

**“A PLACE OF MY OWN”**

**HOMELESS FAMILIES IN THE NEW YORK CITY SHELTER SYSTEM:  
THE LONG-TERM STAYERS**

**A COMPARATIVE STUDY OF HOMELESS FAMILIES HEADED BY  
WOMEN**

**By**

**ADINA GOLDSTEIN**

A dissertation submitted to the Graduate Faculty in Social Welfare in partial  
fulfillment of the requirements for the degree of Doctor in Social Welfare,  
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This Manuscript has been read and accepted for the  
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## Abstract

“A PLACE OF MY OWN”  
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By

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This study was conducted to gain a better understanding of common themes among homeless families headed by women, their experience in the shelter system, and key factors that affect their ability to move out of the system into permanent housing in the community. Their experiences offer valuable lessons about the challenges of obtaining housing and the services needed to ensure a successful transition to self-sufficiency.

In New York City, most families are able to move into stable housing within nine to 12 months. However, a small group of families remain in the shelter system for additional months and even years. Government authorities and service providers in NYC refer to these families as the Long-Term Stayers (LTS).

This comparative study integrated multiple research methods, including qualitative and quantitative methods. The quantitative analysis, based on data-mining (Epstein, 2001) of the demographic data of 1820 female headed families

who entered the NYC shelter system in 2003, was obtained with permission from DHS's Client Tracking System (CTS). This study used cross-tabulation of multiple variables and regression analyses to reach its conclusions.

The qualitative analysis was based on two different sets of in-depth interviews. A semi-structured interview was conducted with 15 homeless mothers who lived in the shelter system for more than 18 months and with 15 female heads of household who were able to leave the system within nine months. The comparison between the LTS with the STS families was aimed at bringing to light new information about the homeless families and their struggle to move out of the system. Another set of interviews was conducted with seven key informants individuals who participate in the service delivery sector (shelter staff, advocates, and policymakers at DHS).

The study's findings are discussed in the context of the women's lives, which included long histories of poverty, abuse, lack of social support. They shed light on both systemic and personal factors that contribute to the increased length of stay of families in the shelter system. Findings from this study have implications for program development and for public policy making at municipal and federal levels. Recommendations for future research are presented.

Adina Goldstein obtained permission from DHS to conduct this study. The analyses and interpretations expressed herein represent the opinions and conclusions of Adina Goldstein and do not necessarily reflect the opinions of DHS or its staff.

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## **CHAPTER I: INTRODUCTION**

In the last three decades, homelessness has become one of the most prevalent social issues in the United States. During the 1980s and 1990s, families of women and children have been the fastest growing subset of homeless individuals. While the exact number of homeless people in the United States is not known, there would appear to be at least 3 million homeless individuals, according to most respected estimates by the Urban Institute (Urban Institute, 2000). In its landmark studies on homelessness, conducted in 1996 and repeated in 2000, the Urban Institute estimated that there are about 3.5 million people, 1.35 million of whom are children, who are likely to experience homelessness in any given 12-month period. In 2001, the Institute estimated that, on any given day, there are 800,000 to 1.5 million individuals who are considered homeless in the United States, including 200,000 children (Urban Institute, 2001). These individuals live in temporary shelters, abandoned buildings, parks, tents, cars, or double and triple up with others in unfit apartments. According to the U.S. Mayors Task Force on Hunger and Homelessness (2001), in 25 surveyed cities, requests for emergency shelters increased by 17% between 1999 and 2000; requests for shelter by homeless families in those cities increased by 22%; and an estimated 52% of families' request for shelter went unmet due to lack of space.

Many scholarly essays have been written on homelessness, with writers scrutinizing its origins and chronicling the experiences of homeless individuals and families (Burt, 1999; Liebow, 1993; McChesney, 1993; Nunez, 1996; Rossi, 1998; Shane, 1996; Shinn et al. 1998). However, very few studies were written

about the plight of homeless families in the shelter system, and even fewer included qualitative studies. That's what makes this study potentially significant.

The federal government takes a different view toward homelessness than most homeless advocacy groups. For example, the McKinney-Vento Act, which affects policy and services, focuses on the sleeping arrangements of a person as the key factor in determining homelessness. Under the Act, persons are deemed homeless if they are sleeping in a shelter, or are part of a program that provides services for homeless individuals, or in a place not meant for human beings (McKinney, 1978; Burt, 2001; NCH, 2003). Advocates and researchers object to this definition, arguing that it is too narrow and not a description of the homeless condition. These advocates assert that some people might be able to pay for a room in a hotel for one or two weeks, but when their money runs out, they are forced to sleep in a park or on a train or double or triple up with relatives. According to the government's definition, however, under those circumstances, they might not be considered homeless. To solve their situation, some would argue, they should be able to access affordable housing and gainful employment (Burt, 2000; Baumohl, 1996).

The conundrum on defining homelessness also pertains to chronic homelessness. In 2000, the National Alliance to End Homelessness introduced a plan to eliminate chronic homelessness in the United States in 10 years. Since then, more governors and mayors have committed themselves to the goal of ending homelessness in a decade. The U.S. Conference of Mayors endorsed a

resolution to partner with the federal government to end chronic homelessness (NAEH, 2003).

On the part of the federal government, the move to end chronic homelessness began in March 2001 when HHS Secretary Tommy Thompson, HUD Secretary Mel Martinez and representatives of the U.S. Department of Veteran Affairs (VA), agreed to collaborate and explore goals, activities, and recommendations aimed at ending long-term and repeated homelessness (HUD, 2001). In 2003, NYC's Mayor Michael Bloomberg and DHS echoed the national trend and identified ending chronic homelessness as a priority for the department and the city.

Many writers and organizations advocating for the rights of homeless people denounce the federal government's definition of chronic homelessness as being too narrow. They argue that the definition focuses too heavily on people with disabilities; and fails to address the issue of poverty; and neglects the pool of people who are "one paycheck away from homelessness" who are at high risk of losing their homes and becoming "transitional homeless." They also point out that the government's definition of "chronic homelessness" excludes children who are homeless with their parents; parents (with or without disabilities) who are homeless and have children (with or without disabilities) with them; youth and single people with disabilities who are homeless yet have not been homeless long enough to fit the federal criteria; and unaccompanied individuals who are unwilling to be declared disabled and are homeless and in need of assistance. (NCH, 2002).

## **Homelessness and Female Headed Families**

Families comprise the largest subset of the homeless population (Burt, 1999; McChesney, 1993; Nunez, 1996; Shane, 1996). The majority of the families are headed by women who either left their home due to spousal battering, have been evicted for non-payment of rent due to unemployment, or have suffered cuts in their welfare benefits, that caused them to sink even deeper into poverty and end up losing their homes. Other families are headed by young mothers who doubled up with their family of origin and were forced out due to family disputes. Yet another large group is comprised of young women, with very young children, who aged out of the foster family system and group homes, and have no employment skills or financial means to obtain housing. They live with relative or friends, or they move from one temporary place to another until they wear out their welcome and end up on the street and move into the shelter system.

The effect of these constant moves on their children is devastating. Studies on the long-term effect of homelessness on young children found that homeless children experience cognitive and language developmental delays and suffer from sleep problems, aggression, and psychosocial distress. Due to constant moves, their school attendance is poor, and their ability to learn is impaired. (McChesney, 1995).

Many states and large cities have attempted to address the needs of homeless individuals and families by providing them with temporary shelter. While living in a shelter, the family receives a clean and furnished room or an apartment; gets adequate meals or the means to cook meals; and an opportunity

for their children to attend school in the immediate community on a regular basis. Many shelters provide access to medical and mental health services, as well as offer opportunities for job training for the unemployed parents.

These shelters provide temporary housing for these largely female-headed families with the goal of assisting them to find permanent housing in the community in an efficient manner, after having attained stability and the skills necessary to become self-sufficient. Most families are able to move out from the system into stable housing within a period of six to nine months. There is a relatively small group of these families, however, that is not able to meet this goal, and have stayed in the shelter system for many months and sometimes years. In New York City, government authorities and service providers refer to these families as the chronically homeless, or Long Term Stayers (LTS). For purposes of this study, LTS refers to those individuals and families who have been homeless for a period of 18 months or more, and are experiencing difficulties with obtaining permanent housing in the community, which conforms to the definition used by the Department of Homeless Services' (DHS) in 2003.

### **Previous Research**

Research studies attempting to understand homelessness among families have focused mainly on the front end of the experience by endeavoring to find the causes or predictors of homelessness, or by trying to understand who are the homeless and who are at risk (Stojanovic et al, 1999). A large body of research has focused on identifying causes that contribute to homelessness, including the

personal causative factors, such as mental illness, substance abuse, and other disabilities, and on systemic factors, such as poverty, unemployment and lack of affordable housing (Burt, 1992; Rossi, 1994; Shinn, 1992). Likewise, the majority of the studies on homelessness have focused on single men and women, many of who are characterized as chronically homeless. Although small in number, some classic ethnographic studies of homelessness described in detail the experience of street and shelter life (Liebow, 1993) and provided demographic characteristics of this population. More recently however, quantitative studies have been done on the topic of family homelessness, focusing mainly on the characteristics of the homeless mothers and children. Yet, notwithstanding the importance of the preceding body of work, there is little written on homeless families and their experiences in the shelter system from their own perspective; on factors that might help to predict the duration of homelessness; and on those who are chronically homeless.

As a result, little is known about the conditions that enable homeless families to move out from a state of homelessness into stable housing in the community, or what prevents them from accomplishing this goal. There is a need for more research studies that explore what principal factors act as obstacles to homeless families, preventing or delaying them from leaving the shelter system and reentering permanent housing.

This study could add to the existing body of knowledge on homelessness by exploring the experience of long-term homeless families in the NYC family shelter system from their own perspective. The study focused on both structural

and personal patterns. By comparing the demographic data of the 430 homeless families headed by women who are long-term stayers with the data of 1390 female headed families who moved-out in a more timely manner; by drawing on the experiences of 15 women head of household of families residing in the NYC shelter system for over eighteen months and that of 15 female head of household who are able to exit the shelter system in a period shorter than 12 months; and by interviewing key informants, a better understanding of the needs of homeless women and children as they struggle to become autonomous and was drawn and the following questions were able to be addressed:

- 1) Who are the long-term stayer families who reside in the family shelter system?
- 2) How did they become homeless?
- 3) What were their experiences in the shelter?
- 4) Do they view themselves as “homeless”? What does “home” and “homelessness” mean to them?
- 5) Are there identifiable factors that contribute to the length of stay of these families in the shelter system? What are the barriers to a more rapid move? What would help them?
- 6) How do the families see their future?
- 7) Based on the variables that will be identified, can we learn what resources are needed to assist families with similar characteristics to move out of the shelter system back into the community and to maintain housing stability?

The next chapter will review the various definitions of homelessness and include a brief history of homelessness in the United States. Various economic and personal issues related to homelessness will be discussed along with the demographics and characteristics of homeless families, and the effect of homelessness on mothers and children. The discussion will further narrow its focus on family homelessness in New York City and in the shelter system.

## CHAPTER II: LITERATURE REVIEW

This chapter includes a review of contemporary literature addressing the problem of homeless families.

Through an historical context the review examines issues related to six dimensions of the issue of homelessness: Definition of homelessness; history of homelessness in the United States; structural or external factors that contribute to homelessness; individual or internal barriers that cause individuals to become homeless; family homelessness and its characteristics; the shelter system and the factors that potentially increase length of stay.

Building on existing research studies and literature, this study explores the issue of homelessness among female-headed families and the variables that contribute to chronic homelessness. The discussion examines quantitative and qualitative research and theoretical literature that identified the factors that can facilitate or impede the ability of a homeless mother from exiting the shelter system into stable housing and becoming self-sufficient.

### **Definitions and Typologies of Homelessness**

The Oxford English Dictionary defines home as:

*“ a. A dwelling-place, house, abode; the fixed residence of a family or household; the seat of domestic life and interests; one's own house; the dwelling in which one habitually lives, or which one regards as one's proper abode. Sometimes including the members of a family collectively; the home-circle or household. In N. America and Australasia (and increasingly elsewhere), freq. used to designate a private house or residence merely as a building.”*

*b. “(Without qualifying word or plural.) The place of one's dwelling or nurturing, with the conditions, circumstances, and feelings, which naturally and properly attach to it, and are associated with it, a home from home, a place away from home which provides home-like accommodation or amenities; also (outside Britain), a home away from home.”*

For most people, the definition of HOME fits. For most people, home also is a permanent place where their family resides — a place that provide safety, security — where intimate interactions with family members occur. The physical structure of the house becomes a part of the family structure, where love, comfort, sleep, food, affection and social interactions take place. At the very least, to paraphrase Robert Frost: “Home is the place that if you must go there, you’ll be taken in.”

Generally, when we think or talk about homelessness, or about homeless individuals, we don’t use words like warmth, safety, food, or security. Homeless individuals are defined primarily as persons with no home, living in shelters, who otherwise would be without a place to sleep. They might also be among those doubled up with others or living in unsuitable housing.

Researchers and historians have attempted to arrive to a more concise definition of “homelessness” (Baumhul, 1996; Burt, 1992, 2001; McChesney, 1995,; Rossi, 1994, 1998). Jaheil (1992) proposed that the definitions fall into two groups: some try to associate the definition with theories and causes for homelessness; others propose the use of a place as the criterion for definition. Place-based definitions of homelessness focus on the individual’s residence at a given point of time. One of the homeless women interviewed by Elliott Liebow in his book, *Tell Them Who I Am*, remarked that having a family is what

differentiates a homeless person from those who are not: “those people without a home of their own, but who have a family they can crash with, are spared the stigma of homelessness...” (Liebow, 1993 pg 84). Yet, as Martha Burt suggests in her book *Helping America’s Homeless*, if we are to summarize the essence of these discussions, a common theme will emerge: some people, at some time, experience instability of place, the absence of connection to family, and the absence of housing (Burt, 2001).

No single definition of homelessness is employed by federal government agencies, although the definitions are all place-based. In 1987, Congress passed the first federal law that specifically addressed the issue of homelessness. The Stewart B. McKinney Homeless Assistance Act of 1987, later named the McKinney-Vento Homeless Assistance Act, was the first federal act to provide federal financial support to a variety of programs aimed at meeting the needs of individuals and families who were homeless. According to the Stewart B. McKinney Act, 42U.S.C#11301, et seq. (1994),

*“a person is considered homeless who “lacks a fixed, regular, and adequate night-time residence and: and...has a primary night residency that is: (A) a supervised public or privately operated shelter designed to provide temporary living accommodations...(B) an institution that provides a temporary residence for individuals intended to be institutionalized, or (C) a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings”*  
42U.S.C. #11302(a)

The term “homeless individuals” does not include any individual imprisoned or other wise detained pursuant to an act of Congress or state law. (NCH fact sheet#3, 2002)

The McKinney-Vento Education Act for Children and Youth includes a more comprehensive definition of homelessness: “Homeless children and Youth” are defined as

*(A) means individuals who lack a fixed, regular, and adequate nighttime residence...and (B) includes (i) children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodation; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; (ii) children and youth who have a primary nighttime residence that is private or public place not designed for or ordinarily used as a regular sleeping accommodation for human beings... (iii) children or youth who are living in parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and (iv) migratory children... who qualify as homeless for the purpose of this subtitle because the children are living in circumstances describe in clauses (i) through (iii). McKinney- Vento Act sec 725(2); 42 U.S.C. 11435(2) (NCH fact sheet#3, 2002)*

The McKinney Act definition includes those people who are termed “literal homeless,” but excludes other homeless individuals and families, such as those who are doubled-up with others as a result of losing their home.

Another obstacle to a clear conceptualization of homelessness lies with the interpretation of the McKinney Act’s definition by other governmental entities. HUD interpreted the McKinney-Vento definition to include only those persons who are on the street or in shelters, or who face imminent eviction from private dwellings or an institution and who have no other resources to obtain housing.

Baumohl, (1996) objected to this narrow definition. He contended that most would agree that people who reside in shelters as well as living on the street are homeless. There is less agreement, however, about identifying individuals and families who live in the following circumstances as homeless:

- Youth on their own, who spend every night in different hotel rooms paid by a “john” or “trick” (prostitution client).
- A young mother and her children who live for a couple of months at a time with different relatives, in what is called “doubling up.”
- People who vacate their homes during a crisis and then reside with family members or friends until they find a new home.
- A teenager and her baby, who reside with her parents, do not contribute rent, with the expectation that they can stay as long as they need.
- Squatters who reside in stable, yet physically inadequate housing, with no electricity, heating or running water.

While the first two groups are considered to be literally homeless, people who fit into the later sub-groups are considered at-risk of literal homelessness, and not included in the studies on homelessness. Many people in homeless situations are forced to live with relatives and friends in crowded temporary arrangements. People in this situation, while being homeless, are less likely to be counted in surveys and categorized as homeless. In a national study, Bruce Link et al. (1995) found that the most common places where homeless people stayed were vehicles (59.2%) and makeshift homes, like tents, boxes, caves, or boxcars (24.6%). Homelessness surveyors most probably will miss or undercount these individuals.

Rossi, Wright, Fisher and Willis (1987) defined the homeless population in a broader way than the McKinney Act’s definition. They included those

persons who were literally homeless, as well as those who were precariously housed. Wright, Caspi, Moffit & Silva (1998) distinguished the difference between living with a relative or a friend on a voluntary basis and living in a doubled-up situation. The latter occurs when a person does not have any other housing option available, except living in a shelter or on the street. By these definitions, doubling-up situation is not considered living at home. Therefore, those who live in these situations are deemed homeless.

The characteristics of the homeless population also change from one geographic community to another, and are influenced by the ethnic composition of the community (Burt & Cohen, 1989; Rossi, 1989; Flohr, 1998). For example, according to the U.S Department of Agriculture, individuals who live in rural areas where there are few shelters most likely will not live on the street but are more likely to live with relatives in overcrowded or substandard housing. They most likely are Caucasian. A long tradition of preferring self-help or relying on relatives and friends, rather than on participation in government sponsored programs, disguise the extent and the size of homelessness in the rural areas (U.S. Department of Agriculture, 1996, NCH fact sheet #3, 2002, Flohr 1998). In urban areas individuals who are homeless might live in parks, on the street, in drop-in centers, or in shelters.

Homelessness seldom develops suddenly. It is usually a culmination of a long process of marginal living accompanied by precarious housing. By the time they become homeless, individuals already endure tremendous stress and pain.

They are usually left with few, if any resources, including social support (Jahiel, 1992). Inner city poor and homeless persons usually go through several periods of doubling up with family and friends before becoming homeless and entering the system. These doubling up situations cause family friction and disruptions. In “For Whom The Bell Tolls” (Homes For The Homeless, 1997), Ralph Nunez reports that 50% of the homeless mothers in the shelter system were introduced to America’s institutions of support as young children. Many of them have few supportive relationships with families and friends. Groups with the highest poverty rates are most likely to include homeless individuals. Across all groups, female-headed families with children are more likely to be poor (Rossi, 1994). Along with extreme poverty, lack of education and skills, and unemployment, a combination of alcohol and substance abuse accompanied with physical and mental disabilities are the major issues that affect the homeless population (Burt, 1992; Flohr, 1998; Nunez, 1994; Rossi, 1989)

### **Homelessness: An Historical Overview**

Homelessness is not new. In the early part of the 18<sup>th</sup> century, transients, tramps and wandering poor traveled from rural areas to cities in search of employment and housing. As a result of the transformations of the industrial revolution, many journeyed to cities in the 19<sup>th</sup> century (Flohr, 1998). Single men became tramps first, and then, if the economy continued to spiral down, older and married men with families became tramps. Only during the Great Depression did whole families become tramps (Flohr, 1998).

Mainly, the homeless population consisted of single men, who roamed from one job location to another. Rossi (1989) explains how the term *homeless* evolved over the years from one meaning a person living outside of his family unit, to today's interpretation of homelessness as more directly tied to absolute lack of housing, or living in a shelter. After World War II, there was a dramatic decrease in the homeless population. In studies of the 1950s and 60s, homeless men lived in flophouses, cheap rooming houses, or in small rented cubicles. In the 1950s and 1960s, homeless individuals were predominantly older men who lived on "skid row" and suffered from alcoholism. One study found that 90% of them were white males, 20% were chronically mentally ill, and 20% were physically disabled (Rossi, 1990).

In the mid 1970s, researchers began to see a change in the demographics of the homeless population. That period saw a recession, high levels of unemployment, decline in the value of salaries, and a retrenchment in government programs (Burt, 1992; Flohr, 1998; Nunez, 1994; Rossi, 1998). Beggars and street people became increasingly common. These people became the "new homeless." The rise in homelessness continued through the recession of the early 1980s, and even when the economic conditions improved after 1983, homelessness continued to rise (Burt, 1992; Kusmer, 2002; Rossi, 1994).

As a result of the 1972 Social Security reform, which raised the old-age pension by 20%, and tied benefits to the cost-of-living changes, older people were spared from becoming homeless and from living in extreme poverty. The new homeless were indeed different from their predecessors. There was no safety

net for this group. These individuals tended to be younger, and as a whole, more likely to be African American and Hispanic. Researchers identified the reason for the changes in the demographic as structural. Changes in the economy, accompanied by reduction of affordable housing effected Black and Hispanic people more than white because they were more likely to be unemployed or employed in declining industries. Living in inner cities, their education often was inadequate, resulting in an inability to move into more technical jobs that would provide them with employment and better income.

Between 1979 and 1990, the number of poor people increased by 41% (NCH 2001). By the mid- 90s, the average age for a homeless individual was 28, 41% of the homeless population consisted of Blacks, and 11% were Hispanic, with larger numbers in most large cities. This contrasted with the “old homeless,” who were about 70% white. The 2001 United State Conference of Mayors survey found that the homeless population was as follows: 50% Black, 35% White, 12% Hispanic, 2% Native American, and 1% Asian. (Kusmer, 2002; US Conference of Mayors Report, 2001). Another significant change between the “old” and the “new” homeless is the significant increase in the number of women and children among the homeless population. .

### **The Old and New: Sameness and Differences**

As the number of homeless people increased during the 1980s and 90s, they became more visible to the public. While the “old” homeless were concentrated in larger cities and usually confined to specific areas, like the

Bowery in New York City, the “new” homeless were everywhere — in doorways, cardboard boxes, bus stations, subways and other public places. Life on the street, without a home, with no social contact support, and often without food, affects the way these individuals looked and at times behaved, leading the public to believe that the majority of this population was mentally ill or drug abusers. Compassion for the homeless was turning into apathy and anger, and the 90s brought e stricter “quality of life” ordinances, like those initiated by New York City’s Mayor Rudy Giuliani (Kusmer, 2002; Rossi, 1990).

Timmer et al (1994) emphasize that, although there might be demographic differences among the “old” and “new” homeless, there is significant similarity in their structural origins: both groups came out of economic marginality endemic to market economics and class societies. As the federal government’s role in housing policy, especially under the current Administration, is shrinking, the responsibility for identifying effective ways to provide affordable housing is shifting and being transferred onto state and local governments. Despite the economic boom and enormous community development during the 90s, the affordable housing crisis intensified in most parts of the country during that period.

Peter Rossi’s (1994) article “Troubling Families” analyzed the origins of family homelessness. Ultimately, he wrote, its roots lie in the restructuring of the American economy and the decline in the market for unskilled workers, which led to the decline in employment opportunities and underemployment. Along with the restructuring of the American economy came the deteriorating value of Aid for Families with Dependant Children (AFDC) payments, the decline in affordable

housing, and the decline in poor “marriageable” minority males (due to imprisonment), resulting in the increase of poor single parent families headed by females (Flhur, 1998; Rossi, 1994). Due to severe poverty, lack of education and employment skills many of these female-headed families struggle to maintain themselves and their families in the community, and some are forced to leave their primary residence and enter the shelter system.

### **Causes of Homelessness: Personal and Structural**

In the early 1980s two very different and conflicting perspectives emerged in the attempt to understand the causes of the wide spreading of homelessness: The *personal* and the *structural*. The personal perspective viewed homelessness as caused by personal limitations and disabilities. The other perspective held on to the belief that homelessness was caused by structural factors — by the way society organized and distributed its resources. (Burt, 2001; Baumohl, 1996).

Adherents of the “personal” viewpoint claimed that people were homeless because they experienced many individual problems: they were mentally ill; they were substance abusers; they could not care for themselves or their homes; they experienced childhood victimization; they suffered from poor education and had poor work histories.

Liberal advocates who supported this perspective advocated for better treatment programs and community care. Conservatives, on the other hand, blamed the individuals for their plight, and cited the availability of entitlements, out-of wedlock child bearing, and the breakdown of the family unit, as the cause

of increased homelessness. Their solution to the problem of homelessness: Establishment of policies that make homelessness less “attractive,” such as the elimination of housing subsidies, which they claim encourages people to declare themselves homeless.

Meanwhile, proponents of the “structural” perspective emphasized the widening of the gap between the affluent and the poor, and the accompanying loss of affordable housing as causes for the rapid increase in homelessness. They pointed to the continual loss of low-income housing units coinciding with the increased number of poor people who needed more low-income housing units. According to these advocates, the expanding economic opportunities for certain segments of society put pressure on the housing market, especially in large metropolitan areas, bringing the price of housing up, and thus squeezing the less fortunate out and making housing unaffordable to a large segment of poor people. (Baumhol, 1996; Burt, 2001, 1992)

Proponents of this perspective also maintain that economic issues play a significant role in producing homelessness; however they do not provide a complete explanation for family homelessness. Family homelessness extends beyond the loss of a home. To more fully understand the issues of homelessness, they say, take into consideration a family’s resources, characteristics, and experiences, all of which must be reviewed in the context of economic issues (Shinn et al. 1998; Nunez & Fox 1999).

In summary, four general structural and personal causes for homelessness can be identified from the literature review:

- Decline of the low-cost housing stock in urban America at the time when the poverty population of cities increased dramatically (Burt, 1992; Flohr, 1998; Liebow, 1993; NCH, 1993; Rossi, 1998). The availability of affordable rental units to low-income families also has deteriorated rapidly. In 1973, there were approximately 4.9 million low-cost, unsubsidized rental units in the private market. This number fell to 2.8 million by 1995 (Daskal, 1998).
- The wage decline as a result of the erosion of employment opportunities to large segments of the low-income population; the economic recession in the early 1980s; the loss of manufacturing jobs; globalization; and the declining value and availability of public assistance. Persistent poverty and racial inequality are also among the contributing factors. (Burt, 1992; Rossi, 1989; Timmer, 1994). In 1967, a full-time worker earning the minimum wage was able to raise a family of three above the poverty line. From 1981-1990 the minimum wage was not raised from \$3.35 an hour while the cost of living rose by 48% during that period of time. Full time minimum wage earning currently equals 84% of the estimated poverty line for a family of three. (NCH, 1999). Declining wages have put housing out of reach for many workers. According to federal guidelines, affordable housing should cost 30% of a worker's earnings. A recent

report by HUD concludes that 5 million households have “worst case housing needs,” which means they pay more than half of their income towards rent, living in substandard housing or both (HUD 2001).

