that participants could not afford to take much notice of, or, outwardly at least, let affect them.

A blasé and fatalistic attitude towards violence was for some also accompanied by an actual self-destructive seeking of violent victimisation through which participants confirmed their poor sense of self-worth, as Annika seemed to suggest:

Annika: ... I've put myself in a lot of dangerous situations ... When I was at that age, I didn't care about anything, I didn't care if I was safe or if I wasn't. I really didn't give a shit about anything. Even myself. I OD'd heaps of times. I didn't care.

For Annika, who had survived childhood abuse, rape and domestic violence, this self-destructive lack of self-care included, during travels overseas, her random acceptance of a lift from a stranger who had followed her several blocks in his car. This consequently ended in her being raped three times and fearing that she would also be murdered. For Martin, who descended into deep depression following the breakdown of his marriage, exposing himself to danger and deliberately not seeking needed medical assistance following several violent attacks, was related to his pursuit of what he described as 'passive suicide':

Martin: And I have seen plenty of violence out on the street in this period of time and you become blasé about it, you become fatalistic – whatever happens, happens. And it's where I first heard of the term 'passive suicide'. To me that term, to me it's a contradiction in terms you know. I can't see anything *passive* about suicide. But it's where a person doesn't remove, and I certainly don't have to explain to you what passive suicide means, but where you don't remove yourself from danger and you secretly may be wishing that the worse would happen some days. You don't want to wake up the next day. And out on the street you become in the end blasé and indifferent to the violence around you and believe me I can, I can state some horrific things I've seen happen to people and to happen, that have happened to friends of mine.

Overall, it appeared that experiences of victimisation were not often understood in the immediate term as deserving any of the perhaps expected responses such as seeking police or medical assistance and trauma counselling. This was especially the case when participants remained in a chaotic context of likely revictimisation, such as when selling sex and drugs or when involved in criminal and gang underworlds. Some felt that those outside these subcultures had little capacity to even begin imagining what their lives had been like. Their lack of confidence in even being understood was a significant barrier to opening lines of

communication with any kind of health or support service. Mary's interview, for example, gave some insight into the complexities of underworld life and the silencing effects of the extreme frustration experienced in attempting to describe it to an outsider. She cut short her discussion, becoming extremely emotional:

Mary: ... when he went missing, I started pulling too many chains because it just totally fucked my son's head, you know, like his dad was in jail for something like 11 years and all of a sudden, you know, we know he's gone, and all I wanted was his body to surface because he was using drugs again and I didn't report him for six weeks. But the coppers thought that because when I went against him in the trial, the coppers thought that I'd done something ... Like we'd had such bad blood and then the chains that I was pulling to try and find out what had happened to him, people were saying that I was wiring up and – you know what I mean – trying to [pause] ... You've just got no idea! Then I walk around like everything is okay but me head's fucked [cries]. I just don't talk to people about this sort of shit you know. It's a fucking lot to carry around [cries].

The enduring psychological effects of early childhood trauma, post-traumatic stress or major depression may also be seen as a key impediment to seeking assistance. In some cases, participants' non-action in response to victimisation could be linked to their perceptions that violent interactions are normal due to their exposure to family violence (see also Ferguson 2009, p. 1887), to shock and the blocking out of highly traumatic experiences, to an extremely low sense of self-worth and beliefs that they are actually to blame for their own past and continuing abuse and victimisation (see also Janus et al. 1995, p. 444), and to the deliberate seeking out of harm as a form of self-punishment. Further, addressing consequent experiences of revictimisation may also have meant stirring up or confronting other deeply buried traumatic memories which some participants may not have been able or willing to do.

As a result, despite actually experiencing their repeated experiences of victimisation as extraordinary and horrific, participants seemed not to make much of them, to assume they were in some way deserved, and in various ways sought to ignore them. While a number of people did describe seeking emergency assistance with the physical effects of violence – such as through hospitalisation or brief attendance at a medical centre – this was not always the case. In particular, however, it was very clear that the longer term emotional and psychological impacts of violence were certainly *internalised*, dealt with alone and, as previously discussed, numbed through the use of drugs and alcohol from an extremely young age – Alex, for example, injecting barbituates from age 12, Paul becoming an alcoholic in his early teens, and Annika losing herself in heroin from 14. For some, the lonely internalisation of violent victimisation became a patterned response to trauma stemming into adulthood.

