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Using the Objectification Theory Framework to Assess the Unique Body Image Concerns of
Women Experiencing Homelessness

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Requirements for Commonwealth Honors in Psychology

Bridgewater State University

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Abstract

The primary objective of this research is to explore the unique body image concerns of women experiencing homelessness, an understudied population in body image research. The hypothesis is that women who are currently homeless and who have experienced longer periods of homelessness will be more likely to have poorer body image. Homeless women may not possess the means to modify their appearance with hygiene products or facilities (Hoffman & Coffey, 2008). Also, an inconsistent food source may influence some women to binge when food is available, or to eat unhealthy foods that result in weight gain (Bove & Olsen, 2006). A large number of homeless women have been sexually victimized (Hudson et al., 2010), which may place them at greater risk for feelings of disgust for their bodies (Schechter, Schwartz, & Greenfield, 1987). Those experiencing homelessness may be more likely to have identity confusion (Osborne, 2002), which can lead to internalization of society's beauty standards (Vartanian, 2009). A sample of 60 women from St. Francis House, a nonprofit shelter in Boston, MA, were administered a questionnaire that measured access to hygiene resources, food security, sexual victimization, self-esteem, and body esteem. Results indicated that participants had moderately high body esteem on average across all three subscales of the Body Esteem Scale, and body esteem was positively correlated with self-esteem. Surprisingly, body esteem was not significantly correlated with all other variables, including length of homelessness. However, regression analyses showed that race, weight, and access to hygiene products were related to body esteem. Being currently homeless was also associated with greater identity confusion, lower self-esteem, and greater food insecurity. These results may influence the direction on future research on this diverse, underrepresented group of women.

Using the Objectification Theory Framework to Assess the Unique Body Image Concerns of
Women Experiencing Homelessness

The human body is able to accomplish amazing feats, but instead of treasuring the body's capabilities and the inherent beauty that comes with its uniqueness, it has become commonplace for women to depreciate, disparage, and even despise their bodies. This lack of positive regard that women hold for their appearance has justifiably been termed a "normative discontent" (Littleton, 2008). A leading proposition for how so many women come to be dissatisfied with their bodies is objectification theory (Fredrickson & Roberts, 1997). This theory states that women are routinely objectified, or evaluated based upon the appearance of their bodies by members of society and the media. Fredrickson and Roberts (1997) suggest that this socializes women to internalize an outsider's view of their appearance, thus leading to persistent body surveillance that can be constituted as self-objectification. Self-objectification then increases body shame and anxiety, which hinders the awareness of internal bodily states such as hunger, as well as the experience of "flow," or the ability to feel absorbed and joyful (e.g. Greenleaf & McGreer, 2006; Quinn, Kallen, & Cathey, 2006). This vicious cycle places women at risk for disordered eating and depression, respectively (e.g., Prichard & Tiggemann, 2008; Tolman, Impett, Tracy, & Michael, 2006).

Further testing and expanding upon objectification theory has provided increased understanding of mental health implications for women. However, the bulk of research on body image and self-objectification has centered on the thin ideal typically endorsed by White women, and studies have especially focused on those of college age (Moradi & Huang, 2008), because this is the most convenient sample available. Yet researchers have suggested that women of diverse backgrounds may have differing standards of beauty and experiences of objectification

(Moradi & Huang, 2008). Therefore, the extent to which current uses of objectification theory capture these differences should be evaluated.

To compensate for this lack of research, more studies have begun to focus on women of diverse backgrounds. For instance, many have argued that ethnic minority women do not accept mainstream ideals and instead accept a range of body sizes (Rubin, Fitts, & Becker, 2003). Consistent with this idea, researchers have found that African-American women are less likely to be preoccupied with weight or to be dissatisfied with their bodies than European-American or Latin-American women (Anderson, Eyler, Galuska, Brown, & Brownson, 2002; Bretkopf, Littleton, & Berenson, 2007). However, it has been suggested that African-American women may be evaluated based upon skin tone, facial features, and hair texture in addition to a curvaceous body ideal (Buchanan, Fisher, Tokar, & Yoder, 2008). The results of one study by Buchanan et al. (2008) showed that African Americans had higher levels of body shame, even regarding size and shape, when dissatisfied with skin tone, as this was associated with increased body surveillance (Buchanan et al., 2008). Another study has shown that dissatisfaction with the failure to meet the curvaceous ideal of large breast and buttock size in African-American women was a significant predictor of body shame and surveillance (Overstreet, Quinn, & Agocha, 2010). Thus, additional research is needed to consider the internalization of specific sociocultural standards of beauty, as well as to determine the extent to which the experiences of women from diverse cultures are adequately represented in current understandings of objectification theory.

Researchers have also suggested that body image differences may reflect socioeconomic differences, as those of lower socioeconomic status may not be subjected to the same pressure to be thin as those who can afford beauty products and healthy food (Cachelin, Rebeck, Chung, & Pelayo, 2002). However, no studies have directly examined the link between socioeconomic

status and body image. Bretkopf et al. (2007) have conducted a study on low-income women, but the primary objective of this research was to examine ethnic differences in body image, using similar levels of socioeconomic status to control for the interaction of this factor with body image. All participants in this study reported a very low income, and the results showed important differences between African-American women with Latinas and European-American women. African Americans were more likely to regard their weight as normal, even when overweight or obese. Latinas and European-American women were much more likely to show appearance shame and to regard themselves as overweight when they were a normal weight. This shows that body image may be affected by the interaction of many personal attributes and lifestyle factors.

Homelessness: When the Body is the Only Home

There has been a dearth of research on the body image of women who are homeless, though due to the challenges associated with homelessness, body image may manifest itself in unique and important ways for this population. Homeless women are frequently objectified (Hoffman & Coffey, 2008), victimized (Wenzel, Koelgel, & Gelberg, 2000), and stereotyped (Harris & Fiske, 2006). There is a deep societal stigma against being homeless (Rayburn & Guittar, 2013), and the body is often the site of stigmatization because it is visual to the public (Parsell, 2011). Particularly women who have been homeless for a long time may not feel that their body is their own, or they may not have access to resources needed to have a positive body image. Thus, homeless women who experience stigmatization may have unique and important body image concerns, and the fact that they are experiencing the trials and challenges of homelessness does not necessarily equate with being unconcerned about appearance. Though appearance may seem trivial, it is crucial in terms of identity because women are commonly

evaluated based upon their appearance (Darlow & Lobel, 2010), and it has been found that women who do not meet the cultural standards of beauty are more likely to have a negative self-perception (Darlow & Lobel, 2010).