- The continued cuts in the federal budget to entitlement programs, the narrowing of benefit eligibility criteria, and the erosion of the real dollar value of wages, income and public benefits contributed to the increase in the number of homeless individuals and families (Burt, 1992; Flohr, 1998; NCH, 1993; Rossi, 1989; Timmer, 1994).
- Deinstitutionalization of the chronically mentally ill, and the changes in the practice of institutionalization of people with severe mental illness (Burt, 1992; Flohr, 1998; Jencks, 1994; NCH, 1993; Rossi 1989, Wright 1989).

Personal factors contributing to homelessness fall into the following categories:

- *Economic factors* that include an individual’s inability to produce income and the loss of established income precipitated by family breakdown, breakup of relationships, physical or sexual abuse, running away, and family conflicts were among the chief contributors to homelessness among adults (Burt 1992, Jencks, 1994, Interagency Council in the Homeless 1991).

- *Childhood experiences*, such as out-of-home placements, either in group homes or foster care, increase the risk factors for adults to become homeless.
- *Disabilities*, such as alcohol and substance abuse, psychiatric disorders, physical disabilities, and educational disabilities contributed to homelessness among individual adults. Studies have suggested that people become homeless because their disabilities cause them to become disaffiliated from family, friends, and work (Baum & Burnes 1993).
- *Lack of education and employment skills*, which pushed many poor families into the shelter system. (Jencks 1994; Timmer et al 1994)

### **Family Homelessness**

Despite the causes of homelessness, women and children now represent up to one-half of the homeless population in many cities (National Coalition for the Homeless, 1999), and nationally, families constitute 40% of the homeless population (the 2001 U.S. Conference of Mayors survey). Moreover, families with children are the fastest growing segment. According to the Conference of Mayors' survey, between 1985 and 1996, the percentage of single homeless men declined from 60% to 46%, while the percentage of homeless families with children increased from 27% to 38%. Increasingly, many homeless or those at

imminent risk of becoming homeless are female-headed families (Berger & Tremblay 1999). The Urban Institute found that approximately 39% of the homeless population are children (Urban Institute 2000). In rural areas, single mothers and children make up the largest group of people who are homeless in rural areas (Vissing, 1996).

Family homelessness is a very complex social problem. For many homeless families, becoming homeless was not a single event but a process comprised of many events, often occurring over a period of many years. Prior housing instability appears to be a significant characteristic of homeless families (Bassuk et al. 1996, Bassuk, Rubin & Laurit, 1986; Wang & Piliavin, 1997; Nunez & Fox, 1999). Nationally, more than 40% of homeless families did not own or rent their own homes, and many experienced periods of living with other relatives in a doubled-up situations (Nunez & Fox, 1999, Shinn et al., 1991).

It is important to note that family homelessness is not necessarily only the plight of poor women. Even middle-income mothers and children are forced to move out of their homes and into shelters due to physical and psychological abuse, and the need to protect themselves and their children (Shane 1996, Peled, Jaffe & Edleson 1995).

In their study, Wang and Piliavin (1997) concluded that one-third of initially homeless families experienced a second episode of homelessness over a course of three years. The frequency of moves and the lack of permanent housing arrangements have been identified as a significant psychological stressor for homeless mothers (Goodman, Saxe & Harvey, 1991).

Loss of home happened for various reasons. For families whose head of household lost their employment and were unable to find another job at a time when unemployment benefits were exhausted, the family fell into a quick downward spiral of poverty, leading to inability to pay the rent and loss of housing. Many women who were supported by their male partners lived in abusive and violent conditions. And when they left their abusers, they left their housing. They might have doubled-up for a while, but then they were forced to leave and move into the shelter system. Many young mothers with young babies shared a history of having been abused as children, of running away and of aging out of the foster care system. They got pregnant but did not have enough money to get their own housing, thus ending-up homeless (Bassuk et al., 1986; Jencks, 1994; McChesney, 1991; Nunez, 1994; Rossi, 1989).

In her study, McChesney (1991) described four groupings of homeless families: Unemployed couples who cannot afford housing; mothers who receive public assistance and are unable to make ends meet; mothers leaving abusive relationships; and mothers with history of extreme poverty and episodic homelessness during their adolescence. Other research studies suggest that a single mother heads the majority of homeless families with two or three children, often under the age of five (Bassuk & Rubin, 1987; Burt, 1992; Flohr, 1998; Jencks, 1994; Nunez, 1994). The women were either single or divorced (Bassuk et al, 1986; McChesney, 1987); they were relatively isolated and had few supportive relationships (Flohr, 1998). Many of the women had histories of

residential instability, moving from one friend or relative's home to another, doubling-up, before becoming homeless and entering the shelter system.

Studies that compared homeless families with poor housed families found that homeless women with children have less social support, and have a greater frequency of drug, alcohol and psychiatric problems (Bassuk et al., 1988). In addition, 40% of poor homeless women reported that their health was only fair, in comparison to 90% of poor housed women who reported good or excellent health (Burt & Cohen, 1989). Homeless mothers were significantly more likely to be physically and sexually abused as children (Bassuk et al., 1988; Shinn, Knickman and Weitzman, 1991). Of those families living below the poverty level who are at risk of becoming homeless, at least one-third are headed by a single female. (Bassuk, 1993). Households headed by single mothers are at greater risk for homelessness. The added burden of women's lower earnings relative to men, responsibilities of child rearing, and lack of quality and affordable daycare, further explains the growing rate of homeless single mothers and children.

A substantial number of homeless families who reside in shelters are characterized as multi-problem families (Bassuk et al., 1986). Several studies that used general population information for comparison with the homeless population identified greater rates of victimization, mental illness, and substance abuse among homeless families. They face chronic economic, educational, vocational, and social and emotional problems (Fluhr, 1998). Other studies identified childhood experiences such as out-of-home placement, tenure in public

housing, and homelessness as risk factors for adult homelessness (Koegel, Melamid & Burnam, 1995).

Histories of childhood physical and sexual abuse, as well as experiences of personal violence as an adult, have been identified as widespread among homeless women (Goodman, 1991; Weitzman, Knickman & Shinn, 1992). In his study, Goodman found that 89% of the total sample experienced some form of physical and sexual abuse during their childhood, or as adults (1991). Bassuk and Rosenberg (1988) described higher drug abuse rate among homeless single mothers four times that of housed poor women. Homeless women experience psychological deprivation, diminished self-esteem, violence, and continual stress. (Burt, 1992; Flohr, 1988; Nunez, 1994; Jencks, 1994; Liebow, 1993; Rossi, 1998).

### **Homeless Families in New York City's Shelter System**

NYC like many states and large cities has attempted to address the needs of homeless individuals and families by providing them with temporary shelters. These shelters provide temporary housing for the families with the goal of assisting them in efficiently finding permanent housing in the community in a timely manner, after having attained some stability and the skills necessary to become self-sufficient.

In "Emerging Trends in Client Demographics," the New York City Department of Homeless Services (DHS), Division of Policy and Planning, embarked on a review of the demographics of NYC's homeless population that

resided in the shelter system between the years 1988-2002. This report offers demographics and a summary of trends during this period. The data collection, offers an important perspective on the changing size of the homeless population in last two decades.

A review of the data published by DHS (Homeless demographics, [www.nyc.gov/dhs](http://www.nyc.gov/dhs), 2007) informs us that in 1982 there were about 1,000 families in the family shelter system in New York City. That number doubled in 1983, and increased to 3,000 between 1983 and 1987. Between 1992 and 1997, the number of homeless families who resided in the shelter system stayed at about 5,500. The number decreased to about 4,500 between 1997 and 1999, and then dramatically increased from that point on until 2004 year. Between 1999 and 2002, the total number of families increased by 41%, the number of families increased by 94.9% and the number of children in families increased by 48%. In 2001 there were 6,154 homeless families who were housed in temporary shelters; in 2002, 8,071; and in 2003, 9,203 families resided in the city's shelter system. The total number of individuals in DHS's shelter system in 2003 was 38,310 (DHS homeless demographics, [www.nyc.gov/dhs](http://www.nyc.gov/dhs), 2007), number of children who resided in the shelter system in that year was 16, 705.

Despite this dramatic increase in the number of sheltered homeless families in the last two decades, it is important to remember that these numbers represent only those families who were found eligible to enter shelter system. They do not include those homeless families who are doubled up, or who reside in substandard housing, since there is no way of accurately counting them.

When a family becomes homeless in New York City, their only entry way into the shelter system is via the Department of Homeless Services' Emergency Assistance Unit (EAU) or PATH in the Bronx. In these units, the family is screened by investigators to determine if they are literally homeless or if they have a housing alternative (like staying with relatives or friends).

To be considered a family both parents have to provide documentation verifying that the children are their own. Marriage certificates are required for couples, and if they are cohabitating both adults have to be on the same Public Assistance budget. Pregnant women have to verify their condition and are admitted to the family shelter system. Other adults who do not meet these admission criteria are referred to the Adult Shelter System.

Once the intake interview is completed and the family is deemed eligible for temporary housing they would either be placed in a Family Shelter, called a Tier II facility, where they would be given a furnished room or an apartment to live in; or in a hotel room; or in a scatter-site apartment. Each of the three options offers a different set of services to the family. The Tier II shelters are mostly run by non-for-profit organizations under a contract with DHS. These facilities are licensed by the New York State Office of Temporary and Disabilities Assistance (OTDA) and mandated by "part 900" regulations guidelines ( NYS regulations for shelters) and by DHS to provide a wide array of social services to the families. These services are intended to increase the family's capacity for self-sufficiency and to ultimately leave the shelter.

For example, some of the services offered include case management, crisis intervention, housing referrals, parenting and support groups, registration of children in school, and referrals for medical, mental health and substance abuse programs when necessary. Some facilities are able to offer day-care for young children on site, while other facilities assist the family with finding these services in the community. Some Tier II facilities run job training programs, GED classes, housing readiness groups, and after-school programs.

To address the need for more shelter beds due to the increased number of homeless families in the last two decades, DHS contracted with hotels and private landlords, to provide emergency housing for homeless families. These programs are privately owned. They are not licensed under a contract with the State and therefore are not required to provide all the supportive services.

With the increased demand for low-income housing and the lack of sufficient housing units, New York City Housing Authority (NYCHA) and EARP enacted the rules that prohibit individuals with histories of imprisonment for drug use and criminal history from accessing these housing programs. Homeless individuals' applications are screened for past criminal behavior, which include substance abuse. Applications are rejected when such history is revealed. This created a backlog in the shelter system, as many families, who were unable to pay fair market rate for housing, were unable to move out. At the end of 2004, NYCHA discontinued the ability of homeless families to receive priority for housing vouchers ahead of the rest of the population, thus eliminating one of the most valuable housing solutions for homeless families. Around the same time,

the federal government stopped issuing Section 8 vouchers, which was the other resource for subsidizing homeless families. The elimination of these important housing options created a bottleneck in the NYC shelter system, which affected the length of stay of families in the shelters.

In December 2004, Mayor Bloomberg announced the creation of a new housing program, which was a joint initiative between NYC and the state Housing Stability Plus (HSP) program. The program offered housing subsidies for eligible families for five years. In the first year, the city pays the subsidy in full, and every year after that, clients assume more responsibility for paying a greater portion of the rent. At the end of five years, they become responsible for the total amount.

To be eligible for HSP, at least one member in the family has to have an active public assistance case. People who work are not eligible for this program since they are not eligible for public assistance. If one member in the family is negatively sanctioned by public assistance, the whole family's case is closed and the rent payments stop. The HSP program does not encourage self-sufficiency. Although they have to assume the responsibility of paying an increased portion of the rent every year, the families cannot work, because they have to maintain an open public assistance case; thus, they are forced to give up their jobs and rely on the welfare system. After five years, they no longer receive any subsidy, which creates a risk for their stability.

If the head of a household is gainfully employed, his or her family is not eligible for HSP. Instead, individuals have to look for housing on their own,

which is almost impossible due to the high cost of rent in NYC, and the low salaries that most of these poor individual earn.

The other problem with HSP is that the subsidy is not keeping up with the fair rent market, which is extremely high in NYC. Thus, homeless families are often unable to find appropriate housing for their families since landlords do not want to participate in the program, a factor contributing to the length of stay in the shelter system.

Finally, the diversity among the homeless population has hindered attempts at deriving effective theories or theoretical models that explain homelessness (Jacobs, 1994). Never the less, the next chapter will describe some of those theoretical approaches because they suggest a better understanding of the functional issues involved in homelessness.

## **CHAPTER III: THEORETICAL UNDERPINNINGS OF HOMELESSNESS**

In theory, all persons are affected by those they come into contact with, as well as by social institutions, cultural forces and the physical space that make up their environment. Similarly, families are a part of a larger social network that has both direct and indirect influence on the familial system. (Bronfenbrenner, 1986; Dorfman 1988). Homelessness severely disrupts the family's integrity and negatively affects adults and children alike. An individual's sense of self, identity, role within the family and the community, and social integration often are learned within the family system. Homelessness disrupts this learning process. It creates tremendous stress on the family and dramatically affects roles with the family, as it simultaneously diminishes the sense of well-being for all family members (Bassuk, 1993; Haber & Toro, 2004). This chapter presents an overview of the major theoretical perspectives that maybe used to examine and explain homelessness.

### **Human Eco-Systems Theory**

In 1968, a biologist, von Bertalanffy, introduced the broad framework of General Systems Theory, which eventually was adopted by social scientists. In his science of wholeness, von Bertalanffy proposed that living systems engage in an open interchange with the environment. There is interdependence among systems through input, output, and feedback, while, at the same time, the system

attempts to protect itself from the environment through set boundaries (Houston, 1999).

The systems theory's contribution to the field of social work has been substantial (Houston 1999), moving practitioners away from only looking at simple cause-and-effect approaches to treatment, and instead providing them with a new, multidimensional transactional model of causality where significant parts of a case interact with each other in the conduct of social environment..

According to Ludwig von Bertalanffy, a system is: *A set of interacting units with relationships among them. The word "set" implies that the units have some common properties. These common properties are essential if the units are to interact or have a relationship. The state of each unit is constrained by, or dependent on the state of other units. The units are coupled. More-over there is at least one measure of the sum of its units which is larger than the sum of its units*", (von Bertalanffy 1995, pg 16)

Real systems are open to, and interact with, their environment, which results in evolution. But rather than reducing an entity to the properties of its components (e.g., organs or cells), systems theory focuses on the arrangement of and relation between the parts, which connect them to the whole (von Bertalanffy, 1995). Thus, while discussing various system levels, professionals in the homelessness field need to be aware of the interaction within those levels. For example, since no part of the system (e.g., a particular individual) is an entity unto itself, practitioners need to take into account the influence of the family as well as the impact of society. For example, when working with family members who

were born outside the United States, social work professionals need to understand and take into account information about the environment from which they came from, culture, customs, knowledge of the new country, understanding of the new language, support systems, as well as the particular characteristics of the individual family members, their roles and relationships within the family. By understanding the interaction between and among systems, professionals are better able to comprehend the individual and his/her interaction as an ecological whole rather than as separate entity (Meyer, 1983).

Eco-system theory, which evolved out of the general systems theory, is based on the study of relationships among individuals, families, communities, and their natural and human-created environments (Nickols, 2003). Nickols further explains that systems are interactive and interdependent. Systems have boundaries, but they also allow the flow of information and “outsiders” are permitted into the system, as members also exit from and return to the system. Systems require inputs, engage in processing, and produce outputs. Feedback from outputs becomes a source of input into future decisions. Thus, it is extremely important to recognize that even the most basic family functions take place within a complex and multifaceted milieu (Nickols, 2003). Thus, the experience of the adults in the family will affect the attitudes and behavior of children.

The ecological perspective suggests a contextual field of forces that goes beyond one-to-one relationships. Instead, it promotes the notion that variables such as time, space, culture, politics, and economics have impact on individuals.

Social policies and organizational structures are all important considerations for practice interventions when working with individuals or when trying to understand the social processes of a situation (Griefland & Lynch, 1983).

Thus, when examining homelessness as a social problem, or when trying to understand the reasons for homelessness of one family through the eco-systems' perspective, professionals will understand that the problem and the solution have not arisen only as a result of a singular cause, but are the accumulation of concurrent interacting forces. It is not the subculture of poverty embedded within the family that causes poverty, or homelessness, but rather a structural shift of economical changes, and their effect on the different segments of society that has led families into poverty and has shifted the structure of both communities and families at the same time (Toro et al., 1991; Haber & Toro, 2004)).

Bronfenbrenner's theory of the "ecology of human development", which he described as the convergence of biological, psychological, and social aspects of the environment and their influence on the evolution of the individual in society (Bronfenbrenner, 1979), focuses on the external influences that can impact the functioning of a family. It provides a useful framework for examining the ways intrafamilial processes are influenced by extrafamilial conditions and environments (Bronfenbrenner, 1986). The theory can also provide a framework for the understanding of how homelessness affects a family's ability to function. For example, stress requires a family to reconfigure to survive. Combined with

external stressors, such as poverty, homelessness thus decreases the family's ability to function

Bronfenbrenner (1986) developed the scientific terms *micro-system*, *meso-system*, *exo-system* and *chronosystem*, to describe the expanding circles people live and grow in, and the environmental systems that can produce change within a family. The first is the *microsystem*, which includes the interpersonal activities in the individual's face-to-face settings, such as his family members and peer network (Bronfenbrenner, 1986). The degree to which a woman experiences positive and fulfilling interactions, or the lack thereof, with her original family members or her husband, may influence her feelings about herself and her ability to function effectively.

The second system is the *mesosystem*, which refers to the influence of environments outside of the family on the family's functioning. For example, peer pressure can exert pressure on an individual leading to substance abuse, which then has a negative effect on the functioning of whole family (Bronfenbrenner, 1986).

The third system is the *exosystem*, which consists of the settings or events that do not directly involve the unit of analysis but still influence it (Bronfenbrenner, 1986). This system includes social network, workplace or community forces that are somewhat larger and more distant from the individual, but that still can exert substantial stress. Having to move a family from one community to another causes much stress and has the potential of having a negative influence on the family members. The community perception that homelessness is a negative option increases the feelings of guilt and shame in homeless mothers. Homeless mothers also report feeling frustrated with the strict

rules and structures that are imposed on them by shelters. (Menke & Wagner, 1997; Schulz-Krohn, 2001).

The fourth system advanced by Bronfenbrenner (1986) is the *Chronosystem*, which consists of the change and impact of environmental forces, over time and in specific times, on growth and development. From the perspective of homeless families, the amount of time spent by a family in an unstable housing situation (doubling-up) and in living in a shelter will have an impact on the family's ability to function. (Menke & Wagner, 1997; Schultz- Krohn, 2001).

Some researchers labeled homelessness as a psychological trauma that creates tremendous amount of stress on families (Goodman 1991; Milburn & D'Ercole, 1991). Homelessness disrupts the family functioning by distorting the interactions of its members and by placing the family in a marginalized position within the context of the larger community (Lindsay, 1998, Link et al, 1995).

Individuals react to homelessness differently. Some cope with their circumstances positively, while others experience it more negatively. Although it has long been suspected that poor people may have lower self-efficacy and expectations (Mead, 1986, 1992), there has not been agreement as to its causes. What is the impact of social ecology on the behavior and expectations of urban poor and homeless individuals? How do situational and structural factors grounded in family context, education, and personal life experiences, which disrupt social networks, influence and are exacerbated by homelessness, decrease

a person's feeling of competence? The following theories attempt to answer these questions.

Homelessness can diminish one's ability to carry out accustomed social roles. It may lead to learned helplessness and the feeling that one does not have control over any aspect of one's own life. This lack of perceived control over one's environment will determine the mother's ability to experience success, and could lead to learned helplessness and ineffectual behavior. Goodman, Saxes, and Harvey (1991) discuss the relationship of learned helplessness that can result in homelessness. They posit that repeated trauma (such as physical or psychological abuse) attack one's sense of self and may lead to a sense of loss of control over one's life (Harris, 1997).

### **Psychological Trauma and Social Affiliation/Disaffiliation Theory**

The construct of psychological trauma, with its focus on disaffiliation and learned helplessness, is another paradigm that helps to understand the negative effects of homelessness. Trauma refers to extreme stress that overwhelms a person's ability to cope (Goodman et al, 1991; Bawden, 1997). Extreme stress can be caused by a single event, like an accident, death, crime or a natural disaster, or by chronic and repetitive experiences such as continuous and extreme poverty, discrimination, deprivation, neglect, or spousal and child abuse (Pearlman, 1999). In *Coping with Trauma*, Allen writes: "*It is the subjective experience of an objective event that constitutes a trauma...The bottom line of trauma is overwhelming emotion and a feeling of utter helplessness...*"

*Psychologically, trauma is coupled with physiological upheaval that plays a leading role in long-range effect” (Allen 1995 p.14)*

Due to their usually deprived living conditions, homeless adults as well as children are particularly vulnerable to psychological trauma. For example, studies show that 10% to 40% of homeless men and women have been violently victimized at least one time in their lives. Ninety-one percent of homeless women report being battered at some time in their lives. Homeless women also report unintended pregnancies from rape or victimization more frequently than any other group of women. Approximately 50% of homeless women have experienced physical and sexual abuse as children. Escaping from domestic violence appears to be a frequent reason for women becoming homeless. The majority of traumatic events took place in the year preceding the onset of homelessness. (Fisher, 1995, Goodman 1991, North et. al. 1994)

The category of “psychological trauma” has been used to explain a variety of symptoms and conditions that are found among people who experienced tremendous and extraordinary stress. Goodman et al. (1991) posited that homelessness in itself is a risk factor for emotional disorder. It is likely to affect homeless individuals and families for the following reasons: 1) the sudden loss of a home can be a stressor strong enough to produce symptoms of psychological trauma; 2) life in a shelter can produce trauma symptoms; and 3) many homeless women become homeless after experiencing sexual, physical and psychological abuse. Victimization causes trauma. A combination of these three factors presents a daunting barrier to recovery (Bawden, 1997).

Depression and social disruption are experienced by many homeless individuals, whose lives are by their very nature in constant turmoil. Depression can lead to dysfunction, isolation and emotional impoverishment. When there is no shelter or food, even the simplest problems become difficult to solve. Studies show that depression rates are higher among poor people and those who have experienced a more difficult life. Poor people perceive themselves as extremely helpless, often to the point of neither seeking nor embracing support. Many of poor and homeless adults tend to accept their fate rather than take action against it. They become much more accepting of problems rather than seeking ways to solve them. Children who are traumatized exhibit different behaviors when attempting to deal with their trauma. They may become withdrawn, shy, reserved or moody. Others, in contrast, may become aggressive — hitting or biting others, and provoking fights with adults and other children. Some even attack their own bodies. These behaviors are thought to be the child's effort to make sense of what he or she is going through (Goodman, 1991, Fisher 1995).

A key feature of psychological trauma is the feeling and experience of social disaffiliation. According to the affiliation/disaffiliation theory, it is optimal to have a large number of diverse affiliations composed of both strong and weak ties. Granovetter (1982) explored the importance of the "strength of weak ties" in procuring employment. "Strong ties" describe the social relations between ego and close friends and/or kin. Together they form a dense network in which members know one another, interact on a routine basis, and are privy to the same shared information regarding the social environment, including job opportunities.

“Weak ties” describe the relationship between ego and his/her "acquaintance network." Such acquaintances are most usually unknown to one another or to members of ego's dense network. Although “strong ties” are necessary for the individual to feel safe and supported, “weak ties” are also necessary because they allow for new information to flow in. Because weak ties are more socially heterogeneous than strong ties, they connect people to diverse social milieus and provide a wider range of information. Ideally, acquaintances, then, form information bridges between dense clusters of kin and friends. Weak ties also tend to increase a person’s sense of freedom by providing many diverse social options (Granovetter, 1982).

Affiliation through strong and weak social ties has long been acknowledged as essential to the psychological well-being of individuals. In the literature, the term “affiliation” refers to social support (having close relationships with others), while “disaffiliation” refers to the lack of connection to others.

The literature indicates that family is the primary source of social support in times of need, and lack of family support — disaffiliation — may be a predictor for homelessness (Bassuk et al., 1996; Shinn et al., 1991). Additionally, losing a home or moving away from one’s family and the entering a shelter, can create a further sense of disaffiliation in a woman. By reducing the size of social networks, disaffiliation reduces the range and extent of possible assistance that persons might need to identify even basic steps necessary to change their course of events and exit homelessness (Bawden, 1997; Grisby, Baumann, Gregorich & Robert-Gray, 1990). This disconnection damages one’s sense of trust, safety and

security. The homeless family loses its home but may lose its social support network as well (Goodman et al., 1991; Grigsby et al., 1990).

A study conducted by Goodman (1991) found that homeless mothers felt less able to trust others because some friends, relatives, and social service providers often did not protect them from homelessness. Homeless people must depend on others for the provision of their daily needs and shelter, which often leads to feelings of loss of control over their lives. This emotion is manifested by a diminished sense of self-worth and efficacy, which is another core element of psychological trauma (Seligman, 1975).

Researchers have found that service use is directly associated with affiliation and with positive outcomes. Pollio et al. (2000) reported that individuals who had achieved stable housing after a homeless episode used more services (i.e., counseling service, and other community support) than individuals who had not achieved stable housing. Their analysis also indicated that those individuals who used more services used it primarily right before and after achieving housing stability. In contrast, individuals who did not achieve housing stability used fewer services over time (Pollio et al, 2000).

According to affiliation/disaffiliation theory, having a large, diverse social network is optimal. Such networks provide persons with both strong and weak ties, and with access to multiple supports and information (Eyrich, 2002). Solarz & Bogat (1990) found that women are more likely than men (54%vs. 40%) to report nuclear family members as forms of support, including their children. Friends also provide social support.

Goodman et al (1991) reported that the type of coping mechanism mainly used under stressful conditions relies primarily on an emotional appraisal of events rather than on a problem-solving approach. Considering that homeless mothers experienced a greater number of stressful events in their daily lives, one can assume that these stressors may impact their ability to problem-solve and to use decision-making skills (Goodman et al., 1991). Being homeless, with very little hope and with weakened ties to the community, homeless individuals may feel less compelled to follow directions and behave in a rigid and conforming manner, thus becoming more separated from the mainstream, losing more support and ultimately becoming more entrenched in homelessness (Grigsby et al., 1990). These mindsets and behaviors also could contribute to the feeling of futility by homeless individuals and families, thus preventing them from seeking resources that are necessary for them to become self-sufficient and move out of the shelter and into the community. Research suggests that negative responses to trauma can be prevented or mitigated by a supportive and empowering post trauma environment (Goodman et al, 1991, Lindsey, 1998)

Using the construct of learned helplessness, researchers found that the sense of helplessness is most likely to occur when people lose the belief that their own actions can influence the course of their lives. Although poverty is itself likely to evoke feelings of depression and helplessness (Holtzer, 1986) by adding a new dimension of homelessness, these feeling are exacerbated.

