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INTERSECTING VULNERABILITIES, INTERSECTIONAL DISCRIMINATION, AND STIGMATIZATION AMONG PEOPLE LIVING HOMELESS IN NICARAGUA

Short title: Discrimination and stigma of homeless people.

José Juan Vázquez[a], Alexia C. Suárez[b], Alberto E. Berríos[c], Sonia Panadero[d]

[a] Universidad of Alcalá. Department of Social Psychology. Alcalá de Henares, Spain
[b] Instituto Universitaro de Investigación en Estudios Latinoamericanos (IELAT). Universidad de Alcalá. Alcalá de Henares, Spain
[c] Universidad Nacional Autónoma de Nicaragua. Department of Psychology. León, Nicaragua
[d] Universidad Complutense of Madrid. Department of Personality, Evaluation and Clinical Psychology. Madrid, Spain.

Corresponding author: José Juan Vázquez, Department of Social Psychology, Universidad de Alcalá, Aulario María de Guzmán, C/San Cirilo, s/n, 28804 Alcalá de Henares, Madrid, España. E-mail: jj.vazquez@uah.es

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Abstract

Objective: The main objective of this study is to examine the intersecting vulnerabilities, intersectional discrimination and stigmatization experienced by homeless people living in León (Nicaragua). *Method*: The data analyzed come from a Point-In-Time count carried out in the city of León, which identified 82 people living homeless. Forty-seven of the people identified responded to a brief questionnaire that provided more accurate information. *Results*: The results obtained showed that people living homeless in León largely presented "non-white" ethnic-racial traits, poor personal hygiene, readily visible physical health problems, and observable symptoms associated with mental health problems and alcohol and/or drug abuse. *Conclusions*: The information we obtained showed that people living homeless in León were subject to multiple intersecting vulnerabilities and aggravated forms of intersectional discrimination and social stigmatization, with a cumulative effect that could be highly detrimental to their social inclusion processes, leading to high levels of chronification of homelessness.

Key words: Homeless; Intersecting vulnerabilities; Intersectional discrimination; Stigma; Social exclusion; Nicaragua

Introduction

Goal 1 of the Sustainable Development Goals (SDG) is "End poverty in all its forms everywhere," leaving no one behind. Homelessness is one of the most extreme forms of poverty and social exclusion (Vázquez, Panadero, & Zúñiga, 2017), and a global phenomenon that affects both the developed and developing worlds (Busch-Geertsema, Culhane, & Fitzpatrick, 2016; Panadero, Guillén, & Vázquez, 2015; Tipple & Speak, 2009; Vázquez, Berrios, Bonilla, & Suarez, 2019a). Regardless of the cultural characteristics and the level of development of the country they live in, people living homeless are subject to multiple intersecting vulnerabilities related to issues such as extreme poverty, lack of social and community support networks, physical and mental health problems, coping with multiple and serious stressful life events, or difficulties in gaining access to the labor market (Panadero, Vázquez, & Martín, 2017; Vázquez et al., 2017; Vázquez, Suarez, Berrios, & Panadero, 2019b, in press). Unfortunately, the way in which someone experiences a disadvantage is inevitably determined by the other disadvantages they suffer from. Intersecting vulnerabilities therefore tend to create hardships which are far greater than the sum of each factor, meaning that each factor amplifies the effect of the others, leading to greater experiences of hardship (Corus, Saatcioglu, Kaufman-Scarborough, Blocker, Upadhyaya, & Appau, 2016).

Many of the intersecting vulnerabilities experienced by people living homeless can affect how they suffer from intersectional discrimination, which is defined as discrimination based on multiple social identities or positions. Various grounds for discrimination are combined in intersectional discrimination, leading to multiple overlapping and interdependent discrimination systems. As with intersecting vulnerabilities, intersectional discrimination creates hardships which are much greater than the sum of each individual factor of discrimination, with each factor amplifying the effect of the others and leading to greater experiences of discrimination. Unfortunately, suffering from intersectional discrimination can limit opportunities for receiving help, given the more limited tendency to provide help (from both individuals and institutions) to people who are considered responsible for their situation or who are considered potentially dangerous. In addition, perceived discrimination can have a highly negative impact on issues such as the search for help by those suffering from it, their access to welfare services, and suffering from poverty and social marginalization (Thornicroft, Kassam, & Sartorius, 2007). According to Scheim & Bauer (2019), knowledge of intersectionality would provide a framework for understanding multiple, interacting, and context-dependent forms of social disadvantage based on social identity and position.