On the other hand, some may argue that body image is a lesser concern for women who are homeless. Those with this perspective may cite the strong link between more severe mental illness and poverty (Vick, Jones, & Mitra, 2012). For example, homeless women in particular are twice as likely to be diagnosed with schizophrenia than homeless men (Folsom & Jeste, 2002). Mental or physical disabilities, as well as drug or alcohol dependence, are barriers to employment that many who are homeless face (Zuvekas, 2000). Although a large number of homeless persons do work, it is much more difficult to generate enough income to exit homelessness (Zuvekas, 2000). The poor economy has seen the rise of temporary, part-time, minimum wage, and even single day-labor employment (Roberts & Bartley, 2004). With the many stresses in providing for the self and family, some may assume that body image is not a noteworthy concern for women who are homeless. The present study argues that women who are homeless undergo a unique set of experiences that may increase the likelihood that they will have body image concerns.

Those who are homeless are also often objectified in the sense that they are treated as less than human, or are else infantilized (Hoffman & Coffey, 2008). Though this is not specifically the sexual objectification that objectification theory encompasses, it is similar because those who are homeless may be evaluated based upon their outward appearance rather than upon their mental faculties or personality; the body is the site of stigmatization. When confronted with external objectification, consistent with objectification theory, women who are homeless may take an observer's view of themselves and consequently feel body shame. Furthermore, the

“homeless” label itself is objectifying. The stigma that accompanies being homeless far exceeds the stigma against those who live in poverty but are not homeless, and is roughly equivalent to the public’s view of those who require psychiatric hospitalization (Phelan, Link, Moore, & Stueve, 1997). Those experiencing homelessness are aware of the persistent societal stereotypes that the public holds (Meanwell, 2012). Some of these stereotypes include that they are portrayed as being without warmth, as lazy, or incompetent (Harris & Fiske, 2006), as well as deviant, dangerous, undesirable, and a tax burden (Meanwell, 2012). This is only exacerbated by the fact that those who are homeless are not easily disguised behind the walls of a home unlike their non-homeless counterparts, so socially undesirable behaviors that do occur are more clearly visible (Parsell, 2011). The distinct category of homelessness assigns widely diverse individuals into a narrow label with stereotypical characteristics, which has important consequences for identity (Phelen et al., 1997). The paragraphs that follow critically review factors that may influence the body image of women who are homeless.

Identity Confusion and Homelessness

Due to the stigma and negative stereotypes that target the population of individuals experiencing homelessness, it may be challenging for those who are homeless to preserve a positive identity. Though a low social rank does not necessarily equate with low self-worth, a social group nevertheless is an important component of a person’s self-concept (Aries & Seider, 2007). Those experiencing homelessness face a deviant social stigma, and are the targets of laws prohibiting sitting or lying down in public places, loitering, or panhandling (Rayburn & Guittar, 2013). Homeless persons thus must develop strategies to manage this stigma to avoid negative treatment from others (Rayburn & Guittar, 2013). One study that utilized unstructured, qualitative interviews of homeless individuals from a southeastern U.S. city found that one of the

ways in which this is accomplished is through modifying outward appearance such as the way one walks or stands, as well as the way one dresses (Rayburn & Guittar, 2013). Some even cited perusing a magazine to become informed on new fashion trends and styles, or making sure to keep clean (Rayburn & Guittar, 2013). Because the mass media offers pervasive messages of societal beauty ideals (Slater, Tiggemann, Firth, & Hawkins, 2012), this may influence the internalization of cultural standards of beauty. This attempt to “pass” as not homeless (Rayburn & Guittar, 2013) by placing attention on appearance may also be related to body surveillance.

This study also found that homeless individuals may attempt to distance themselves from the stigma by seeing themselves as separate from the general population of those who are homeless (Rayburn & Guittar, 2013). Interviewees discussed the presence of a social hierarchy within homeless communities; those pushing a carriage containing their belongings because they did not have someone to watch their possessions, for instance, were made fun of because they were deemed to be in a worse position. Distancing oneself from others who are homeless and dissociating from the labels associated with homelessness (Rayburn & Guittar, 2013; Snow & Anderson, 1987) is a stigma-management strategy that is more common for those who are experiencing short periods of homelessness (Farrington & Robinson, 1999). Those who experience longer periods of homelessness tend to find other creative ways to reject society’s negative interpretations (Rayburn & Guittar, 2013; Snow & Anderson, 1987), suggesting important differences in identity maintenance between those who have been homeless for a long and short period of time.

These differences between those who are experiencing longer and shorter episodes of homelessness are evident not just for those preserving a positive identity, but also for those who are attempting to maintain any identity at all. Those who experience longer periods of

homelessness may experience identity confusion, which can be defined as low self-concept clarity, or when beliefs about personal attributes are not clearly defined, consistent, or stable (Campbell et al., 1996). Many factors can contribute to identity confusion among those who are experiencing homelessness. For instance, research has shown that it may be challenging to maintain a stable identity for those in shelter life (Osborne, 2002), as it is often difficult not to be treated impersonally and like one of the masses. Desjarlais (1999) theorized that human interactions can affect conceptions of the self for homeless individuals that are treated as though they are invisible. In this qualitative study, some individuals experiencing homelessness cited people seeming to look right through them, their gaze focused in the distance as if they did not exist. However, though this study also took place in a shelter based in Boston, like the present study's sample, it did not measure how long the individuals that were interviewed had been homeless. Desjarlais suggests that those who have been homeless for longer are more accustomed to reactions from society that typically involve being ignored. The present study therefore argues that identity confusion is positively correlated with length of homelessness, as this continual dehumanizing treatment by others may affect one's understanding of the self.

Interviews through a study by Boydell et al. (2000) also showed that homeless individuals that used a shelter were much more comfortable discussing events from life before they became homeless, and many felt socially disconnected and had a lowered sense of self. This suggests that homelessness may threaten a stable identity. Termed "shelterization," even living in a shelter with large assemblies of people can have a dispiriting effect on those experiencing homelessness (Marcus, 2003). These consistent experiences may influence a loss of self-definition, and therefore lower self-concept clarity, which could put a homeless individual at greater risk for body image concerns. This is because research has found that those with a lack of

self-knowledge are more likely to internalize society's standards of beauty and attractiveness (Vartanian, 2009). A previous study has also found that when identity was unstable, women were more likely to incorporate their body into their self-definition (Polivy & Herman, 2007). For this population, this manifested in strongly identifying with being a chronic dieter. For women who are homeless, this may equate with an internalization of negative stereotypes, including stereotypes of unkempt appearance, which may translate to poorer body esteem.

