

Towards a psychosocial and cultural definition of Mexican homeless girls: a qualitative approach

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Título: Hacia una construcción de una concepción psico-sociocultural de niñas y jóvenes mexicanas en situación de calle: una aproximación cualitativa.

Resumen: Las niñas y jóvenes en situación de calle padecen explotación laboral y sexual, violencia, discriminación y censura en una proporción mayor que el resto de la población. Empero, actualmente, al menos en México, todavía no hay una definición de dicho colectivo social y tanto sus características como la magnitud y dimensiones del fenómeno son conocidas parcial y superficialmente. Se realizó esta investigación para elaborar y validar una tipología que permita definir y caracterizar a niñas y jóvenes en situación de calle de la Ciudad de México. Se llevaron a cabo 300 entrevistas a profundidad, con las cuales se efectuó un análisis de contenido. Los resultados principales muestran que las menores y jóvenes en situación de calle son un grupo social inmerso en condiciones de marginación, exclusión social, pobreza y violencia predominantemente. A su vez, dicho colectivo incluye a dos subgrupos: aquéllas en riesgo de calle o en desventaja social y aquéllas de calle o sin hogar. Con tales resultados se tiene una tipología que permite definir, caracterizar y delimitar a la población bajo estudio, y a partir de la cual se puede conocer con mayor certeza y precisión la problemática y elaborar e implementar estrategias efectivas de atención.

Palabras clave: conceptualización; niñas y jóvenes en situación de calle; niñas y jóvenes en riesgo de calle; niñas y jóvenes de calle.

Abstract: Homeless women are one of the most vulnerable groups worldwide since they are victims of labor and sexual exploitation, abuse, discrimination and marginalization at a higher rate than the rest of the population. However, currently, Mexico lacks of an accurate definition of such social group, and their characteristics as well as the magnitude and dimensions of the phenomenon are only partially and superficially known. The purpose of this research was to develop and validate a typology of homeless women living in Mexico City. To fulfill this purpose, 300 in-depth interviews were conducted and examined thoroughly with a systematic analysis of the content. The main results indicate that homeless women constitute a social group immersed predominantly in circumstances of violence, marginalization, poverty and social exclusion. Also, this collective includes two subgroups: women at risk of homelessness and women emergency sheltered, unsheltered or absolutely homeless and living in places not intended for human habitation. With this typology it is possible to define, characterize and distinguish homeless women. In addition, the phenomenon can be known with more certainty and accuracy enabling, thus, the design of effective treatment strategies.

Key words: conceptualization; homeless women; women at risk of homelessness; emergency sheltered or unsheltered women.

Introduction

Homeless women, a sociocultural group that includes those who have abandoned their home, and those that still remain with their families, are characterized for growing up in dysfunctional family environments, among communities immersed in social problems without effective governmental and societal solutions, in educational systems contrary to their needs and interests, and in precarious economic areas (Guerrero & Palma, 2010). They represent the fastest growing population (Committee Opinion, 2013), because, currently, no country is without the presence of homeless women (Jabeen & Azra, 2013). Nonetheless, as of today, there is no clear and well defined conception of such collective, that is, we don't know with certainty and accuracy who they are, what are their characteristics and needs, and they have been included as part of other vulnerable groups like victims of trafficking, prostitutes and the ones who are orphaned or in a state of abandonment, among others, without considering the individual, social and cultural differences existent between the indicated social collectives. These circumstances obstruct obtaining information pertaining the magnitude and dimensions of the phenomenon, characteristics of this popu-

lation, and the elaboration and implementation of well-defined actions.

Although there are traces of homeless youth during the Middle Ages, it was not until late nineteenth century in Europe and specifically in 1851 in England, that the general concept "street children" was devised by Henry Mayhew while haven written London Labour and the London Poor (F. Scanlon, Tomkins, Lynch & M. Scanlon, 1998). Throughout this period, such term was used by charitable organizations to refer to children who did not submit to the predominant ideals of an infancy in family (Castro-Cavero, 2008), which arose as a consequence of the socio-economic crisis experienced during those times. However, until 1979, year declared by the United Nations as year of the child, this expression began to be used by the public domain. In the 80's, the term was used to define children at high-risk of the urban, suburban and rural areas, without specifying the differences between them. Not all children are abandoned and not all of them live on the street. A child of the street, who was abandoned by his or her family, is not comparable to one who ran away from home, works on the street but has a family or labors on the street because he or she is obliged to do so by his or her kin.

In addition, in accordance with sociologists and anthropologists, the term "street children" is a social construct that does not clusters a clearly defined and homogenous group (Thomas, 2007). However, since then, there have been multiple definitions that vary according to the country and over time. For example, during the decade of the 80's prevailed

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the concept "minor in survival strategy" referring to children and adolescents who maintain family ties and carry out activities of income generation in response to socially imposed situations within or outside the nuclear family, on the street or out of it, as part of the informal or marginal economy, and for which they use a partial or full time (United Nations Children's Fund [UNICEF], 1989). Later, during the 90's, the terms "Minor in especially difficult circumstances" (Vélis, 1995), "Minor at social risk" (González, 1996), and "Child on and of the street" (UNICEF, 1997), were used to designate children and adolescents who spent most of their time on the street working for their parents and who came from dysfunctional and disintegrated family environments characterized by the absence of resources necessary for living, and the presence of abuse, negligence and abandonment. The difference between these typologies resides in that the minor in especially difficult circumstances also includes children affected by armed conflicts and natural disasters, whilst the child of the street alludes to broken family ties and spending time on the street often with groups of minors and youngsters undergoing the same situation. It was not until the twenty-first century that the first attempt was made to establish a terminology specific for female population living on the street called "homeless women" and included all women who either spent at least 30 overnights in public spaces unsuitable for housing, shelters, welfare institutions and establishments designed to temporarily accommodate people such as hotels, or who has been in treatment for a period longer than 30 days in a rehabilitation program for homeless people (Wenzel, Leake, Anderson & Gelberg, 2001). Currently, prevails the term "Homeless People" to designate those who temporarily reside in a shelter, the street or live independently (e.g., with friends) because they ran away from their home, were expelled or abandoned by their family, and/or lack a stable housing. This concept also includes individuals who remain in non-governmental and public organizations serving homeless people (Canadian Homeless Research Network [CHRN], 2012).