Stigmatization occurs when a person possesses a real or imagined attribute or characteristic that gives them a negative or devalued social identity in a given context. Stigma is considered a deeply devaluing attribute, which degrades and humiliates the person experiencing it (Goffman, 1963), who is associated with undesirable characteristics (Jones, Farina, Hastorf, Markus, Miller, & Scott, 1984). The way in which stigmatized people are treated and their subjective experience depends largely on the *visibility* of the stigma (the degree to which it is apparent) and its *controllability* (the degree to which the persons concerned are considered responsible for it). Social stigma encompasses beliefs, emotions and behaviors towards people who have a specific stigmatizing condition (Belcher & DeForge, 2012), and creates social rejection that can take the form of negative emotional reactions and behaviors, aversion to interaction, avoidance, opprobrium, dehumanization, depersonalization, etc. (Vázquez, 2016). The perceived stigma (Cechnicki, Angermeyer, & Bielańska, 2011) also leads people to anticipate the negative consequences they will experience due to having a stigmatizing attribute, even when those consequences have not arisen. The cumulative effect of various types of

discrimination could be particularly detrimental to people who have multiple stigmatizing social identities (Skosireva, O'Campo, Zerger, Chambers, Gapka, & Stergiopoulos, 2014), a description which usually applies to people living homeless. Negative characteristics are often attributed to people living homeless (Vázquez et al., 2017), who are blamed for their circumstances, and their homelessness is considered a problem due to the individual rather than a structural problem of the system (Hopper, 2003). Kidd (2009) also points out that among the people living homeless a perceived stigma predicted loneliness, suicidal ideation and low self-esteem.

In countries with low levels of economic and social development (which generally have limited and unstable social welfare resources) which are culturally collectivist (where belonging to a few groups, the individual's commitment to their group, harmony and cohesion within the group are all encouraged), homelessness has idiosyncratic characteristics (Vázquez et al., 2019b), and those living homeless may experienced a particularly large number of intersecting vulnerabilities. In culturally collectivist contexts with low levels of economic development, people living homeless can belong to several severely disadvantaged groups simultaneously, and suffer from aggravated forms of intersectional discrimination. Together with their stigmatization, this situation can separate them from their social, community and family networks, seriously restrict their processes of inclusion, and lead to their extreme poverty and social exclusion becoming chronic (Vázquez & Panadero, 2016).

Nicaragua, with an estimated population of 5.5 million inhabitants, is one of the Latin American countries with the lowest levels of development (UNDP, 2018), where 24.9% of the population lives below the national poverty line (UNDP, 2018). Estimates suggest that around half of León's approximately 185,000 inhabitants live below the poverty line, and that major population groups live in extreme poverty (Vázquez, Panadero, & Rivas, 2015). People in a situation of extreme poverty and/or social exclusion in León mainly come from poor families, and their social difficulties tend to become chronic (Vázquez & Panadero, 2016). Nicaragua is a country with a collectivist culture, where integration and commitment to the group are particularly important. Accordingly, given the country's low level of economic development, community and family social networks play a crucial role in providing protection against adversity. Vázquez et al. (in press) report that despite the major cultural and economic development differences between some countries (i.e. Nicaragua and Spain), many of the characteristics and needs that people living homeless present are very similar, albeit with idiosyncratic features in each context. Dealing adequately with the issues that affect people living homeless in different contexts requires a multidisciplinary approach, and must involve many contributions from various academic fields.

This study focuses on an understudied group: people living homeless in León (Nicaragua). The article considers in depth some aspects that can lead to certain people becoming homeless and remaining chronically so in a region which has high poverty rates, and increases knowledge of the phenomenon of homelessness in culturally collectivist contexts. The article also provides information that may be useful for designing policies, programmes and mechanisms for care aimed at preventing people from becoming homeless, and where appropriate, at fostering their social inclusion or at least at improving their difficult circumstances.

Method

A Point-In-Time (PIT) count was carried out in the city of León (Nicaragua) (Suarez, Berrios, Bonilla, & Vázquez, 2018) to determine the number and characteristics of people living homeless who met the criteria of belonging to "Category 1" (People without accommodation), Subcategory 1 (a) "(People sleeping in the streets or in other open spaces) of the "Global

Homelessness Framework" (Busch-Geertsema et al., 2016). The PIT count identified 82 people living homeless (76% men; 23% women; 1% without data) in the city's streets, with an estimated mean age of 47.1 years (SD = 19.199). Forty-seven (57%) of the 82 people contacted (72% men; 25% women) answered a brief questionnaire, in which they reported that their mean age was 46.4 years (SD = 18.984) (Vázquez et al., 2019a).