Negative stereotypes may influence body image because other people can profoundly affect how an individual feels about one's body (Pelican et al., 2005). One study, for example, found that those who were teased about their appearance were more likely to evaluate their appearance negatively than those who were not judged negatively for their appearance (Pelican et al., 2005). This susceptibility to internalizing evaluations from others may extend to women experiencing homelessness, who may receive negative evaluations from society in the form of a judgmental gaze or derogatory media messages directed at the body. Interactions with others are essential for an individual to learn about him- or herself, and because the body is an inextricable component of the self (Pelican et al., 2005), this may therefore impact identity and self-esteem.

Though individuals that are homeless for a longer period of time may have experienced consistently more negative appearance evaluations and dehumanizing treatment, conflicting research supports the idea that those who have been homeless for longer may find ways to manage their identity (Osborne, 2002). Osborne found that those who had been homeless for a shorter period of time had fewer homeless friends, made more attempts to transition off the street, and had less of a homeless identity. Yet this study suggested that for those with particularly long periods of homelessness, individuals may eventually find ways to manage their identity. Another study by Farrington & Robinson (1999) also supports this theory. Farrington

and Robinson conducted a covert observational study that examined individuals living in a shelter. It was found that those who had been homeless for a longer period of time were more likely to identify themselves as homeless, and may have stopped making social comparisons with other populations.

These studies suggest that accepting a homeless identity may be an important strategy for managing the challenges of homelessness. However, the sample in Osborne's study is derived from the streets, which may include a much different sample from one found at St. Francis House, the shelter where the current study was conducted. Osborne's sample also only analyzed those who had been homeless for 16 months or less, and Farrington and Robinson did not quantitatively measure length of homelessness. It is therefore possible that those who have been homeless for much longer may display differences in identity. The present study hypothesizes that those who have been homeless for a longer period of time will be more likely to have identity confusion despite this adoption of a homeless identity.

Sexual Victimization Susceptibility

Sexual victimization may also play a role in body image concerns for homeless women. Up to one third of homeless women report having experienced sexual assault, and another third report a history of childhood sexual abuse (Hudson et al., 2010). A number of factors make this percentage so high, including exposure to dangerous neighborhoods, vulnerability from alcohol or drugs, lack of supportive relationships that may offer protection, and poor physical health that reduces self-defense (Wenzel et al., 2000). Those who have experienced childhood sexual or physical abuse have also been found to be more likely to be sexually victimized as adults (Gidycz, Hanson, & Layman, 1995), and those who have a mental illness are at a greater risk for victimization (Goodman, Dutton, & Harris, 1995). Homeless women in particular are more likely

to be sexually victimized than homeless men (Geissler, Bormann, Kwiatkowski, Braucht, & Reichardt, 1995). Many women experiencing homelessness become homeless after being physically or sexually abused (Goodman, Saxe, & Harvey, 1991).

Sexual assault involves a component of severe humiliation (Schechter et al., 1987), which may affect body image. Indeed, many who experience sexual abuse have feelings of powerlessness and disgust for their body (Schechter et al., 1987) as well as intense shame (Pettersen, 2013). One study used videotaped focus groups at a Norwegian “incest center,” a place founded for victims of sexual abuse to talk openly about their experiences due to feelings of shame within the community (Pettersen, 2013). These focus groups aimed to investigate how sexual abuse simultaneously violates the body and a sense of dignity. Body shame was found to be connected to sexual abuse, and many women described their body as shameful, filthy, disgusting, beyond their control, unlovable, and something of which they did not want to relate. The women in this study were tormented by a negative self-image. This suggests that women who have been sexually victimized may have significant body image concerns, as well as the feeling as though their body is not their own. As a high percentage of women experiencing homelessness have been sexually victimized (Hudson et al., 2010), this may place this population at greater risk for body image concerns.

Sense of Dignity: The Role of a Lack of Access to Hygiene Products

Those who are homeless also may not have everyday access to self-care products and hygiene facilities such as showers, and many opt out of accessing these and other services from providers to preserve dignity (Hoffman & Coffey, 2008). Furthermore, one study has shown that those who reside in shelters for long periods of time may adapt negatively to these conditions by neglecting personal hygiene (Grunberg & Eagle, 1990). This may make it difficult for a portion

of homeless women to maintain appearance, which may influence body image since presentation of self is a statement of and may influence identity (Francis, 2011). Aspects of appearance, such as clothing choice, may also have the ability to influence one's mood (Kwon, 1991); thus, lack of access to hygienic resources may impact the affective component of body image. In one study where one-on-one interviews with those experiencing homelessness were conducted, one interviewee commented on a lack of self-worth when having poor hygiene, citing feelings of shame and the desire to hide from others; conversely, when the subject was clean, self-esteem and the willingness to be seen in public was raised (Shier, Jones, & Graham, 2010). This suggests that personal hygiene may be one factor impacting the body image of those who are homeless.

Food Insecurity and the Impact of Limited Options

Food insecurity may also play a role in the body image of women who are homeless. In a study among low-income women with an inconsistent food supply, many engaged in disordered eating behavior to achieve a sense of equilibrium; it was commonplace to binge when food became available and engage in emotional eating when experiencing negative affective states, though this was associated with distress and a perceived lack of control (Bove & Olson, 2006). Furthermore, when food was scarce, the women in the study often ate unhealthy food such as sugary or fatty foods in order to feel full. The combined desire to weigh less and the lack of ability to engage in healthy behaviors was shown to be correlated with a poor body image among this sample. Fast food and other foods low in nutrition are much more affordable, and therefore more easily accessible (Talukdar & Lindsey, 2013), which may partially account for why low socioeconomic status is associated with being overweight or obese (Bove & Olson, 2006). This

suggests that it may be important to evaluate whether women impacted by homelessness experience similar issues with the interaction between food insecurity and body image.