Particularly in Mexico, the corresponding typology still used corresponds to that of the 90's: child on and of the street. Consequently, gender, sociodemographic, epidemiological, legal, and psychosocial characteristics have not been taken in consideration. Therefore, a concept and a typology that can really encompass all of the experiences of the child or youngster who lacks a stable housing or is at risk of being homeless, hasn't yet been developed. Also, worldwide there have been few attempts to include female population in such conceptions and terminology proposals. As a result, women have been historically relegated as something marginal to the conformation of vulnerable groups (Raffaellia et al., 2000). For example, in Mexico, in research carried out there rarely has been any reference to homeless girls. In addition to this, there are very few governmental programs assigned to study this phenomenon and the attention or care provide to them has been based in models designed for men (Estévez, 2009), applying their characteristics to women equally without con-

sidering that being a boy or a girl represents not only a biological but cultural differentiation, since what a society attributes to being a woman is far from what it means to be a man, specifically in vulnerable conditions (Leñero, 1998). Consequently, children and young people differ in sex and gender, height, weight and complexion, health and energy level, strength and physical capacities, cognitive abilities, temperament, personality and emotion reactions (Papalia, Olds & Feldman, 2009). Hence, little is known concerning the differences among homeless boys and girls, hampering, thus, any attempt to work with females in the absence of information and data about the experiences and difficulties faced when girls abandoned their home or are at risk of running away from it.

As a result and taking into account the above-mentioned, with this study we aim to develop a typology for Mexican homeless girls, based on the terminology proposed below and on field research, that can provide a greater understanding and in-depth knowledge of the phenomenon, the characteristics and needs of such sociocultural group and that will lead to the design and implementation of well-defined actions that can contribute to gradually decrease these problem and promote better conditions so these girls can lead healthy life-styles.

For this research, we propose the following typology:

- Homeless women:
 - a. Girls at risk of homelessness or socially disadvantaged.
 - b. Homeless girls.

For purposes of this study, minors are all girls included between the stages comprehended from feasible birth up to 18 years old unfulfilled and young females those among 18 to 29 years old. Likewise, the term "of the street" alludes to the lack of a stable housing implying thereby, the transition through various spaces both suitable for dwelling (e.g.: serving organizations, with family or friends) and unsuitable to this (e.g.: vacant lots, parks, pedestrian bridges, markets, metro stations or strainers, among others).

Method

Participants

300 homeless girls between ages 6-23 years old ($M[SD]=12.07[3.754]$) from nine non-governmental organizations of Mexico City, which assist homeless people, chosen with an intentional sampling method.

Measurement

A semi-structured interview, designed for this research based on previous studies with similar populations, was applied. The interview comprised several aspects of the lives of the participants such as identity (*i.e.*, meaning of being a

woman, a homeless girl or a girl at risk of homelessness), risk behaviors (*e.g.*, substance use and abuse, auto-mutilations, sexual risk behavior which includes engaging in sexual intercourse unprotected, under the influence of drugs including alcohol, or with multiple partners, suicide attempt, and delinquency, specifically theft, drug-dealing, and prostitution), demographic characteristics (*e.g.*, age, level of schooling, occupation, birthplace, religion, marital status, and home community), health related issues (*i.e.*, physical and mental health), conditions of their community of origin like access to resources, basic services and existent social problems, interpersonal relationships (*i.e.*, family, couple and group of pairs), and characteristics of their institutional (*e.g.*, time of permanence, reason for enrollment, daily activities, services withheld and quality of these), and sexual life (*e.g.*, sexuality, sexual intercourse, sexual partners, pregnancies and maternity).

Procedure

Taking into account that this social group is in constant movement and of difficult approach (Coker et al., 2009), we went to non-governmental organizations that assist homeless children and youth in order to acquire information more rapidly and have easier access to such population. Work with this collective was possible with the permissions granted by the institutions. Also, we requested the voluntarily participation of the organization's girls to collaborate in the research. We explained the general objectives of the study and we emphasized that all data obtained would be kept confidential and used for study purposes only. Likewise, we clarified doubts participants had taking care not to bias their responses. There wasn't a time limit for the interviews and they were held in spaces previously assigned by the organization's staff. Lastly, participants were thanked for their collaboration. The interviews lasted a minimum of one hour and a maximum of six with an average time of 1.5-2 hours approximately. Subsequently, they were transcribed. In order to elucidate valid and reproducible inferences that can enable the construction of a terminology of homeless children and youth taking into account Mexican context and idiosyncrasies (Krippendorff, 1980), we did a content analysis. Furthermore, since we parted from categories congruent with the interview used, content analysis is an objective, quantitative and ideal method to assign verbal data to categories (Kerlinger & Lee, 2002). Lastly, it is important to clarify that informed consent was not given, as the legal representative of the minors and young women interviewed is the institution of permanence. Therefore, for the realization of this research we only required the organization's approval, having previously noted that we would follow all the ethical procedures and guidelines specified in the Psychologist Code of Ethics (Mexican Society of Psychology [SMP], 2004), throughout the whole study.

Data Analysis

We carried out a content analysis based on grounded theory in its classic form (Denzin & Lincoln, 1994), using the computer program Atlas Ti version five.

Results

In this section, we will begin by defining the study sample to later proceed to describe each subgroup according to the results obtained through the content analysis carried out. Regarding findings achieved, Mexican homeless girls ($n=300$) are a social group which in turn comprises two subgroups, those at risk of homelessness and those who have abandoned their home, characterized by:

- Having been born and living in Mexico City with less than 30% coming from different states of the Mexican Republic.
- Having an average age of ($M[SD]=12.07[3.754]$) years with an age range of 6 to 23 years, however there could be younger girls (in this study there were approximately 20 little girls among ages 3 to 5 years old), and a grade level of middle school. It is important to highlight that only if they remain in an organization, they continue to study because in their family they do not receive any kind of support for their studies, and they are not self-sufficient. Their academic achievement and performance are low. Although few ($n<5$), some are illiterate and the vast majority ($n>50\%$) have severe problems in reading and writing skills.
- Participating in the formal economy system by having jobs with low salaries such as receptionist, assistant cook, saleswoman, and waitress. Similarly, although not legally considered an activity work, they contribute to domestic labor and, with increasing age, they are responsible for the care of their younger siblings. Also, they work in the informal economy system doing jobs like street vendor, housemaid, and begging. They allocate their resources for their own support and/or assist the subsistence of their family. They can carry out criminal acts such as stealing, selling drugs and prostitution, thus, exposing themselves to risks that diminish their biopsychosocial well-being.
- Consuming drugs, alcohol and tobacco since approximately 12 years old. The most frequently used drugs are inhalants, for its low cost and easy access, and marijuana. Substances are obtained within the family where usually there are members who use and abuse them, in their home community, at school, and in their peer group. Occasionally, in the same institution they have access to these (inhalants¹) or they themselves are able to intro-

¹ That is, at the organization they can have access to inhalants such as detergents, liquid cleaners, glue, and other chemicals used without knowledge and consent of the institution's staff in order to get high. Additionally, when they inhale these products they do so secretly hidden from the organization's authorities.

duce drugs. When using drugs, they can have sex under the influence of these.