Results and discussion

In Nicaragua (a culturally collectivist country, with a medium-low level of economic and social development) extreme poverty and homelessness are stigmatizing situations, which usually implies high levels of disengagement from the family and community, and significant health problems (Vázquez et al., 2019b). In addition to these circumstances -which are in themselves stigmatizing and give rise to serious discrimination issues, there are ethnic-racial factors, given that 99.8% of the interviewees living homeless in León said they were "non-white": 97.7% described themselves as "Mestizo" (i.e. Mixed race) and 2.1% said they were indigenous. Discrimination on ethnic-racial grounds is an endemic problem in Latin America (Dulitzky, 2005), and is an issue in Nicaragua, where the opportunities for upward social mobility among people considered "non-white" are more limited, despite the majority of the country's population considering itself "Mestizo".

Furthermore, very large percentages of the people living homeless identified presented other stigmatizing characteristics, which were generally readily apparent and are often considered as "controllable" by the domiciled population, and could have an impact on how these people suffer from intersectional discrimination. Seventy seven percent of the people identified had poor or very poor hygiene, largely due to the intense heat and high levels of humidity in the city of León throughout the year, the lack of resources for washing themselves, difficulties in access to clothing and washing it, etc. (Vázquez et al., 2019a). Likewise, 57% (41) of the people living homeless who were identified (75% men; 25% women) presented visible symptoms associated with mental health problems, and 39% (16) of those interviewed (62% men; 37% women) reported suffering from a mental health problem. It was impossible to interview the people identified who had very severe mental health problems, primarily because they were unable to respond to the interview or because they could not provide consistent information. The people living homeless identified who had visible symptoms associated with mental health problems and the people living homeless interviewed who reported suffering from mental health problems differed in various aspects from those who did not present this type of symptoms, as shown in Table 1.

As can be seen in Table 1, a larger percentage of the people living homeless (who were all extremely poor and mostly non-white) who had visible symptoms associated with mental health problems presented poor personal hygiene, a poor physical appearance (e.g. extreme thinness, injuries, oral health problems, dermatological problems) and visible symptoms associated with alcohol or drug abuse (mainly inhaling glue). A larger proportion of the people who reported suffering from mental health problems also stated that they engaged in begging. Presenting visible symptoms of mental health problems may lead to physically impaired people living in the street being considered potentially dangerous. If other vulnerabilities are added to those mentioned above (e.g. extreme poverty, "non-white" ethnic-racial traits), this can lead to particularly severe processes of stigmatization, fostering multiple intersectional discrimination that engenders negative emotions among the domiciled population (e.g. fear, unease, distrust) and discriminatory behaviors (e.g. avoidance, rejection), leading the people living homeless to

become more detached from their family and community networks and the chronification of their homeless situation.

Table 1. Differences according to mental health problems among people living homeless in León (Nicaragua)

Estimated data for people living homeless identified (by observation)	**Presented visible symptoms of mental health problems (n = 41)**	**Did not present visible symptoms of mental health problems (n=31)**	**Chi/t**	**v**
Dirty or very dirty clothing	65% (36)	21% (4)	8.941**	.352
Poor or very poor personal hygiene	72% (38)	17% (3)	16.667***	.485
Poor physical appearance	74% (37)	18% (4)	19.415***	.519
Observable symptoms associated with drug abuse problems	80% (24)	38% (15)	11.906***	.415
Observable symptoms associated with alcohol abuse	68% (25)	42% (13)	4.495*	.257
Data collected for from people living homeless interviewed (by interview)	**Reported suffering from mental health problems (n = 17)**	**Did not report suffering from mental health problems (n = 25)**	**Chi/t**	**v**
Begs in the street	69% (11)	12% (3)	13.973***	.584
Has problems with drug use	37% (6)	8% (2)	5.104*	.357

Those under 30 years old accounted for 27% (22) of the people living homeless identified in León, of whom 82% were male and 18% female. Among those under 30 years of age, a larger percentage (80%, 16) had visible symptoms associated with drug abuse (e.g. behavior associated with sniffing glue, blank/empty gaze, difficulties in processing information and in articulating themselves coherently, drowsiness, light-headedness, excitement), while the percentage of those presenting these symptoms among those over 30 was 25% (15) ($\chi 2(1, N=80)=14.95$, $p<.001$). Twenty-five percent (11) (91% men; 9% women) of the people interviewed were under 30 years old. A larger percentage (60%, 6) of these interviewees aged under 30 reported consuming inhaled glue than the percentage for those over that age (13%, 4) ($\chi 2(1, N=43)=8.71$, $p<.01$). The high level of consumption of inhaled glue among younger people living homeless is associated with possible aggressive and criminal behaviors and a high level of danger by the domiciled population (this is a particularly stigmatizing issue in an environment as violent as Central America), which would lead to discriminatory behavior towards this group. Because of their youth, their consumption of psychoactive substances, their extreme poverty and their ethnic-racial status as "non-whites," this group of young people living homeless tends to be perceived as "potentially dangerous idlers and crooks," who choose an "easy life" because they do not want to work, and they are considered responsible for their situation. This perception leads to this group becoming distanced and detached from both the domiciled population and public institutions and government bodies, enhancing their isolation, limiting their opportunities to receive help, and reinforcing the chronic nature of their homelessness.