Ordinary Responses to Ordinary Violence

Participants made it clear that they had learned to stay silent about violent victimisation from a very young age, and that this was a silence reinforced throughout their lives in multiple contexts. They were taught – often through further actual or threatened violent victimisation – that speaking out against victimisers or revealing victimisation – even unintentionally – had

negative consequences and was often pointless. In their abusive families and partnerships and wider community environments, violence was normalised through its privatisation, through the expectation that victims would just, and *should* just, 'cop it'.

Mary, for example, learnt not to speak out about sexual abuse from her sister's failed attempts to do so:

Catherine: So your real dad just assaulted you, did he?

Mary: Yeah he was just a drunk who would come home and start throwing knives and throw the tea everywhere and, yeah, he was violent.

Catherine: And then you got that [sexual abuse] from your stepdad. Did you ever try and speak out or ...?

Mary: My sister did and then ... one of my sisters did, and my mum didn't believe her because he was such a big staunch criminal. Mum didn't ... and I thought, well with what went down with me sister, I was just too scared to say anything you know. I thought, I know now I should have but, you know.

Catherine: Was she punished for trying to speak out?

Mary: Well virtually because she never liked him from the beginning, the stepdad, but they virtually come to the conclusion – it come out a lot of years later that he touched me – but you know, when they were callin' her a liar and because she didn't like him and she was trying to split 'em, I thought well they're just going to think the same thing about me, you know what I mean? So I just didn't get into it. I just kept it to meself.

And it was reinforced to Peter by his mother that being bashed by his older brother was a normal part of sibling interaction:

Peter: Rah rah rah but Mum sort of really couldn't understand my side of the point, you know, 'Like he's your older brother, it's what they do'.

Jim was taught by his father – violently – that emotional expression was forbidden and that revealing family violence would be punished. Jim also discussed the prohibitive embarrassment and even shame that revealing his violent family situation would bring, but further, made it clear that it was highly likely to be known outside the family anyway. Jim felt that such violence was both 'commonplace' and 'common knowledge' in his neighbourhood:

Jim: Yeah, you weren't allowed to show emotions. You weren't allowed to be weak in front of him and cry. It wasn't right for a boy or a man to cry and show emotions. So a lot of that was sort of blocked out for me very early in life. So yeah.

Catherine: And did people at school notice [the abuse]? Did you have marks on you turning up at school? Was it known or ...?

Jim: Yeah. Yeah obviously. They knew because it became a bit of common knowledge who was getting belted in their homes and who wasn't. There was my best mate Tim up the road, he was about five doors up and his dad was

also Dutch, they were a Dutch couple, Peter and Annie. He was a very violent man. He'd get drunk and stuff, beating down on everybody. So in our street it seemed like it was commonplace for that sort of behaviour and yeah but people knew what was going on. Yeah, yeah. Like they'd hear things as they were walking past. But we weren't allowed to talk about anything. If we got caught talking in our house about anything we would suffer severely for that. And plus it was the embarrassment of revealing that sort of stuff. You know you didn't ... I guess I didn't want other people to know really what was going on because they thought my parents were pretty good 'cause Mum and Dad bought a pool table for the guys rather than hanging around the streets. All the guys, my brother's mates, my oldest brother's mates could come around and play pool and darts in the lounge room. Shut the lounge room off as a games room. I guess on the outside they were sort of portraying this wonderful, caring parent thing but when the doors were closed it was pretty horrific in there.

Interestingly, both Marty and Ben, as did others, made reference to what they saw as historical attitudes towards abuse and violence which explained both why violence occurred and why intervention was made difficult 'back then':

Ben: Me and my brother, we used to get blamed for everything for some reason. But they didn't, our parents didn't like it because we said we would rather be back in the boys' home, they didn't like it. We used to get belted all the time.

Catherine: By both your parents or ...?