## **Coping Theory**

Although the literature documents high levels of stress among people who are homeless, there is little research that has explored how homeless women, in particular, cope with stress. Traditional coping theories define coping as an interactive process between the individual and a situation perceived as stressful (Folkman & Lazarus, 1980; Pearlin & Schooler, 1978). According to these theories coping consists of several stages, including cognitive appraisal of the situation, assessment of available coping options, and implementation of a response. Researchers have emphasized that individuals tend to use a variety of strategies, including those that directly act upon the problem and those that alter its emotional impact, in dealing with any one situation (Folkman & Lazarus, 1980; Pearlin & Schooler, 1978, in Banyard, 1995).

Milburn and D'Ercole (1991) were some of the earliest scholars to look at the area of coping when they applied their theoretical stress model to women who are homeless. They theorized that women who are homeless were exposed to persistent stressors, but if they had strengths or social supports they could draw on these to cope better with the stress of homelessness.

Based on Milburn and D'Ercole's theory, Banyard (1995) conducted a qualitative study of 64 mothers who lived in temporary emergency shelters. She found that the women used a variety of coping strategies, and further that they often used more than one strategy to cope. Some of the strategies that were utilized included: confronting the problem, getting social support, using different

activities such as playing with their children, walking, etc. to keep their mind off problems, thinking positively, letting feelings out, praying, and focusing on children or the future. At times, their children acted as a diversion or distraction to help the women stop thinking about their problems. (Kitzing, 2004).

Klitzing (2003) interviewed 10 women who lived in a transitional homeless shelter that housed women and children. Her respondents dealt with numerous, ongoing difficulties, and had done so for years before entering the shelter. After they moved into the shelter, however, these women continued to live with difficult situations. Klitzing concluded that homeless women indeed lived with chronic stress. When asked how they coped with the stress of being homeless, the themes that emerged included spirituality and positive thinking, problem solving, being alone, and being with others. The coping strategy that was most used, however, was being with others, be that their children, other women in the shelter, friends, family, or staff. This finding was similar to Banyard's (1995) study. When she asked homeless women to describe how they relaxed, they spoke of activities such as walking, reading to children, listening to music, watching television, and so forth. The women used a variety of methods to help them relax, with engaging in diversionary leisure activities as the most commonly utilized. Since these women dealt with chronic stress, involvement in diversionary activities or other forms of relaxation may have provided brief moments of respite so the women could continue to cope and act upon the problem (Kitzing, 2003).

Dalton and Pakenham (2002) identified coping resources, appraisals, and coping strategies to be related to adjustment to crisis including living in a shelter. Their findings suggest that these factors could be targeted in stress management programs designed to help individuals adjust to living in shelters. Such programs could include cognitive restructuring strategies aimed at modifying high threat and low self-efficacy beliefs, and coping skills training directed at increasing problem-solving, utilizing social support, and decreasing reliance on nonproductive coping strategies.

### **Summary**

Neither individual nor family homelessness can be viewed from a single perspective of either an economic or personal deficits model. The theoretical paradigms discussed in this chapter offer the reader a richer framework for understanding homelessness and its effect on individuals and families. One of the common implications of these theories is that professionals should view homeless individuals holistically, as part of a complex set of systems that interact with each other. Any one of these theories, by itself, may not adequately encompass the complexities that impact the life of homeless people, yet; together, these multifaceted theoretical prisms enable us to better understand and possibly ameliorate the experience.

Notwithstanding their importance, one needs to realize that there are also major limitations to all these theories, primarily in relation to sampling and measurements. The studies that led to the evolution of the theories used different measurement units, thus making it impossible to compare them directly. Much of

the early research on the subject of homelessness was based on cross-sectional samples. For example, early studies that found mental illness in a large portion of homeless individuals were based on a cross-sectional sample. This method substantially over-sampled small minorities of homeless individuals who lived on the street, while capturing only a small portion of the larger group of homeless individuals who had brief episodes of homelessness. This resulted in the overestimation of the role of mental illness among homeless individuals. Specific information on women also is limited in these studies. In the same vein early studies of depression were based on samples of single homeless men and applied to the mainly female-headed homeless households, thus creating unreliable projections (Bogard et al., 1999). Susser et al. also posited that, in certain research studies, the methods to diagnose mental illness were contaminated as the researcher was not “blind” as to whether the mother was homeless or housed (Susser et al., 1990).

The bottom line is that homelessness in the United States represents more than just a loss of a home. What can be gleaned from the research data and theoretical context is that homelessness takes a toll on individuals’ emotional and physical health, psychological well-being, and ability to handle stress. Extreme poverty accompanied by the loss of home, insufficient human resources, and minimal social support networks increase the risk of lower self-esteem, reduce the sense of life satisfaction, and produce more passive states of mind and greater anxiety and depression. These outcomes also may lead to a decreased ability to seek support or to search for solutions that may lead to positive life changes.

The provision of crisis intervention, intensive services and continued support may help families regain the skills and confidence necessary to obtain housing and maintain self-sufficiency in the community.

## CHAPTER IV: METHODOLOGY

Research studies on homelessness among families have focused mainly on the genesis of the experience. These efforts have tried to find the causes or predictors of homelessness through investigation into the psych-social profile of the homeless and the at-risk population (Stojanovic et al., 1999). Much of this research was concentrated on identifying causes that contribute to homelessness, such as personal factors (mental illness; substance abuse, and other disabilities, and on systemic factors (poverty; unemployment and lack of affordable housing (Burt, 1992; Rossi, 1994; Shinn, 1992). The majority of the studies on homelessness have focused on single men and women, many of whom were characterized as chronically homeless. Likewise, ethnographic studies of homelessness described in detail the experience of street and shelter life (Liebow, 1993), and provided professionals with their demographic characteristics, as well as descriptions of their lives.

More recently, quantitative studies have focused on family homelessness, describing mainly the characteristics of homeless mothers and their children. Yet, little has been written about homeless families and their experiences in the shelter system from their own perspective; on factors that might help account for the duration of homelessness and on “Long-Term Stayers.” in the shelter system. In addition, little is known about why families remain in shelters, the conditions and specific interventions that enable homeless families to move out from a state of homelessness into stable housing in the community, or what prevents them from accomplishing this goal. There is an urgent need for research that identifies

effective interventions that assist families to exit homelessness. There also is a need for more research studies that explore what factors act as obstacles to homeless families, preventing or delaying their leaving the shelter system and reentering permanent housing.

This study was conducted to gain a better understanding of the common themes involved in the process of becoming homeless for families headed by women, their experience in the shelter system, and the factors that affect their ability to move out of the system into community housing in a timely fashion. It is also intended to shed light on those who don't.

### **Design of the Study & Research Methodology**

This Multi-method dissertation began with a quantitative clinical data-mining study (Epstein, 2001). It offers a comparison of two groups of sheltered homeless families drawn from the general population of homeless families who entered the shelter system in 2003: Female headed families who are the long-term stayers, female headed homeless families who are able to leave the shelter system within nine months to a year.

More generally, the study makes use of both qualitative and quantitative research methods and multiple stakeholder perspectives for the purpose of securing greater understanding of homelessness among female-headed families particular phenomenon. Using available demographic data from the NYC/DHS's database, this study used regression analysis based upon cross-tabulated variables from the demographic data of families who are long-term stayers with the

demographic data of the female headed homeless families who are identified as short-term stayers.

After the quantitative analysis was conducted, two different sets of in-depth interviews were conducted. A semi-structured interview was conducted with 15 homeless mothers who have lived in the shelter system for more than 18 months at the shelters where they reside and with 15 female heads of household who left the system within nine to 12 months. The comparison between the long-term stayers with the short term families aimed at bringing to light more or different information.

Another set of interviews was conducted with eight key informants — individuals who participate in the service delivery sector (shelter staff, advocates, and policymakers at DHS) to gain an understanding of how long-term stayers are viewed from their perspective. Although the original aim was to interview 10 people in this last group, only seven individuals were willing to participate.

Patton (1990) highlights the use of multiple sources as a way to strengthen a study design through the combination of methodologies in the examination of the same phenomena, while minimizing the weakness of any single approach.

Patton (1990) instructs us that the choice of research design must be appropriate to the subject under investigation. Quantitative research design is characterized by assumptions that human behavior can fit into predetermined response categories. It tends to measure “how much” and “how often,” using deductive logic. This research method allows for flexibility in data analysis. By contrast, qualitative design typically produces a wealth of detailed information

about a smaller number of people or cases, using inductive logic to arrive at a theory.

Quantitative methodologies are better when measuring a large number of descriptive aspects (they provide width), but they are not as useful in uncovering deeper meaning in particular phenomena, such as affect and cognition. On the other hand, the qualitative method provides depth to the research (Patton 1990).

In general, as Epstein (1988) notes, quantitative research methodology is used to examine cause-and-effect hypotheses about social realities, while qualitative methods are used to develop detailed descriptions of a social reality. “These descriptions can be an end-in themselves, or they can be useful in generating hypothesis that we can test at a later date by quantitative methods” (pg 188).

Quantitative method requires the use of standardized measures and focuses on the measuring instruments, such as tests or surveys. In qualitative inquiries, the researcher is, in effect, the research instrument. Reliability and validity may be determined more objectively in the quantitative method. Validity in the qualitative research hinges on the rigor, flexibility, insight, and skillfulness of the person doing the fieldwork (Guba & Lincoln, 1981).

Whereas quantitative approaches tend to take a “point in time” snapshot of a behavior, cognition or affect, qualitative methods facilitate the identification of longitudinal changes. The use of open-ended observations and interviews allow for important categories and dimensions to emerge without presupposing the dimensions (Glaser and Strauss, 1967 in Patton 1990). This naturalistic approach

to research is very different from experimental research, in which the researcher attempts to completely control the conditions of the study, by manipulation, or holding external influences on the subjects studied (Patton 1990).

The use of mixed methods counteracts their individual weaknesses and enhances their strength as they support each other. For example, the descriptive analysis of the demographic profile of homeless families may allow a more sensitive purposive sample to be drawn for the qualitative analysis.

### **The Quantitative Method**

The data analyzed in the quantitative portion of this study was obtained from the Client Tracking System (CTS) in the New York City (NYC) Department of Homeless Services' (DHS) database. CTS is designed to track information on homeless individuals who enter the NYC shelter system, both single adult and family shelters. Information tracked in CTS includes basic demographic characteristics of the families, such as age, race, ethnicity, number of adults and children, family type (single mother head of household, two parent family, and single male head of house hold), and reason for homelessness. CTS also tracks dates of entry and exit, type of housing placements and the number of readmission to the system. For purposes of this study, the period of time to be considered as "long term stay" in the NYC shelter system was 18 months or longer (as defined by DHS in 2003). "Short- term stay" in the system was considered nine months or less (based on DHS's definition). To capture the families that stayed in the

system for a period longer than 18 months, this study looked at all the families that entered the system in the year 2003.

There were 9,280 families in shelter system during that year. The number of the cases was reduced to 1820 based on the following: the length of stay and exit criteria, and capturing female head of household (by removing male head of household and removing people without children). The length of stay in the system was arrived at by looking at the date of entering the EAU as a start date and calculating it to the date of exit: up to nine months, and more than 18 months. Those that fell between those time periods were removed.

The sample that was created after further “cleaning” of the data resulted in 1390 families headed by a female who entered the shelter system in 2003, and were in the system nine months or less before exiting; while 430 families, headed by a female, who entered the shelter system in 2003, were living in the shelter system for a period of time of 18 months or more before exiting. The age of the subjects was calculated against one day: the day of exit the system, and then changed to years.

The next step was to further assess and compare relevant demographic variables and background characteristics of female heads of household who are long-term stayers with those of female heads of households who moved out of the shelter system in a period of nine months. The compared variables included: length of stay in the system (the dependent variable); age of head of household; number of adults in the family; ethnicity; number of children; the number of homeless episodes (which was arrived at based on the number of previous

eligibility determinations) ; and reasons for homelessness (the independent variables). The CTS data also includes codes related to exit disposition (i.e., the type of housing the family moved to upon exiting the system). For the purpose of this study I only included families with exit codes indicating a move to permanent housing (Codes: 51, 53-54, 66-70, 81-82, 85-94, see appendix 10).

Two groups were created for the purpose of the analysis: 1) the short term group (n=1390) was assigned a value of “1”, and 2) the long term group (n=430) was designated a value of “2”. The age of the subject was calculated against one day: the day of exit from the shelter system, and then changed to years.

Epstein (1988) asserts that quantitative methods fit best when one tries to establish a cause-and-effect relationship between variables, or when describing simple characteristics, such as demographic variables. By conducting a regression analysis of the dependent variable-length of stay on four other independent variables, and by cross- tabulating and from the demographic data of the women and their families who are long- term stayers with the data of women and their families who moved-out in a timelier manner, the research addressed the following key questions:

- 1) Is there a relationship between the length of stay (the dependent variable) and the following variables: age, number of adults, number of children, ethnic background, and number of previous eligibilities (past entries into the system), and reasons for becoming homeless?

2) Who are the “long-term stayer” families? Are there specific characteristics that set them apart as a group from the “short-term stayers”?

Answers to these questions may assist us with the identification of some of the characteristics and barriers that might interfere with families’ ability to exit the shelter system in the early stages of their stay. Addressing these barriers and needs would optimally enable the families to overcome them and move out in a timelier manner.

### **The Qualitative Method**

As stated earlier, very little has been written about homeless families’ experiences in the shelter system, and there are no known studies on long-term stayer families. Most of the research studies on the subject have been quantitative. They focus on exploring the reasons for homelessness and the demographics and characteristics of the homeless population.

The qualitative component augmented the qualitative method for several reasons. First, one of the purposes of this study is to understand how homeless women view their experiences. Second, this type of inquiry takes into account the nuances in the lives of homeless families. Third, a view from “inside” — from the participants’ perspectives — may be very different from the view of “outsiders,” including even the most dedicated advocates (Dunlap et al., 1998).

Denzin and Lincoln (1994) state that using the qualitative method of research allows the researcher to get closer to the “actor” and his or her reality.

The qualitative approach is also more likely to bring out a richer description of what that world is really like. The qualitative research method in this study allowed the essence of the shelter experiences to emerge, thus eliciting perhaps a truer meaning to the experiences of the homeless. The understanding of these individual experiences is crucial before developing theories and approaches on interventions and prevention.

By collecting data through the use of a semi-structured interview and adhering to qualitative methodology, a better understanding of the needs of homeless women and their children as they struggle to become autonomous emerged. This qualitative component of the study examined these issues:

- 1) Who are the “long-term stayer” families who reside in the family shelter system?
- 2) How did they become homeless?
- 3) What were their experiences in the shelter?
- 4) Are there identifiable factors that contribute to the length of stay of these families in the shelter system? What are the barriers to more rapid placement?
- 5) Do they view themselves as “homeless”? What does “home” and “homelessness” mean to them?
- 6) How do the families see their future?
- 7) Based on the identified variables, what resources are needed to assist families with similar characteristics to move out of the shelter system back into the community and to maintain housing stability?

## **The Interview Guide**

In attempting to better understand how homeless women construct meaning and interpret their experiences of homelessness, an interview method was deemed the most appropriate tool for this investigation. A semi-structured interview guide was developed. Morse and Field (1995) recommend the use of semi-structured interviews when the research has developed specific questions for the investigation. The strength of this type of interview lies in its ability to understand the details of people's experiences and to examine how these experiences interact with social and organizational forces that permeate the context in which they live (Siedman, 1998).

The use of a semi-structured interview also allowed for more flexibility because it involves probes. By asking open-ended questions, respondents are encouraged to explore their own flow of ideas, feelings, and thoughts about the experience. This enables one to better ascertain the subjects' unique perspectives concerning their experiences leading up to and including their long-term stay in the shelter system.

The interview guide (see appendix 6) provides a framework from which the interviewer develops and organizes questions, and then makes decision about which information would be examined further (Patton 1990). To ensure that the same information is asked by the interviewer of the homeless women, and the key informants, the interview guide listed a set of questions and probes that would allow for individual experience and perspectives to emerge. I conducted all the interviews. Throughout the process, I pursued the information while refraining

from assuming the role of expert. The data that was collected through techniques such as interviews, and observations were analyzed through the use of multiple levels of abstraction, leading to a comprehensive report that reflected the complexities that exist in people's lives (Creswell 1998).

### **The Setting**

The understanding and theory of the subject under study will emerge from the field work experiences and the grounded data-gathering. Guba (1978, in Patton, 1990 pg.41) described the "naturalistic inquiry" as a "discovery-oriented" approach that places no prior constraints on the outcome of the study. In conducting a naturalistic inquiry, the researcher approaches the setting without a predetermined hypothesis of the causes for the issue to be studied. The naturalistic setting of this study will be New York City Department of Homeless Services' shelter system.

Most homeless families in NYC are housed in "Tier II" shelters. Prior to the 1980's, homeless families were sheltered in a large network of "Welfare Hotels" and barracks-style shelters, which did not provide support services and were dirty and dangerous. As a result of legal and other advocacy efforts by service providers, these facilities were replaced with Tier II shelters that offered much cleaner and safer environments for the families (Styron et al 2000). Most of these facilities offer a separate apartment for each family with cooking areas and bathrooms. The facilities also offer an array of support services on site, such as case-management, assistance with permanent housing, counseling, day care, and

access to training and educational opportunities, and even on-site medical care. The Tier II shelters are funded and are regulated by the state and by the city and are operated mostly by private, non-profit organizations.

In the late 1990s, when the number of families entering the shelter system increased dramatically, scattered-site temporary housing programs opened, offering apartments to families in scattered building the community. Many of these housing programs were run by the for-profit organizations and were not held to the same regulatory codes as the Tier II's. In 2004 and 2005, DHS started closing down these housing programs, and the families were moved to the Tier II shelters. There are very few "scatter-site" programs that are still operating at this time.

This study also explored questions such as "How did I get here? What is it like? Where would I like to be? What is stopping me from getting there?" from the perspective of 15 homeless women who have been living in the NYC/DHS shelter system for more than 18 months, and 15 women who were able to move-out in nine months or less. I interviewed each of the women individually in the shelters where they live.

The term 'homelessness' refers to women's experiences in the New York City's family shelter system. This definition is consistent with that used by most research studies on the subject. Additionally, the description of homeless shelters refers to the New York City shelter system. Different communities in the United State offer different level of care to homeless families (Styron, et al 2000).

All the women who participated in this study spent the majority of their time while homeless in a New York City Tier II shelter. Each of the participants in this study received a disclosure statement (see appendix 4) addressing issues of confidentiality and participation in the study. The interviews were audiotaped and transcribed with permission.

### **Sampling Technique**

The sampling in this qualitative investigation was purposeful. This approach is useful to identify people who have specific characteristics that would enhance the data or the diversity of the sample (Patton 1990).

There are 68 Tier II shelters in New York City. They vary by size, services, staffing patterns, and admission criteria. The female-headed families are spread among all of these shelters randomly. The number of long-term families varies by the size of shelter. .

DHS was contacted to request permission to use its CTS data and to be allowed to conduct interviews and recruit participants from within the shelter system. With DHS's assistance in the identification of clients through use of the CTS database, and the information generated from the quantitative demographic analysis, a list of typical cases was compiled. For the quantitative part, the study's sample compared relevant demographic variables and background characteristics of female heads of household who are among the long-term stayers with those of female heads of households who moved out of the shelter system in a period of nine months. Thirty families and seven key informants were

interviewed in person. The participants were generally recruited through staff contacts at the different shelters, and the criteria for participation in the study was based on the length of their stay at the shelter.

The 30 women were recruited from seven different shelter facilities in NYC with help from the shelters' staff. Twenty-eight women lived in the shelter system, and two women were interviewed in their permanent housing, where they recently (within a month) located. One woman lived with her children in the Bronx, and the other lived in Queens. The locations of the shelters were as follows: three shelters were in Brooklyn (two were Tier IIs and one was a hotel); two shelters (one shelter one hotel) were located in Queens; one shelter was located in Manhattan, and two other facilities (a Tier II and a hotel) were located in the Bronx. An attempt was made to contact scatter-site owners to request permission to gain access to families that resided in those programs. None of the owners was willing to grant me access.

The 30 women heads-of- household interviewed came from two strategically chosen groups: 15 women were part of the Long Term group and were living in the shelter system for over 18 months. The other 15 women were part of the Short Term group and were able to find permanent housing within a period of less than nine months. They were either on their way out of the system, or already moved out (see table 7 for demographic data).

## **Procedures**

To gain access to participants, directors of facilities were called. The purpose of my study was explained, with an offer to fax or e-mail a description of the study and a copy of DHS's authorization letter giving me permission to interview families in the shelter system (appendix 1 & 2). Most of the administrators that were contacted were willing to assist once they received the information. The shelter administrators would then connect the researcher with the social service directors who would make arrangement for a meeting with the women.

Two groups of women were approached by the shelter's staff: those who resided in that shelter for more than 18 months, and those who were living in the shelter for less than nine months were linked to an apartment in the community and were moving out within the next couple of days. Prospective participants were asked by staff whether they would be interested in participating in the study. Staff gave them a copy of the letter of introduction (see appendix 4), which described the study, the length of time it would take, and offered the participants a \$10 dollar Metro Card (worth six rides) in appreciation for their time and willingness to participate in the study. Once staff identified a number of willing participants, a date to come to the shelter to meet the women and conduct the interviews was scheduled. On most occasions, the plan was to interview three to four women at a time.

When I arrived at the shelter, I met with the director who would escort me to an empty office where she would conduct the interviews. The participants

would then be called by staff to come to the office from their apartments. They would be introduced to me by staff, and the interview process would start. The women would receive additional information about the study. Due to the personal nature of the inquiry, participants' confidentiality was of extreme importance. Name and other means of identifications were changed and the participants were assigned pseudonyms. Participants signed a detailed consent form that explained the interview process, assuring them that their privacy and anonymity would be protected, and requesting their permission to be audiotaped (appendix 3). Confidentiality was preserved by conducting the interviews privately. All the participants agree to be audiotaped.

To capture the personal information and experiences of the women, a semi-structured instrument was developed that incorporated closed and opened questions (Appendix 6). The aim was to obtain the women's unique perspective concerning their experiences leading up and including their transitional living program. I also sought to capture the women's perspective on their future. The interviews started by asking the women to provide demographic data, followed by semi-structured opened-ended questionnaire. The questions focused on the following broad areas: 1) current experience of homelessness, including the precipitating events that led to this episode, 2) participants' experience living in the shelter, 3) past relationships and support systems, 4) personal experiences in the past, and 5) hopes and plans for the future. Each interview was audiotaped and lasted between one hour and 90 minutes. At the end of the interview, the women received the \$10 metro card.

### **Interview with Key Informants**

Key informants are people who are knowledgeable about the subject and can bring an added dimension to the study. Key informants are considered to be experts in their field. Their impression may be useful as a cross-reference with other data that were gathered from sources.

The intention was to interview 10 key informants for this study, however only seven individuals agreed to be interviewed. These individuals represented a cross-section of service providers, advocates, and policy makers from the New York City shelter system. Having worked in a Tier II shelter for homeless families, and being an active advocate on behalf of homeless families, enabled me to develop professional relationships with many Tier II service providers and city government representatives. Using these contacts made it easier to approach caseworkers, shelter directors, and other individuals who are involved with advocacy and policy and ask them if they would be willing to participate in the study and be interviewed. Seven individuals agreed to be interviewed. As with the families, key informants were presented with a written description of the study and ask them to sign a consent form (see appendix 7, 8).

### **Issues of Reliability and Validity**

Reliability and validity refer to the measurement and analysis of the data that are used to answer the research questions. The reliability of the data collection refers to its consistency, stability, and repeatability, while validity

refers to whether the research instrument actually measured what it was supposed to measure.

Many writers on the subject of qualitative research design alert us to certain design limitations that exist, particularly with issues of validity and reliability. Internal validity threats in qualitative research are identified as theoretical, interpretive, and descriptive. Concerns about the ability to generalize the research results relate to reliability matters (Creswell, 1994; Denzin & Lincoln, 1994; Maxwell, 1996; Strauss & Corbin, 1990).

Theoretical threats to validity occur when the researcher does not address contradictory evidence or does not explore alternative interpretations of events or situations (Maxwell, 1996). I attempted to address this theoretical threat by remaining open and receptive to hearing issues that participants chose to address, even though they may not be part of the interview design or contradictory to held assumptions.

Interpretive threats to validity can occur as a result of the researcher's own bias and beliefs, which may surface through the interpretation of the participants' words. This threat was minimized through cross-check of themes and categories that emerged from the data analysis (Creswell, 1994; Denzin & Lincoln, 1994).

The threat to descriptive validity can occur from an inaccurate representation of what the researcher saw or from an inaccurate representation of what the research participants said (Maxwell, 1996). To avoid this obstacle and to ensure the description validity of this research study, an audiotape was used while interviewing, and the interview was transcribed verbatim (Maxwell, 1996).

Although qualitative research is not intended to provide results that can be generalized to other situations or subjects (Creswell, 1994), it does not mean that the results cannot have widespread usefulness beyond the study (Maxwell, 1996). The results of the proposed study will add to the existing body of knowledge on homelessness by exploring the experience of long-term homeless families in the NYC family shelter system from their own perspective. The study also will improve the understanding of the systemic and personal issues that homeless families face, thus assisting service providers and policymakers with the development of policies, practices and procedure to better meet the needs of families who live in the NYC shelter system.

### **Other Potential Risks**

As a licensed social worker with many years experience working with a variety of individuals, I was aware of the need to maintain objectivity in the interview and in data analysis. Given the knowledge and understanding of the complexities that are inherited in the lives of homeless women, I was committed to maintaining complete confidentiality and minimizing the possibility any personal discomfort. By asking open-ended and non-leading questions, I intended to reduce undue influence that she might have had on the participants (Maxwell 1996).

The following chapters will describe the outcomes of both the quantitative and qualitative data analysis. The analyses of the quantitative demographic data and qualitative data obtained from individual interviews with families who reside

in the NYC shelter system, and from interviews with key informants, shed light on both systemic and personal factors that contribute to the length of stay of families in the shelter. Findings from this study have implications for public policy making at the municipal and federal levels, program development for public and private and non-profit homeless shelter providers and future research.

## CHAPTER V: QUANTITATIVE ANALYSIS

The information provided in the previous chapters indicates that families who move out of a shelter system in a short period of time will have younger heads of household, fewer adults and children, and a fewer number of prior homeless episodes. This study also wanted to determine if race and the reason for entering a shelter system had any impact on the length of time spent in a shelter.

This chapter presents the process of these quantitative analyses. Beginning with a quantitative clinical data-mining (Epstein, 2001) of demographic data from the NYC/DHS's database, this study included the following standard for testing 8 models: cross-tabulations computed for the variables of interest, and multiple regressions that were computed to determine the impact of the variables on the length of stay. The findings from these testing models showed whether there was a significant difference between the two groups of women associated with the length of stay and the following seven variables:(1) age of the head of the household; (2) number of adults in the family; (3) number of children; (4) ethnicity; (5) number of previous homeless episodes, and (6) reason for entering.