Meanwhile, a significantly higher percentage of the people living homeless interviewed who were over 60 years old - 32% (14) of the interviewees (77% men; 23% women), reported suffering from an illness (61%, 8) compared to those under 60 (28%, 5) ($\chi 2(1, N=44)=5.27$, $p<.05$). Likewise, a higher percentage of those over 60 years old reported that they had physical

disability (46%, 6) than those under that age (14%, 4) ($\chi 2(1, N=44)=4.89$, $p<.05$). The percentage of war veterans (71%, 10) was much higher among those over 60 years of age than among those under 60 (33%, 10) ($\chi 2(1, N=44)=5.59$, $p<.05$). A large percentage of the elderly people living homeless (who were extremely poor and had "non-white" ethnic-racial traits) suffered from health problems, which were largely readily apparent: dermatological problems, injuries, mutilations, extreme thinness, mobility difficulties, etc. Together with factors such as inadequate hygiene or observable health problems, the perception of older homeless people with visible stigmatized characteristics leads to concern among the domiciled population, including about infection by possible diseases (e.g. tuberculosis, hepatitis, skin diseases, lice, respiratory infections, etc., or "some disease" defined in indefinite terms). This fear of infection by contagious diseases in an context with limited and precarious healthcare resources like Nicaragua, in addition to the usual avoidance behaviors that stigmatized people experience as a matter of course (Vázquez, 2016), affect the social isolation of older people living homeless, and limit their opportunities to improve their situation.

Conclusions

As reported in observations in various cultural contexts (Hopper, 2003; Panadero et al., 2015) people living homeless in León were subject to multiple intersecting vulnerabilities (e.g. non-white ethnic-racial traits, extreme poverty, homelessness, physical and mental health problems) and presented attributes and characteristics considered socially negative. Some of these (e.g. poor personal hygiene, alcohol and drug abuse) were highly visible (i.e. they are noticed easily) and tend to be considered controllable -meaning that the person suffering from them tends to be held responsible. Unfortunately, the tendency to attribute responsibility to people living homeless for their situation means that they are less likely to receive help.

The vulnerabilities which affect people living homeless in both the developed and developing worlds (Busch-Geertsema et al., 2016; Panadero et al., 2015; Tipple & Speak, 2009; Vázquez et al., 2019a) are increased and enhanced in environments like Nicaragua, a country with one of the lowest levels of development in Latin America (UNDP, 2018). It is culturally collectivist (Vázquez et al., in press), and suffering from a large number of stressful life events of significant severity from a very early age is common among its population (Vázquez et al., 2019b). This issue is particularly pronounced among the country's most disadvantaged groups (Vázquez et al., 2019b). Nicaragua also has major shortcomings in its public policies and care programmes for groups experiencing social exclusion, to the extent that there is no public care mechanism or programme for people living homeless in the city of León.

Stigmatization due to the perception that people living homeless have characteristics and attributes that devalue them degrades these people (Goffman, 1963) and associates them with undesirable characteristics (Jones et al., 1984). This leads to social rejection, which takes the form of negative emotional reactions and behaviors, aversion to interaction, avoidance and dehumanization (Vazquez, 2016). People therefore tend to blame homeless people for their situation, and consider the issue of homelessness an individual problem rather than a systemic structural issue, and as a result institutions and governments largely failed to take action to alleviate the problem. Meanwhile, the "perceived stigma" (Cechnicki et al., 2011) makes people living homeless themselves anticipate the negative consequences they will experience due to having stigmatizing attributes, even if those consequences have not occurred. Furthermore, the stigmatization and intersectional discrimination experienced by people living homeless in León distances them from their family, social and community networks, limits their inclusion processes, and leads to high levels of chronic homelessness. Unfortunately, in culturally

collectivist contexts, although there is a strong tendency to protect and help members of the ingroup, there is usually less willingness to provide support to people considered as belonging to the outgroup (Vázquez 2016; Vázquez & Panadero, 2016).