Ben: Yeah, both, yeah. I don't think it was, I don't call it violent, I wouldn't say it is violence because back then, that is what they ... you don't answer back to your parents, you gotta cop it.

Catherine: Were you ever kind of bruised or injured after they belted you?

Ben: I got hit with an electrical cord. I had a few bruises then. That was from my mum. My old man, my father just used to use his fists and say stand up for yourself, you know.

Catherine: It must've been hard. Did you tell, I mean these people who were abusing you, I mean when you told your mum or dad, you say they didn't help very much?

Marty: No, they didn't because I suppose they wouldn't have known how to. I suppose it can be confronting when you've got your five or six year old coming to say, 'Oh, that man over there tried to touch me last night you know'. Like today it's you know, you've got a lot of resources and stuff like that that you can use to find out what you can do about the situation. Whereas back then [1970s] there would've been nothing, especially for like lower class income families back home [New Zealand], you know.

Emerging from participants' discussion is a picture of how silence within intimate relationships and families was mirrored and reinforced on a large scale by a just as harmful social silence on violence. Not only were participants disempowered within their own crucial family settings, but this disempowerment was magnified in a context in which, for example, as Jim described, domestic violence and childhood abuse was commonplace – his neighbourhood – and further, it was common knowledge where such violence and abuse was taking place, and yet no assistance was forthcoming.

Violence and, importantly, *acceptance* of violence, was normalised within the family, within the community and, in turn, as Ben's interview revealed, by victims themselves. Ben, for example, was hesitant to describe being hit with an electrical cord or punched by his father as 'violent', instead inferring that it was behaviour appropriate to the era [the 1970s] in which it occurred. The end result, as Peter summarised, was that participants learnt to be silent and not draw attention to themselves in the face of violence: 'You learnt to keep your mouth shut. The smart thing is lying low.'

Early experiences of enforced acceptance of and silence about abuse, and also of the risks of revealing abuse, were repeated in various ways throughout participants' lives. Annika, for example, felt that being bashed by her boyfriend when she told him she was leaving again reinforced the necessity of compliance, particularly to men. A previous boyfriend/pimp had likewise dished out such violent control in the past, including rape, as she discusses below. Such repeated violent lessons in compliance were a factor, she felt, in the number of rapes and violent relationships she consequently experienced:

Catherine: Would he [boyfriend/pimp] force you, or would he just be aggressive?

Annika: Yes he'd force me I suppose. Just little things, if he put my hand here and I'd pull it away, and get, you know, punched in the face.

Catherine: Really.

Annika: I think that's when I started being afraid of saying 'no' to people.

Catherine: I can understand why. That's really intense.

Annika: Because of that I think I have been raped several times since then. I think a lot of times I blame myself because, no but I did say 'no' eventually but I think in the beginning I'd be afraid to say 'no', leave me, I don't know.

And whilst Mary reported an unexpectedly excellent response by police following her recent assault and robbery – despite her record, as she pointed out – Martin alternatively described the further deep hurt inflicted by the dismissive approach of police attending his severe recent assault at Circular Quay in Sydney Harbour:

Martin: I remember this copper he said, 'Where do you come from?' I said, 'I'm on the street mate'. And this copper turned around and said to his mate, this other copper, he said 'Ah it's just a bloody street person!' And the copper turns back to me and he says, 'What do you want us to do?' Well just to do

your job would be nice. Just to be treated as the victim would be nice ... but what I actually said was, 'I don't want you to do anything mate'. And I just picked up me bag and I made myself walk, and I walked up to Dawes Point under the Harbour Bridge there and I was there for two days.

Again, repeated in the policeman's words, 'it's just a bloody street person', can be heard the implicit message that victimisation is inconsequential, expected and perhaps even deserved in the context of homelessness. As Martin pointed out, his status as homeless denied him the right to be treated as victim, to be responded to as another citizen might expect – with a sense of urgency and compassion. Here was another lost opportunity to confirm violence as extraordinary, as abnormal, and to offer an engagement with Martin about his experiences, rather than imply that his victimisation didn't matter and, finally, to also shift to Martin – whilst he was bleeding and in shock – the responsibility for dealing with the situation: 'What do you want us to do?'