The key questions for the quantitative study were:

- 1) Who are the “long-term stayer” families? Are there specific characteristics that set them apart as a group from the “short-term stayers”? and
- 2) Is there a relationship between the length of stay (the dependent variable) and the following independent variables: age, number of adults,

number of children, ethnic background, number of previous eligibilities, and reasons for becoming homeless?

To answer these questions, this study examined data obtained from the Client Tracking System (CTS) in the New York City (NYC) Department of Homeless Services' (DHS). This study was proposed in 2005. To include all the families that entered the shelter system in a particular year and stayed for more than 18 months, it was necessary to look at the data from 2003. There were N= 9,280 families in shelter system during that year.

After identifying those families that met the study criteria, which included families with female heads of households that found a permanent housing solution in less than nine months or more than 18 months (I excluded cases that were between 9 plus months and 18 months), variables were verified, with only two — age of the head of the family and length of stay — being problematic. However, the data included the birth date of the head of the family as well as the day they entered and left the shelter so that their age and length of stay could arithmetically be determined. The final sample size was N=1820 cases. (For a list of codes that the NYC/DHS uses to define permanent housing solution, see Appendix 9).

## **Variables**

The following seven variables were incorporated in the analysis: (1) length of stay in the shelter system; (2) age of the head of the household;(3) the number of adults in the family; (4) number of children; (5) ethnicity; (6) number of homeless episodes; and (7) reason for entering. In addition to these variables,

the dependent variable (length of stay) was recoded into an 8<sup>th</sup> variable (see Table 8). Short-term was assigned a value of “1” if the family left in less than 9 months (with an appropriate exit code) and long-term was designated a value of “2” if the family exited after 18 months (with an appropriate exit code).

**Table 8: Variables**

Variable Number	Variable Type	Variable Name in SPSS file
1	Numerical	Age
2	Numerical	Adults
3	Numerical	Children
4	Numerical	Num_elig
5	Categorical	Ethnicity
6	Categorical	Reason
7	Dichotomous	Group

### **Descriptive statistics- Demographics**

The age of the families (in a sample of N=1560) ranged from 20 to 65 years (M = 33.07 years, SD = 8.50). Of the total sample (N = 1820) the number of adults per household ranged from 1 to 4 adults (M = 1.26 adults, SD = 0.476). Missing from the data was the identification of relationship to the head of household. Thus, any case with more than one adult could represent a husband/partner or an older child. The number of children ranged from 1 to 9 (M = 1.92, SD = 1.25). Looking at the number of eligibilities (previous entries to the system) we find that it ranged from 1-11 times (M = 0.35, SD = 0.886). The length of stay, measured by years, indicates a range of 0 to 4.6 (M = 0.84, SD = 0.73).

**Table 9: Descriptive Statistics**

	N	Minimum	Maximum	Mean	Std. Deviation
Years (age)	1506	20.80	67.02	33.0683	8.49643
Adults	1820	1	4	1.26	.476
Children	1820	1	9	1.92	1.254
Length of stay (years)	1820	.00	4.60	.8433	.73143
Reasons for entry	1820	.00	33.00	2.1066	3.42831
Num. of prior eligibilities	1820	.00	11.00	.3549	.88563
Short term v Long term	1820	1.00	2.00	1.2363	.42490
Valid N (list wise)	1506				

### Cross-tabulation

To determine if there was a difference in the groups in any one factor and the length of stay, statistical significance was computed using the chi-square test. This method of analysis requires that the data for each variable be classified into groups. From the sample used, most of the variables were already divided into groups. For example, the number of adults in the family would range from one to four adults and the number of children range from one to nine children, thus yielding four and nine groups, respectively. Of the seven variables, only two variables were recoded to generate categories, as follows: (1) as mentioned above, the length of stay in years was recoded into two groups and (2) after performing a frequency distribution on the age of the head of household, the results ranged from 20 – 67 years of age; thus the data were classified into groups in intervals of five-year (20-24.99, 25-29.99, and so forth). The remaining five variables were left untouched. For more statistical information on the numerical and categorical variables used, see Appendix 11a & 11b, respectively.

### *Age*

A “Cross-tabs” function in SPSS 11.0, a cross-tabulation of the 10 groups of the ages of the head of the households on the two groups associated with length of stay was conducted. In this situation, the sample size was reduced to 1506 cases, as the remaining 314 cases did not contain the birthdates of the head of households, thereby making it impossible to determine their ages. The results of the Chi-Square indicate that the age of the head household may determine the family’s length of stay in a shelter ( $\chi^2 = 56.8$ ,  $p < 0.001$ ). One observation that stood out was that in ages under 30, the number of families that left the shelter in less than nine months was a much greater significant minority (48.3%) than their counterparts (34.9%) in the 18 month and over category. The head of household of about 50% of the families who left the shelter system under 9 months were under 30 years old, as opposed to only 35% of the head of household in the long term group. The distribution of age among those leaving after 18 months remained consistent between the ages of 20-50 (see Table 14).

### *Number of Adults*

As mentioned earlier, the number of adults per family ranged from one to four. In the cases where families had more than two adults, the balance of adults was comprised of the children who had reached the age of 18. Although this study looked at female-headed families, it was impossible to determine if one father (as only a maximum of two parents per family are permitted in a shelter) or three adult children were staying with the head of the household. The results of

the cross-tabulation between the four groups of adults and the two groups of stay indicate that the number of adults may have a significant impact on the length of stay ( $\chi^2 = 169.7$ ,  $p < 0.001$ ). In observing the two groups associated with length of stay, each group had a majority of families with one adult; yet 83.3% of those in the short-term group had only one adult while 52.8% of the families in the long-term group had only one adult.

### ***Number of Children***

As mentioned before, the number of children per family ranged from one to nine and therefore yielded nine groups within this variable. The results of the cross-tabulation between these nine groups and the two groups associated with the length of stay, indicate that the number of children may have a significant impact on the length of stay ( $\chi^2 = 169.7$ ,  $p < 0.01$ ). In both groups associated with length of stay, the percentages of families with one child were 51.8% for the short and 44.9% for the long-term length of stay. 24.5% of the total of families in the short term group had 2 children, while 30.7% of the total families in the long term group had 2 children. The number of observations in the other groups do not reflect significant differences.

### ***Number of Prior Eligibilities***

For the last numerical predictor variable, the data yielded 12 groups as the range of prior episodes was from 0 to 11. The results of cross-tabulating these 12 groups against the 2 groups associated with the length of stay yielded a significant

relationship ( $\chi^2 = 28.5$ ,  $p < 0.01$ ), thus indicating that that number of prior eligibilities (prior entries into the shelter system) may impact the length of stay in a shelter. This seems to support the hypothesis that as the number of prior entries increase, so does the length of stay in a shelter.

### ***Ethnicity***

Using the same method with the numerical predictor variables, seven groups comprising of the ethnicities of the families were cross-tabulated against the two groups associated with the length of stay. The results indicate that ethnicity might be a factor in determining the length of stay ( $\chi^2 = 20.039$ ,  $p < 0.000$ ). However, one observation that stood out was the fact that the majority of families in either group associated with length of stay were of either African-American or Hispanic ethnicity (68.9% of the short-term sample and 76.7% for the long-term sample), this does not indicate that members of one ethnic group have a statistically better chance of leaving a shelter than another.

### ***Reason for Entering***

For the final cross-tabulation, 33 different groups that illustrated the reasons for entering a shelter were evaluated. Cross-tabulating these 33 groups with the two groups associated with the length of stay indicated that the reason for entering may have an impact on the length of stay ( $\chi^2 = 81.8$ ,  $p < 0.001$ ). Upon

observing the results, the largest groups of families that entered and left the shelter were those that experienced overcrowding in their last place of residence; 25.8% and 30.2% of the short and long-term stay, respectively.

### **Further Analysis**

The results of the analyses in the previous section seemed to indicate that the variables chosen for this study can affect the length of stay. However, in exploring the distribution of sub-categories of each of the predictor variables, there did not seem to be conclusive evidence showing a significant difference between the two groups associated with the length of stay. This might be due in part to the difference in the sample sizes of each group associated with the dependent variable. The short-term group contained 1390 families and the long-term group contained 430 families (except in the case of the cross-tabulation associated with the age of the head of household where there were 1190 and 360 families in the short and long-term groups, respectively). This indicates that perhaps another method should be used to determine if at least any of the foregoing quantitative variables had any impact on the length of stay. To answer this question, three different methods were employed to determine if any of these possible predictors were significantly be associated with the length of stay.

### ***Bivariate Correlation***

To do this, the two categorical predictor variables, which could not be correlated with the length of stay, were eliminated. A bivariate correlation in SPSS 11.0 then was executed to determine any association between the dependent variable and the four numerical predictor variables as well as to eliminate any concerns with multicollinearity. Length of stay was retained as a continuous variable and the function executed. The results indicate that all four predictor variables do significantly correlate with the length of stay. In other words, as the age, number of adults and children, and number of prior episodes increase so does the length of stay (see Table 9).

**Table 10: Bivariate Correlations**

	<b>Stay</b>	<b>Age</b>	<b>Adults</b>	<b>Children</b>	
<b>Stay</b>	1				
<b>Age</b>	0.176 <sup>b</sup>	1			
<b>Adults</b>	0.297 <sup>b</sup>	0.093 <sup>b</sup>	1		
<b>Children</b>	0.057 <sup>b</sup>	0.173 <sup>b</sup>	0.143 <sup>b</sup>	1	
<b>Num_elig</b>	0.049 <sup>a</sup>	0.038	0.049 <sup>a</sup>	0.033	1

<sup>a</sup>p < .05; <sup>b</sup>p < .01; <sup>c</sup>p < .001

### ***Linear Regression***

The fact that that all four predictor variables had a significant association with the length of stay was indeed useful. Yet, it did indicate how much of a contribution each makes to the length of stay when the others are taken into account and how much all, taken together, contributed to length of stay. The next

model executed in SPSS 11.0 involved regressing the length of stay on the four predictor variables all at once. Similar results as in the bivariate correlations were expected; that is to say, the four predictor variables should significantly explain the variation in the length of stay of the families in the shelter. This method differed from the previous method because in this procedure, a model containing all four variables at once (as opposed to comparing each predictor variable to the length stay individually) was executed. Taken as a whole, the entire model did indeed have a significant impact on explaining the variability in the length of stay ( $R^2 = 0.11$ ,  $p < 0.001$ ); however according to the t-tests, only two of the predictor variables showed any significantly positive association with the dependent variable (see Table 10).

**Table 11: Linear Regression Dependent Variable = Length of Stay (Years)**

**Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.294(a)	.086	.086	.69476	.086	142.130	1	1504	.00
2	.329(b)	.109	.107	.68649	.022	37.440	1	1503	.00
3	.330(c)	.109	.107	.68664	.000	.348	1	1502	.55
4	.332(d)	.110	.108	.68632	.001	2.370	1	1501	.12

a Predictors: (Constant), ADULTS

b Predictors: (Constant), ADULTS, AGE

c Predictors: (Constant), ADULTS, AGE, CHILDREN

d Predictors: (Constant), ADULTS, AGE, CHILDREN, NUM\_ELIG

Model 1 - Predictor Variables	Standardized Beta	t-value
(Constant)		5.184 <sup>c</sup>
Adults 11.992 <sup>c</sup>	0.294	
Model 2 - Predictor Variables	Standardized Beta	t-value
(Constant)		-1.602
Adults 11.446 <sup>c</sup>	0.280	
Age 6.119 <sup>c</sup>	0.150	
Model 3 - Predictor Variables	Standardized Beta	t-value
(Constant)		-1.502
Adults 11.443 <sup>c</sup>	0.281	
Age 6.132 <sup>c</sup>	0.152	
Children	-0.015	-0.590
Model 4 - Predictor Variables	Standardized Beta	t-value
(Constant)		-1.554
Age 11.389 <sup>c</sup>	0.280	
Adults 6.087 <sup>c</sup>	0.151	
Children	-0.016	-0.638
Num Elig	0.038	1.539

<sup>a</sup>p < .05; <sup>b</sup>p < .01; <sup>c</sup>p < .001

The results of the t-test indicate that two factors have a significant impact: the age of the head of household, and the number of adults. The t-values for these factors indicate that as the age of the head of household increases as well as the number of adults in the family, the length of stay will increase. However, no significant relationship was found between the number of children or the number of prior episodes and the length of stay in the shelter.

Two of these findings (number of children number of prior eligibilities) seem to contradict the results of the Chi-square (as they were significant in the cross tab. But did not contribute significantly to the R square). In this regression model, the effects of the four numerical predictor variables on the length of stay were observed simultaneously (which has more impact), as opposed to the original method of cross-tabulation which was limited to observing the effects of each predictor variable on the length of stay in a vacuum.

### *Analysis of Variance (ANOVA)*

For the final method of analysis, it was attempted to determine whether or not there was a significant difference between the two groups associated with the length of stay and the ages of the heads of the households and the number of adults per family, as these were the only significant predictor variables from the regression model. By using the ANOVA function in SPSS 11.0, which allowed for unbalanced data, I was able to determine if indeed the ages of those heads of households and the number of adults were significantly different between the two groups. In addition, this method was employed to deal with the unbalanced data between the sample size of the short and long-term groups.

Beginning with the relationship between age of head of household and length of stay, the ages of the heads of households in each group were reviewed. The results indicate that there is a statistical difference between the average age of those in the short-term group and their counterparts in the long-term group ( $F = 45.9, p < 0.001$ ). Upon examining the descriptive statistics of the average age of

each group, the average age of the head of household in the long-term group (36 years) was found to be much greater than that of the short-term group (32 years), thus supporting the hypothesis that the younger a female head of household is, the more likely her family will find a permanent housing solution in the short-term (see table 11).

**Table 11: Analysis of Variance – Age v. Length of Stay Groups**

**ANOVA Table**

	Sum of Square	Degree of Freedom	Mean Square	F	Significance Level
<b>Treatment</b>	3219.309	1	3219.309	45.927	0.000
<b>Error</b>	105425.504	1504	70.097		
<b>Total</b>	108644.813	1505			

**Descriptive Statistics**

Group	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
1*	1157	32.27	8.16	0.24	31.79	32.74	20.8	67.02
2**	349	35.73	9.05	0.48	34.78	36.68	21	60.14
Total	1506	33.07	8.5	0.22	32.64	33.5	20.8	67.02

\* Group 1 = Short Term

\*\*Group2=LongTerm

A second ANOVA was performed to determine if the average number of adults was statistically the same for those families that stayed for less than nine

months and those that stayed greater than 18 months. The results indicate that there is a statistical difference in the average number of adults per family between the two groups associated with length of stay. Upon examining the descriptive statistics of the average number of adults in each group, those families that stayed less than nine months were found to have an average number of adults closer to one adult per family while their counterparts had an average of more than 1.5 adults per family (see table12), thus supporting the hypothesis that the number of adults per family has a significant, positive relationship with the length of stay in the shelter.

**Table 12: Analysis of Variance – Adults v. Length of Stay Groups**

**ANOVA Table**

	Sum of Squares	Df	Mean Square	F	Significance Level
<b>Treatment</b>	36.937	1	36.937	178.946	0.000
<b>Error</b>	375.258	1818	0.206		
<b>Total</b>	412.195	1819			

**Descriptive Statistics**

Group	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
1*	1390	1.18	0.407	0.011	1.15	1.2	1	4
2**	430	1.51	0.582	0.028	1.46	1.57	1	4
Total	1820	1.26	0.476	0.011	1.23	1.28	1	4

\* Group 1 = Short Term

\*\* Group 2 = Long Term

The findings from the two ANOVAs clearly indicated that there was a significant difference between the two groups associated with the length of stay and the ages of the heads of the households and the number of adults per family. As the information in the next chapter will indicate, these findings are also supported by the conclusions from the qualitative analysis reported in the following chapter.

## **CHAPTER VI: THE QUALITATIVE ANALYSIS- HOMELESS WOMEN**

For the qualitative analysis, two sets of semi-structured interview were audiotaped, with the participants' permission, and fully transcribed to maintain its authenticity and making data retrieval easier. Upon completion of the interview, the audiotapes were transcribed verbatim. The answers were analyzed to allow for different themes to emerge. The transcripts were coded and similar data were placed into coded categories. A preliminary set of codes was developed based on the first interview transcripts, and additional codes were developed using the words of the interviewees. The organization of codes into themes was guided by the purpose of the study. To protect their anonymity the participants were given pseudo names.

Transcript segments were divided into statements related to each category. In this chapter the presentation of the findings includes passages and examples extracted from the interviews with the homeless women.

### **Demographic Characteristics of Two Populations**

The following is an analysis of the demographic data of the 30 women in both groups: Fifteen women who are part of the long-term families (LT), and the 15 women who were part of short-term (ST) families.

Women in the short-term stayer group ranged from 19 to 33 years of age, with a mean age of 27.2. This mean age was considerably lower than that of the women in long-term group, which was 35.7, with an age range from 21 to 51.

The racial distribution was almost equally divided in the short-term group with 46.6% (n=7) of the women in this group identified as Black, the other 46.6 % (n=7) of the women identified themselves as Hispanic, and one woman identified as white. In the long-term group 60% (n=9) of the women identified themselves as Black, and the other 40% (n=6) identified themselves as Hispanic. These numbers correspond to those of the general population of homeless families, described in the previous chapter.

When looking at the age of the women at the time that they left home, the range of ages in the short term group was between 9 to 27, with a mean age of 18 (17.7). (The woman who reported leaving at age 9 was removed from her home and was placed in foster care. If we remove this outlier then the mean age become 17.2 or 17). The range of age for the women in the long term group was between 15 to 30 with a mean age of 19. One possible explanation for the difference in means of a year and a half could be due to the fact that the majority of the women in the long term group were older than those in the short term group, and might have grown up in a time when leaving home happened later.

The range of age at first pregnancy was identical in both groups from 16 to 33, with a mean age of 20.6 for the women in the short term group, and a mean of 19.8 for the women in the long term group. This could also be due, I believe, to a generational difference.

The number of children the mothers had in the short term group totaled at 29. The number of the children living with their mother in the shelter in the short term group totaled at 28. The range of ages of children living in the shelter for the

mothers in the short term group was between 9 months to 13 years old, with a mean of 2 (1.93). 64% (18) of the children were under the age of 10 years, while the other 34% (10) were between the ages of 10 to 13. The total number of children for the mother in the long-term group was 46, which was significantly higher than the total in the former group. The number of children of each mother in the long-term group ranged from 1 to 7. The total number of children living with their mothers in the long-term group was 26; Of these 26, 42% (11) were between the ages of 10 to 19 years old, and the other 58% (15) were between the ages 1 month and nine years. The children's age ranged from one month to 19 years old, with a mean age of 3 (3.06).

This large difference in mean age is obviously due to the older age of the women in the long-term group. Although there were more children living with their mothers in long-term group, most of the mothers in the short-term group had all their children with them in the shelter with a mean of 2 (1.8), while many of the mother's children in the long-term group were not living with them in the shelter, as evidenced by the relatively low mean number of children for this group of 2(1.73). Some of the children not living in the shelter were older and living on their own, while others were placed with other members of the woman's families.

The number of single adults versus two adults living in the household was divided equally, with 61.33% (11) of the women living alone, and 38.67% (4) of the women living as couples. For a complete breakdown of demographics see tables 1-7.

## **HOMELESSNESS**

### **Pathway to Homelessness**

The preceding section provided a demographic description of the women who participated in the study. This section will qualitatively explore the unique experiences of the 30 families' path into homelessness. The women's description of how they became homeless provides an insight into some of their characteristics perhaps missed by the discussion in the previous chapter. From their life stories emerges a captivating picture of how women can become homeless, offering heart-wrenching glimpses of their struggles prior to coming to the shelter.

The experiences of the study participants corroborates past research studies, which indicate that the path that leads families into the shelter could be linear: The family may lose its housing, and move into a shelter designed to assist homeless families. Or, it maybe much more complex and may involve many more steps: the family loses its home, they move in with family or friends; this arrangement does not work, they rent cheap rooms; and eventually they run out of money and end up in a shelter.

The literature appears to be in agreement that on a structural level — persistent poverty, accompanied by lack of adequate financial resources, lack of adequate paying jobs, and lack of affordable housing has been shown to be powerfully associated with increased homelessness among women. ( Beaumohl, 1996; Fogel, 1997; McChesney, 1992; Rossi, 1989; Young, 1997).

Culhane and Fried (1988) provide a complex description of a family's path into homelessness. Any disruption resulting from a loss of job, divorce, spouse abuse, or eviction, they contended, may shake the family's stability, and force them to move in with family or friends. When this arrangement erodes, the homeless family will live in cheap, rented rooms and eventually end up in the shelter.

The Vera Institute study (2005) identified a number of events that may increase the risks of shelter entry. According to their findings, the risk of homelessness increases when families experience formal or informal eviction or domestic violence, when public assistance benefits are at risk and they experience financial hardship, or when they live in one room or were homeless before. The experiences of the women who participated in this study appear to concur with the literature with respect to the complexity and the variety of contributing factors that lead to homelessness.

Women interviewed for this study emphasize the impact of battering, and other family disruptions in combination with economic insecurity and primary responsibility for their children on their paths to homelessness. Notwithstanding the complex story each woman tells when asked what events led her to seek temporary shelter, the combination of persistent poverty, domestic violence, eviction, and low-rent housing shortages were most often cited as causing crises. Research has suggested that domestic violence may play a critical role in homelessness, especially for women. Many women's paths to homelessness also

start with escaping violent home situations (Bassuk & Rosenberg 1988; Shinn et al 1991; Williams 1998; Young, 1997).

These findings were corroborated in this study by the participants' experiences.

*“And, he was like, he was just very abusive... After I gave birth it got ten times worse... Where I had to call the cops because he, he busted my whole lip open, like my whole lip was bleeding. And, I had like bruises on my arm and I was really bad...I ended up leaving and I couldn't go back to my mother... I couldn't. Because, it was, my, where my mom was living, it was no space. There was no space when I was living there. And, to come with an extra baggage, it was not going to happen. I was 17, I didn't know about the shelters. If I knew about it, I would have went to them...But I ended up renting a room”. (Jasmine, age 21, ST15)*

*“I ended up homeless. I was a victim, a victim of violence and they robbed me and stuff like that, so I just ended up coming here. Everywhere I went it was not safe for me and my kids. It was something wrong everywhere. I was in my apartment for 10 years, but a lot of stuff happened so I left. And I also left from there because my son was having a lot of problems, a lot of fighting from school, everything. Like a lot of problems so you know, I decided to take him away from there, and I did. I took him to a better place. It was Connecticut or something, where a friend of mine that I had made this offer, so I decided to leave everything and take my two kids and just leave, and it took me like a year around you know, putting my son there in the school, thinking it's gonna be a next home, you know...because I wanna put my kids where I think they're safe. If I don't feel safe, they can't be safe. But then it was too much for my friend so I left from there and I went to another, another friend, my sister-in-law's house, and the situation was, it was alright. You know, but there was not enough place to sleep. So I, you know, I tried getting a shelter so I end up coming to New York, back to New York, I made a choice, you know, and I asked for help”(Lena, age31 ST6).*

It is thought that homelessness now can strike any family at any time.

This may include families who have had long-term stability but have undergone

an economic misfortune, loss of employment, death of a spouse, or experience specific events that can push them over the edge into homelessness (Nickolson 2006).

Women who have been socialized to be homemakers and are dependent on a spouse's income may find themselves destitute and homeless after separation, divorce, or widowhood (Butler & Weatherley 1995). The lack of social and familial support may also increase a person's vulnerability of becoming homeless (Styron et al 2000):

*My husband was killed. He was hit by a car, and that really how we ended up here...well, we was together for 25 years, ever since I was 18. And, it was really hard and I just fell behind in my rent. We was living in Ramsey Housing. So, I fell behind on my rent, so we got evicted. Well, I mean we had no one to turn to at the time...I was talking to my sister, but she could not help me because she had her own family, so I went to the EAU. (Natalie, age 47, LT4)*

While some women reported moving into the shelter immediately after losing their original residence, a number of women in both groups also reported trying alternative living arrangements, such as living with their families or friends (doubling up) prior to becoming homeless and ending in the shelter system. These alternatives, however, frequently were only temporary solutions.

When comparing the two groups with regard to their history prior to moving into the shelter, large differences were noticed. Only 40% (n=6) of the women in the long-term group reported living with a family member or a friend prior to moving into the shelter, while 66.6% of the women in the short-term group reported having stayed with family. Possibly, the difference can be explained by the age difference. The women in the short-term group were

younger, they may have stayed with their nuclear or extended family, where the majority women in the long-term group were in their 40s and 50s and had a longer history of living away from their original family, lived in their own apartments with their children, and had much more life experience.