Contrary to popular belief, food is not necessarily the top concern among those who are homeless (Lee & Greif, 2008). This may be due to the rise in service providers for individuals impacted by homeless; nearly all shelters and soup kitchens provide at least one free, nutritionally-adequate meal (Lee & Greif, 2008). However, finding adequate amounts of food certainly remains a concern among this population, and one study by Lee & Greif (2008) has found that there may be even greater differences among those who are chronically homeless and those who have been homeless for shorter periods of time. Those who were chronically homeless reported more infrequent meals, higher levels of fasting, less access to nutritionally-adequate food, more subsistence eating, and greater lack of affordability for food compared to those who were transitionally homeless or homeless for a shorter period of time. This suggests that there are significant differences in food insecurity depending on the length of homelessness, and it is important to evaluate whether food insecurity and length of homelessness are related to body esteem for this population.

Implications of Body Esteem for Self-Esteem

The present study has important implications for the self-esteem of homeless women, especially because Western societies place strong emphasis on physical appearance as a component of identity (Francis, 2011), particularly for women. The challenges of homelessness may induce a sense of failure when unable to meet basic needs, as well as isolation and alienation from others (DiBlasio & Belcher, 1993). Low self-esteem may hinder successful occupational or social functioning (DiBlasio & Belcher, 1993), and poor body image may only exacerbate these issues. One study found that low self-esteem can decrease motivation to find

employment, housing, and to achieve other important goals (DiBlasio & Belcher, 1993). Because the body is a core aspect of one's sense of self, body image may further impact self-esteem and increase the likelihood of poor functioning. It is not surprising that many studies have found a correlation between body surveillance and body shame with self-esteem (Aubrey, 2006; Hayman et al., 2007), though results are mixed with racially- and ethnically-diverse samples. It is therefore important to evaluate to what extent homeless women exhibit a correlation between poor body image and low self-esteem.

The Present Study

The aim of this study was to extend the objectification theory framework to provide an exploratory understanding of the unique factors that affect the body image of a widely unrecognized and overlooked group in body image research: homeless women. The present study will extend previous research to understand the differences in body image between women who have been homeless for a longer and shorter period of time, and between women who are currently and not currently homeless. Based upon previous research, the hypothesis is that those experiencing homelessness will be more likely to have identity confusion, greater self-objectification, greater sexual victimization experiences, less access to hygiene products and facilities, greater food insecurity, lower self-esteem, and poorer body esteem. For this study, homelessness was operationally defined according to 1.) length, or the longest episode of homelessness, and 2.) whether the individual was currently or not currently homeless. Identity confusion from being treated within the confines of the homeless label may make those who are experiencing homelessness more susceptible to internalizing society's standards of beauty and to self-objectify, as they may look outside of the self for self-knowledge. This coupled with the

increased likelihood for sexual victimization, less access to hygiene products and facilities, and greater food insecurity suggests a greater risk for body esteem and self-esteem concerns.

Thus, seven hypotheses were tested in the present study:

H1: Homelessness will be associated with greater identity confusion.

H2: Homelessness will be associated with greater self-objectification.

H3: Homelessness will be associated with greater sexual victimization.

H4: Homelessness will be associated with less access to hygiene products and facilities.

H5: Homelessness will be associated with greater food insecurity.

H6: All of the aforementioned variables, including homelessness (length and currently or not currently homeless), will be associated with lower self-esteem and poorer body image.

H7: Self-esteem will be positively correlated with body esteem.

Method

Participants

Data were collected from a sample of 60 female guests at St. Francis House in Boston, MA, the largest day service nonprofit in New England for people experiencing homelessness (Nelson, Gray, Maurice, & Shaffer, 2012). The organization provides basic services such as food, clothing, and referrals, but also offers rehabilitative services such as mental health counseling, medical care, and work skills training programs to those who are homeless. Recruitment utilized convenience sampling through flyers advertising voluntary participation in a research study to benefit the understanding of women's body image. These flyers were hung up around the walls of the Carolyn Connors Women's Center in St. Francis House. This study was also advertised by word of mouth from the staff to the guests in the Moving Ahead Program

(MAP), a work-skills training program to help those who have faced addiction, have a criminal history, and struggle with mental health concerns (Nelson et al., 2012). An approximately 15-minute survey was administered, and no identifiable information was taken, as the survey was anonymous. Participants received an incentive in the form of a \$5 MBTA Charlie Card for filling out the survey.

Of the 60 participants who completed the survey, 5 were excluded from analysis due to failure to follow the directions or lack of understanding the questions. All but one participant, who self-identified as transgendered, identified as women. It was a diverse sample across many demographics. Participants ranged in age from 20 to 68 ($N=54$, $M=40.72$ years). Participants indicated their highest level of education ($N=53$); 27.3% ($N=15$) had been in grade 7-12 without graduating, 25.5% ($N=14$) were high school graduates or the equivalent, and the remaining had had at least some college, with one having completed graduate school (1.8%). Weight ranged from 72 pounds to 340 pounds ($N=55$, $M=187.56$). Most described themselves as women of color ($N=32$, 58.2%). When asked to describe where the participant slept the previous night, most ($N=26$, 47.3%) said a shelter, and the remaining wrote a variety of answers from “outside” to “a friend’s” to “a van.”

Of the sample, 83.6% were currently homeless ($N=46$), and all but two of those who were not currently homeless (one of which did not answer) had been homeless at some time in their lives. For those who were currently or had been homeless before, their longest period of homelessness ranged from 2 months to 27 years (in months, $M=44.60$, $SD=58.89$).

Measures

Participants filled out a general survey about demographic information such as socioeconomic status, highest level of education achieved by oneself and one’s parents, age,

weight, and height. Questions regarding homelessness, including the length of the longest episode of homelessness and whether the individual was currently or not currently homeless were also asked. The following instrumentation was then administered:

The Objectified Body Consciousness Scale (OBCS). This scale measured self-objectification and has 24 items rated on a 7-point Likert scale from *strongly disagree* to *strongly agree* (McKinley & Hyde, 1996). The three subscales within this measure are the surveillance (a sample item includes: “*During the day, I think about how I look many times*”), body shame (“*When I’m not the size I think I should be I feel ashamed*”), and appearance control beliefs (“*I think a person can look pretty much how they want to if they are willing to work at it*”) subscales. Each of the subscales have demonstrated distinct reliability and concurrent validity (McKinley & Hyde, 1996); the surveillance and body shame subscales were found to be negatively associated with body esteem, while the appearance control beliefs subscale were positively associated with body esteem. Furthermore, eating disorder symptomatology has been shown to be positively correlated with all three scales. The Cronbach’s alphas for the OBCS in our sample were very low for all three subscales: Surveillance ($\alpha = .36$), Shame ($\alpha = .57$), and Control ($\alpha = .28$). We therefore excluded use of the OBCS in analysis.