- Having diverse skin, respiratory, and gastrointestinal diseases, malnutrition, and mental disorders. They usually enter the organization with a deplorable physical and mental health status, with oral and visual health problems, and a lack of hygiene and self-care behaviors. Commonly, they go to health centers for proper care. But in two or three cases, it was found that they have been victims of sexual violence by the physician who offers his services in exchange for sex or fondling. As part of their physical health, sometimes they have suffered accidents such as falls, bruises, and burns. Regarding mental health, only when they remain institutionalized, they receive psychological care. The most common mental disorders are anxiety and depression. Likewise, in a lesser extent, other typical disorders are attention deficit disorder with or without hyperactivity, personality disorders, and psychosis. Drugs commonly prescribed for psychiatric problems are sertraline, carbamazepine, valproic acid, and risperidone. They lack information concerning how to take care of their health and body, and they do not know what a psychologist does. They have suicidal thoughts, suicide attempts, and self-mutilation behaviors.
- Initiating sexual life usually as a consequence of having been sexually abused. As age increases, the probability of having sexual intercourse is higher. They may engage in risky sexual behavior such as having unprotected sex, having sexual relationships with multiple partners, and/or under the influence of alcohol and drugs. They practically have very few information on contraception, sexually transmitted infections, how to take care of themselves, and their anatomy and physiology. More than 80-90% have heterosexual relationships, and approximately a 10-20% involve in homosexual or bisexual relationships. They typically get pregnant and abort at ages 13 to 14 years old. They can have children with several different men. When their partner leaves them or when the relationship is over, because they do not have any means of support, they seek aid of institutions where they can receive proper care and attendance. Their child rearing practices are ambivalent both violent and loving and caring.
- Engage in risk behaviors such as drug use and abuse, sexual risk behavior, self-mutilation, suicide ideation and attempts, delinquent activities (*e.g.*, theft, drug selling and prostitution) to obtain resources necessary to survive, and consume psychoactive substances.
- Having unstable and informal couple relationships at younger ages, and more lasting and formal at older ages. Their couples provide security, support, affection, and protection. They can also become a source of violence and of risk-behaviors. Their couple relationships are mainly heterosexual ($n > 80-85\%$), and, in fewer cases, homosexual and bisexual ($n < 15-20\%$).

- Establishing at a younger age broad social networks, and at older ages the quality and size of these diminishes. Their peer group provides affection, support, security, and protection. Also, if they abandon their family, their group becomes their new family and their means to satisfy their basic and emotional needs. Nonetheless, their peer group can induce them to risk behaviors and can turn into a source of violence.
- Developing in dysfunctional environments characterized by physical, sexual, and psychological abuse, emotional and physical abandonment, educational, physical, and psychological neglect, lack of resources necessary to survive, drug use and abuse, and extended and reconstituted families with lousy jobs or underemployment.
- Living in communities immersed in social problems like lack of access to basic services (*e.g.*, water, paving, electricity, sewage, garbage collection, and public transportation, among others), substance use and abuse, theft and, although less frequently ($n < 25-30\%$), drug trafficking, prostitution, gangs, kidnapping, and homicides. They live in overcrowded settlements, unsuitable for housing, and usually established on the outskirts of the city; and
- Entering a non-governmental or governmental organization due to domestic violence, lack of resources to satisfy their basic needs, and to obtain better life conditions. Over time, their institutional fellows become their new family. However, with age they become more reluctant to accept rules and regulations, and to follow orders. Likewise, among their same companions, there are several problems of coexistence, acceptance, and theft. It is worthwhile mentioning that they could have been previously staying in another institution, but because of age or behavioral problems they were channeled to the actual organization.

Girls at risk of homelessness or socially disadvantaged ($n=195$) conform a social subgroup that has the following features:

- Having been born and living in Mexico City ($n > 80\%$).
- Having an average age of ($M[SD]=10.16[2.964]$) years with an age range of 6 to 23 years, however there could be younger girls (in this study there were approximately 20 little girls among ages 3 to 5 years old), and a grade level of middle school. It is important to highlight that because they reside in an organization they are able to obtain a college degree. Their academic achievement and performance can be low, and they have problems in reading and writing skills.
- Not having a job as a result of remaining in an institution since their education and biopsychosocial well-being is prioritized.
- Not using drugs. Nonetheless, as they grow older they can begin to drink alcohol and/or smoke. They have access to such substances within their peer group and fami-

ly, and at school. It is worthwhile noting that their families usually have addiction and alcohol problems.