Regardless of these life situations, however, certain commonalities appeared in their descriptions:

*“I used to live with my brother and, you know, used to pay rent for him. And it was one-bedroom apartment and he was...what, you know...another person living. And the space, it was too small and it was too much problems with the kids. And he’s...he got disability. He got sickle cell. He always sick. So, it was me and the kids and your brother And also his wife in a one-bedroom apartment. After a while we had problems, you know, me with her, and they had problems because the kids, um, jump or... It was a problem sometimes. You know, if the kids jump, run and jump, or scream or things. It was not all the time. I can go downstairs to take them to the park and sometimes it’s cold or sometimes you have things to do. So, I used to take them out from the park. But, then it was too enough for me. And have to keep children...So, then I decided to leave...I knew about the shelter form my neighbor, the person that was in that, living next to me. She told me to go to EAU and like that...”*  
(Ana, age 28, ST13)

*“ Well, I was staying at my grandmother’s house when I became pregnant, and she was like that I couldn’t, I couldn’t be there. I couldn’t stay there. It was like fifteen people in that, in one house. So, you know, she wanted to sell her house and stuff anyway, so I couldn’t be there.”* (Alisha, age 21, LT14)

The women in the long-term group who were older than the women in the short-term group tended to have a longer history of living in the community, holding down jobs and being responsible for lease payments. Fifty-three percent (n=8) of the women in the long-term stayer group reported eviction as the cause

for their loss of residence prior to becoming homeless, while the other 40% (n=6) stated that a family feud as the reason. Only 26.6% (n=4) of the women in the short-term group stated that eviction was the cause for their homelessness, while 66.6% reported family feud, and domestic abuse as the precipitating factor leading to their entry into the shelter system:

*“ I left my mom’s house like four months ago when I went into the shelter. Cause me and my little sister got into a really big fight, and my mom kicked me out. She didn’t want me to stay there anymore. And she called the cops but she didn’t even get to do a report.” (Vicki, age 24, ST11)*

*“When I got married I moved to Ohio first. Then, after a year or so, I moved back to New York. And then moved back to Puerto Rico... me and my daughter’s father, we was having a lot of problems, he was hurting me, so I had a chance to leave Puerto Rico to come back here to get some...some help.” (Stella, age 19 ST12)*

A study of families in NYC done by the Vera Institute in 2005 discusses a range of experiences families go through when they face eviction. The causes for the evictions included those resulting from court orders, responses to landlord requests, living illegally in apartments and eviction by court order. The experiences of the women in both groups mirror these descriptions:

*“It was a private house. And went to court and everything. The judge told me he cannot touch me until September 15, 2007. But what happened was, when I, when we took my mother’s body to Florida, because she passed away. We took her to Florida and when I came back I didn’t have no apartment. The key, the key was changed. They have new people living in the house and my stuff had...lost everything. So, I had to come back to the system again.” (Rosa, age 50, LT 9)*

*“ We had ended up, briefly , in an apartment without a lease, and, urn, it was a four apartment building and there were a lot of things I did not realize, which was that they could decide to rerent an apartment at any time without even a reason, which is what they ended up doing...I went crazy looking for a place, could not find one, even with some friends help...so I ended up having to go through eviction and then I had no place to go to so I ended-up in the EAU, and they put us for a while at Town and Country, and then I was in Katharine Street in Manhattan, and then I ended up here, in 4/2004, and we have been here ever since.” (Sharon, age 38, LT10)*

Often these women did not always know their legal rights:

*June: “At first, I rented two rooms in a private house and someone called the Department of Housing to let them know that we were living there. The landlord had rented it out, it was illegal apartment and they told us that we couldn’t stay in there. So, they told us we had ten minutes to move out and they called the Red Cross. The Red Cross put us in a hotel for four days and then they sent us to PAC in the Bronx. And from PAC, they sent us here. Before that we had like a walk-in basement apartment. It’s two bedrooms and a kitchen. But, what happened, the landlord got a tree planted in the front, the city tree? So, the roof kind pushed into the sewer. It started backing up and up from the living room...So, she took us to court because I mentioned the water, you know. And I took picture and show it to her, she get nasty and she took us to court, where the court said they see that we are paying rent, so she shouldn’t, you know, bring us to court. So, we win the case. But the only thing because we had the kids in the basement to start, it’s an illegal basement, you know, for the kids being down there. So the court they only give us 30 days. That’s why we end up with the two-room we got evicted from...Matter of fact, that landlord was my husband’s friend, my husband did some work for him, you know, renovating houses, pools and stuff like that. And that’s when we rent the two rooms. From there on, we end up here.” (June, age 31, ST9).*

*Sherry: “ I moved from with my mother, because she was just on drugs and stuff and I wanted to stay with my godmother. And I started working and stuff like that. Then I met a boyfriend. And we ended up having us move in together. So...for a couple of years I was with him, about seven, eight years. And things ain’t worked out between us, so I had to go. So, I just kept on moving on from*

*there. And I met my fiancé and that how I end up in here... I was staying with my fiancé's family in Far Rockaway and paying eight hundred dollars a month for rent for one bedroom... She was upstairs, I was downstairs, and she wasn't paying the bank mortgage for a long time, for some time. And they came and they took the house. March 21<sup>st</sup> the bank came to put us out, So, then I had to take a loss with nothing but clothes on my back, which led me to here.” (age 30,ST7)*

Some evictions were caused by the city agencies' failure. For example, an agency, such as section 8, may not have paid a landlord on time, or payments may have been stopped for no particular reason.

*Jeanette: “ I was residing in an apartment in Manhattan. I had Section 8. Supposedly, they stopped paying the rent. Yeah, after 2 years, the landlord didn't tell after 5 years. He didn't tell me anything, that he wasn't getting no rent. He told me after 5 years. It turned out to be that when he gave me the first eviction, so we went to court. I subpoenaed Section 8 and they came and they said that it, my case must a got lost when they moved from one place to another place. Okay. So, I won the case. I went back into the apartment. When he sue me again, I subpoenaed again Section 8 because it was the same. And, then, they came and they said that it was that they send me a form and I never filled it out. So, it was two different stories. So, the point was that I, I got evicted from the apartment because the rent, if they stopped paying the rent then it's on my.” (Jeanette, age 44, LT8)*

*Tina: “I was in one ninety New York Avenue. I was working for the city. I worked for the parks department for six years, and I had section 8 at the time, and they was pain in my rent . But it seems to be since I was working for the parks department, they didn't make the adjustment. So they was paying their part and they never asked me for the other part. Supposedly, the landlord said that they owe him fifteen thousand dollars. It was, that they never agreed that it was fifteen thousand dollars.... The printout came back initialed that it wasn't that. They was not willing to pay for that, so that's when I moved to three-twenty Empire on my own. I lived in that apartment Since ninety-two. A lot of years. But it's the first time, like I tell you, that I've been evicted. Okay. So then I was living at Empire Boulevard. I rented this apartment from this lady, and she supposedly was a real estate agent. And looking now at my money and when two days-a week after, not two days, a week after,*

*they knocked down the doors, the marshals. It was her own apartment which she subleased to me, so I was evicted because it wasn't my apartment. It was under somebody else's name, but I lost my money. I got fined thanks to somebody else... I didn't wanna get into the shelter system with my kids.*

*I'd never been through this before, shelter, but I had no choice, and I went to the shelter, it's been five years and I'm still in the shelter." (Tina, age 35, LT2)*

Some women lived with their families for a long period of time. The pressure of two families residing in one residence, usually small in size, created tension that strained the relationship to the point where both families agreed that it was best for the guest family to leave. Doubling-up may seem to be a logical solution to avoid homelessness, but may end up creating strain to the point of restricting or eliminating important sources of support to the homeless families.

*Mona: "I had Section 8 and everything. I decided to take my daughter away because she was getting out of hand, so I decided to go to Florida to give her a chance. I was also part of the World Trade Center. I worked 4 blocks away, and I saw that day, you know... So I wanted to leave New York. But I could not get a job in Florida and it did not work out there. So I came back and I stayed with a friend for two years, but that became monotonous. She started complaining about little things, and I felt we overstayed our welcome, so I just went to the shelter." (Mona, age 51, LT6)*

Some women became homeless due to circumstances entirely beyond their control:

*Noreen: "My house, my apartment...I mean, my apartment that I was living in, it caught fire. And that's how I ended up in the shelter system. Because at first, Red Cross was offering me help. But, me, I made a mistake and refused Red Cross and couple of weeks later, you know, I wanted to come...went back to Red Cross. And Red Cross took...they recommend me to go to EAU... It was in 1999 I lived in a hotel in the Bronx... I sent the kids to the south and I wanted them back and there was not enough space there for all of us that's why they moved me from the hotel to Sunshine...I*

*lived in scatter-site until they closed it they stopped taking the shelter people and they sent me here in 2005...” (age 42 LT1)*

*Ruth: “My oldest son who was suffering from lead poisoning, which happened in the apartment that I had rented for eleven and a half years. So, like it was so high...So the landlord said to the Board of Heath that he found a place on Fifth. There was so much work that had to be done. So, we went to stay there for a few months. The landlord sold the building to somebody else and figured it would be better to have us out. I Came home at night and my stuff was out. So, called my mom and she got some people and packed my stuff. Put what I could in storage. And went to the shelter.” ( age 47, ST2)*

Shareema, a young woman in the short-term group aged-out of the foster care system. When she had a baby, she was moved to the shelter as a temporary housing solution:

*“Like, I lived in a group home for, probably like, like 18 months. From like 16, 16 to 17.Yeah, like right about the time I got pregnant with my daughter. It was a, it was a pregnancy group home. But, after, once the child becomes a certain age, you can’t stay there any more. That when I came into the system. I didn’t leave home. I, I never left home. The Courts said that, ‘cause it was, it was a Court, it was a Court trial goin’ on... Um, they said that I can’t be in my mother’s custody during the Court trial because at first, at first my mother was locked up.” (Shareema, age 19, ST8)*

Homeless young people are more likely than older people to have been in foster care as children. A study by the National Alliance to End Homelessness (NAEH, 1995) examined the connection between foster care and homelessness. The study used four sources of information: 1) existing research on the subject, 2) data collection from organizations that serve homeless people, 3) data obtained from a sample of people, 4) case studies with people who had history of

homelessness and who had foster care history. The outcomes of the study indicate that there is an overrepresentation of people with foster care history in the homeless population. Very frequently people who were homeless had multiple placements as children. People with foster care history tended to become homeless at an earlier age than those who did not have a history in foster care. Another important factor that was revealed by the research was that childhood placement in foster care correlate with substantial increase in the length of a person's homelessness (NAEH 1995).

Many foster youths who were removed from their families were exposed to and conflict, violence, and abuse early on in their lives. These experiences, combined with placement in foster care and group homes at early age and the lack of support networks that other people can rely upon, prevent many of them from acquiring the practical skills necessary to construct and manage social skills (Firdion et al, 2000). Outcomes of past studies indicate that young people who have contact with persons with criminal behavior (when staying in group homes) are at risk of developing problem or pre-delinquent behavior, such as heavy drinking, conflictual relationships, substance abuse, all of which present obstacles to successful social integration. (NAEH 1995; Firdion et al 2000).

Being placed in foster care continues to rapture many young adults lives, leaving them unsupported during the transition to independent living. This lack of support, both financial and social, presents a serious obstacle in making the transition from the foster care system to self-sufficiency ( Zlotnick et al 1998). As a result of residential instability, many result in frequent school interruptions

that compromise educational achievements and serious education deficiencies, which are prevalent among individuals with history of foster care (Haber & Toro 2004). For example, a 1991 Westat study of foster care youths interviewed 2.5 to 4 years after they left care found that 46 percent of these youths had not finished high school. Additionally, almost 40 percent were determined to be a cost to the community, such as being dependent on some form of public assistance or Medicaid. Other research shows similar results.

Additional difficulties may further impede former foster care youths' ability to become self-sufficient. For example, the Westat study found that 51 percent of the youths were unemployed and 42 percent had given birth or fathered a child.

### **Knowing About the Shelter System**

When asked if they knew where to go once they became homeless, many women in both short-term and long-term groups stated that they learned about the shelter system from family and friends:

*“ I had a lot of girlfriends that had been through the shelter system.”*

*“ I had spoke to my Friend about it that was in the shelter system. I told her that I was having problems with my mother. We wasn't getting along, and I wanted to be on my own already. My friend, she told me where to go ”When the women were asked about how.”*

Women in both groups also spoke about previous experience in the shelter system:

*“When I was little, me and my brother and sister went to shelter with my mom, so I knew what to do.”*

*“I actually knew what to do because I did it before”*

Some women knew to call the NYC’s emergency line 311, and were given the information as to where to go, while others received support and information from family members:

*“I made a choice, you know, and I asked for help. I found out a place that they said; I called 311, and they told me where to go, and I went to, um, EAU, ‘cause my sister went to the shelter, my older sister, yeah, cause I couldn’t stay with her, she told me to go to the EAU.”*

And one woman was very matter of fact about it:

*“ Cause everybody knows about the EAU. I have been to the Bronx. I know that the shelter or whatever is there. Plus I’ve been here before with my son and just my daughter, before I was pregnant, so I knew about it. (ST15)”*

### **Previous History in Shelter**

Many research studies have focused on looking for single or multiple characteristics in the homeless or experiences that may predict the likelihood of homelessness. After reviewing the empirical research, McChesney (1995) concluded that specific, contributing factors to homelessness could be identified, including poverty, lack of access to affordable housing, minority group membership, and family history of victimization.

Haber & Toro (2004) argue that the issue of homelessness cannot be viewed only from a personal perspective, where an individual’s characteristics are regarded as the cause for homelessness. Homeless families do not have an

inherent deficit that causes their homelessness. Instead, homelessness occurs as a product of the interaction between the families' resources and characteristics and their social context that may foster family homelessness (Shinn, 1992; Toro et al, 1991).

More women in both groups reported experiencing stable housing situations when growing up. However, 46.6% (n=7) of the women in the long-term group reported that they lived in the shelter system in the past, either as a child with their parent, or as an adult. This percentage was nearly twice as much as the short-term group, in which only 26.6% (n=4) had prior shelter experience:

*“I was in the shelter system maybe like 15 years before... I had the three kids with me, but I did leave the shelter and went to my mother. From my mother's, I moved to my own apartment.”*  
(Noreen, age 42, LT1)

*“It was in 1982. I was in the shelter with my husband and my first child, and I got my apartment for 10 years, Section 8 and everything...then things went wrong with my husband, and I lost my Section 8 because of my husband, and lost everything there and I moved in with my mother. I was with my mother until she passed away, and my sister passed away in February last year, and I had to make my own life and I had to come to the shelter.”* (Rose, age 50,LT9)

*“When I was 20-21 I moved on my own for the first time. I was living there for 11 or 12 years. I got into bad crowd. I got into drugs and everything. I lived like that for 11, 12 years...Then I went into treatment for 18 months, so I had to give my apartment up. So when I came out of the treatment, I got my two sons, and we went into the shelter system. Then I moved into the Section 8 apartment, and all the problems started because they were not paying the landlord, and that's how I am back.”* (Jeanette, age 44 LT8)

*“I was in the shelter firstly with my mother before she passed a couple of years ago...from, um, 10 years ago. My son was only three months, and me and my son and my mother were in the shelter. That's when she got sick, when she passed away in the*

*shelter. Oh, I left right away, I did not complete the whole process.” (Cari, age 29 ST1)*

*“ My mother, I was with my mother in a domestic violence shelter I was like 11 or 12.” (Carol, age 23, ST3)*

### **The Impact of Homelessness on Family**

Bronfenbrenner’s theory of the “ecology of human development”, which he described as the meeting of biological, psychological, and social aspects of the environment and their influence on the evolution of the individual in society (Bronfenbrenner, 1979), provides a useful framework for examining the ways intrafamilial processes are influenced by extrafamilial conditions and environments (Bronfenbrenner, 1986). The theory can also provide a framework for the understanding of how homelessness affects a family’s ability to function. For example, stress requires a family to reconfigure to survive. Combined with external stressors, such as poverty, homelessness thus decreases the family’s ability to function

Bronfenbrenner (1986) developed the scientific terms *micro-system*, *meso-system*, *exo-system* and *chronosystem*, to describe the expanding circles people live and grow in, and the environmental systems that can produce change within a family. The first is the microsystem, which includes the interpersonal activities in the individual’s face-to-face settings, such as his family members and peer network (Bronfenbrenner, 1986). The degree to which a woman experiences positive and fulfilling interactions, or the lack of those feelings, with her original family members,

or her husband may influence her feelings about herself and her ability to function effectively.

The second system is the *mesosystem*, which refers to the influence of environments outside of the family on the family's functioning. For example, peer pressure can exert pressure on an individual leading to substance abuse, which then has a negative effect on the functioning of whole family (Bronfenbrenner, 1986).

The third system is the *exosystem*, which consists of the settings or events that do not directly involve the unit of analysis but still influence it (Bronfenbrenner, 1986). This system includes social network, workplace or community forces that are somewhat larger and more distant from the individual, but that still can exert substantial stress. Having to move a family from one community to another causes much stress and has the potential of having a negative influence on the family members. The community perception that homelessness is a negative option increases the feelings of guilt and shame in homeless mothers. Homeless mothers also report feeling frustrated with the strict rules and structures that are imposed on them by shelters. (Menke & Wagner, 1997; Schultz-Krohn, 2001).

The fourth system advanced by Bronfenbrenner (1986) is the *Chronosystem*, which consists of the change and impact of environmental forces over time and in specific times, on growth and development. From the perspective of homeless families, the amount of time spent by a family in an unstable housing situation (doubling-up) and in living in a shelter will have an impact on the family's ability to function. (Menke & Wagner, 1997).

Some researchers labeled homelessness as a psychological trauma that creates tremendous amount of stress on families (Goodman 1991, Marcus 2001; Milburn & D'Ercole 1991). Homelessness disrupts family functioning by altering the interactions of its members and by placing the family in a marginalized position within the context of the larger community (Lindsay 1998, Link et al 1995).

Individuals react to homelessness differently. Some cope with their circumstances positively, while others view it more negatively.

### **THE SHELTER EXPERIENCE**

The purpose of transitional housing, or a Tier II shelter, is to provide the families with living conditions resembling a stable dwelling so that the whole family can experience stability while the parents seek permanent housing. Living in transitional housing provides the family with an opportunity to apply for public assistance benefits. It also provides a secure, stable environment for children to continue their schooling.

Families residing in a Tier II shelter are required to develop a written service plan for achieving self-sufficiency. Together with their caseworker and housing specialists, shelter residents put together a service plan that address their needs, such as education, training, employment, counseling, support groups, legal services, parenting groups, and health services. It is expected that families will

stay in Tier II for only a short time — nine months to a year and then move to permanent housing in the community; however, many families are unable to do so.

Transitional shelters, or Tier II shelters as they are called in NYC, are designed to serve as a bridge from homelessness to permanent housing. Women typically stay longer in transitional shelters than in emergency shelters. To stay in a transitional shelter, women must be motivated to become stably housed, and are expected to participate in programs designed to prepare them for independent living (Fogel, 1997).

Shelters maintain policies that impact both positively and negatively on the lives of the women. Shelter life means rules, curfews, and exposure to a large number of people. In most shelters, families must sign in and out when entering and leaving. Some shelters require families to attend mandatory classes and meetings, while other facilities are more lenient. Most shelters have a curfew, and many shelters limit visitation hours.

The women's feelings about their shelter experience were varied within both groups; however, more women from the short-term group gave positive responses, where as women in the long-term group expressed negative responses.

One set of women described their experience in very positive terms. They found the shelter as an environment that provided them with safety and protection from their past lives, and they found the rules to be supportive and helpful:

*“Before I came in the shelter, I was thinking that, I was thinking the shelter will be the awfulest thing. I was thinking that I never been in the system like this. I always feel like I have fear, so many stories that I have heard, and it was really hard for me to make the*

*decision. And when I made it, they're like god bless me with a nice home, before you start the next one. I didn't expect it to be like this, I expected it to be like other people described shelters out there...and here they try to like work with you. Yeah, they are strict, but everybody has they rules, you know. And you have to work with it. You're the one that needed help, so usually you have to work with it. You know, and then I like it. I like the way they make sure you understand everything, and me and my kids don't feel homeless, we feel like we are part of the place... my kids are safe, I am safe." (Lena, age 33, ST6).*

*"This is nice...the shelter is clean, I have my own apartment, the staff is nice and courteous to me. They always ask if they can help me." (Joclyn, age 21, LT15)*

Other women, like Sharon, were more pragmatic and philosophical about living in the shelter and about the rules:

*I think this place is OK, I mean, I am not putting it down. I think you've gotta have rules and whatever, probably wherever you go... Umm, but they're rules that you set up in order to ensure, I guess, that people basically follow them. I mean, it would seem common sense to me not to play the radio like early in the morning, I don't have to be told that, my children don't have to be told that, but some people do... Umm, the idea of having passes all the time can drive a person a little crazy but you get used to it. Umm, I picking on minor things, I know, but I tended to..." (Sharon, age 38 LT10)*

Yet another group saw the restrictions that the shelter imposed as limiting their freedom and treating them without dignity ("like homeless"). They saw the rules and other restrictions as burdens:

*"The way they treat us here make it seem like we are homeless. I am...I agree with the rules and regulations, but when it's everything literally is mandatory, you have to go to a meeting otherwise you won't get a weekend pass, or you can't do this and you can't do that if you don't go to a meeting, that too much... and*

*some of these meeting are on domestic violence and I don't have that so should I attend? So I don't see the benefit I would have gained from it by going to those meetings and we are forced to go and I don't believe its right." (June, age 31 ST9)*

Francis felt that *"too many case workers. Too many hands dealing with my case"* (age 34, LT7).

Despite these complaints, many women said that they felt that most of the shelters' rules were necessary to maintain a safe environment. Some women, like Vicki, had more mixed feelings. They spoke about having to adjust to this new environment:

*"It was different, different environment, seeing people everyday and staff...it was different but we try to do the best of it" (Nina, age 24 ST4)*

*"It's pretty nice here, but it was just like there are so many people in there and always like the kids playing around in the hallway or doing a mess..."*  
(Vicki, age 24, ST11)

The services provided the shelter system have a major effect on lives of the women. For many, the shelter offered a chance to connect to a community that would support their move to a stable life and to self-sufficiency.

### **Feelings about Staff**

The study of human behavior has long recognized the importance of examining both individual and organizational influences on attitudes and behavior. According to Lewin (1936), "Every scientific psychology must take into

account whole situations, i.e., the state of both person and environment" (p. 12). Murray (1938) also stressed the need to examine behavior as an outcome of the relationship between the person and the environment. Person-Environment (P-E) fit was developed to reflect this perspective. People with the same characteristics are expected to have different outcomes depending on the characteristics of the environment. A further assumption of the theoretical model is that the better the fit between the person and the environment, the better the outcomes will be, such as faster recovery (Shpungin, 2002).

Many of the service interventions provided in Tier II shelters are based on a "one size fits all" and neglect to recognize the multiple and varied backgrounds of the residents.

A qualitative study of women in a transitional shelter found that women who had a hard time with the rules and restrictions of the program were less likely to receive an adequate level of support from staff, and were less likely to find permanent housing and exit the shelter. In contrast, women who could follow the rules and utilize the services offered were more likely to exit the shelter into stable housing (Fogel, 1997, in Shpungin, 2002 ). Thus, families with unique needs or background are blamed for not "fitting into" a shelter system.

Most shelters place a strong emphasis on self-sufficiency, and families are expected to work on their own on their search for housing. However, more often than not the shelters' staff does not prepare the families or provide only minimum

explanations regarding the rules and expectations, thus creating misunderstandings and anger between the staff and the families (Shpungin 2002).

Noreen spoke about her frustration:

*“Because I’m wondering, what does a housing specialist for? What are they for? I mean, if they can’t sit you down, like Ms. D, since you’ve already got your application in with NYCHA, we’ve gotta work on seeing about low income apartments. Nobody never came to me and said this to me. All they said was, sign this form, sign this form, sign. You understand what I’m saying?...I mean, well, I don’t understand what’s going on. Did you go and check any two apartments or like a couple of apartments? At least they could have said that each month and I would have been on the right track... but, all we talking about was NYCHA. That’s mostly what we talked about. And then it was, if I did bump into them or whatever when I come to the shelter, they would say:, oh, have you gone to housing? Yes, I heard from housing. That mostly was our conversation about housing...So, that’s what I’m under the impression of doing as far as what the list...I mean, as far as going searching for housing... I didn’t know... If I don’t know, I don’t know. Nobody’s explained it to me that I have to see other housing, You understand what I’m saying?” (Age 29 LT1)*

Nancy seemed a little confused:

*Um, like looking for an apartment. I thought it was, it would be more helpful. Like they would help me more, but you know, we have to go on our own and like, now everything’s so hard to get an apartment, really hard. It’s not you, you just can’t go and say alright, I got a voucher, then I get an apartment. It’s not that easy. You know, they (landlords) wanna know if you have goals in life. They don’t wanna just give an apartment to anybody...” (age 25, ST14)*

Societal attitudes toward people who are homeless are often value-laden.

For example, if a woman loses her home due to an uncontrollable natural disaster like a tornado or a hurricane, she is viewed by society as a victim of circumstances beyond their personal control, and thus worthy of support. Friends

and neighbors rally around the victim to help her get back on her feet. When a person loses her home for what may be perceived as less socially sanctioned reasons, like fighting with a parent and being kicked out of the house or having the rent check spent on drugs by a boyfriend, that individual may be blamed for becoming homeless. As a result, little support may be forthcoming, or the person might use up any available support by ongoing requests for assistance (Bates & Toro, 1999; Tropman, 1998).

With the dramatic growth in homeless families in NYC within the last decade, shelters staff are often barely able to cope with large caseloads, minimal training, and low salaries (Miller & Keys 2001; Shpungin, 2002). Staff feels that rules are needed to be followed for everyone's safety, and stress sometimes results from those beliefs. These generally stressful conditions strain relationships between staff and clients.

As expected, not all the study participants were enthusiastic about their caseworkers. Jocelyn was somewhat philosophical in her response to the question about staff assistance:

*“ Um, I wanna say yes, and then I'm gonna say no, because some of the case workers that was there really didn't guide you the way they should have guided you, or if you stumbled, instead of ridiculing me when I stumble, you know. Help me to cross over instead of just not coming back down to where I'm at. Um, you know. Negativity, talking, talking smart to you. Here if I come to you with a smile you should give me a smile back, but you know, why be nasty to me when I'm asking you a question for help? That's what you're here for, for me to ask you help. Then it's to the point when you, I really need to see you. I'd rather go see somebody else than see you because I hate criticism.” (age 32, ST5)*

Sheena felt she was not being heard:

*“I really helped myself here. Nobody helped me. If I waited for them to help me, I would still be here. I went out on my own and walked the streets around here and then every for rent sign I seen, I called them on the phone and tried to make appointments. So, when I talk to the case workers in here sometime how they talk to you... They supposed to be somebody there to listen to you, but they do more talking at you, instead of listening to you. I just try to—take, the other day, just to get out of here and keep it moving. Because this can change you as a person, you know, the kind of person you are. It can.”*  
(age 30 ST7)

Yet, for other women, the casework experience was positive. These women, mostly from the short-term group, felt that their caseworker was a major source of strength. These women expressed positive feelings about the staff. They felt that their caseworkers helped them to establish goals and plan for their future:

*Jasmine stated: “You know, they um, my, my case worker, she helps me a lot, Miss K. Um, she, you know, she directs me very well. You know, she tells me what to do, what not to do, stay on top of things. And, and I do. And, she, you know, I don’t give her any problems, ‘cause I know she has to deal with a lot, you know. And, I come to see her.”* (age 21 ST15)

For many short timers, this was the first time they were “making it” on their own, and felt they were “growing up”. Nancy felt confused about having to do it on her own, but also indicated that she received much support within the shelter:

*“But I’ve gotten a lot of help here...Um, I go to GED here. My daughter’s in day care here, you know. There’s a clinic here. It’s a pretty good shelter. You know, the workers are always there for you if you need help, and if your worker can’t help you, there’s always another who could help you. The supervisors are great. I get along with them great. So, I did an internship while I was here, at a hospital. So I learned how to be mature in here. [laughing]”* (age 25, ST14)

Several studies indicate that families and service providers have different perceptions on successful housing. The literature indicates that service providers tend to hold families responsible for their homeless situation and their difficulty in finding housing. Lindsay (1996) interviewed former homeless mothers who spoke of the importance of motivation, being strong internally, and social and economic support. In another study Lindsey (1998) conducted, staff rated the mother's attitude as the most important variable for successful re-housing and social support least important. As we shall see later, staff members were more likely to cite personal characteristics as being top of the list for difficulties in re-housing. Dolly's statement corroborates these findings:

*"I guess it's 'cause me being here for so long, um, I get a little nervous and stuff 'cause I feel like here, they probably looking at me like oh, she's not trying to look for a place, or you know, so that stresses me out. And it's not like I'm not trying to do it on my behalf. I'm doing my best to be outta here, but you know, like I said before, every time I speak to a landlord, they tell me no because of the age of my son and the apartment is so small. So they like, there's no room, enough room for you and your child. You know? So it's like kinda hard and it stresses me out so much, because I wanna leave. I wanna move on in my life and you know, do what I have to do, but it's like, I'm just, I feel like I'm stuck. I really feel like I'm stuck." (age 30, LT5)*

The person-environment concept can help to explain the differences in the reports by the women of their shelter experiences. Women whose profile suggested a better fit with the system and a sense of receiving recognition and respect from staff described their overall shelter experience as mostly positive. When asked, staff described these women in much the same way. (Shpungin,2002).