The Body Esteem Scale (BES). Body esteem is an aspect of self-esteem (Franzoi & Shields, 1984). Attitudes toward different dimensions of body esteem are measured with this scale (Franzoi, 1994). It contains 35 items within 3 subscales of body parts such as lips and waist, and body functions such as sex drive and body scent. The Sexual Attractiveness subscale includes items such as body scent, lips, and sex drive; example items in the Weight Concern subscale include appetite, waist, and figure; and the Physical Condition subscale includes items such as physical stamina, energy level, and coordination. These items must be rated on a 5-point

scale ranging from *have strong negative feelings* to *have strong positive feelings*. This scale has demonstrated high test-retest reliability (Franzoi, 1994), as well as strong reliability and validity (Franzoi & Shields, 1984). It also did not show an association with denying negative self-attributes (Franzoi, 1994), which is important because it shows that participants are likely to give an honest assessment of their attributes. Cronbach's alphas for our sample were high for all three subscales: Sexual Attractiveness ($\alpha = .87$), Weight Concern ($\alpha = .93$), and Physical Condition ($\alpha = .89$). Therefore, the scale demonstrated good reliability.

The Self-Concept Clarity Scale (SCC). Self-concept clarity is when beliefs about personal attributes are clearly defined, consistent, and stable (Campbell et al., 1996). The SCC has 12 items and a 5-point Likert scale ranging from *strongly disagree* to *strongly agree* (Campbell et al., 1996). Sample items include "my beliefs about myself often conflict with one another" and "on one day I might have one opinion of myself and on another day I might have a different opinion." The SCC was demonstrated to have excellent reliability, and self-concept clarity was found to be a relatively stable trait (Campbell et al., 1996). The Cronbach's alpha for the SCC ($\alpha = .84$) demonstrated high reliability for our sample.

The Modified Sexual Experiences Survey (MSES). This scale serves as an abridged version of the Sexual Experiences Survey, measuring the frequency and severity of unwanted sexual experiences (Koss & Gidycz, 1985). The construct validity of this survey has been supported (Koss & Gidycz, 1985). This 11-item measure includes questions such as "Have you ever been fondled, kissed, or touched sexually when you didn't want to because you were overwhelmed by a man's continual arguments and pressure?" and "Have you had sexual intercourse when you didn't want to because a man used his position of authority (boss, teacher,

camp counselor, supervisor) to make you?” The Cronbach’s alpha for the MSES ($\alpha = .95$) was high, demonstrating good reliability for our sample.

The U.S. Household Food Security Survey (HFSS). This 10-item measure contains self-report questions that determine the availability and utilization of food due to financial resources (United States Department of Agriculture Economic Research Service [USDA], 2012). It has been used to measure household food security in the U.S. since 1995 (Stevens, 2010). Sample items include “In the last 12 months, did you ever not eat for a whole day because there wasn't enough money for food?” and “I couldn’t afford to eat balanced meals” The Cronbach’s alpha for the HFSS ($\alpha = .86$) was high, showing that our sample had good reliability.

The Rosenberg Self-Esteem Scale (RSES). This scale contains 10 items that measure both positive and negative feelings about oneself (Rosenberg, 1965). Responses range on a 5-point scale from *strongly disagree* to *strongly agree*. Sample items include “I feel I do not have much to be proud of,” and “I am able to do things as well as most other people.” The RSES has demonstrated good discriminant validity (Gray-Little, Williams, & Hancock, 1997). Although it has been debated whether the RSES is a uni-dimensional or two-dimensional model, it has been determined that the RSES best fits a uni-dimensional model (Marsh et al., 2010). The RSES has shown good reliability, and the construct validity has been improved with revisions (Nahathai & Tinakon, 2012). The Cronbach’s alpha for the RSES ($\alpha = .88$) was high, which demonstrates good reliability for our sample.

Data Analysis Plan

To test the seven hypotheses, homelessness was operationally defined in two separate ways: as length of homelessness and whether the individual was currently or not currently homeless. Correlations were used to examine relationships with length of homelessness, and

independent samples *t*-tests were used to compare those who were currently homeless to those who were not currently homeless. In order to more fully explore the relationship between body esteem and other variables, we also conducted a regression analysis. The regression analysis determined whether a relationship exists between body esteem and other variables without the influence of a third group of variables: age, weight, and race.

Results

Participants on average showed moderately high body esteem across all three subscales of the Body Esteem Scale ($M=3.73$, $SD=.97$). One sample *t*-tests showed that the means for the Sexual Attractiveness ($M=4.02$, $SD=.80$, $t(46) = 8.76$, $p < .001$), Weight Concern ($M=3.47$, $SD=1.16$, $t(47)=2.81$, $p < .01$), and Physical Condition ($M=3.66$, $SD=1.09$, $t(46)=4.16$, $p < .001$) subscales were all significantly higher than the midpoint (3) of the BES. The means for each of the subscales were also similar to previous research using the BES in college populations (Franzoi & Shields, 1984; Franzoi & Herzog, 1986).

Correlational Analyses: Length of Homelessness

Table 1 shows the means, standard deviations, and bivariate correlations for all variables in the hypothesis. As shown in the table, correlational analyses did not support H1 because length of homelessness did not correlate with identity confusion. H2 was inconclusive because the measure of self-objectification was dropped from analysis due to poor reliability. H3 was partially supported because length of homelessness did marginally correlate with sexual victimization; longer periods of homelessness were associated with greater sexual victimization experiences. H4 was not supported because access to hygiene products or facilities was not significantly correlated with length of homelessness. Correlational analyses did not support H5 because length of homelessness was not associated with food insecurity. H6 was partially

supported because while body esteem was not correlated with any variables, self-esteem was negatively associated with identity confusion and sexual victimization. H7 received full support because body esteem was significantly and positively associated with self-esteem.

Other significant correlations included a triad of associations between sexual victimization, identity confusion, and food insecurity, where all were significantly and positively correlated with one another.

Independent Samples *t*-Tests: Comparing Currently and Not Currently Homeless

Table 2 shows the independent samples *t*-test comparing those who were currently homeless to those who were not currently homeless. Results showed full support for H1 and H5 because being currently homeless was significantly and positively associated with both identity confusion and food insecurity. H2 received no support because self-objectification was excluded from analysis. H3 and H4 were also not supported because being currently homeless was not significantly associated with greater sexual victimization or with less access to hygiene products and facilities. H6 was partially supported because being currently homeless was significantly associated with lower self-esteem, but was not significantly associated with poorer body esteem.