- Having diverse skin, respiratory, and gastrointestinal diseases, oral and visual health problems, malnutrition, and mental disorders such as anxiety, depression, posttraumatic stress and attention deficit disorder with or without hyperactivity. They didn't exhibit any sexually transmitted diseases. They lack hygiene and self-care behaviors, and information concerning how to take care of their health and body. They have suicidal thoughts, suicide attempts, and self-mutilation behaviors. The most common drugs that are prescribed for their various mental disorders are sertraline, valproate, carbamazepine, fluoxetine, and risperidone.
- Most of them have not initiated sexual activity and have been victims of sexual abuse within their families. They have little information about contraception, their anatomy and physiology, and sexually transmitted diseases. They haven't been pregnant and haven't had any children.
- Engaging in risk behaviors such as drinking alcohol or smoking, ideation and suicide attempts, and self-mutilation behaviors.
- Having unstable, informal and not lasting heterosexual couple relationships. They frequently exchange partners, and their relationship is seen more as a friendship. As they grow older, their couple relationships become more formal and durable. Their partners satisfy their affective needs, including support and security, and in their relationships they haven't suffer intimate partner violence.
- Establishing at a younger age broad social networks of both genders, and at older ages the quality and size of these diminishes since they have few friendships of their same gender. They usually associate with peers who rarely engage in risk behaviors and provide affection, support, security and protection. However, their peer group can be a perpetrator of violence especially at school.
- Coming from single parent families, mainly single mothers who have elementary or middle school and get remarried. They typically live with the mother's family, which is why it is an extended family. Their family is also characterized for having a low socioeconomic status since they do not have the means necessary to survive, and low-paying jobs or underemployments, where there is physical, sexual, and psychological abuse, abandonment, and negligence because the mother works long hours and doesn't have time to take care of her children, and where there could be substance abuse, among others.
- Living in communities without infrastructure and resources, and overcrowded. Occasionally, without access to basic services and with social problems such as substance use and abuse, alcoholism and theft; and
- Entering a non-governmental or governmental organization due to domestic violence and lack of economic wealth. Over time, their institutional fellows become

their new family. However, with age they become more reluctant to accept rules and regulations, and to follow orders. They choose to stay so they can complete their schooling, get job training and the chance of a better quality of life. It is worthwhile mentioning that only because they remain in an organization they do not have to work for their own support and that of their families, they continue to study and do not engage in risk behaviors like substance abuse, sexual activity and delinquent behavior.

Finally, Mexican homeless girls ($n=105$) are a social subgroup characterized by:

- Coming from either Mexico City ($n<40\%$) or from different states of the Mexican Republic ($n>50\%$).
- Lacking a stable housing, and having wandered through unsuitable housing spaces such as the street.
- Having an average age of ($M[SD]=15.62[2.137]$) years with an age range of 11 to 21 years, and a grade level of middle school. Many of them are illiterate, have severe problems in reading and writing skills, and their academic achievement and performance are low. In their family they do not receive any kind of support for their studies, and they are no self-sufficient because if they work it is for their own survival, hence they do not obtain the means necessary to continue studying. Also, they frequently do not have the papers required to enroll in the educational system such as birth certificates. Furthermore, only if they remain in an organization they are able to continue their schooling. Nonetheless, since it is a very transitory group that constantly moves from one place to another and from one institution to another, they often fail to complete their formal education.
- Participating in the formal economy system by having jobs with low salaries such as assistant cook and saleswoman, and in the informal economy system doing jobs like street vendor, housemaid, and begging. They can carry out criminal acts such as stealing, selling drugs, and prostitution, thus, exposing themselves to risks that diminish their biopsychosocial well-being. While remaining in an organization, they do not work because they are provided with vocational training in skills such as tailoring, gastronomy, hotel industry, and stylist, among others, in order to contribute to their life project.
- Consuming drugs, alcohol, and tobacco. The most frequently used drugs are inhalants, for its low cost and easy access, and marijuana. Substances are obtained within their peer group and/or the street. In fact, one of the reasons for abandoning an organization is to use drugs since it is forbidden due to institutional regulations. Nevertheless, they can introduce these substances to the organization.
- Having a deplorable physical and mental health status because they usually present oral and visual health problems, diverse skin, respiratory, and gastrointestinal dis-

eases, malnutrition, anxiety, depression, personality disorders, and, less frequently, psychosis, and sexually transmitted diseases being the most common human papilloma virus, gonorrhoea, vaginosis, genital herpes, and, occasionally, AIDS. The drugs that are typically prescribed for their treatment of mental disorders are sertraline, carbamazepine, clonazepam, valproic acid, haloperidol, and risperidone. Their hygiene habits and self-care behaviors are deficient, and they have little knowledge regarding how to take care of their body and health. They have suicidal thoughts, suicide attempts, and self-mutilation behaviors. If they are not in an organization, they rarely attend health centers to receive medical and psychological assistance, and they do not have sufficient resources to afford such care as the required papers (*e.g.*, birth certificate, immunization record, address, social insurance). Moreover, they suffer discrimination for their status and are denied of these services, which is why only when they remain in an organization they have access to health care centers and receive proper care. In the absence of treatment, their health status deteriorates, thus shortening their life.

- Having an active sexual life that could have originated as a consequence of having suffered sexual abuse within the family. They usually have multiple sexual partners formal and informal, have unprotected sex, and have sexual relationships under the influence of alcohol and/or drugs. Their relationships can be heterosexual, homosexual, or bisexual. As a result of their sexual behavior, they frequently get pregnant and abort. If they have children, they are abandoned or given in adoption. If they decide to keep them, their child rearing practices are ambivalent both violent and loving and caring. They can have children with several different partners, who stay for a while with them and then end the relationship or abandon them. They practically have very few information on contraception, sexually transmitted infections, how to take care of themselves, and their anatomy and physiology. Since they lack a stable housing, a well-paid job, and money, they commonly do not receive proper care when pregnant, have an abortion, or have a sexually transmitted disease, thus leading to a premature death.
- Engage in risk behaviors such as drug use and abuse, sexual risk behavior, self-mutilation, suicide ideation and attempts, and delinquent activities (*e.g.*, theft, drug selling, and prostitution). One of the reasons they abandon the organization in which they remain is to keep doing these risk behaviors.
- Having several heterosexual couple relationships, and, to a lesser extent, homosexual and/or bisexual. Their couples provide security, support, affection, and protection, but they can also become a source of violence, substance abuse, delinquent activity, and they can influence them to abandon the organization where they reside. Furthermore, they can become dependent on their partner find-

ing it extremely difficult to end the relationship even if it is unhealthy and quite harmful.