### **Feeling Less than a Person**

The general focus of research on homelessness has ignored the study of how homeless individuals experience their inner world. Little is known about how homeless individuals experience themselves as a person with dignity (Miller & Kay, 2001; Snow and Anderson, 1993). Dignity, most generally, is defined as self worth, or inner worth (Seltzer & Miller 1993). Although homelessness results from the convergence of social and economic factors, on an individual basis, it is often perceived of as the fault of the homeless person by society and the homeless person, thus affecting their sense of worth. Indeed, in this study, women in both short and long-term groups expressed both self-blame and anger. When asked how homelessness affected her life, Ruth answered:

*“Not good, Not good, it’s not good...I look at anything and anybody differently. I feel bad that I had to put my kids through this, that I sent them from their home...” (age 47, ST2)*

Natalie felt both sad and somewhat guilty:

*I am just mad at myself, maybe, because I have brought my family to the shelter...it was so sad because we were evicted”(age 47LT4)*

Sherry: *I See myself a little angry, because it makes me feel less of a person, it does. Everywhere I go I’m being judged because of my living situation. My kids go to school. I make sure I try not to tell people I’m in a shelter, because I don’t want them to look at them differently, like they’re a piece of garbage, you know? (age30, ST7)*

Francis echoed the same sentiment:

*“I feel trapped. I am aware of how everything is, how people talk to me, if they look down on me...It bothers me that people mistreat people, like the staff here and the clients...”(age33, LT7)*

Rena had tears streaming down when she spoke about how she sees herself now:

*“It’s not low self-esteem. It’s what you look at yourself as being before, like that is not you now, that’s just not who you are.” (age 22, ST 10)*

June, age 31, who was ashamed about becoming homeless, did not let her family know where she was. She described the efforts her family made to find her and how supportive they have been:

*“At first I was ashamed to letting them know that I am homeless. So for three months I did not speak to them. My mom was calling around and were getting the police involved trying to find out what happened to me...walking to hospitals... and I guess she still couldn’t understand why we couldn’t just live at home, that this is what happened. For me being independent all this time and doing things in our own home, and then to find out that you have to go to the shelter because there was no choice, I was ashamed of it. But for my family it did not change, they always have been there.” (ST9)*

Other women, in both groups, felt more neutral about the experience of homelessness and its effect on their lives. They seemed be more accepting of it.

For example, Tiffany, who is 24 years old, said:

*“No, it did not have a bad effect. People come through the shelter for different reasons, you know? So I don’t feel bad. I don’t feel hopeless. Maybe annoyed, but not hopeless. (LT 13)*

Ana: *“I don’t feel different. It did not affect my life or my children life...I go to college and they go to school and everything is the same.” (age28, ST13)*

Dolly: *“ I feel like this is something I have to do for me and my son, You know? So it’s, this is just something for the meantime. It’s not like it’s gonna be forever. So if it did affect it, anything in my life, I could fix that, but getting a house is the most important thing now, trying to get something for me and my son.” (age 30, LT 5)*

Homelessness certainly tests the resilience and psychological strength of a person, It can threaten an individual's capacity to deal with adversity. Yet, as some of the women reported, it can also bring out strengths, including adaptability. Some women in both groups, had managed to view their homeless experience as positive. For example, Alisha, who is a 21-year-old young mother, said:

*It's taught me, um, you know, like um, more , being more responsible and independent. You know, um I am out of my grandmother's... without the shelter I wouldn't even know where I would be... so it gave me a lot of strength." ( LT14).*

Jasmine reiterated that feeling:

*"It's really, you know, the shelter helped me like, I have somewhere to go. And, I don't have to deal with anybody, the whole thing. I don't have to deal with anybody. I don't have to answer to nobody. Um, it made me appreciate things more." ( Age 21, ST15)*

### **The Effect of Homelessness on Children**

Homelessness also has a pervasive effect on children. Studies show that homeless children fair worse than their housed counterparts who experienced poverty on several measures, including behavior problems, school performance, health and developmental stages (Buckner & Bassuk, 1999). The impact of homelessness on children needs to be understood as one of many events and stressors that affect homeless children in poverty (Buckner & Bassuk, 1999).

Many children who lived in households with domestic violence may feel fear, anger, shame, confusion, helplessness and despair (Hague et al, 1996). Along with that, they may also experience disruptions in their schooling, friendships, causing uncertainty, as lose contact with close friends and other family members. Continually on the move, they also lose personal belongings, such as clothes, toys, and pets. In total, these losses can have devastating effects on children.

Hodnicki and Horner (1993) conducted in-depth interviews with mothers who lived in shelters with their children. The purpose of their study was to determine how these women cared for their children. What they found was that mothers wanted to protect their children from harm in the shelter. Harm was described as both emotional and physical. Mothers also were concerned about how homelessness was placing stress on their children.

Homeless mothers frequently are also faced with the decision of dividing the family by placing their children with other family members to maintain the child's stability. In the present study, Francis spoke about how badly she felt leaving her child with the child's grandmother, and the effect that it had on her daughter:

*“ Because I left her with my mother so she can continue to go to the same school so she'll have stable life, she is much more clingy now when I visit.” (age 33, LT7).*

Most mothers in the long- term group spoke about the negative effect homelessness had on their children. The mothers in the short-term group, however, were more divided in their responses to the question. Forty percent

reported that they did not see any negative effects, while 60% spoke about their concerns about the effects that homelessness had on their children.

In a study conducted by Maston et al (1993), the researchers reported that homeless children experienced more disruption in friendships and more school changes than housed children. The Matson study also found that homeless children spent less time with friends than their counterparts. In the present study, mothers in both groups spoke about the negative impact they saw in their children as a result of living in an environment with rules and regulation that limit their freedom:

*“Well, my older son he’s actually... he is not doing what he’s supposed to be doing in school. He goes to school, but he does not bring friends home... and then we have not had a vacation for God knows how long.” (Cari, age 29, LT1).*

*“Because it’s like you got curfew...It’s just like actually like we live in jail. We got certain time to go out and certain time to come in. Your kids is restricted to go out on the weekends and see their family, their grandmother. So actually, it’s bad because the kids start getting stress out and it aggravates you.”(Ruth, age 47, LT 2)*

*‘You know my daughter she is 10. I know they are tired of this, it’s stressed out of them. Yeah, I think so, because they cannot do what they want to do. Right now they don’t have their space. They need space. Especially my daughter. And my son, they you know, they meet other boys, we don’t know what kind of a habit these kids come from outside, which they don’t know what kind a habits my kids will have, you know...’ (Jeanette, age 44, LT8)*

*“They understand that this is not home. They just don’t want to interact with other people. They like kind of closed in right now.” (Ana , age 29, ST13).*

In Australia, Efron et al, (1996) found that children in homeless shelters were impacted psychologically by the crisis of homelessness. These effects were exhibited by a significant increase in behavioral disturbances, as rated by their parents. Researchers also concluded that, if left untreated, these behavior problems exacerbate.(Efron et al, 1996, Nunez, 2000). Joanna's experience confirms these findings:

*“It seems like the children in the shelter system, it just gets ‘em worse and worse... It’s unlucky to me. Anthony who’s swung a bat at me Sunday. He swung a bat at me and I ducked. And, it broke the window... I took him for an evaluation and they evaluated him. And, then we got to the point where what medicines, but, I didn’t want to give him any medicine. But, I see now, he needs some medicine. He needs something. And robbin’ me. He robbed me last month of all my money...I have no control over the, but I’m, I don’t want them to be taken away because I’m gonna’ really be in a state of depression if they take them away...” (age 37, LT 11).*

Despite all the difficulties they face, many homeless mothers and their children demonstrate warm and loving relationships. McCoughey (1991) and Kolar (2004) noted that participants in their studies described their parent/child relationship in positive ways, as “close,” or “very good.” In this study, some mothers validated this point. They reported that they saw no significant changes in their children:

*“ No, my children are fine with it. Because if I take to my room now, they live like they lived in the apartment. They have a play station, they have Nintendo, they have a big old TV back there. So its to them, it’s like, hey, family time all the time. Because we have a big room. So it don’t really bother them.” (Sherry 30, ST7).*

*“No, it didn’t, it didn’t. I didn’t see any bad effect on ‘em. I’d have thought it would’ve. No , ‘cause they liked the fact they have activities when they come back from school, they did things they wouldn’t have done at home. You know. They arts and craft, they*

*had puppet shows, they went to baseball games. They do more stuff at the shelter than we do at home.” (Jocelyn 32, ST 5)*

In his article, *Re-thinking the Effect of Homelessness on Children*, Douglass (1996), discusses a study that he conducted in an urban family shelter in New England that operates an on-site early childhood education program for the children of the shelter residents and for the children of families living in the community. In contrast to the findings in much of the research on young homeless children, Douglass cites examples that illustrated the resilience and coping strategies of the homeless children. His study highlights the importance of understanding the complex and varied experiences children and families have with homelessness, how the situation sometimes strengthens them. This has important implications for early childhood teachers, researchers, social workers, and child advocates.

### **The Meaning of the Word “Homeless”**

In response to questions asking the participants if they considered themselves “homeless,” women in both, short and long-term, groups had mixed thoughts about the subject. However, women in the long-term group responded with more bitterness about having to be in the shelter and about not having control over their lives. The intensity of feelings could possibly be explained by the difference in the length of stay in the shelter system between the two groups.

Control is important to the homeless. The locus of control theory refers to the extent to which participants feel that events in their lives are under their control. Rotter (1990) posits that individuals who have an internal locus of control tend to believe that their behavior and/or character traits affect their experiences. In contrast, individuals with an external locus of control believe that whatever happens to them is controlled by luck, influence of others, or other forces beyond their control. The responses of the participants in this study indicated that most of the women in the long-term group tended toward having an external locus of control.

In this regard, questions to ask are: Can the locus of control change from internal to external as the length of stay in the shelter increases? Would living under constant rules and supervision cause a shift in the person's feelings of having control over their lives? Suzanne Wenzel (1993) cites findings from studies where women who are potential victims of physical abuse believe that powerful others have control over their lives. However, she states, fewer groups in society are as powerless as homeless women, who face additional forces that disallow their sense of control, such as lack of a home and a place to call their own.

On this point Tina, a 35-year-old mother, said:

*“It is a sad word, but I am still homeless, because this is not mine...we are homeless...it's the industry, so this is not mine, not my own...I don't have a place to call my own.”*  
(LT2)

Mona said:

*“Homeless mean that I don’t have my own home. That’s what it means to me, I am living under other people’s guidelines and other people’s rules. They are not my rules, and I have to follow and obey them, or if I don’t I cannot live here, so I am homeless.” (LT6)*

Sherry explained:

*have to run by rules and regulations because I am not in my I consider myself homeless because I am growing thirty years old, I own place. So I consider myself homeless, because I am not situated like I should be situated. Me and my family all of us packed up in one room... so I feel like I am in a case of sardines.. trying to get out...it means unstable, that’s how I feel inside, unstable/ And I am trying to carry on everyday, because I have three children to live for that depend on me, so I try to make this like home in there so they can feel like home.” (ST 7)*

And Shareema put it very plainly:

*“You know, nobody won’t accept me into their house, you know, that’s homeless...you know, when you have nowhere else to go, like that’s like the worstest feelin’ in the world, like, that what ended up happennin’ I ended up really out.” (ST 8)*

Other women were more philosophical about their situation. For example,

Francis said:

*‘Do I see myself as homeless, yes and no...I always talk about homeless people in the street, homeless, have no where to go to... but then I say, I am not on the street, but I am not in my own home, so I am homeless...’ (LT 7)*

*It means without a place to go, right now, I am not homeless, I have family. But it’s just that I need my own. It means I don’t have no place for my kids right now (Brenda, LT15)*

## What is Home?

When thinking of the meaning of the word “home” it is important to recognize how the effect of one’s experiences impact on the meaning of “home”, especially when these experiences include violence and abuse (Murphy 2006). For most people, home represents a place where an individual can come back to, and feel the comfort and the support of family —safe and secure. A home represents more than the sum of its four walls; it represents the meaning of the family —rituals and family life (Jahil 1987).

The women in both groups agreed with this description. To describe what the word “home” means, they used words like “safe”; “secure”; “stay together”; “share”; “stable”; “freedom”; “sanctuary”; and “comfort zone.”

For Sheena home meant:

*“A place to come home to, a place that you and your family can go into, pray together, stay together, share things together, cook together, that’s home”. (LT12)*

Francis described home as:

*“Home is security, it’s security because you can always go home, always go home, you are secure at home. Always safety at home, if you cannot go home what is there, right?” (LT7)*

To Mona, home was:

*come and go as I please. If I feel like going away for a week or more I can do that. And I can have company and I can co “My own apartment, where I could put my own curtains and I could ok dinner for my friends, and I don’t have to answer to any rules but my own.” (LT6)*

And Ruth described home as:

*“Home is somewhere where you can be with your family, and let your hair down, somewhere where you feel safe.” (ST2)*

Jeanette described home as:

*“Home, like a place where you can relax, your sanctuary, a place where you could be sheltered from everything. you know, where you don’t have to worry about nobody, where you’re safety is gonna be there, you don’t have to worry about starving, you never have to worry about having dirty cloth, you stuff like that.” (ST 8)*

All the women interviewed expressed the hope that they would, in the near future, have this “home” again.

## **SUPPORT SYSTEMS**

Social support has been referred to as interactions in which an individual or group directly provides another individual with a sense of support, resources, affirmation and connection. (Bates & Toro, 1999; in Zugazaga 2002). In their study, Toro and Bates found four different categories of support: 1) Structural support refers to the embedding of a person within a social network; 2) Functional support measures the availability of measurable support, emotional support, and advice; 3) Perceived social support refers to perception of the available support, and 4) Enacted support refers to assistance that was given in the past ( Zugazaga, 2002).

Researchers found a positive relationship between social support and physical or psychological health. According to the stress-buffering model, social support mediates the effects of stressful situations, and in doing so it enhances both physical and psychological health (Bates & Toro, 1999, in Zugazaga 2002). Recent studies also found that despite popular stereotypes of homeless individuals as being socially isolated, they often are in contact with family and friends (Zugazaga 2002). Rossi conducted a study in Chicago to assess the level of social isolation among homeless people. In a sample of 722 persons, he found one-third of the homeless population (33.3%) were socially isolated, and that one-quarter (23.7%) had contact with family and friends. He also found that the least isolated group were young women, and the most isolated were women over 40 (Rossi 1989, in Zugazaga 2002).

In her study of homeless women, Klitzing (2004) wrote about the various definitions of homelessness. Several of the definitions include the concept of "disaffiliation," or a diminished connection to social relationships or the community. Goodman, Saxe, and Harvey (1991) noted the importance of helping people who are homeless maintain social networks and connections to their communities to decrease disaffiliation. Jackson-Wilson and Borgers (1993) also studied disaffiliation of people who are homeless and proposed a multidimensional developmental model. This model defined disaffiliation as: "A construct that consists of an absence of affiliative bonds and supportive relationships beginning in childhood and persisting throughout the life span." Included in the model are the childhood aspects of disaffiliation, including an

individual's experience with the family's ability to cope with crisis situations. The adult component of disaffiliation consists of the lack or inadequacy of social supports (Jackson-Wilson and Borgers, p 365, 1993).

A form of social support refers to individuals whom a person can depend on when in trouble or during a period of need. According to Jackson-Wilson and Borgers (1993), the essential component of social support is knowing that others love you and would do whatever they could for you. According to their model, living in a dysfunctional family might predispose someone to form dysfunctional relationships. Likewise, the ways in which a family has dealt with problems in the past also influences attempts to seek social support for current problems.

In general, social support is believed to enhance the individual's well-being, provide protection from negative effects of stress, assist with developing coping strategies, and strengthen the family's functioning overall (Mcloyed, 1990, Rook, 1984, in Letiecq, 2001). Studies have found that, when social support is lacking, families become more vulnerable due to the lack of a safety net, which is a predictor for homelessness (Bassuk and Rosenberg, 1998, McChesney, 1992).

### **Family Structure When Growing Up**

When asked about their family structure as they grew up, the women reported different family arrangements: living in an intact family with both parents, living with mother and siblings only, being raised by a grandmother, or of being taken from biological parents due to abuse, and raised in foster care.

Although the women in both groups were equally divided between living with mother and siblings only, or with mother, father, or step-father, more women in the long-term group described a chaotic and painful life growing up. Three women in the long-term group spoke about being raised by their grandmothers.

Doris described her experience:

*“My mother she divorce my father in 1985 or something like that.. he was a drug dealer and everything, so I was maybe 2,3,4 and my mother met this other guy, my two little sister’s father... so she left me with my grandmother. So it was just my grandmother and me until she passed away in 1996. It was like the whole time I was stayin’ with my grandmother I never seen my mother. After she dropped me off that day I never seen her no more, until the night of the funeral. So now she tries to come back to my life be in this mother, and its like I see her as a person outside.. and then, you know, she tries to discipline me, tries to beat me, yell, and then it’s like I am rebellin’ because the person that was in my life is kinda like gone now.. so now I have to readjust to my mother having people in her house all the time at night ,having card games... this was hard, my grandmother she was a church lady, and we did not go out, other than to the church. She took me to school, and then home. So other than school and church, and with my mother it felt unstable... (age 23, LT 3)*

Mona also spoke about being raised by her grandmother first before moving back with her mother:

*“My grandmother brought me up first until I was 13, and then she had a stroke and she gave me back to my mother because she couldn’t you know, she was paralyzed...my relationship with my mother was not good because I did not know her like she was not like a mother figure to me, my grandmother was. And then my mother and step father were moving a lot.. but I liked my step father and our relationship was very, very good.”(Mona, age 51, LT 7)*

Alison, a 21-year-old young woman, also was raised by her grandmother.

*“My grandmother, she raised me, my sister and my cousins. I don’t see my mother a lot. She lives in Queens.” (LT 14)*

Participants in both groups spoke about the support they received from family members and extended family. Several women remarked on the impact of their mothers in supporting them. Some cited support in tangible terms, such as offering to take care of her child while at work; while other referred to emotional support given by a mother or a sister.

*My sister, she is my strength. She is the one that is helping me carry on... she always says, OK, its going to get better, just stay and fight it out... (ST7)*

*My Godmother, she was more like a mother. She sit down and talk to you about homework, you know, she was there , it not like you got to go to find her. She was somebody you could talk to (ST7)*

### **The Role and Form of Social Support**

Numerous studies have documented the positive effect of social support for homeless families (Jencks, 1996; Lindsay, 1996; Rossi, 1989). Lindsay (1996) categorized social support as formal and informal. Formal support included the support that homeless families received from institutions, agencies and staff. Homeless women often identified specific individuals within an institution, such as a caseworker, whom they felt were the primary source of support.

Homeless mothers also depend on the support of large institutions for their survival and for assistance in moving out of the shelter system. In NYC, Public

Assistance is a key government-supported program for the homeless. It offers financial assistance, food stamps, and Medicaid coverage to homeless families. DHS offers housing vouchers. Homeless families depend on these supports for their daily survival because they enable them to buy food and clothing for their children and themselves.

Informal support systems, according to Lindsay (1996), include the type of support the homeless women receive from family and friends. Some of these supports are offered in a form of moral support, especially advice. Housing and care for children also were cited as support.

Finch (1989) identified three forms of support: economic, practical support, and emotional and moral. Economic support includes financial support, food, clothing, and household items. Practical support includes short-term child care, assistance with shopping, and other material benefits. Emotional and moral supports are given via conversations with family and friends, where advice, information and suggestions are given.

Families were important in offering social support to participants in this study. Participants mentioned the support they received from their parents, siblings, in-laws, and extended family members and friends. When describing the support they received from their families, participants spoke about practical and emotional and moral support they received from members of their family or friends. It is important to mention, however, that family assistance was not given in all instances.

Woman who felt they received support spoke about the impact their mother had in offering them moral support. Dolly described her relation with her mother as a constant support source:

*“Because she’s always been there for me, um, through the thick, the thin. You know, even though sometimes I go through problems and stuff and I call her and let her know. I always call my mother for anything. And you know, she always give me good advice, you know. Before I, you know, ‘cause I, as when I was growing up, I used to have a little bad temper. I grew to, you know, understand and calm down and you know, stuff like that. So you know, there’s times that I get upset or you know, I’m having a bad day or I’m just stressed out. I’ll just call my mother, and she makes me feel better all the time, and I’m always taking her advice.” (LT5)*

*“My family is very supportive, but my mother is really important. She helped me a lot with my daughter. She taught me a lot since I did not know nothing about raising a kid.”(Nancy, age 25, ST14)*

Jasmine described her conflicting relationship with her mother as “tough love.” Although she is only 21, she already had a very tumultuous life, getting pregnant at 15, living with an abusive man, and then on her own with her baby. Nevertheless, she articulated her feelings and had keen insight about the causes for the relationship with her mother:

*“I felt my mother she gave me tough love. I felt she was the hardest on me. She is not as hard on my sister and brother. She was very hard on me and she expected certain things from me. But my mom tells me every day “ I’m gonna be the most successful one”. When I was a kid I did not want to listen to her. I went to school and did my work but I was very angry, I was not “goody two shoes”... She did not understand... My mom she dated a lot, she had a lot of guys and she used to bring this guys and let them live in the house... and I did not like those guys living in my house  
I think this was the thing that triggered my brain into rebellion. Like I rebelled because here I am at 13, I am going through my hormones and there’s a guy I don’t know in the house, and she was like “ you are not paying my bills, this is my*

*decision, he is staying”...and so it was tough. And then when I was 15 I met the father of my daughter and he was older, and I guess I was looking for a father figure... and when I got pregnant my mom was so angry at him, and when I decided to have the baby, because he said he’ll leave me, she told me to go live with him...Now, she and I we talk all the time. She sometimes watches my daughter if I cannot find a sitter, and sometime she buys her clothes and stuff.” ( ST15)*

Jocelyn’s mother died, and after her divorce from her husband, she moved back to live with her three children at her father’s house. When her father decided to retire and move to the South, he was very conflicted. Jocelyn described these conflicted feelings:

*“ My father, um, he had a problem with me going to the shelter because he did not want his grandkids going through this, but he knew I had to do what I had to do to take care of me, because like the other day he was telling me “sometimes I have to let you go instead of every time you get in a bind I gotta bail you out like a typical father. I gotta bail you out. You say no, I have to let you go, so I had to accept that”... ” (age 32, ST5)*

Rose spoke about the support she received from her mother and sister after her breakup with her husband:

*“After I left my husband and lost my section 8 in 1992 I moved back with my mother and my sister. Well, I, I was in with my mother and my mother passed away, and my sister passed away on February 2<sup>nd</sup> last year. And I had to make my own life. Take my little girl, because my sister really raised her. Take my little girl in and I had to do for her and myself. So, this was 2005 we came back to the system” (, age 50,LT9).*

Noreen described a similar situation. When she had nowhere to go, her parents took her and her children back into their home. After a while, however, it became too much for them:

*“Okay, I had apartments and um, when I was with my husband, I had apartments. For some reason, the children became very bad.*

*My husband left and doesn't take them back. He got up and left when Anthony was 1 years old. He left. I tried to continue to pay the rent but the landlord to go up every 2 years on the, the lease. They give you a 2 year lease, they're gonna' go up. I couldn't do it. I did not have any more resources in the bank. The bank money was dwindlin' down. I said, "How am I, how am I gonna' do this?" So, my father said, "Come and stay with us." "Get, get on your feet." I stayed there 5 years, after that, I became lazy because by such good treatment, my mother and father had their own private house. He said, "Look, you're going to have to do something. These children are driving me crazy because they gettin' older and they're makin' more noise and bangin' and knockin' and everything. And, he's not on medication and, and you want to let him do what he wants. And, so, you'll have to do something. Seek, can you seek some family counseling?" We did that. We went to J. C. C. A., a very good Jewish center. The children did not want to continue on with the family counseling, so, I can't go by myself, it's for children and families. So, I did a couple of sessions by myself, which he said, "We have to close the case because the children do not want to comply, finish complying." And, um due to the fact that things was goin' on at, in my house, my father said, "They gettin' on my nerves, you know, since I'm kinda older." He said, "You have to find your own housing, Maybe that would help you. If you had your own place, you could run it how you want to run it." So, I did. I went into the shelter system. That's, it seems like the children in the shelter system, it just gets 'em worse and worse." (age 42,LT1)*

Francis, who lived with her daughter, mother and her aunt in the same household all her life, described how her mother was helpful even though she disagreed with her choice to date and marry her husband:

*"My mother and my aunt owns a house. So, we all relatively lived in the house. My mother, myself and my daughter. When I met my husband he was homeless, he was here from Georgia and his family did not want him living with them so he was in the shelter. My mother did not want me with him, so my mother and I we kept arguing and arguing And I said, okay, I'll leave my daughter with you. The school is across the street, church is around the corner. Blah, blah, blah. So on and so on and so forth. So I moved in with my girlfriend. A girl, somebody I worked with. She did want money she said: Just help me with my two kids. I said, okay, fine.*

*Push came to shove, that didn't work. So, I had to move from with her, then I stayed with my cousin. From with my cousin—she's married with a set of twins—so, I just said, okay, I'll just stay a couple of months. And after that didn't work out, I said let me go try this shelter. So, that's what we did. So my daughter she is still with my mother and she takes care of her.” (age33, LT7)*

For some women, siblings have offered critical support. Sherry described her sister's support:

*“My older sister she's my strength. She is the one that is helping me carry on. My sister she has been through this before, because she got section 8 for like 5 years now. I have never been through this before so she talked to me and gave me advise and helped me through.” (age 30, ST7)*

Lena, age 33, spoke about her sister's continual support:

*“ So she is my strength. She always says, “Okay, it's going to get better. Just stay and fight it out. Make sure you got a stable place for your kids. You cannot run from here to there-da-da-you know”. So that's who I phone everyday, I say to her, hey, this is what happened today, and this and that. So she tells me how to deal with it. She is older. So our relationship is really strong.” (ST6)*

Natalie also described a close and supportive relationship with her sister:

*“My sister and I are very close. Maybe because she's my only sister. And we're very close, we talk all the time and stuff. And her kids and kids are close. We are very close.” (age 47, LT).*

And Nina (age 25) spoke about how her brothers have been supportive of her, and how her becoming homeless affected one of them:

*“ I am close to my brother from my mother side, and my other two brothers from my father side. I talk to one of them in particular. My older brother, maybe like a week ago, he called me and he actually started crying, because he feels like , um, like he can't come see me here and he misses me and everything. You know, I know pretty much like he probably feels bad that I am here, you know?” (ST4)*

In-laws, godmothers, and cousins often offered support to the women and their children. Ruth spoke about her relationship with her godmother as someone who was always there for her:

*“My godmother was more like a mother. She sit do talk and help me with homework. She was somebody you can talk to...you know, you are a teenager you need somebody you can talk to so you wont get crazy.”*

Cari spoke with pride about the continual support she was receiving from her present boyfriend:

*“My daughter’s father, I consider him really my family. He is who’s really been there for me. He has been there for me even through my pregnancy, by me being in the shelter, you know...I can talk to him about anything, he is just there for me.” (ST29)*

She did not receive this support from her son’s father who left her after she got pregnant.