Regression Analyses: Predicting Body Esteem Controlling for Race, Age, and Weight

Due to the diversity of race in our sample of women, we decided to more closely examine whether this variable may explain why there were no significant correlations between body esteem and other variables. We therefore conducted a regression analysis, which allowed us to control for race, as well as age and weight, which could also influence body esteem. See Table 3 for the results of this regression analysis.

The regression analysis did not support any hypotheses, except for H4; when controlling for race, age, and weight, participants who had less access to hygiene products and facilities were significantly more likely to have poor body esteem.

The regression analysis also revealed that race was marginally and negatively related with body esteem. This suggests that participants who described themselves as women of color were more likely to have higher body esteem, and participants who identified as White were more likely to have lower body esteem. Weight was marginally and negatively associated with body esteem, suggesting that the more that a participant weighed, the less likely they would be to have high body esteem. No other significant relationships were found, and length of homelessness was still not significantly correlated with body esteem.

Discussion

The main objective of this study was to use the principles of objectification theory to analyze the unique body image concerns that women experiencing homelessness may have. It was hypothesized that homelessness (operationalized as length, and whether the individual was currently homeless) would be associated with greater identity confusion, greater self-objectification, greater sexual victimization, less access to hygiene products and facilities, and greater food insecurity. It was also hypothesized that all of these variables, including homelessness, would be correlated with poorer body esteem and lower self-esteem. Lastly, it was hypothesized that poorer body esteem would be associated with lower self-esteem.

On average, participants had moderately high body esteem across all three subscales of the Body Esteem Scale. While this may seem largely positive, these levels approximate the body esteem of other populations who experience “normative discontent” (Littleton, 2008) with their bodies, such as college women (Franzoi & Herzog, 1986; Haas, Pawlow, Pettibone, & Segrist,

2012). Even if there are more women who do not experience poor body esteem, it may still be deemed normal to feel badly about one's body, and this appears to hold true for homeless women as well. Therefore, though women impacted by homelessness may experience their bodies differently due to the unique challenges associated with homelessness, it is still resulting in similar levels of body esteem as other populations of women. Predictably, there was full support for the hypothesis that those who had poor body esteem were more likely to have low self-esteem. It is unsurprising that poor feelings about one's body would be associated with generally poor feelings about the self, as body esteem can be considered an aspect of self-esteem (Franzoi & Shields, 1984). This has implications for clinical practice because research has found that for those impacted by homelessness, low self-esteem can hinder motivation to find employment or successfully function while employed, to find housing, and to meet social needs (DiBlasio & Belcher, 1993). Self-esteem was also significantly and positively correlated with identity confusion and sexual victimization, yet any causality between these factors is unclear. This is consistent with a study on episodically homeless women, which determined that those who were exposed to more frequent and violent sexual victimization and abuse were more likely to have low self-esteem (Goodman & Dutton, 1996). Future research should examine causality to determine if self-esteem influences these variables, if these variables influence self-esteem, or if a third variable is responsible for the association. Though length of homelessness was not correlated with self-esteem, those who were currently homeless were significantly more likely to have low self-esteem. This finding is important because it reveals a mental health concern that needs to be addressed. It may be that low self-esteem is a barrier that hinders the ability to exit homelessness, and this finding may also reflect the damaging effect that homelessness can have on feelings for oneself. Further research is needed to determine what specifically causes low self-

esteem among women who are homeless, as well as what other difficulties are associated with a lack of self-esteem for homeless women.

Hypotheses about the relationship between length of homelessness and other variables were not supported. For instance, those experiencing longer periods of homelessness were not significantly more likely to have identity confusion. This finding supports Osborne's (2002) conclusions that those who are experiencing longer episodes of homelessness may find ways to manage identity or adopt a homeless identity. It may be that those who have been homeless for a shorter period of time may actually be more likely to experience identity confusion, as they are in the process of adapting to a new and chaotic situation that may produce a conflict between the old self and the new self. Those who have been homeless for a shorter amount of time may be in a transitional period compared to those who are more accustomed to living without a home. While Osborne's sample analyzed those who had been living on the street for 16 months or less, our sample's length of homelessness ranged from 2 months to 27 years; some women had experienced homelessness for an extremely long period of time. Therefore, identity confusion should be revisited to analyze if and when identity begins to stabilize as a function of how long the individual has been homeless. Furthermore, although length of homelessness was not correlated with this variable, being currently homeless was significantly associated with identity confusion, suggesting that this is a concern for this population. Further research is needed to determine the relationship that length of homelessness has with identity confusion, as well as whether identity is influenced by environments, such as frequently being on the streets instead of living in a shelter or taking advantage of service providers, or whether the environments that one associates with merely reflect the degree of homeless identity.

Further, those with poor identity confusion were not significantly more likely to have poor body esteem. Previous research has shown that those with identity confusion may be more likely to look externally for self-definition, and thus to internalize society's standards of beauty (Vartanian, 2009). Yet it is possible that homeless women do not feel a connection to these standards, especially since it might be difficult to meet them, as society often champions expensive clothing or an unrealistically thin build. Our findings indicate that it should not be assumed that those experiencing homelessness compare themselves to society's standards of beauty. Homeless women may not place appearance as high on the hierarchy of needs; other worries, such as wondering where the next meal will come from, finding a safe place to sleep, or staying warm through a brutal winter may be much more central concerns than worrying about one's waistline. This does not necessarily show that homeless women do not look outside of themselves for self-definition, but perhaps they look elsewhere, such as to peers or even to drugs and alcohol, for instance. This could have important implications for the well-being of individuals experiencing homelessness, and future research should investigate how homeless individuals manage a lack of self-concept clarity, and where they look to gain self-definition.