- Establishing stable and long-standing friendships of both genders with their peer group. Their closer social networks are typically conformed by three to five persons of their age or one or two years older. Their peer group provides affection, support, security, and protection. In fact, it becomes their new family that they can abandon the organization just to follow their friends, and their means to satisfy their basic and emotional needs. Nonetheless, their peer group can induce them to risk behaviors and can turn into a source of violence.
- Developing in dysfunctional environments characterized by risk behaviors, physical, sexual, and psychological abuse, emotional and physical abandonment, educational, physical, and psychological neglect, lack of resources necessary to survive, drug use and abuse, extended and reconstituted families with lousy jobs or underemployment, where they are forced to work, to collaborate with domestic chores, and to take care of their siblings, and where they lack educational, recreational, and employment opportunities.
- Living in communities immersed in social problems such as poverty, overcrowded settlements, drug abuse, delinquency, insecurity, violence, gang activity, and lack of access to basic services (*e.g.*, water, paving, electricity, sewage, garbage collection, and public transportation, among others), among others.
- Entering a non-governmental or governmental organization due to domestic violence and/or abandonment to satisfy their basic needs, and to obtain better life conditions. Their permanence in an institution is temporal and brief of no more than about four years. Still, they form close ties with their companions of the organization that often endure over the years. They have problems with the institution's staff because they do not agree with the employees' attitudes and behaviors (*e.g.*, "There is preferential treatment", "Some are granted internet access and they do not have consequences if they do not do their chores while others, like me, are overloaded with housework and scolded for everything", "They do not let me explain myself, and they do not believe me", "I get yelled for everything"), with the institutional regulations, norms and rules, and, lastly, not all of the organization's activities pleases them and they are bother that they are mandatory. Moreover, among their same companions, there are several problems of coexistence, and physical and psychological violence. Under these circumstances, it is usual for the girl to abandon the organization for a transitory lifestyle without the possibility to have an independent and autonomous life which leads to social adaptation.

Having a notion of this population, next we will proceed to briefly describe the distinctive aspects of each subgroup focusing on the categories of the interview used (Identity, In-

terpersonal Relationships, Sexual Life, Health, Risk Behaviors, Institutional Life, and Community of Origin), and only highlighting the main characteristics of each one for reasons of space and extension. If the reader wants to know more about a specific area, please contact the first author.

The results achieved reflect how, despite the time, the historic-sociocultural Mexican premises still permeate and define the identity and interpersonal relationships of Mexican women. This is because nowadays, for marginalized and vulnerable populations such as this one, what defines a woman is her reproductive capacity and virginity; beliefs typical of the Mexican idiosyncrasy (Díaz-Guerrero, 2007). This can be seen in the discourse of the interviewed participants, whether they are at risk of homelessness or homeless, denoting differences in that at an older age, we can begin to glimpse the fact of considering women as a person with abilities and as a professional:

"For me, being a woman is nice because you can become a mother"

Girls between 10-12 years old

"Being a woman is a mother who can have babies"

Girls between 8-9 years old

"Women are the ones who clean, iron, wash, sweep the house, take care of children and have babies"

Girls between 6-7 years old

"A virgin woman has value because she receives respect"

Girls between 12-13 years old

"A woman is similar to a man in in having the same abilities and strength to move forward"

Girls between 14-16 years old

"A woman is a professional, hardworking, and responsible"

Girls 18 years and older

These statements reflect how even in the most disadvantaged social groups of Mexican society women continue being considered as selfless and dedicated to home and child rearing. That an older age such conceptions gradually begin to change, can be a result of actively participating in the formal economy system because it enables contact with female working population.

Findings showed as an essential criteria for defining a girl at risk of homelessness or homeless, in both cases and at all ages, the lack of resources necessary to survive and not receiving family attention and caring, constituting this last aspect a crucial point for describing homeless female population. Also, noteworthy is that for homeless participants, the decisive trait of a homeless person is the possibility of being someone in life, and having a better quality of life and a greater well-being. Here are some examples of the above mentioned:

"A homeless girl is poor, her family did not want her and abandoned her; she is the one who sells candy on the street"

Girls at risk of homelessness between 6-8 years old

"A homeless girl is someone who has nowhere to live, no family, and is on the street"

Girls at risk of homelessness between 9-11 years old

"A homeless woman is someone like me, who left home for a better life"

Homeless girls between 12-15 years old

"A homeless woman is someone who had the courage to say enough is enough and sought for a better life"

Homeless girls between 16-18 years old

In the field of interpersonal relationships, family, despite being dysfunctional and perpetrator of abuse, is considered as a sociocultural group that provides love, affection, care and support; which is why it still occupies a central role in the lives of these girls, playing a more fundamental part in the case of those at risk of homelessness and between 6-12 years old compared to older participants and those who have already abandoned their homes and reconstituted their family with ties and links they establish with people undergoing the same circumstances. Furthermore, when they temporarily remain in an organization, for approximately 30% of girls at risk of homelessness such institution becomes their family. The following statements ascertain the above mentioned:

"My family is the institutional staff"

Girls between 6-17 years old

"My housemates are like my brothers and sisters"

Girls between 6-17 years old

Additionally, it was observed that in girls at risk of homelessness at least 10 years old, as age increases their peer group relegates family to a secondary role, as can be seen in their discourse:

"My friends are my family as are my siblings or cousins"

Girls at risk of homelessness between 10-12 years old

"I have more confidence in my friends than in my mom"

"My friends understand me; they do listen and support me"

Girls at risk of homelessness between 12-15 years old

Also, discrepancies were found by age, in the peer group of girls at risk of homelessness. For those aged 6-8 years old, their close social network is made up of individuals of both genders and of the same age. In contrast, for older participants with at least nine years old, the circle of friends consists mainly of persons of the same gender and age, or two or three years older. In the case of homeless girls, no differ-

ences were noted in their friendships, having both men and women of all ages as friends. In this sense, the peer group in both subgroups, is considered as one with which they share problems, experiences, pleasant moments, and leisure and recreational activities.

Finally, under the category of Interpersonal Relationships, couple's behavior is determined by historic-sociocultural Mexican premises because regardless of being at risk of homelessness or homeless, the couple is seen as a source of protection and satisfaction of basic and emotional needs. Though, despite such conception, at least in this sociocultural group, their love relationships tend to be somewhat superficial, informal, and unstable. Besides, girls at risk of homelessness ages 6-9 years old do not have a notion of what a couple means and is seen more as a friendship:

“My boyfriend is my friend with whom I play during recess; he is my boyfriend because we play a lot together”
Girls at risk of homelessness between 6-9 years old