Among people living homeless, the cumulative effect of suffering from multiple intersecting vulnerabilities, together with having to deal with aggravated forms of intersectional discrimination, can have extremely detrimental effects on their processes of social inclusion. In addition to the problems mentioned above, the domiciled population in Nicaragua tends to associate people living homeless with other stigmatizing social identities (drug addicts, alcoholics, dangerous mental patients, carriers of infectious-contagious diseases, lazy and conflictive youths, etc.). In León, people living homeless - who are visibly poor, non-white and have very poor levels of hygiene - tend to be classified as "crazy" (i.e. as people with serious mental illnesses, who are considered unpredictable), "huelepegas" (i.e. as young consumers of inhaled glue, and considered dangerous) and/or "sick" (i.e. as potentially infectious), creating emotions of fear and mistrust among the domiciled population. These negative emotions are enhanced in the Nicaraguan context by the latent fear among the population of violence carried out by groups of young substance abusers (which is a particularly serious problem among the "mara" gangs of the Northern Triangle of Central America), fear of infection by diseases (a particular concern given the extreme weakness of the healthcare system in Nicaragua), and the suspicions aroused in collectivist cultures by individuals who are estranged from their families and their communities, and who are therefore not subject to the social controls exercised by the ingroup. The social stigmatization and intersectional discrimination suffered by people living homeless may have a strong impact on the interviewees in León reporting a high level of chronification of their homelessness**,** so that of the 41 people who provided information about how long they had been homeless, 80% (33) had been homeless for more than one year and 66% (27) had been homeless for more than 5 years.

The present study has several limitations, including the fact that it was not possible to locate all the people living homeless in the city of León during the PIT. As there was no prior information on the number and characteristics of these people, it is therefore impossible to guarantee that the sample is fully representative. Another limitation of the study stems from the fact that it was impossible to interviewing a substantial proportion of the people living homeless who were contacted, mainly because they were asleep, suffer from very severe cognitive impairments, or consume very large amounts of alcohol and/or drugs. Likewise, the limited number of people living homeless on the streets of León made it difficult to carry out analyses disaggregated according to variables usually associated with vulnerability factors (e.g. gender, disability, etc.), and this had an impact on the analyses carried out and the conclusions obtained. Furthermore, this is a cross-sectional study design, and caution must therefore be exercised when trying to establish causal relationships. Finally, although the research is limited to the city of León (Nicaragua), we believe that the information obtained can to a large extent be generalized to other areas with similar cultural and socioeconomic characteristics, especially in Central America.

In culturally collectivist contexts with limited and precarious social welfare resources, it would be important to implement initiatives aimed at encouraging the restoration of social networks among people living homeless, and to provide support for families and communities in the provision of basic care for their relatives and neighbors experiencing social exclusion. This would substantially reduce the intersecting vulnerabilities that affect this group.

It should also be noted that in the city of León (Nicaragua) the limited number of people living homeless (Suarez et al., 2018; Vázquez et al., 2019a, in press) would enable personalized

support programmes to be implemented at a relatively affordable cost. The most important strategies to prevent chronification among people living homeless and to improve their quality of life (Vázquez et al., in press), include implementing street outreach strategies, with personalized support, focusing particularly on those who are most vulnerable and experience the highest levels of intersectional discrimination: e.g. senior citizens, people with severe mental illness, disabled people, people with serious physical illnesses… People with serious mental health problems would require special attention, given their important needs and the particular stigmatization and discrimination they experience.

According to Vázquez et al. (in press), a crucial issue in improving the situation of people living homeless in Nicaragua would be meeting at least their most basic needs, i.e. water, food, clothing, healthcare, medicines, hygiene, and opportunities to wash their clothes. Among other issues, adequate attention to the basic needs mentioned would reduce the visibility of some of the most seriously stigmatizing attributes and characteristics (i.e. poor personal hygiene, dirty clothing, poor physical appearance….) and this would have positive repercussions both on the way they are treated by the domiciled population, as well as on their subjective experience and on the intersectional discrimination they suffer from. Likewise, attention to the basic needs mentioned above would reduce the barriers that hinder (or prevent) people living homeless from gaining access to public sector health and social care resources, while fostering the development and reinforcement of their family and community social networks.

Finally, it would be very useful to design strategies aimed at raising public awareness of the effect of the most negative stereotypes (related to race, mental health, gender, age, disease, substance abuse, etc.) on the stigmatization and intersectional discrimination that the most vulnerable groups suffer from. It would also be very important to make the population aware that the issue of homelessness is a structural social problem, rather than the result of the dispositional characteristics of the individuals who suffer from it.

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