Results also showed that those who had been homeless for longer periods of time were more likely to be sexually victimized, but those who had higher levels of sexual victimization were not more likely to have poor body esteem. The first result is not surprising, as women who are homeless for longer may have greater opportunity to be exposed to chaotic and dangerous environments (Wenzel et al., 2000). Yet the finding that those with higher levels of sexual victimization were not more likely to have poor body esteem is inconsistent with previous research which has demonstrated the negative effect that such experiences can have on body shame and body esteem (Pettersen, 2013; Schechter et al., 1987;). Though it is certainly a

positive finding that homeless women in our sample did not show greater feelings of disgust or shame for their bodies in connection with sexual victimization, the reasons for this lack of a significant association may actually be disturbing. Perhaps homeless women are exposed to threatening, risky, or tumultuous situations on a regular basis, and are thus shocked to a lesser degree by unwanted sexual advances or acts committed against them. Homeless women may feel as if their body is not their own, whereas the general population of women may be accustomed to having control over their body, and may thus feel greater shame when another takes this control away from them; it is a completely novel situation. Future research should examine the differences in mental health consequences that sexual victimization has for women who are homeless compared to the general population of women, which may reveal important differences that speak to the well-being of women who are homeless.

Another hypothesis that was not supported was that greater food insecurity was not significantly associated with poor body esteem. Research has shown that food insecurity can lead to weight gain because the individual must buy cheaper, unhealthy foods, and may be more likely to binge when food is available (Bove & Olson, 2006). This weight gain does not necessarily equate with poorer body esteem because food is a basic survival need. The food insecure individual may be grateful to get any food at all and be unconcerned about health or weight gain. Gaining weight may actually be looked upon favorably because it may feel like security for the future if food becomes unavailable again. Furthermore, our sample included a very diverse group of women, with the majority classifying themselves as women of color. Existing research shows that White women may be much more likely to endorse the thin ideal (Moradi & Huang, 2008), and women of color may have differing standards of beauty, such as a curvaceous ideal (Buchanan et al., 2008; Overstreet et al., 2010). In the regression analysis

controlling for weight, age, and race, it was found that race was significantly related to body esteem; women who were White tended to have lower body esteem, and women of color tended to have higher body esteem. This adds further support to previous research, which has found that women of color were less likely to have high body dissatisfaction (Anderson et al., 2002; Breitkopf et al., 2007), and more likely to endorse the curvaceous ideal (Buchanan et al., 2008; Overstreet et al., 2010). Previous research has also shown that for African-American women, a strong racial identity can serve as a buffer against poor body image (Watson, Ancis, White, & Nazari, 2013). It also speaks to why food insecure individuals that binge and eat unhealthy foods may not have poorer body esteem. The regression analysis also found that weight was marginally related to body esteem; those who weighed more tended to have lower body esteem, and those who weighed less tended to have higher body esteem. However, because the average woman in our sample was overweight, this may indicate feelings about one's health instead of adoption of mainstream ideals.

Though food insecurity was not associated with poor body esteem, it was part of a triad of associations with identity confusion and sexual victimization, where all variables were significantly correlated with each other. Food insecurity may signify a more chaotic lifestyle that increases exposure to dangerous conditions that may lead to sexual victimization, whereas those who have regular access to a soup kitchen or a shelter may have more of an established routine that allows for maintenance of identity and greater safety. Although food insecurity was not associated with length of homelessness, it was significantly correlated with being currently homeless, which adds further support to the idea that food insecurity may signify a more tumultuous lifestyle. Furthermore, since food is a basic need, not knowing when the next meal will be may become an overpowering focus disrupting identity. Lack of adequate nutrition could

also affect mental processes needed for a stable identity. Women who are sexually victimized may also become confused about who they are if their body is not treated as their own. It is also possible that women who are sexually victimized may experience debilitating effects that make it more difficult to find enough food. Causal relationships between food insecurity, identity confusion, and sexual victimization remain unclear, and future research should analyze the connections between these variables.

The hypothesis that those who have less access to hygiene products or facilities will be more likely to have poor body esteem was supported through a regression analysis when controlling for race, weight, and age. The mean for hygiene access was high for our sample, but our data supports that those who do not have regular access to hygiene products or facilities are more likely to feel poorly about their bodies. To our knowledge, no existing research has been conducted on this topic, but it seems likely that those without consistent access to hygiene products may feel worse about their bodies because good hygiene signifies a certain level of human dignity. It is a human need to be clean, and when access to showers or hygiene products is limited or denied, this could affect feelings of self-respect or self-worth. Furthermore, feeling unclean can certainly be unpleasant, and could lead to feelings of resentment for how much attention the body needs or insecurity for how one's body appears to others. These findings show that it is important for the well-being of women experiencing homelessness to have consistent access to hygiene products and facilities. If given hygiene products, women may feel better about their bodies, which may increase their self-esteem. Thus, it appears important that organizations serving homelessness find ways to meet these needs. Future research should examine more generally how not being able to meet basic needs for oneself can affect how one feels about the self.

Unexpectedly, hypotheses related to self-objectification could not be tested because the Objectified Body Consciousness Scale (OBCS) had very poor reliability with this sample. This suggests that the scale may not be applicable to this population. An analysis of individual items within the scale clearly shows that those experiencing homelessness may interpret the questions in vastly different ways from the typical populations that have been previously used with this scale, such as college students. For example, one item in the surveillance subscale says “I think more about how my body feels than how my body looks.” When considering this question, the average female may consider whether she frequently wears clothing to be comfortable or to look attractive to others. Yet a woman experiencing homelessness may have an entirely different perspective on the item because the word “feels” in this context could be associated with pangs from hunger, lack of sleep, lack of energy from excessive walking, lack of ability to take consistent showers, discomfort from sitting on hard surfaces, or lack of an ability to regulate body temperature. Furthermore, even if a woman experiencing homelessness does associate this item with clothing choice, it may be much more difficult for this population to sacrifice comfort in favor of fashion, and there may be fewer clothing choices.

Another example of how homeless women may have an incomparable perception of items in the OBCS is shown through the body shame subscale, where one item reads “when I can’t control my weight, I feel like something must be wrong with me.” As research has shown, homeless women may be forced to eat unhealthy foods because of the low cost, and may frequently binge when food is available, leading to weight gain. Thus, for this population, this particular item may be more accurately measuring how an individual feels about their economic situation rather than how they feel about their body.

Similarly, an item from the control beliefs subscale reads “I really don’t think I have much control over how my body looks.” While women from the general population may consider genetics when they think about control of their appearance, a woman who is homeless may be more likely to think about a lack of financial resources to buy expensive clothing, hygiene products, or even to use a shower consistently. Thus, for women experiencing homelessness, this question measures an entirely different variable than the OBCS intends. This discredits the validity of the scale for this population, suggesting that a new scale should be created to measure self-objectification that specifically considers the unique life circumstances of women experiencing homelessness.