Regarding the physical and mental health status of the participants, the most common diseases were gastrointestinal, respiratory, and skin. To a lesser extent and only in homeless girls, sexually transmitted infections being the most frequent human papilloma virus, gonorrhea, and chlamydia. Similarly, girls at risk of homelessness received medical and psychological care as long as they remained in an institution compared to homeless participants who spend most of their time wandering through various public spaces than in an organization. Moreover, homeless girls faced barriers in health care centers such as discrimination, rejection, not being attended, and, in few cases, sexual harassment. The most typical internalizing disorders in both groups were anxiety and depression; and the most usual externalizing disorder was aggressive behavior especially in homeless participants. Concerning psychiatric conditions, attention deficit disorder with and without hyperactivity prevailed in girls at risk of homelessness ages 6-9 years old, whilst posttraumatic stress disorder in homeless participants ages 12-17 years old. The most frequent prescribed drugs for both groups were risperidone, carbamazepine, and sertraline. As for health care behaviors, girls at risk of homelessness ages 6-8 years old considered bathing as the main basic action, while participants from nine years also included eating a balanced diet (*i.e.*, vegetables, fruits, meat), and from about 12-13 years old, doing physical activity. In case of homeless girls without distinction of age, having a proper health status involves not using drugs, including drinking alcohol and/or smoking, having hygiene (*i.e.*, bathing, using clean clothes, cutting their nails), eating well (*i.e.*, fruits, vegetables, meat, chicken, cereals), not self-mutilating, and doing exercise. Lastly, as included in the category of Health, results indicated a higher incidence and prevalence of suicide attempt and ideation in homeless girls ages 12-17 years old in comparison with girls at risk of homelessness. Nonetheless, these behaviors tend to increase

in participants at risk of homelessness starting puberty approximately 10 years of age.

Under the category of risk behaviors (self-mutilation, drug, alcohol, and tobacco use, unprotected sexual activity or with multiple partners, and selling drugs), it was found that the use and abuse of substances, mainly inhalants, self-harm and delinquent behaviors were prevalent in homeless girls. On the contrary, self-mutilation, alcohol intake and/or smoking in participants at risk of homelessness at least 11 years old. Likewise, both groups are aware of the severe negative consequences of using drugs, self-mutilating, engaging in sexual risk behaviors, and delinquent activities. Nevertheless, they carry out such behaviors for pleasure, social pressure, and lack of emotion regulation strategies and resources.

“I steal so I can have something to eat”, “Stealing is bad but you have to survive somehow”, “Drugs make you feel good”, “The gang uses drugs, so if I want to form part of the group, I have to do the same”
Homeless girls from 12 years on

“If my friends drink alcohol, so will I”, “Smoking gets you inside the group”, “I cut myself because I feel awful”, “I feel good when I cut myself”, “When I cut myself, I forget my pain”
Girls at risk of homelessness from 11 years on

Regarding sexuality, both groups lack accurate information about their body, anatomy, and physiology, how it changes throughout the years with normal growth and why, about menstruation, pregnancy, sexual relationships, and sexually transmitted diseases, and how to prevent them and unwanted pregnancies. Furthermore, they have several myths and misconceptions about their sexuality that can be seen in the following examples:

“I'm not a virgin anymore because I was kissed by a boy on my lips without my permission”
Girl at risk of homelessness of 9 years old

“Menstruation is when your body disposes of everything it doesn't need”
Girls at risk of homelessness between 9-12 years old

“Pregnancy is when a woman grows a big belly”
Girls at risk of homelessness between 6-7 years old

“Babies come from stork”
Girls at risk of homelessness between 6-8 years old

“Menstruation is when your body disposes of the blood it doesn't need”
Girls at risk of homelessness between 12-15 years old

“Having sexual relationships is pure sex without love just like animals”

Homeless girls between 12-17 years old

“Menstruation is when your belly hurts, you bleed a lot and you feel really bad”

Homeless girl of 13 years old

“AIDS is a disease that I don’t know what happens to you”

Homeless girls between 12-14 years old

“I don’t know what AIDS is”

Girls at risk of homelessness between 9-13 years old

"Why hair begins to grow down there?", "Why do your bubs start to hurt and itch?", "Why I didn't have hair on my body and now I have?", "Why all of a sudden I gain weight and have pimples?"

Girls at risk of homelessness between 9-15 years old

“If you had sex and didn’t get pregnant, it means that you can’t get pregnant”

Homeless girls between 12-15 years old

In addition, homeless girls lack sexual assertiveness since their sexual life is mainly regulated by their partners and they hardly have any control over it:

“If my couple says that he doesn’t want to use a condom, I don’t use it because he won’t let me”

Homeless girl of 15 years old

“I don’t use condoms because my couple doesn’t want to and says that it doesn’t feel the same”

Homeless girl of 14 years old

“My couple doesn’t like to use condoms and he likes to have sex repeatedly”

Homeless girl of 16 years old

“My couple makes love to me even if I don’t want to”

Homeless girl of 17 years old

“I secretly take pills so my couple doesn’t find out”

Homeless girl of 13 years old

“My couple hurts me when we have sex”

Homeless girl of 14 years old

Moreover, homeless girls tend to believe that they are virgins in spite the fact that they have been sexually abused

because it was without their consent. Finally, under the category of Sexuality, it is worth mentioning that there is a higher prevalence of homosexual relationships and sexual abuse in homeless girls in comparison with those at risk of homelessness.

The community where both groups come from is immersed in diverse social problems like delinquency, violence, lack of access to basic services, overcrowded settlements, households without infrastructure, alcoholism, drug addiction, insecurity, and, less frequently, drug trafficking, kidnapping, and prostitution.

As a final point, with regard to the organization, highlights the fact that the whole sample interviewed considered that institutions impose a daily routine with activities that are not of their interest, where they uniform their clothing and behavior, and they have to follow a figure of authority who exerts a system of formal and explicit norms through a body of officials. Also, they have conflicts with employees directly responsible for their care leading to the eventual abandonment of the organization. Still, despite such issues, they tend to consider these places as their home.

In conclusion, concerning the differences found among participants at risk of homelessness and homeless girls (see Table 1), it can be said that the former preserve their family, school and community ties, the majority of them are not sexually active, do not use drugs but with increasing age drink alcohol and smoke, remain for a long period of time in the institution, their romantic relationships are unstable and informal, have not been pregnant or had abortions, the institutional staff and their housemates constitute their new family, do not work, continue studying, are victims of sexual abuse, and physical and psychological violence to a lesser degree, and their social networks vary with age so that with an increase in age, their size and quality diminishes, and are conformed mainly of the same gender, although they usually relate to boys, however the bonds established with other girls are closer and deeper. The latter have little or no contact whatsoever with their family and community of origin, they form school ties only if they attend school, they work, don’t keep studying, suffer at a higher rate sexual, physical, and psychological abuse, use and abuse drugs and, less frequently, alcohol and tobacco, have an active sexual life, have been pregnant and had abortions, their romantic relationships are enduring and more formal, they can get involved in homosexual and/or bisexual relationships, engage in risk behaviors including delinquent activities, their peer group conforms their new family, remain for a brief period of time at organizations, and their social networks include risk-groups and individuals of both genders.