Such experiences compounded Martin's depression and contributed greatly to his development of an extremely fatalistic attitude towards violent victimisation and his consequent lack of self-protection and self-care. He came to feel that it no longer mattered if he was attacked and that certainly there was little value in seeking assistance:

Martin: I think about it quite often because those two bashings were pivotal points. I'd become so fatalistic that even to this day, and I think I'm a rational sort of sensible sort of a person, but I don't care what happens to me. I am so fatalistic. If someone comes along and bashes me brains in – what happened to young Michael, what happened to Tony – if someone come along and done that to me, no big drama, it's over and done with.

After his experience of the police response described above, Martin lay recovering for two days under the Sydney Harbour Bridge, a period in which he observed the way the general public also avoided engaging with him, in his obviously injured state. This avoidance again seemed to reinforce to Martin that he was simply insignificant and that even in his state of obvious distress he was not seen within his community as worthy of basic human compassion. When he did access medical help, he refused hospitalisation and asked only for basic pain relief. Such a course of action may be seen to mirror the low value placed on his distress by police and by the community:

Martin: Everyone that walked past and all they had seen was the blood and they couldn't get away from me quick enough.

Catherine: Did anyone ask, 'Are you alright, do you need help?'

Martin: No. No.

Catherine: And how many people do you think walked past during that two days?

Martin: Hundreds. Even a security guard walked up past me, and he stopped and looked at me and I looked at him and he just kind of ... and I sat there and I walked from there and I don't know how I did it because it felt like I

had broken ribs or at least cracked ribs, and cracked ribs can be very, very painful and I was covered in head to toe, my groin, my back, the whole front of me was just a mass of bruises from me knees to the top of me head. Pulling out bits of broken teeth out of my gums, sitting on the bench. And I made myself walk up to Observatory Hill and I went into the Observatory into the toilet area out the back and I scrubbed myself as best I could to get the blood off and then I went from there, this was two days after I got bashed, down to the Haymarket Clinic. Dr [...] was just walking out of his office as I walked in the door, and he said, 'Is that you Martin? I can hardly recognise you.' Went in, he wanted me to go to Sydney Hospital. I said, 'No, just give me something for the pain'.

Despite becoming blasé or fatalistic about victimisation or attempting to forget and numb trauma through drug and alcohol use, some participants also described getting to a 'boiling point', as Peter described it, at which suddenly they could no longer keep pretending that their lives had been ordinary or that they didn't want or need help:

Peter: It's got to the boiling point where I couldn't deal with it anymore, that's when I started to seek help.

Participants discussed the ways in which buried trauma resurfaced in uncontrollable and haunting ways. Such 'boiling points' instigated and exacerbated poor mental health and led to suicide attempts and to drug and alcohol use that was so out of control participants knew they had to get in to rehabilitation before they killed themselves through overdose. Others also discussed fearing what they would do to others as uncontrollable anger took hold, and knew they needed to access some kind of mental health or support service.

At these crucial points of desperation, and usually in the context of homelessness, participants did initiate contact with specialist homelessness services – only again, however, to struggle to access the help they needed. Alex, for example, described herself as being suicidal and living with the daily terror of being hunted down by her murderer ex-neighbour who she thought was due for release from prison at any time. She did not have faith, however, that she could get assistance with her high-risk situation from her current case worker in a crisis accommodation service, and also discussed two previous failed efforts to communicate with case workers at a health service for those homeless and in another crisis accommodation service:

Alex: Well they'd say I have to talk to my case worker who ... doesn't even understand English, let alone trying to get through to her on something as heavy as this. I'm not happy with the case worker I have there, 'cause I don't think she's savvy to what I'm saying and my situation. Anyway, I don't think she'd comprehend.

Alex: ... I tried to tell [case worker] but she didn't do anything about it. I tried to tell [case worker] at [supported accommodation] my case worker there, but she didn't help me. She ignored me. I said I want to find out when he's getting out and everything. And she didn't. She just ignored me. I brought it up with her a few times and she didn't help me.

Alex felt totally overwhelmed by her situation and current state of mind and also her declining physical health. Further, Alex felt as though the more people she had to identify and explain herself to, the more she was putting herself at risk. As such, and in the context of the lack of assistance she had received so far, as she argued, ‘no wonder you just carry it on your own’.