Limitations and Future Research

Interpretations of the results should take into account the limitations of this study. One central limitation is that we used a fairly small sample size. We started with 60 participants, but excluded 5 from analysis due to failure to follow the directions when filling out the survey. There were only 9 women who were not currently homeless, which was a small sample size for the analysis comparing those who were currently homeless to those who were not. Therefore, any significant results found should take this into account. Despite this limitation, we had a very diverse sample across many sociodemographic characteristics, including race, education, marital status, employment status, age, weight, and many others. Another limitation of the study is that the surveys were administered in a Women’s Center where there were at least a few women at all times. Those that had filled out a survey did so in their own section of the room, but occasionally there were distractions if friends came to talk to them. These distractions may have disrupted our participants’ thinking and minimized a feeling of complete privacy, which may have influenced the results. This environment also seemed to produce a desire to finish the survey as quickly as

possible so that participants could talk with their friends, and therefore some surveys may have been carelessly filled out for efficiency. Furthermore, because the survey took about 15-20 minutes to complete, this frustrated some women and likely increased false answering to get through the survey. Despite these factors that make the validity of this study questionable, it is remarkable that we had significant findings. Our current findings may be an underestimation because of this, and it is possible that correlations would have been stronger without these issues. Lastly, this study was correlational in nature and did not examine causality. Therefore, conclusions must not infer a causal relationship between variables.

This was an exploratory study on the body image of women experiencing homelessness. Future research should evaluate whether there are differences between those who have ever been homeless with those who have a low income to fully determine how homelessness is related to body esteem. It may also be important to explore other factors not examined in this study that may be associated with body esteem for this population, such as substance use, physical disabilities or health concerns, social support (including the impact of acquaintances, friendships, and intimate relationships), or even seasonal weather. For instance, it may be possible that the extreme weather of winter and summer months may affect clothing choice, and therefore how homeless women feel about their bodies. Regarding physical disabilities and health concerns, individuals experiencing homelessness have a high incidence of physical diseases. Daiski (2007) found that homeless men and women reported that shelter life spreads diseases due to close quarters, and violence is commonplace both in shelters and on the streets. This may place those impacted by homelessness at greater risk for health concerns. Of homeless individuals that have health concerns, one study found that only 53% are receiving treatment (Piliavin, Westerfelt, Wong, & Afflerbach, 1994). Research has also shown a link between physical disability and

poor body image (Moin, Duvdevany, Mazor, & 2009), suggesting that this may be an important variable to measure for this population. Social support may additionally play a role in body esteem for homeless women, as previous research has shown that homeless women in nonconflictive relationships are significantly more likely to have greater self-esteem (Nyamathi, Wenzel, Keenan, Leake, & Gelberg, 1999). Perhaps these feelings would extend to the body. Furthermore, this study only utilized women accessing services from a nonprofit, but there may be significant differences between this group of women and women who live on the street. It may also be important to evaluate the body esteem of women who have transitioned out of homelessness and are adapting to mainstream society, as this may be difficult to negotiate this shift if a homeless identity has been established. It may also be helpful to examine the body esteem of homeless children, as this age group may be likely to compare themselves with peers. Lastly, perhaps the body esteem of men experiencing homelessness would differ from that of women. It may be informative to compare body esteem among men and women, and also to compare men who are homeless with men who have never been homeless.

Conclusion

This study focused on a diverse, underrepresented group in body image research: women experiencing homelessness. The objective was to extend the objectification theory framework to this population, as well as to explore the relationships between the unique challenges associated with homelessness and body esteem. Particularly, this study analyzed whether homelessness, including length of time that an individual was homeless, or whether the individual was currently or not currently homeless, was associated with any of these variables, including body esteem. The general findings were that body esteem levels were moderately high among this population. Body esteem was not correlated among all variables, including homelessness, except for access

to hygiene products and facilities. Predictably, body esteem was also positively correlated with self-esteem. The implication is that some of the challenges of homelessness may serve as a protective factor against body esteem concerns, while other challenges may contribute to poor body esteem in a unique way. It appears that this population may experience their bodies differently, but it is still resulting in similar levels of body esteem compared to other populations of women. Due to the strong association that body esteem had with self-esteem, it may be important to find ways to offer more effective outreach or other services to women experiencing homelessness that may have body esteem concerns.

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Table 1

Means, Standard Deviations, and Bivariate Correlations

Survey Scale	<i>M</i>	<i>SD</i>	1	2	3	4	5	6
1. Body Esteem	3.73	0.97	-					
2. Length of homelessness	44.60	58.89	0.19	-				
3. Identity Confusion	2.95	0.78	-0.12	-0.09	-			
4. Hygiene	5.63	1.92	0.13	0.12	0.08	-		
5. Sexual Victimization	3.56	4.19	0.00	0.26†	0.45**	0.04	-	
6. Food Insecurity	5.20	3.36	-0.09	0.05	0.38*	0.13	0.46**	-
7. Self-Esteem	3.46	0.85	.42**	0.06	-0.49***	-0.06	-0.37**	-0.25

Note. † $p < .10$, * $p < .05$, ** $p < .01$, *** $p < .001$

Table 2

Differences between Currently Homeless and Not Currently Homeless

	Currently homeless (<i>n</i> = 46)	Not currently homeless (<i>n</i> = 9)	<i>t</i>
Identity Confusion	3.06 (0.78)	2.46 (0.60)	2.16*
Sexual Victimization	3.52(4.27)	3.78 (3.99)	-0.17
Hygiene	5.73 (1.80)	5.11 (2.52)	0.88
Food Insecurity	5.63 (3.44)	2.86 (1.46)	3.53*
Body Esteem	3.63 (0.97)	4.17 (0.89)	-1.53
Self-Esteem	3.35(0.82)	4.01(0.82)	-2.19*

Note. **p* < .05

Table 3

Regression Analysis: Relationship with Body Esteem When Controlling for Age, Weight, and Race

Predictors	B	SE	β	p
1. Age	.02	.01	.19	.23
2. Weight	-.01	.00	-.31	.05
3. Race	-.62	.30	-.34	.05
4. Length of Homelessness	.00	.00	.13	.42
5. Identity Confusion	-.00	.22	-.00	.99
6. Self-Esteem	.33	.20	.31	.10
7. Sexual Victimization	.03	.04	.15	.41
8. Food Insecurity	.01	.05	.05	.77
9. Hygiene	.17	.07	.34	.04