The majority of the women, however, reported that their children’s fathers were absent from their children’s lives and were unwilling to support their children financially and emotionally.

*“My baby dady, he has a baby from this other girl, and he does not care about my child anymore...he does not come to see hime, he does not give me any money , nothing”( ST 2)*

*“My children’s father, he left when they were youg. He said they were driving him crazy and he could not stand it, and he just got up and he left...I don’t know where he is now, they don’t see himat all” (LT 15)*

Family was important to the participants, however; in many cases, it was the lack of family support that contributed to their becoming homeless. Noreen

felt that although she had good relationship with her siblings before she became homeless, something changed:

*“ I really...I don't know...it don't... I am not sure if it has anything to do with the shelter... I don't know. It just changed... No. They're less supportive .I mean, I just know that we're not like we were...”(LT1)*

Rena, a 22 years old young mother who was living with her daughter and husband in the shelter, spoke about her father, who was very strict and did not accept the fact that she got pregnant before getting married, and did not want her to live at home:

*“My dad, you know, he and my mother were married before I came along. They still are together, um, he is very strict, and maybe because I didn't follow certain rules and regulations, he told me I had to leave...my dad was a cop for 22 years, so he's really strict about that. So I had no choice, because my in-laws, there was no space there, so we had to go to the shelter.” (ST10)*

For many women, their biological family was very dysfunctional. They spoke about a total lack of support and nurturing. Some of the women suffered abuse while living at home, and were taken out by child protection agencies and placed in foster care. Carol (age 23, ST 3) remarked about growing up in a household where both parents were alcoholics and drug abusers. At age 11, her mother and father got a divorce, and Carol went to live with her mother. Her mother, who continued to abuse drugs, met another man who did not want to care for Carol, who was then sent to live with her father. Her father was an alcoholic who physically abused her. He threw her out of the house at age 14, and she was

placed in a group home. Carol subsequently ran away and tried to live with her grandmother, but ultimately, felt unwelcomed in her extended family.

*“I am pretty much on my own. When I was younger, in Boston, I left and then came back, like it wasn’t even like, it was messed up, cause both my parents used drugs, they always did ever since I can remember, but at that time I felt regular because my cousins were there, like I was part of a family. But after I came back from the group home I did not feel like part of the family anymore...they grew up without me and like I did not feel like I was part of them. It was awkward.”*

She moved on her own at age 16, working in different jobs and still going to school until she obtained her GED. She later met the man who fathered her child, but he was also abusive to her.

Other women described how they lost contact with their family due to the frequent moves they made:

*“ I have two sisters from my mother and two brothers and a sister from my father. I don’t speak to them. I speak to my brothers and sisters on your mother’s side but I am the oldest so they don’t do anything for me... When I was pregnant with my I did not receive any support or help... No, its just Me and him.” (Doris, age 23, LT3)*

*“Yeah, I keep in touch with my cousins. But as far as like helping me out with anything, no. Nobody does. My grandmother raised me and my cousins, I don’t see or speak to my mother a lot.” (Alison, age 21 LT14).*

*Stella who is 19, (ST12) was taken away as a child and was placed in foster care. She lost all contacts with her 5 siblings after they were split and placed in different homes.”*

Jackson-Wilson and Borgers (1993) (in Klitzing 2004) report that living in a dysfunctional family might predispose women to form dysfunctional

relationships. Likewise, the ways in which a family has dealt with problems in the past also influences individual attempts to seek social support for current problems.

### **Family Violence and Childhood Abuse**

The majority of the women in both groups spoke about their life as filled with a great deal of unhappiness and instability. Women in both groups reported that they witnessed domestic violence in their parents' relationships. The type of violence the women described ranged from an occasional physical altercation in which both parents were fighting to frequent physical abuse of the mother by the father.

Carol, for example, commented:

*“My parents, they were always on drugs, arguing and hitting each other. My father abused my mother. They fought all the time” (ST3).*

Ruth described her life at home:

*“My father always would get drunk and would hit my mother, and he hit me till I was 18... and she had me do a lot to try to hold the family together...even if he had a bad day and she did not have anything to do with it he would beat her, and she would take it for the sake of the kids, we were eight kids. They were broke, and I guess she felt she needed him...I don't believe in it I don't believe my child should witness violence between parents...that's why I protect my kids.”*

Natalie said:

*“My father, my father was abusive to my mom, and I went through abuse also `when I lived with my dad. He abused me both*

*physically and sexually. And the man I left with to get away from my father, he also physically abused me.”*

Jasmine described the verbal abuse she heard at home between her mother and her boyfriend. Her boyfriend yelled:

*“‘If you give me any AIDS, I’m goinna kill you,’ and I’m like ‘What is AIDS?’ and ‘ What is he going to do to my mother?’”*

Sherry spoke about constant arguing at home:

*“My mother like I said, she took drugs and there were people arguing around all the time...you know when people are on drugs that what they do, the drugs make them angry all the time...”*

A common theme in the women’s narratives was the experience of personal violations such as physical, emotional and sexual childhood abuse. These patterns repeated themselves in many of their relationships as adults. Sixty percent of the women in both groups reported having been physically, sexually abused, or both, by their fathers or stepfathers.

Doris, a 23 year old young woman, told of her mother’s boyfriend, who physically hurt her all the time:

*“My little sisters’ father, he was abusive to me but not to his kids, he would beat on me”*

Rose, a 50-year-old woman, still remembers vividly how her father sexually abused her and that her mother did not know because she was afraid to tell her for fear that her stepfather would hurt her mother as well.

And Nina described her childhood in these words:

*“It was, um, my stepfather...he was a molester. He was molesting me when I was younger, and that was since I was younger... pretty much from five’ til I was fourteen. And we always used to physically fight, because as soon as he would touch me I would hit*

*him. But my mother never knew about it, I never told her. Then, in high school, when I first went in, they asked if you were touched, and you know I am not thinking about the floodgates that could open behind this, and I being a kid answered honestly, yes...so the next thing a counselor called me to the office and I told them. So they called my mother, and step-father, and they asked me if I wanted to arrest him, and my mother pleaded with me not to have him arrested, and I said no... and then I moved out of the house and lived with my godmother..."(ST4)*

Sometimes these women were taken away from their homes as a protection from an abusive situation, only to find themselves in another violent place. Mona was taken out of her home at age eight and placed in a group home where she was experiencing more physical violence. These experiences left her very bitter:

*"They took me from my parents when I was eight. I was being abused and raped and everything. So they took me away and said they were going to help me. And they never helped me. My stepfather he was very bad he was doing things to me and I was five years old when it happened. The teachers they call up social services because they saw the bruises and social services took me and my brother and my sister. They separated us, and they put me in worst place, in a group home. I was in a group home since I was eight, and I had to fight everyday...I would wake up and I would have a person in my face...They said they would help me but they never did..." (ST6)*

Stella spoke of a similar situation where she was also taken away from her home because she was sexually abused by her father. She was taken away and placed with a foster family and then abused by her foster father.

Mona's and Stella's description of the group and foster home is disturbing. The abuse that they had to live with, even after they were removed from their homes, reflects a lack of proper supervision by a system that is charged with child

protection. The stories of these women highlight the inadequacy and unsafe arrangements that further exacerbate the physical and emotional injuries of these young children rather than offering supportive intervention. Unfortunately, this cycle of abuse repeated itself when these women entered into adult relationship with men.

### **Relationships with Men**

Many of the women who spoke about childhood abuse formed relationships with men, whom they hoped would protect and provide for them. Unfortunately, many of the men they linked with, over time, displayed similar abusive behaviors as the male adults they were forced to deal with earlier in their lives. Sadly, many of these women recounted incidents of further abuse and exploitation (Marcus 2002).

For example, Sheena, a 23-year-old, spoke of her husband:

*“He did hit me a lot, and drink and drink Heinekens a lot. He threatened me with a machete, and that’s when we broke up.”  
( LT12)*

Carol recollected that, after her father threw her out at age 14, she moved in with a boyfriend and kept going to school. Then social services moved her into a group home, where she experienced a lot of fighting and violence fighting with girls, whom she said wanted to “jump her.” She then moved in with a man who used to hit and verbally abuse her. When she did not respond because she was used to such treatment from her father, she said that “he would get even madder, and beat me really hard.”

Jasmine met her older boyfriend when she was 15 and quickly became pregnant. She moved in with him, and after they lived together for awhile, things changed:

*“When I moved with him he felt like he owned me. He did not want me to talk to no one, he would leave the house and take the phone with him...he became so abusive, he would leave me with bruises all over and with bloody lips. I had to sleep with a knife under my pillow...and finally I left him.”*

Fifty-one-year-old Mona spoke about marrying a man who was using drugs, who got her to use heroin, and then began to abuse her. She lived with her abusive husband for 15 years before leaving him and becoming homeless. Some of the mothers felt they needed to set an example and break the cycle of abuse and personal violation. Mona spoke about needing to protect her daughter so that no man would hurt her the way she was. In response she decided to become celibate so that no man will get close to her daughter. Ruth, who was exposed to abuse as a child, witnessing her father hitting her mother, as well as abusing her, said:

*“I don’t believe in it. I don’t believe my child should witness violence between parents...that’s why I protect my kids.”*

Virtually all the women described their adulthood as filled with marked instability and profound unhappiness. Their interpersonal relationships with men were troubled, and as described, often filled with domestic violence.

## **SYSTEMIC BARRIERS AFFECTING EXIT FROM HOMELESSNESS**

### **Economic Factors**

The economic factors that influence homelessness in families can be summarized as a decrease in affordable housing, decline in the value of minimum wage, and decrease in unskilled manufacturing jobs in the U.S. with a simultaneous increase in skilled service related jobs (Blair et al, 1999; Choi & Snyder, 1999).

Many homeless families lack educational resources to secure jobs in the skilled service field. Education was found to be the best predictor for employment among homeless women (Nunez & Fox, 1999). The majority of the parents who were employed, had at least a high school diploma. Unfortunately, those parents were employed at minimum wage and many had only a part-time position.

In the past 30 years, there has been a sizable increase in the poverty rate for female-headed families (U.S. Bureau of Census 1999) — 80% for African American women single head of household, 145% for Hispanic females head of household, and 60% for white female heads of household.

This increase in the poverty rate was accompanied by a decrease in the number of low-cost rental and subsidized housing units. Urban renewal and the gentrification of inner city reduced the availability of affordable housing for poor families (Blair et al, 1999). At the same time, the number of subsidized housing units did not increase, and as of 2004, two major housing subsidies were discontinued: Section 8 was discontinued by the Federal Government, and, in New York City, homeless poor families lost their priority status with the Housing

Authority, thus eliminating the opportunity for them to move out of a shelter into a subsidized apartment.

Most homeless mothers who are employed are working for minimum wage and thus unable to afford the fair market price for housing. Larger percentages of monthly income are required for paying rent, which puts poor families at risk for homelessness (Blair et al, 1999).

The process of moving out of homelessness is quite difficult, and both the systemic and personal contributing factors make it even harder. The most basic need for families in this situation is finding affordable and stable homes for their family. Once this is taken care of, the homeless women need support services to address their social and individual needs that contributed to their becoming homeless in the first place.

### **Public Assistance**

The majority of the women in both groups received Public Assistance (PA) as their primary source of income. These benefits include financial benefits, food stamps, and Medicaid. A study done by Home for the Homeless (2001) reports the findings of a survey that found that most homeless mothers, more often than, not were unemployed, and were receiving public assistance. Fifty-seven percent of the women in that study relied on the public assistance for more than a year; 52% of them have had their benefits reduced or cut within the last year. The findings of this study support this data.

An immediate concern for this study's participants was the availability of public assistance benefits. Erroneous case closings, and cuts in benefits create acute crises for homeless mothers who have to feed their children, cloth them, and find housing. For homeless mothers, the need for public assistance benefits and money to pay for transportation, to look for employment, housing and childcare are all interwoven, and solving each problem is essential for an over all resolution of their homelessness (Dail, 1990).

It is very common for public assistance to discontinue paying welfare recipients their benefits if the individual failed to submit necessary documents or paperwork in a timely fashion. Many of the women in both group reported having been casualties of the bureaucratic system of public assistance.

Nearly 60% of the women in both groups reported having problems with public assistance or having experienced a reduction or stoppage of their PA case during the time they were living in the shelter. The most common reasons for case closing included not having the right documents, missing appointments, not attending programs or missing training opportunities, and failure to comply with WEP (Welfare to Work Program). Most of the time, they reported that these appointments were missed because of problems with their mail.

As a result, these homeless women were angry and frustrated. They felt that their cases were closed arbitrarily, that the workers at the public assistance center were not listening to them, and that they were punitive or making costly mistakes:

*“Welfare, they closed your case if you don’t listen, if you don’t bring your papers, and even if you bring your paper, they say this is not good enough, and they talk about closing my case.” (Doris, LT3)*

*“I have been sanctioned a couple of times because, um, they sent me a letter to go WEP (public work program) but the problem was that I live in building 1604 3A, and the mail was going to 1630 3A, so they sanctioned me, because I did not get my mail and did not know about it. And when I went to tell them to change the address they said, yes, but did not do it for a couple of more times.” (Dolly LT5)*

When their cases were sanctioned or closed, the participants went to their PA center to reopen their case. When they could not come to an agreement with their PA worker, they applied for a fair hearing, which is conducted in front of a judge.

*“The only problem I’m having is with public assistance. That’s the reason why I am here so long, because I was sanctioned. Supposedly because I was not complying with the methadone program. Which I were, I’ve been complying with the program. I brought them a letter and everything. I go three times a week o my program, so I took the letter and everything and they did not lift it, so I asked for a hearing and I won the hearing. This was in March and they still did not lift it. Now I am waiting for another appointment for fair hearing for why it was not lifted, and this is coming back from last year.” (Jeanette, LT8)*

Some of the women lost their benefits because they were working. Others lost their job, because they could not find child care so that they could go to work or to Work Experience Program (WEP).

*“Um, you know, where they close your case, where they sanction you for no reason. The one main one that I was really upset about was I started working. This actually happened last year-no, last year or the year before. The year before, yes, ‘cause I wasn’t pregnant, and I actually went to welfare and told them close my case, that way I can get the transitional benefits [UI simultaneous] day care. They stalled on that. I only told my worker one time after I told about eight different other people, and which none of them did any of my paperwork. So this was two months I only lasted at the job, and every week I missed a day or two. So obviously, you*

*know, my boss wasn't having it anymore. But even still then, they still, after everything, they said day care never got paid, and my daughters went there for like five months for free. It never got paid, they never put in the paperwork, you know? And it's things like this that you know what? By the time they want to close my case, none of the paperwork got through so I was stuck. Then I had a closed case and I lost my job. So then to reapply and open it, it took me awhile before I actually-as a matter of fact, it was the beginning of my pregnancy, or the year before. So that was in November, September, November when it closed. I actually didn't get a PA case open 'til about February eighth. 'Cause every time I went, you know, they would say okay, find a day care, you have a week. I couldn't find a day care in a week, because I have twins that you know, if they wasn't born yet have twins, so you gotta look for two open spots, and a lot of places were already booked. You're talking about the middle of the year. Yeah. They should at least, you know, give you a suitable amount of time, at least two or three weeks, you know, find a place. Then after that they can close your case if they want. But you're talking about a week, and then if you don't find it in a week, they close your case. Like I don't feel that's a good enough time, and I personally don't believe in the whole, you know, people basing daycare in their house. I don't trust people. [laughing] So you know, they expect you to just throw your kids in that, but I personally don't trust people and I don't know what they're doing, so I'd rather have them in a day care. At least, you know, they're certified and they are better.”(Nina ST4).*

Mona explained that the reason why she could not leave the shelter was her 19- year-old daughter's lack of cooperation:

*“My daughter is sanctioned. So, because my daughter is sanctioned I cannot find housing...she is sanctioned because she does not want to comply with WEP, she does not want to go...and as long as she does not comply we cannot move, and I am stuck here...” (LT6)*

Natalie, who receives SSI benefits due to a medical disability, talked about being confused and not understanding why her benefits were discontinued:

*“I wasn't really on public assistance, I was just receiving medical and food stamps, and they just cut me off, just like that. And up to now I have not received a letter from them...I haven't received food stamps since May and they have not told me why. Every time I want to go to the PA center I get sick and end up in the hospital,*

*but tomorrow I am going to go there to find out why.. Those food stamps come in handy, I need them for my kids...” (LT4)*

Each case sanctioned by public assistance may take up to five weeks to reopen. The time spent in the PA Centers waiting for appointments, then having to go back with more papers, and arranging for child care and for car fare, inevitably causes much frustration for these women,.

The sanctioning and closing of cases also have been critical factors in increasing the length of stay of the women in the shelters since they cannot receive a housing voucher or move into an apartment without having an active public assistance case.

It is important to note that according to Home for the Homeless report (2001) about 15% of the homeless population, is employed. These families have a history of living in their own homes, and have become homeless due to circumstances beyond their control such as fire, or an eviction. They move into the shelter but are not eligible for public assistance as their earnings are higher than the level of income allowed to be eligible for public assistance. Another problem that confronts these working homeless families is that their earnings are not high enough to enable them to pay rent and provide for their families' other needs at the same time. For this group of homeless families, the only solution is to move into low-income subsidized housing, which in NYC is indeed a rare commodity.

## **Employment**

The connection between poorly paid workers and homelessness can be

seen in homeless shelters, many of which house residents who work full-time in low wage jobs. A survey of 30 U.S. cities found that almost one in every five homeless individuals is employed. (U.S. Conference of Mayors, 1998).

In this study, the majority of women in both groups reported to have a work history or to be currently working. Women were employed in service-related jobs or as unskilled laborers. These jobs are characterized by low wages and lack of benefits. Nevertheless, these women were proud of their jobs and of being employed.

For example, Noreen (LT1), who has three children, one of whom is mentally retarded, spoke with pride about her work situation:

*“I work in direct care counseling...I am there 8 years... I earn \$24,000 a year.”*

Tina, a 35-year-old mother of two, stated:

*“ I work at the La Guardia Airport. They are ready to make me a manager, so hopefully my pay will go up from \$6.85; it’s probably going up and hopefully they keep me in the company... I am trying to work my way up in the company.” (LT2)*

Ruth, who suffered from chronic back problems, continued to hold on to her job because she wanted to achieve her goals and provide a safe home for her children:

*“ I am in a factory... I do everything. So, I do everything to keep my job so I can pay rent and a home for my children.” (ST2)*

Without a high school diploma and no other training, job opportunities for young women like Brenda (LT15), or 25-year-old Nancy (ST14) were very limited:

*Nancy: “ I was workin’ at a cleaners, and then they laid me off because business was slow, and I could not find nothing else... I left home like I told you at age 13. They sent me to a foster home. It did not work out, so they sent me up to a group home. Then, I ran away, I went AWOL, and I was on my own. I moved, I moved, I moved...Then I moved to Massachusetts, when I was like 15. I was working I had 2 jobs, I tried to get my GED and stuff, but that did not work out because of my 2 jobs. Then I got fired from one, and then I got fired from the other one, so I had to come back home.”*

Child care issues also interfered with the mother’s ability to obtain a job or go to school. Doris, a 23-year-old mother of a one-year-old son, told her story:

*“ I was working at stores like Kohl’s, the Gap ,but while I was working, I was also going to school, psychology in college. Then when he was born, I had child care issues, and welfare stopped me from going to school because I could not get the right medical papers that show that he can go to daycare.. But then, I’m like “I have all the documentation, I had him pretty early, its all over his records”, It’s like they said, we’ll close your case because you didn’t bring the right papers...it’s so frustrating...”*

Dolly had a job in a shipping department.

*I worked there for nine years. I lost my job two years ago when I came to the shelter because I was told that I could not work because of the HSP (Housing Stability Plus program, which gives housing vouchers to homeless individuals). They said I would not be eligible for HSP if I work because I would not get welfare, so I left the job that I dealt with for nine years.” ( LT 5)*

Shareema, a 19-year-old young mother, was working hard to achieve her dream and become a physician, and was very proud of herself:

*“ Cause last year I had two jobs, I was makin’ like \$550 a week and I was going to school... I worked 7 days a week. I had to pay a babysitter. All that... I missed holidays, and it was taking a toll on me I was becomin’ extremely exhausted. I ended up leaving one job, in September when school started, and ended leavn’ the other job in December, because the school gave me \$1625 grant. So, I am just gonna’ use it to take of me and spend more time with my daughter until I find somethin’ that can accommodate me.. I work at night at MacDonalld in Garrison in the Bronx...I am going to school to become a doctor.. I want to find cure for cancer...”*

Child care issues also created a barrier. Because of their history of abuse and neglect, many mothers were struggling with the issue of leaving their children in the hands of someone they didn’t know or trust:

*“They want me to go to WEP or to work, but I have a baby, and they put me in Brooklyn where I don’t know any one, and they expect me to find day care, but I don’t know this neighborhood, and I don’t trust these people, and my mother is sick so she cannot take care of her...and I am so worried (crying)...”*

*Yeah. They should at least, you know, give you a suitable amount of time, at least two or three weeks, you know, to find a place. Then after that they can close your case if they want. But you’re talking about a week, and then if you don’t find it in a week, they close your case. Like I don’t feel that’s a good enough time, and I personally don’t believe in the whole, you know, people basing day care in their house. I don’t trust people. [laughing] So you know, they expect you to just throw your kids in that, but I personally don’t trust people and I don’t know what they’re doing, so I’d rather have them in a day care. At least, you know, they’re certified and they are better.” (Nina ST4).*

## **Personal Barriers Contributing to Homelessness**

### **Substance Abuse, Health, and Mental Health**

Studies have found that homeless parents exhibit a lower rate of substance abuse and mental health problems compared to single, homeless individuals (Bassuk et al, 1996; Bassuk et al, 1997; Choi and Synder, 1999; and Weitzman, Knikman, & Shinn, 1992). In their study, Weitzman et al interviewed 677 homeless mothers living in the NYC shelter system, and 495 housed low-income mothers (Weitzman et al, 1992). They examined substance abuse, mental health and victimization as possible variables contributing to homelessness. Their study found a low prevalence of mental health issues, but slightly higher levels in the homeless population. The homeless mothers were found to have more substance abuse problems, or have friends or relatives with substance abuse issues, than the housed poor mothers.

Research studies debunk the myth that most homeless persons abuse drugs or alcohol before they wind up homeless (Weitzman et al, 1992). Higher levels of substance abuse in homeless mothers was found in a study done by Bassuk et al in Worcester, Mass., in which homeless mothers also were compared with poor housed mothers (Bassuk et al 1997). However, in these studies, the overall prevalence of substance abuse was small for both study groups and, therefore, could not be considered a potential predictor for homelessness (Bassuk et al, 1997; Weitzman et al, 1992).

This is confirmed by the findings of this study. When asked about a history of substance abuse none of the women in the short-term group reported

past or present history. Thirty percent (n=5) of the women in the long-term group, however, admitted to past history of substance abuse.

Noreen spoke about alcohol abuse:

*“In ‘97 I went for detox, that was my last drink, in 97. I have really been good.”*

Francis (age 42) spoke about heroin as a problem in the past. Jeanette (age 44) is attending a methadone clinic; Rose (age 50) spoke about stopping using drugs on her own.

*“I did it myself, I decided to help myself instead of going to a program... that is why I have a couple of years clean, I left everything by myself.”*

Joanne spoke about her struggle with her partner who is using drugs and alcohol:

*“I was on heroin when I met him, and he was not on it, but somehow he wound up... he ended up on it, too. I went into a program and tried to talk him into going on the program, but he does not listen...”*

Medical and mental health problems did not seem to have a high incidence within either group. Two women in both groups spoke about a history of past clinical depression with a need for medication. One woman in the short-term group told about a history of back pain and surgery, and three women of the 30, spoke about having asthma as a severe medical problem. One woman’s husband, in the short-term group has epilepsy, which is controlled by medication.

On the other hand, women reported more medical problems related to their children. Four mothers in the short-term group reported that their children had medical problems, such as asthma, diabetes, and an issue with vocal cords. Two mothers in the long-term group reported that their children had severe asthma, and

one reported a child with kidney failure. Two mothers in the long-term group reported that their children were developmentally disabled.

## **Education**

Homeless mothers, as a group, are less successful academically, have less literacy skills, and are less likely to complete high school (Burt,1997; Marcus, 2001). The majority of women in both groups did not complete high-school. Multiple factors have been linked to students dropping out of school, among them poverty, histories of multiple moves, peer pressure and personal trauma. (Dodson 1999, Fine 1991, in Lorna Rivera 2004). Many students have undiagnosed learning disabilities that interfere with their ability to learn, leading to negative learning experiences.

When asked the reason why they dropped out of school, several women in both groups mentioned pregnancy:

Cari (age 29), who completed 10<sup>th</sup> grade stated: *“Oh, actually, I got pregnant , and I just did not go no more, I just dropped” (ST1).*

Jeanette, who has six children, completed 10<sup>th</sup> grade, spoke about getting pregnant again:

*“What stopped me from graduating was, um, I had just got pregnant again. I had a daughter already and then I got pregnant with my son. I did go back to school but it was hard because my daughter was so little, so I stopped going to school...I went to GED classes, but the day I passed the pre-GED, instead of me going back and getting GED, I never went back.”(LT 8)*

Sheena, a 23-year-old woman who completed 10<sup>th</sup> grade, said:

*“By me meeting my husband the, and I did not want to go*

*back to school, so I took the GED class but I failed the test by one point, so I went back and I failed again, and I stopped going.” (LT1)*

Carol spoke about the many moves in her life:

*I was from Boston, and then we moved to Miami, and then to Georgia, to Miami, to New York, so I stopped going to school” (ST3).*

Ruth said she:

*“Was not getting anything out of it , so I said I’ll work. I have been working off and on ever since.” (ST2)*

Brenda said:

*“First of all I am not going to lie, I did not like school. Two, my mother. I mean it stopped me in the way that she used to be abusive with me, and um, I could not take it no more... The last whipping that she gave me, it was eleven thirty at night. I left the house and went to my boyfriend door (he is the father of my 23 years old son) and told him I am staying here with you. If you don’t take me I am going to somebody else, but I ain’t going back home. I started my life that way.” (LT15).*

Due to their often neglected and deprived childhoods, homeless mothers have more limited literacy and other skills for even minimally skilled jobs. These factors hamper their ability to find employment; if they do find low-level jobs, they often cannot maintain employment. Thus, they are unable to become self-sufficient. The uncertainty of employment along with not being able to meet basic needs for food and shelter even with two full-time, minimum wage positions is demoralizing (Bassuk & Weinreb, 1994).