Alex: ‘Cause I do, I need some help. I’m not getting it. And for every person I tell is another person that knows. And I don’t know these people, I don’t know ... I just feel like I’m putting meself at risk more and more every time I tell someone you know. Like I told [case worker] and she did nothing. And it’s like ... no wonder you just carry it on your own.

Likewise, following a suicide attempt and in desperate need of help to address depression, Peter tried to access mental health support, but with disastrous results. Not only did Peter fail to get the mental health assistance he needed, but overwhelmed by his state of mind and frustrated by being unable to identify support, he just walked out of his community housing bedsit in northern Sydney and was currently living rough and staying with friends at the time of his interview:

Peter: I ended up walking off a couple months ago.

Catherine: How come?

Peter: Wasn’t getting help, so I just walked away, just left everything, just walked away ... Just wasn’t getting any umm mental health. I went to the mental health thing out there rah rah rah, told him a bit rah rah. And he turned around, and ‘Not sure I can help you’, you know. I’ve gone there off me own bat, not for Centrelink, for no-one, just off me own bat to try get ‘em to help me. First words out of his mouth. Just wanted to cut the bloke to pieces. No well, he could have picked any words other than ‘I’m not sure we can help you’. Any other words than that. No I was pretty desperate at the time. I had tried to kill myself so.

Both Mary and Alex, similarly desperate for help, explained problems of communicating with service providers as arising from both the lack of time and the lack of skills staff had and from the extreme nature of the range of issues and experiences they needed assistance to address. Whilst staff felt Mary was ready for independence, she knew she was mentally out of control. Her insight at the likely negative and enduring impacts of not addressing the range of underlying issues – exemplified in Peter’s situation – seemed not to be registering with the staff she was working with:

Mary: I just felt like it was useless to even talk to anybody because it was like, you know, ‘Don’t give me too much paperwork, I’ve got to go home’, you know.

Mary: I don’t think they’ve really got the time to do it. You know [case worker] said to me today, she said to me – I’ve only been there a week and she virtually said to me, ‘I think you’re sweet now to go out on your own’, you know. Like go and see if we can get you a little unit of something but I know if I don’t address all these issues, who knows what’s going to happen? You know what I mean? I know I have to.

Where Mary saw the lack of time as a contributing factor to this lack of engagement with underlying issues, for Alex it was the extreme nature of the victimisation that she had experienced which made staff avoid her – she effectively felt put in the ‘too hard’ basket. What both women took away from their negative interactions with service providers was a reinforced sense of being misunderstood, being ‘beyond’ help, and again being left on their own with a heavy burden of overwhelming issues to carry around:

Alex: I’ve noticed this, people want to get away from it. It’s like it’s too hard for ‘em, they can’t comprehend it, you’re scaring them. Well how do you think I feel? Hello? I’m the one that’s carrying all this. I’ve come here for help, don’t walk away from me now. But they do. So what do you do with that, you know?

LISTENING

Thanks for listening ... It's been therapeutic for me you know, I think it's been a bit therapeutic for me to actually be able to talk about it again live with someone.

Alex

This report reveals that violent victimisation should be understood to drive compounding social disadvantage and exclusion and to be facilitated by a non-protective structural context. Participants reported experiencing multiple forms of violence – from emotional, physical and sexual abuse, to rape, assault and torture, as well as harassment and assault in public places and even within support services – and multiple forms of homelessness – from rough sleeping, to the use of temporary accommodation services, caravan parks and boarding houses or the common reliance on temporary accommodation provided by friends and sexual partners. For participants, lifetime experiences of repeated homelessness and violent victimisation are clearly shaped by a chain of disadvantage commonly instigated through childhood physical and sexual abuse, and perpetuated through consequent multi-dimensional vulnerability in areas such as physical and mental health, education, employment, financial independence and social connectedness. Again, the early experience of violence was a key cyclical factor shaping continued risk to both violence and homelessness.