Table 1. Differences observed between girls at risk of homelessness and homeless girls in several features (n=300).

		At risk of homelessness (n=195)	Homeless (n=105)
Birthplace	Mexico City	82.6% (n=161)	41.9% (n=44)
	Mexican Republic	15.4% (n=30)	55.2% (n=58)
	Foreign	2.1% (n=4)	2.9% (n=3)
Age (years)	Age range (years)	$M(SD)=10.16(2.964)$	$M(SD)=15.62(2.1373)$
		6-23	11-21
Schooling	Elementary School	79% (n=154)	21.9% (n=23)
	Middle School	15.9% (n=31)	66.7% (n=70)
	High School	4.6% (n=9)	6.7% (n=7)
	Bachelor's Degree	0.5% (n=1)	1.9% (n=2)
	Illiterate	0	2.9% (n=3)
Continuity of Studies	Continue studying	99% (n=193)	31.4% (n=33) → 23.8% (n=25)
	Do not continue studying	1% (n=2)	7.6% (n=8) did conclude them.
Reason for Enrollment in an Organization	Domestic Abuse	13.8% (n=27)	90.5% (n=95)
	Abandonment	5.1% (n=10)	1% (n=1)
	Poverty	80% (n=156)	29% (n=3)
	Lack of Stable Housing	1% (n=2)	1.9% (n=2)
Time of Permanence	Substance Use and Abuse	0	3.8% (n=4)
	Period (months)	$M(SD)=49.11(37.663)$	$M(SD)=9.97(12.113)$
Temporal Residence	Mother	49.7% (n=97)	26.7% (n=28)
	Father	5.6% (n=11)	7.6% (n=8)
	Mother and Father	22.6% (n=44)	4.8% (n=5)
	Family, Friends or Neighbors	9.7% (n=19)	25.7% (n=27)
Job Activities	All the time stays at the institution	12.3% (n=24)	35.2% (n=37)
	Do work	99.5% (n=194)	16.2% (n=17)
Religion	Receptionist		Housemaid, Kitchen Assistant, Waitress, Saleswoman, Begging.
	Don't work	0.5% (n=1)	83.8% (n=88)
	Catholic	88.2% (n=172)	72.4% (n=76)
	Christian	67% (n=13)	10.5% (n=11)
	Other	0.5% (n=1)	12.4% (n=13)
Substance Use and Abuse	Santería		Holy Death, Santería
	Without Religion	4.6% (n=9)	4.8% (n=5)
	Don't use	97.4% (n=190)	41% (n=43)
	Use	2.6% (n=5)	59% (n=62)
	Drugs	0	18.1% (n=19)
	Alcohol	0	3.8% (n=4)
	Tobacco	1% (n=2)	1.9% (n=2)
	Drugs and Alcohol	0	1% (n=1)
Sexual Life	Drugs and Tobacco	0	3.8% (n=4)
	Alcohol and Tobacco	1% (n=2)	8.6% (n=9)
	Drugs, Alcohol, and Tobacco	0.5% (n=1)	21.9% (n=23)
	Sexual Abuse	15.4% (n=30)	45.7% (n=48)
	Pregnancies	0	28.57% (n=30)
	Children	0	22.86% (n=24)
Delinquent Behavior	Sexually Active	10.26% (n=20)	80% (n=84)
	STD	0	20% (n=21)
	Theft	0	32.38% (n=34)
Abuse	Drug Trafficking	0	20% (n=21)
	Prostitution	0	15.24% (n=16)
Abuse	Physical	37.4% (n=73)	81% (n=85)
	Psychological	55.4% (n=108)	54.3% (n=57)

Note. *The characteristic Temporal Residence alludes to whom the girl lives with while she doesn't stay at the organization of permanence either by family visiting or holiday period.

Discussion and Conclusion

Homeless girls suffer sexual and labor exploitation, physical, sexual, and psychological abuse, and marginalization, discrimination, and censorship at a higher rate than the rest of the population (Tyler & Beal, 2010). In spite of this, as far as the research literature was reviewed, worldwide there are few studies on the subject. So, their situation is only partially and superficially known which leads to lack of proper care. In Mexico, there is a deficiency of reliable diagnoses, clear conceptions, and well-defined lines of action (Children's Rights Network in Mexico, 2005). Thus, their circumstances aggravate and persist, gradually increasing and surpassing society's responsiveness.

According to this study, Mexican homeless girls conform a social group that grows up under conditions of extreme vulnerability because they develop in dysfunctional families, in communities immersed in social problems without effective solutions by the government and society which lead to their marginalization and social exclusion with few or null opportunities of obtaining a better quality of life, where the educational system does not respond to their needs and characteristics favoring thereby school dropout, and in environments affected by poverty as a result of the unequal distribution of resources and poorly paid jobs that hamper their survival and satisfaction of basic needs.

Therefore, findings achieved concur with the research literature reported in Latin America (Early, 2005; Fait, 2008). Though, the historic-sociocultural, political, and economic circumstances differ as a result of current situations in the country: frequent economic crisis, increases in drug trafficking, prostitution, delinquency, kidnapping, violence, insecurity, and training of assassins, economic and cultural aggravation, and unsuitable governmental changes such as unemployment, low salaries, poorly paid jobs, labor and educational reforms, and raising taxes. These conditions lead to an increase in the problem without effective solutions. Hence, there are greater problems like homeless families repeating the cycle and new manifestations of the phenomenon, which have been reported in previous studies in developed countries (McCarthy & Thompson, 2010; Melander & Tyler, 2010; Nicholas, 2011; Saewyc & Edinburg, 2010; Thompson, Jun, Bender, Ferguson & Pollio, 2010): an increase in sexual diversity, delinquent behavior, sexually transmitted

diseases, types of drug used, and non-governmental organizations to attend such groups; some without infrastructure, others are a façade to cover their illegal activities, and the vast majority operate without solid theoretical and empirical basis that can offer effective solutions. As a result, the real needs of these vulnerable groups are not considered. Consequently, these girls may feel unsatisfied and displeased choosing, thus, to abandon the institutions.