As a result, a key conclusion of this report is that violence needs careful and strong acknowledgment as an issue fundamental to the causation and perpetuation of homelessness and to the experience of high and complex needs in the context of homelessness. It should be clearly recognised as an issue likely to underpin substance abuse and poor mental health, both of which negatively impact on the capacity to access health, housing and support services, ironically in the context in which they are most needed.

Participants in this project described a cumulative experience of victimisation in which, on top of the infliction of histories of abuse and violence, they in turn felt silenced in the face of a desperate need to have these experiences recognised and to be assisted to access positive avenues through which to heal themselves. As illustrated in the previous chapter, not only were participants traumatised and silenced *externally* by surrounding family, friends and community, but they were also powerfully silenced *internally* by the complex emotional, psychological and physiological impacts of traumatic events in themselves. Participants were not able to clearly identify those services that had best assisted them to respond to experiences of violence. Instead, trauma management strategies such as 'losing' oneself in the context of gambling, in the chronic abuse of drugs and alcohol, and in the chaos of criminality and addiction only served to place participants in contexts of extreme risk and leave their experiences of violence unacknowledged and unaddressed. It was only at 'boiling point' – code, it seemed, for becoming suicidal – that some participants described overcoming their understandable reticence or inability to seek help, only, however, to again feel silenced and disempowered by superficial service responses, and to again be left to face on their own the overwhelmingly long and complex histories of victimisation and their enduring destructive effects. This is a situation which begs the question: for whom and how many will compassionate engagement, will *listening*, come too late?

This research offers the core observation that those surviving both homelessness and violent victimisation do not understand themselves as precious and worthy of assistance and that they may be deeply traumatised but avoid the helping professions. This suggests not that this is a group 'resistant' to care or unlikely to achieve 'results' if intervention is offered, but that what is needed is reflection on how well their needs and adopted survival styles fit with current models of service provision. As such, it may well be the case that compounding a *lack* of programs targeting the dual dynamics of homelessness and violence is a poor response by *existing* services to the needs of those homeless people surviving violence. That is, whilst there is an obvious need for *additional* services within the homelessness sector targeting the effects of trauma, for example, there is just as great a need for current services to operate in *a more skillful manner*.

The evidence generated here, in combination with wider epidemiological research, contributes to a groundswell of support for the development of trauma-informed care in the context of homelessness, including sensitively implemented violence screening (see also Morrison 2009; Prescott et al. 2008; Wenzel, Leake & Gelberg 2001). Trauma-informed care is an approach which takes as its starting points the likely presence of long-term effects of violent victimisation and the concern to practically integrate best knowledge of the physical, emotional, psychological and physiological impacts of trauma in the way that service staff understand and engage with service users (see, for example, Hodas 2006).

In the context of more richly responding to homelessness, the full range of services which might seek to respond to the differing forms of disadvantage and exclusion faced must be understood as being in a position to learn from and integrate models of trauma-informed care into current practice. As such, it is important to make a distinction between the need for a *range* of services to work in trauma-informed ways and the particular need, as argued below, to also offer access to trauma-*specific* services. Thus, whilst trauma services *can* usefully be located outside the usual range of services addressing homelessness, it is the value of more holistically integrating key lessons from the trauma field into existing services that is most striking as a potential challenge for the homelessness sector. Health, education, recreational, mental health, drug and alcohol rehabilitation and housing services for those experiencing homelessness could all become substantially more effective by becoming trauma-informed. Trauma-informed care offers, for example, a rationale for the provision of long-term support with housing, for therapy as well as medication in mental health care, for the provision of violence screening in rehabilitation services, and so on.

In making the shift to providing trauma-informed care, some services may need to take as their starting point a cultural shift from providing 'hierarchical' spaces to offering 'participatory' spaces which ideally encourage empowerment amongst service users (Ingram, Corning & Schmidt 1996, p. 225). In particular, professionally educating, skilling *and supporting staff* to be able to effectively *listen* to accounts of victimisation emerges as central, in the context of this report, in also encouraging service users' participation in both trauma-

informed and trauma-specific services, such as counselling. Further, retaining older and experienced staff in services responding to those with lifetime experiences of trauma and homelessness would address participants' concerns that junior staff simply do not have the needed skills or life experience to appropriately or usefully engage with them. In fact, several participants expressed their concern and pity for young support service staff whom they saw as underskilled and stressed and they actively sought not to overburden them with their own issues. Further, and exemplified in Jim's discussion below, several participants also described their role as support providers to younger people experiencing homelessness and addiction, which had negative consequences:

But I spent most of my time at [rehab] pulling 12 younger people through and teaching them how to overcome their addiction and missed out on dealing with the stuff that I've been able to deal with, with [current counsellor]. I didn't think the counsellor at the time would have been able to handle the load. She was only fairly new and I didn't want to give her too much burden or you know. I had to feel right with the person, that I would release all this stuff to, you know, and [current counsellor] became that person.

As Jim also describes above, however, eventually he was able to develop a trusting and productive relationship with a counsellor and was currently at a turning point in his life, living independently and about to come off the methadone program:

Jim: I'm not in a bad head space ... I've learnt to talk about myself and not re live it ...

Likewise, Annika, who was currently living independently in a boarding house, had recently begun work with a psychologist and already identified relating differently to her past as a result:

Annika: I only realised the other day, I think because I'm starting to see a psychologist now, I only realised that that was a big, that period where I was with him and the whole drive by and everything, I think that was a big shock in my life. Because all this time I've been trying to say that was nothing, it didn't affect me, but now I think about it I think it did. Yes it was quite scary. I think that's what has amounted to a lot of my mental issues now. Like with paranoia and being scared and hearing gunshots and things like that.

Being listened to, being able to 'release' the past and receive 'feedback', as Jim and also Mary emphasised, was an experience that most participants in this project were denied from childhood onwards. Access to a safe therapeutic space in which to firstly externalise the terrible burden of traumatic life histories that many carried, and secondly to collaboratively confirm such traumatic experiences both as *real* and as *traumatic*, seemed to be what participants desired, and what they most valued in their relationships with service providers.

Listening in the context of trauma-specific services, then, may be seen to offer another route through which to disrupt the ordinariness of violent victimisation. Listening led, in Annika's experience, for example, to an empowering reconceptualisation of the violent period she

spent with her partner, which also included his drive-by shooting. This shift enabled her to understand her experiences as 'scary' and appeared in turn to help her understand the consequent enduring physiological and psychological effects of this traumatic period. As such, listening in itself may be more generally understood to represent a key starting point to developing long-term solutions to iterative homelessness by more effectively working to identify underlying rather than presenting issues.

Obviously, listening – as one component of trauma-informed care more generally – not only has implications for staff development and support but also for the timeframe and resources available for the provision of care. As such, the 'listening work' of individual staff members is only likely to be effective when it is framed within a broader context of systemic and administrative commitment to trauma-informed care (Hodas 2006, pp. 33–35). Participants identified a range of different homelessness services as currently time poor which gave rise to the impression that clients were either rushed out the door and into attempted independence or characterised as 'too hard to help'. As several service providers noted, however, the capacity for services to provide a well-resourced and appropriately staffed 'in-between' zone, in which relationships of trust might be built, is at odds with the current short project funding – rather than block funding – that many services rely upon. Thus, the existing context of short-term funding for long-term problems should be seen as yet another driver of the circuit of homelessness and violence.

In an international context in which the cost-effectiveness of long-term solutions is now being established (Morrison 2009, p. 7), and a national context in which the development of specialist and wrap-around and client-focused services are now being promoted (Commonwealth of Australia 2008), it would seem that the timing is right for 'the vital paradigm shift' that trauma-informed care presents (Hodas 2006, p. 33). To capitalise on the many existing strengths of the homelessness service sector, which implicitly seeks to provide trauma-informed services, the *explicit* articulation of such models, and the capacity to implement the staffing, resourcing and professional development needs that these imply, is now needed. Again attending to the research evidence – such as that provided here – which documents the ways in which the traumatic effects of violent victimisation cyclically interweave with homelessness is both the starting point and the call for the reflexive reconsideration of how the needs of those surviving both homelessness and violence could be more effectively met. It is listening, as Back (2007, p. 167) argues, in which the 'possibility of a different kind of future' lies.

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