Moreover, results showed that homeless women also include two subgroups: those at risk of homelessness and homeless girls. For that reason, the typology proposed originally and equivalent to other proposals from previous research in developed countries (Canadian Homeless Research Network [CHRN], 2012), was supported. The basic difference among both groups resides in the fact that girls at risk of homelessness keep their family, school, and community ties in comparison with those who are homeless. Furthermore, new information was obtained that complements the conceptualization of this social group having, then, a more integral and comprehensive perspective of the phenomenon. For example, homeless girls have an active sexual life, have sexually transmitted diseases, have been pregnant, have children, use and abuse drugs, engage in delinquent activities, and associate with risk groups. In contrast, such behaviors and characteristics are observed to a lesser degree in girls at risk of homelessness, who enter an institution at an early age and remain there for a prolonged period of time. For this reason, they are able to keep studying and are exposed to fewer risks than their counterparts.

Lastly, with the findings achieved, at least in Mexico City, we now have an initial characterization and psychosociocultural approach to homeless girls and the subgroups included. In this way, effective courses of action can be designed and carried out leading to a gradual decrease of the problem. Based on the data obtained, we also have information concerning the magnitude and dimensions of the phenomenon itself.

To sum up, with this research, we have current, reliable, and valid information about Mexican homeless women, who they are, their main characteristics, and the milieu in which they participate and of which they are part of. With this kind of information, we can provide solutions aimed to change dysfunctional behaviors in these girls allowing them to properly function and adapt to their environment.

References

- Canadian Homelessness Research Network (2012) *Canadian Definition of Homelessness*. Recuperado de www.homelesshub.ca/CHRNhomelessdefinition/.
- Castro-Cavero, R. (2008). *Los niños de la calle en Bolivia*. Spain: Entinema.
- Children's Rights Network in Mexico. (2005). *Mexican childhoods: faces of the inequality. Shadow Report*. Mexico: Committee on the Rights of the Child of United Nations 1999-2004.
- Coker, T., Elliott, M., Kanouse, D., Grunbaum, J., Gilliland, J., Tortolero, S., ... Schuster, M. (2009). Prevalence, characteristics and associated health and health care of family homelessness among fifth-grade students. *American Journal of Public Health, 99*(8), 1446-1452.
- Committee Opinion. (2013). Health care for homeless women. *Obstetrics & Gynecology, 122*(4), 936-940.
- Denzin, N. & Lincoln, Y. (1994). *Handbook of qualitative research*. California, United States: Sage Publications.
- Early, D. (2005). An empirical investigation of the determinants of street homelessness. *Journal of Housing Economics, 14*(1), 27-47.
- Estévez, A. (2009). DAYA. El transitar de la maternidad callejera en la última década. *Revista Iberoamericana sobre Infancia y Juventud en Lucha por sus Derechos, 1*(1), 93-97.
- Fait, D. (2008). *Niñez en "riesgo" y políticas sociales*. Argentina: Espacio Editorial.

- González, E. (1996). *Menores en desamparo y conflicto social*. Spain: CCS.
- Guerrero, P. y Palma, E. (2010). Representaciones sociales sobre educación de niños y niñas de calle de Santiago y Quito. *Revista Latinoamericana de Ciencias Sociales, Niñez y Juventud*, 8(2), 1025-1038.
- Jabeen, Z. & Azra. (2013). A comparative study on mental health of street children living with their families and runaways from families. *Indian Streams Research Journal*, 2(12), 1-6.
- Leñero, L. (1998). *Los niños de la calle y en la calle. Problemática y estrategias para abordarla*. Mexico: Academia Mexicana de Derechos Humanos.
- McCarthy, M. & Thompson, S. (2010). Predictors of trauma-related symptoms among runaway adolescents. *Journal of Loss and Trauma*, 15, 212-227.
- Melander, L. & Tyler, K. (2010). The effect of early maltreatment, victimization, and partner violence on HIV risk behavior among homeless young adults. *Journal of Adolescent Health*, 47(6), 575-581.
- Nicholas, B. (2011). *A qualitative investigation of the creation and use of social capital among Street children in Bucharest, Romania*. (Doctoral dissertation, Ohio State University, USA).
- Papalia, D., Olds, S. y Feldman, R. (2009). *Psicología del desarrollo. De la infancia a la adolescencia*. Mexico: McGraw-Hill.
- Raffaella, M., Koller, S., Reppold, C., Kuschick, M., Krum, F., Bandeira, D. & Simoes, C. (2000). Gender differences in Brazilian street youth's family circumstances and experiences on the street. *Child Abuse & Neglect*, 24(11), 1431-1441.
- Saewyc, E. & Edinburg, L. (2010). Restoring healthy developmental trajectories for sexually exploited young runaway girls: fostering protective factors and reducing risk behaviors. *Journal of Adolescent Health*, 46(2), 180-188.
- Scanlon, T., Tomkins, A., Lynch, M. & Scanlon, F. (1998). Street children in Latin America. *British Medical Journal*, 316(7144), 1596-1600.
- Sociedad Mexicana de Psicología (2004). *Código ético del psicólogo*. Mexico: Trillas.
- Thomas, S. (2007). *State of the world's street children: violence*. Great Britain: Consortium for Street Children.
- Thompson, S., Jun, J., Bender, K., Ferguson, K. & Pollio, D. (2010). Estrangement factors associated with addiction to alcohol and drugs among homeless youth in three U.S. cities. *Evaluation and Program Planning*, 33(4), 418-427.
- UNICEF (1989). *Lineamientos para la aplicación de la guía metodológica para el análisis de situación de menores en circunstancias especialmente difíciles*. Colombia: Gente Nueva.
- UNICEF (1997). *Estado mundial de la infancia*. Nueva York, USA: División de Comunicaciones, UNICEF.
- Vélis, J. (1995). *Blossoms in the dust. Street children in Africa*. Francia: UNESCO.
- Wenzel, S., Leake, B., Anderson, R. & Gelberg, L. (2001). Utilization of birth control services among homeless women. *American Behavioral Scientist September*, 45(1), 14-34.

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