The literature shows that to counter earlier deficits for both homeless mothers and their children, the school system has to take into account the multiple and complex needs of homeless children and adult parents when developing programs. Among them are: job training, literacy, and health and wellness. A collaborative effort among many community agencies is required to effectively provide the homeless with a variety of services that help overcome the harmful

effects of personal violation. For example, schools could teach children who have been the victims of violence and sexual abuse how to effectively resist personal violations, how to advocate for their rights and connect them with mutually supportive, peer learning groups. This could be the beginning of breaking the cycle of family violence (Bassuk & Weinreb, 1994; Marcus, 2001; Rafferty & Shinn, 1991; Swick, 2004).

Despite the fact that the majority of the participants dropped out of school early, when asked about future plans, 50% of the women in the long-term group and 75% of the women in the short-term group stated that they plan to go back to school. They spoke about going back to school to acquire skills so that they can earn a better living:

*“Actually, I see myself going back to school. I want to do nursing, cause I always wanted to work in a nursing home. I want to finish school, major in something and get me a job.” (Cari ST1)*

*“Yes, I want to go back to school I would like to go back to studying for my kids, so they see that their mommy is doing something...” (Mona LT8)*

*“Hopefully, I will finish school and get a better job, and, um, take care of my kids. So coming back into the shelter system it’ll never happen again.” (Alisha, LT14).*

Unfortunately, welfare reform created additional barriers to their participating in adult education. Education is supposed to be the primary way to gain social mobility, but those who lack high-school diplomas can only find menial jobs that would never lift them out of poverty. Punitive welfare laws of “work first” limit access to education for poor and homeless women; thus, those who have the greatest need for education, are no longer allowed to go (Rivera 2004).

## Looking for Housing

Women who were part of the long-term group were asked to describe the reasons why they have not been able to move out of the shelter system. They spoke about the multiple barriers they faced. They spoke not having enough income to support themselves in the community. They remarked about relationships with partners who had histories of incarceration that prevented them from accessing housing with NYCHA.

Noreen, age 42, who has been in the shelter system since 1999, spoke in detail about why she felt she was unable to move:

*'Cause at first, I had already put in a application with NYCHA before I went into the shelter...shelter system. And I put it in with my boyfriend and I was under his Social Security number. And come to find out, he had a felony. So, he got his records cleaned up somehow after he did everything they told him to do. And at the time they was giving out EARP Section 8. So, everybody...they gave him regular Section 8, so nobody didn't want to take regular Section 8. And, he had prior bankruptcy and I...and you know, a lot of people don't want to take you when they do a credit check. But anyway, he ended up losing his Section 8. So, what I...anyway, things still...still weren't working out between me and him, so I went and put in my own application with NYCHA. So, housing told me to get a letter from him verifying that...verifying that we no longer...you know, interested in moving into housing with him. So, anyway, I did that, but...so I waited three months later. Then I put in...put in my own application. Then...so I waited three months, because they said there's a three-month processing fee or whatever. So, I went back to the...they still had me on his application. They told me that, on the letter, I had to do something different. But, why didn't they tell me that before? So, they gonna take...oh, yeah, you gotta fill this paper out. So, I waited another three... I went back filled that paper out. Then, they...no they told me get the, you know, the letter notarized. And I got that letter notarized. So, went back to them. I went back. I wanted to find the status on my application. I'm still on his application! Anyway. It's such a long process. Then they gonna tell me, oh, no, you gotta have this form here! So,*

*that was maybe like over a year, me going back and forth, back and forth, back and forth. So, and by the time...by the time I did get it right, they gonna say to me, oh, um, this application expires in September I think. Why don't you just wait 'til September and you just fill out a new application, just you and your kids. So, I waited 'til September came and then, by the time September came, which is, I think it was last year. Then they said to me, oh, housing...I mean, housing and the homeless shelter is no longer working together. So, it was just going around...going around in a circle process. When I did get to submit my application, which is, I think, it was last year, uh, yeah, December '05, I think. I forget. '04. One of them. So, I've just been running around, running around. And I did everything they possibly told me. A lot of people did tell me to write stuff. I don't know! I don't know. And then when I came here, I came here with HPD application from Sunshine Scatter Site, my caseworker said, when you get over there, you take this to the housing specialist. I get over there. Nobody know what type of application it is. Only thing I want to do on that application was to fill in that...change my address. Let them know that I'm no longer at that address; I'm here. When I get here, nobody never seen that type of application before. Six months later, I want you to fill this application out. The same identical application! [Laughs] So, that's one reason I didn't want to comment. [Laughs] And then, and then, now, like I'm finding out about low income apartments. Nobody's telling me...I don't know when... And then me, I'm not a person who just go talk, going and be asking them questions and stuff like that. But, I do try and get involved with most...most stuff I can get involved with. But, if I don't know, I just don't know. And I don't even try, you know. But, so now, I'm putting in an application for low income apartments. I'm sitting there waiting for them. You know, housing already called me. I had my interview with housing. They call me. They have...they switched me from Euclid Avenue. They said they had a long, very long waiting list. So, they switched me from there. They put me with Howard housing. Every...like, every week, I'm going to check my status on that. But, I'm also putting in low income apartments, too..." (LT1)*

They spoke about the endless bureaucratic requirements they faced, such as multiple application submissions.

Tina, who is 35 years old, has been in shelter since 2002 said:

*Over there, they was trying to help me with applications, applications for housing. I put the application for section eight.*

*Came to the bottom line that they ended up throwing out the lady for housing, because she was not doing supposedly her job, and a lot of applications dismissed. And then I put the applications all over again with another housing specialist. That's when they put a block on section eight. Then when they finally called me for housing, at NYCHA, my husband which is was in jail. So then again I was eliminated for housing. It meant therefore, I was not eligible for housing.*

*Nobody from the housing specialists is sitting there saying, ..I mean, well, I don't understand what's going on. Did you go and check any two apartments or like a couple of apartments? At least they could have said that each month and I would have been on the right track. And you know, basically, we're talking about multiple families, all we talking about was NYCHA. That's mostly what we talked about. And then it was, if I did bump into them or whatever when I come in, oh, have you gone to housing? Yes, I heard from housing. That mostly was our conversation about housing. So, that's what I'm under the impression of doing as far as what the list...I mean, as far as going searching for... I didn't know... If I don't know, I don't know. Nobody's explained it to me. You understand what I'm saying? So now finally I have HSP and I am looking for an apartment" (LT2)*

They talked about histories of bankruptcy that caused rejections by landlords. They spoke about specific problems with public assistance, of sanctioning and case closing.

Jeanette spoke with resignation about her problem with public assistance:

*"It's because of the PA sanctioning, I am waiting for a fair hearing... before I had section 8 but because section 8 did not pay my landlord, I could not get another Section 8 apt because it showed I had bad credit, so then NYCHA did accept me. And then section was gone.. and then NYCHA was gone, so then I was eligible for HSP but because my case is sanctioned I cannot get an apartment, so this is what happened in 2 years.. I got sanctioned and they still want me to look fore an apartment, but if I find an apartment I can't get it, so what's the sense of me spending car fare on getting an apartment, which I m not even going to be able to sign a lease?" (LT8)*

They spoke about problems with the Housing Stability Plus (HSP)

program. Alisha, 21, said:

*In my own words? The HSP. Anything I look at is not suitable for me and my baby, so I will not take it, and then with the section eight they freeze it, come back. And then with the NYCHA housing ,they told me I was not eligible until 2005 for over my son's father background, and he ain't even in the shelter with me. It's just his background 'cause he's in jail, he got a record so they denied me. But that's why they denied me, because of his background. I could've been outta here then in a house since o-four, but they denied me and I couldn't apply for November 2005." (LT14)*

And they talked about looking to find the right apartment for their family.

Sheena spoke at first about the problems she was having with her kids who were giving her a hard time but then she admitted:

*"I am very picky also, I won't lie. I'm very picky. If a doesn't have a window, with a shade, uh, uh, I feel like I am claustrophobic so I don't want that place. Then if the room is too small, I can't put my stuff in it, blah blah blah, so I don't take it... I have to work on that, I know I have to work on that, I cannot be picky because you can't have everything." (LT12)*

And Brenda was very matter of fact:

*"Because I have been trying to find the right apt. I want a two-bedroom, which I have found finally. Yeah, that's why it takes me so long. Because I was looking for a two bedrooms. I really wanted my kids to have their own room, you know, their own space or whatever, so that's why it took me so long. I could have lived in a one-bedroom and just moved or whatever, but I wanted two-bedrooms. They found it for me..." (LT15)*

Dolly was having a different problem that stopped her from moving out of the shelter. She had a hard time finding apartment because her HSP voucher was for \$820 a month only. For that amount she could only find a

studio, yet she a 13-year-old son, and landlords did want to rent her a studio apartment.

When the women in the short term group spoke about their efforts to find housing there was a very distinct difference in their descriptions of their efforts. Although they spoke of the difficulties they experienced in finding their apartment, they spoke with a certain energy and a sense of self-direction. Their descriptions indicated that they possessed a certain inner sense of strength, sense of purpose, resourcefulness, and self-assurance.

Carol described her process of looking for housing;

*It was really bad. I called everybody. Everybody and their mother I called. I did not care about anything, I just called everybody. Like, I looked in the phonebook and I called every number in the phonebook. It was real bad. Like when my real estate guys, he knows my voice already, that's how often I called him. (laughter). I called everyday, everyday, everyday until I found it. It's small but its fine.” (ST3)*

Jocelyn equated her search effort to looking for a job:

*“No, it wasn't difficult, not really. I mean, it's like when I went finding a babysitter. I Had to look around, ask questions. After that you find out what you need, just like an apartment, just like a job, just like a car. [laughing] It's a whole lot of work. If you don't ask questions, you're never gonna get what you need. I asked a lot, I went to many realtors and I found it.” (LT5)*

Shareema, 19, described her efforts:

*“Um, well, actually, like I went to a realtor, a real estate agency, you know, and, um, you know, I said to her, I explained to her my situation and everything. And, she said, “Okay, I have somethin' for you.” You know, but, really a lot of, of, um, a lot of landlords don't accept HSP. If you want to say “hard,” yeah, it's hard, but, I'm, I'm good at getting' what I want, So, when I,” alright, I want to move now,” that's what happened, I moved now. “(ST8)*

Vickie spoke about her sister's help to her:

*“Yeah, my worker, the second month, she told me, ‘cause I was bugging her every day ‘cause my son, his school is all the way in Manhattan. So I had, I have to wake up real early in the morning to take him, and it takes him like an hour, like an hour and a half to get there, so I have to take the bus and two trains to get to my son’s school. So finally she told m: look, you could start looking until you find something. So it took me like a whole, not a whole month but a couple of weeks for me to look, and so I found this one.*

*Um, actually my sister helped me because my sister lives around there, that area, and she told me about that real estate. So I remember when I was a little girl, I went in one time with my mom and she was looking for a place. So I was like oh, let me go in and give it a try. And they helped me out.” (ST11)*

Ana spoke about the assistance she received from staff:

*“The staff took me to see this apartment, and when I saw it, I took it because I wanted out of the shelter.”*

And 21-year-old Jasmine told of her efforts:

*“When I was found eligible for the HSP, the next day, literally the next day, I took it. I was like, “No, I am not staying here if I don’t have to”. I went to this broker, ERA, ‘cause the girl, um, that used to live right across , from the hall from me, she left in 4 months too. So, she, she gave me the card. And, I said Thank you so much. And, she’s like, “This lady’s gonna’ help you find an apartment real fast.” So, as soon as I got my HSP, I went down there. I told them, “listen I got this program, I got HSP”, I told ‘em, I showed ‘em the thing. They’re like, “Okay, we gotta’, we just got an apartment available right now. It just came on the market like in the beginning of the week.” It’s like, “Okay, good.” So,, I went to go see it. I liked it. I went back to the office and I told them, “How we go about this?” . They said, “Well, we gotta’ register the apartment.” I asked “Why he wants to register the apartment?” He goes, “For the inspection.” It passed inspection, I’m good. That’s all I need is to get on my feet. Working is not an issue to me. You know, if I have to work to keep on getting the rent, I’ll..., it’s hard, you know, to come up with 1,000 dollars for the rent, 1,000 dollars for security. You know, but I can do it... I was not raised up to sit back and let everything come to me...” (ST15)*

The women in the short-term group's description of housing search appeared to be a more deliberate decision as opposed to being powerless to negotiate the process, as was the case with the women in the long-term group. A possible explanation could be age differences and the cumulative effect of histories of hardship. The women in the short-term group were younger, and although they too experienced deprivations and abuse; their shorter life span could have been a factor that contributed to their ability to move out faster.

### **“Everything Happens for a Reason”**

It is well-documented that unstable life experiences, such as living with physical and sexual abuse, emotional trauma, and loss of a home exacerbate the trauma of being homeless. These factors contribute to a sense of hopelessness and the feeling of loss of control over one's life. Klitzing's (2004) review of the literature notes that past research indicates that being homeless is stressful for people, especially for women (Banyard & Graham-Bermann, 1995; Fogel, 1997; Goodman et al., 1991; Huttman & Redmond, 1992; Thrasher & Mowbray, 1995).

Both short-term and long-term stayers in this study expressed some of these emotions when asked if they ever felt hopeless during their stay in the shelter. Some expressed resignation; others sounded somewhat angry and depressed; and still other felt like they could not give up and had to push on to get to where they wanted to be having their own place for their family.

Lena described it in these words:

*“I am not hopeless, is more like I am a little down... but I make myself get up, and think about how its going to be a better day tomorrow, and it always is. Somehow it’s a better day tomorrow to me and I can’t get hopeless. And I make sure my kids feel like that, like sometimes they want something and I can’t give it to them I tell them: one day you’ll get it...” (ST 6)*

Milburn and D'Ercole (1991) were some of the earliest scholars to look at this area when they applied their theoretical stress model to homeless women. They theorized that women who are homeless were exposed to persistent stressors, but, more importantly, that the women had strengths or social supports they could draw on to cope with stress.

Homelessness certainly tests the resilience and psychological strength of a person, and can threaten the individual’s capacity to deal with the adversity in an effective way. Yet, as some of the women reported, despite the major loses and hardships that they went through, they felt that becoming homeless actually brought out their strength and ability to adapt.

*“Sometimes I have to sit back and say “I am stressed, but this little girl has nothing to do with it” I am stressed but I can’t let her see me stressed. People go through life with issues of their own and they don’t know how to deal with them and it affects their children. I don’t want it to happen to me and my daughter. So I say, you know what I’ll do/ I’ll just put the cartoons for her and see if she is hungry and give her a bath and play with her. And I take her to the park and push her on the swing. I don’t want her to worry I don’t want her to be like “I remember my mother crying” or “remember my mother yelling or spazzin’ out” No. So, I am not hopeless, I always like to prove people wrong, and this experience made me stronger.” (Jasmine , 21, ST15)*

Based on Milburn and D'Ercole's theory, Banyard (1995) conducted a qualitative study of 64 mothers who lived in temporary emergency shelters. She

found that the women used a variety of coping strategies, and further that the women often used more than one strategy to cope. Strategies that were utilized included: confronting the problem, getting social support, using activities to keep their mind off problems, thinking positively, getting distance from problems, letting feelings out, praying, and focusing on children or the future. At times, children acted as a diversion or distraction to help the women stop thinking about their problems. Similar themes emerged from the interviews with participants in this study. However, they were expressed mainly by the women who were members of the short-term group.

Many of the women in both groups described exceedingly traumatic childhood experiences filled with violence and abuse. They experienced domestic violence, extreme poverty and other challenges as adults. Yet, they all managed to keep going, and they all kept hoping for a better future. One way some of the women in short-term group used to cope was drawing on their spirituality, or finding a meaning in this experience.

Nina spoke about feeling that:

*“Everything happens for some type of reason. I think that’s probably it...” (age 25, ST4)*

Sherry said:

*“I used to always have negativity since me and him broke up. It was like I thought my world came to an end. And then I had to shake myself and say no, my world is just beginning, I am give a second chance, Okay...”(age30, ST 7).*

Researchers defined resilience as a process involving complex relationship among risk, resources and context (McCubbin, Thompson, Thompson & Futrell 1999) Competence is a term for a variety of adaptive behaviors, and resilience is “manifest competence despite exposure to significant stress” (Glantz & Johnson 1999). All the women in this study displayed resilience and strength to overcome problems even if that meant coming into and remaining in the shelter. For most, the driving force was the desire to do right by their children. As Carol, a 23 years old young mother, put it:

*“For me I don’t care where I live, but for him (her 1 year old child) I do, and I will find a good place for him.”*

And Jocelyn stated:

*“ the people who is important to me are my little people, because if it wasn’t for them, you know, I mean, they’re the ones put the sunshine in your face, or why you get up in the morning, why you do this, why you, why you go out your way to do unnecessarily stuff that you know you shouldn’t do. They’re the reason why, you know? If it wasn’t for them, we wouldn’t have this apartment. You know...[UI phrase, mumbling] Probably be sleeping on somebody’s sofa or something, so I got together enough for them. We, I went out there. We, they struggled with me, so I didn’t let them know that we were struggling, but they struggled with me.”*  
(Age 32, ST5)

Klitzing (2004) interviewed 10 women who lived in a transitional homeless shelter that housed women and children. She found that the women dealt with numerous, ongoing difficulties, and had done so for years before entering the shelter. After the women moved into the shelter, however, they continued to live with difficult situations. Klitzing concluded that the women indeed lived with chronic stress. The women were asked how they coped with the

stress of being homeless. Themes that emerged included religiosity and positive thinking, problem solving, being alone, and being with others. The coping strategy that was used most frequently was being with others, be it their children, other women in the shelter, friends, family, or staff. This was similar to Banyard's (1995) findings.

When the women in the current study were asked to describe how they relaxed, all of the women spoke about activities that could be considered leisure. The women walked, read to children, listened to music, watched television, worked crossword puzzles, and so forth.

Jasmine (ST15) spoke about going out to the park with her daughter and reading to her as a way of relaxing.

Dolly (ST 5) spoke about wanting to make the best of the situation:

*“ I put up some stuff like pictures and stuff that I had thought would help to symbolize home for the kids, and we adjusted.”*

### **Hopes for the Future**

Once the women in this study began discussing their feelings and thoughts about their hopes for the future, there was a change in their expression and tone. The tone of their voice became lighter, and more determined, more smiles appeared on their faces, and their voices expressed a sense of determination and self-worth.

In her article, *Hope from the Perspective of Homeless Families*, Herth (1995) described hope as an element that is essential to human life. Hope “implies freedom, adaptability, control, imagination, whereas hopelessness

connotes entrapment helplessness, and impossibility” (McGee1984 p38). In the Lazarus model of stress and coping (Lazarus & Folkman 1984, in Herth, 1995), hope is presented as a significant personal resource that allows the individual to perceive situations as less threatening and the self as more capable in dealing with the stressful situations. Hope is viewed as a powerful resource for life that enables restorations.

Herth’s study (1996) aimed to investigate the meaning of hope to homeless families. Through the understanding of hope, she wanted to gain knowledge on intervention strategies. Herth (1996) describes the participants’ conceptualization of hope as “a power within the self that mobilizes one to move the present situation and to envision a better tomorrow for oneself and others” (p747). Herth identified six categories of hope strategies: 1) interconnectedness with others, 2) personal attributes, 3) cognitive strategies, 4) attainable stepwise goals, 5) energizing moments, and 6) affirmation of worth.

Attainable goals as a way of achieving their hope and plans for the future were described by many of the women who participated in this study. All the women talked about their hopes for the future. These hopes included plans for securing a safe home for themselves and their children, obtaining further education, and attaining better-paying employment.

There was a difference, however, between the two groups in their level of enthusiasm and their belief in the ability to change circumstances. The women in the short-term group had clearer direction for their future and described specific education needs and jobs. Ana, who had gone to college for two years said: \

*“I see myself finishing school and becoming a teacher...I’ll have a house and a car and my kids will have everything they need.” (ST11).*

Rena stated:

*“I want to be an RN in the nursing field...I am into fashion too, but right now I thinking about money, so if I get this before my parents will be too old, I can give them back for what they gave me. My mother has bad kidneys and I want to help her.” (ST10).*

Nineteen years old Shareema was very clear:

*“Oh, I see a very promising future. Uh, well, my first thing is that I want to be a doctor. You know, I have always had it in my mind, um, that I’m gonna become a doctor, ever since I was younger. I want to be a doctor so I can help...I even thought of a cure for cancer... that’s why I am in school now.” (ST8).*

There also was newfound confidence. Jasmine wants to be a beautician and own a salon:

*“I am in school for beautician. I go every day. I will have a beauty salon in the future. Maybe a couple of them.” (ST15).*

And Nina had it all planned:

*“The first thing on my agenda is to find a day care, course now, you know, its harder then back the. I have three children, which makes it harder. So that’s gonna be the first thing, and then I’ll get a job. From there I’ll go back to school, although I am not sure what exactly I want to be.” (ST4)*

The women in the long term group, who were older and experienced more hardship in their lives, spoke about their plans with somewhat less clarity.

Noreen who is 42 years old said:

*“In less than six months I want to get out of the shelter system. I am ready to pay rent. I would like to go back to school as soon as I can get stable. May take word processing. I would kind of like to be a little stable before I attempt school. I mean, I have started school before and I wasn’t quite stable. And now II am afraid it’s going to be harder” (LT1).*

Natalie, 47, said:

*Yeah, I want to maybe find an apartment soon. And my family, we can move out of here. And we can start moving on. You know. I guess it would make us feel a little more safe..." (LT4).*

Jeannette, 41, said:

*"I want to have my family together, a place of my own, have a stable home, a job and be successful." (LT7)*

Rose, 50, was a little skeptical about the opportunities that would be available for her:

*"I have a problem with reading... I don't read well, so I know I can't get a good job...I plan to find a job anyway, and have a safe home for my daughter." (LT 9)*

Doris, 23, had cleared plans:

*"I am going to take the HSP program, put him in a day care and finish school. I am planning on havin' my GED when he is maybe 3 or 4, and then just leave New York, goin' somewhere to just start anew. I really don't want to leave until I have got everything done first, graduate, get my degree." (LT3)*

Dolly, 30, said: *"I just want to get out of here so I can get myself together, you know, and go back to school. I am not used to feel like I am supported by the government. I am not, you know, even though I did it. I was doing well before and hopefully when I leave outta here my future will be good because I have plans. I wanna either go back to school and get my home health attended course. Or I want to work with computers, because I was working with computers for nine years before." (LT 5)*

Most often the women's goals focused on their children. Almost all the women expressed their wish that their children's life will be better through their efforts. For example, Sharon said:

*“I want to get a place for us and settle somewhere, really settle, where Samantha can go to school, where it’s a place she is happy to come back to, not just coming back because she loves us, but because she likes the place...Uh, with Steve- a place where he can do things, I have wanted him to do little league for the longest time.. I want to feel settled. Hopefully doing something...” (LT 10)*

And Nancy’s wish was to be a better role model for her children:

*“I am trying to do better. I am hoping to get my GED and I want to go to college, be a nurse aid and maybe if I can move up from there. I want to do that. I love working in hospitals, you know. I also want my children to see that I am moving ahead. I want to be a better mother. I know I am a good mother, but I know I can improve in some things, and I want to be a good role model for them.” (ST14).*

Brenda wanted to have a “normal life”

*“I see me working, my kids have a stable home and they can start over. They can go to school, get involve in school. I just want to be normal.. Normal is like you go home, you have a husband, kids go to school, they come from school, you help them with their homework. You feed them dinner. Normal. I don’t like running around these shelters. I lost a lot of stuff running from one shelter to another, cloths and stuff that I could not lug. Running, having to wake up the kids at six in the morning. I am tired of that. I want to leave the kids in their own house and their own place so they can live a normal life. I don’t want them to be traumatize because of the shelter.” (LT15).*

For most of the women in the study, finding a home for themselves and their children, and securing work was an important aspiration. Planning for and hoping to achieve these goals seemed to be a way of dealing with their homelessness. Believing that they can achieve a better life for themselves and their family, allowed them to reframe their homelessness as necessary preparation for a better future. .

## **CHAPTER VII- INTERVIEWS WITH KEY INFORMANTS**

The previous chapter described the life experiences, feelings, hopes and perceptions of the women in the two groups about their past life, present situation, and future plans. It offered the women's own explanation of how they were able to find housing, or the causes for their difficulties to exist in the shelter system. This chapter will discuss the issue of length of stay in the shelter system from the shelter's staff and policy maker's perspective. Eight individuals, considered to be key informants, were interviewed for this purpose.

Homeless families' eligibility to access into the shelter system in NYC is determined by DHS. Once determined eligible, the family is placed in one of the 137 facilities in the system, of which 68 Tier II facilities are private non-for-profit. Most of the families stay in the same facility until they move into permanent housing. In the past, families could ask for a voluntary transfer into another shelter, or they would be transferred involuntarily, due to non-compliance with rules. This policy was stopped and transfers now occur under two conditions only: 1) when the safety of a client is at stake, or 2) when a program is closed and its clients have to be re-housed. When the latter happens, the clients that are placed in the new shelter have already been in the system for a while. It takes time for the families to adjust to the new surroundings, staff's and structure of the new shelter. In most cases, the families have to once again begin the process of re-housing by completing and resubmitting a new housing application once again, a process that

extends their stay in the shelter system. These new adjustments, changes, and repeat procedures are a cause for stress for both staff and clients.

When they enter the shelter, the families have to agree to comply with the facility's guidelines. They are expected to work actively towards finding housing, and if they have a job, since they are not eligible for the Housing Stability Plus program, they are expected to save money towards down-payment and first month rent, so they can find housing in the community. Most shelters offer both housing and supportive services such as programs that educate clients on how to go about seeking housing, how to manage their budget, parenting skills, and other activities of daily living. Some shelters offer employment training opportunities, GED classes, counseling, and referrals for other needed services. Some shelters offer after-care services to families after they move into permanent housing in the community. Other shelters refer clients to other agencies for such service.

Most of the Tier II shelters are characterized by clear staff specialization, multiple non-negotiable rules, and top-down decision making process. The pattern of staffing in most Tier II shelters includes caseworker who address the social service needs of the families; housing specialists who assist the families in the process of re-housing; social service directors/supervisors; and shelter's directors. Larger facilities would have more management layers.

Key informants interviewed worked in five different shelters: three shelters served close to 100 families each, one shelter served about 50 families, and the other shelter served about 25 families.

Of the eight who were interviewed, two were caseworkers, two were housing specialist, two were directors/supervisors, and two were policy makers. One person was from DHS, and the other represented the shelter provider's organization that also is involved in policy setting. The caseworkers and housing specialist that were interviewed worked in that position from two to six years. Both directors had worked in their positions for 10 years. All the shelters offered similar case-management, housing search and supportive services to their clients, as described above.

### **Housing Placement Interventions:**

When asked about their agencies' way of addressing placement issues, the caseworkers, housing specialist and directors described different approaches their facilities took. Some described a routine of workshops while other described a more systemic approach to housing placements.

*Cynthia, a case worker in one of the smaller shelters said: "We hold housing workshops once a month, and we give them updates and information. For example, we explain to them how the HSP program works, and how they have to be on top of their public assistance and make sure that their budget and everything is OK. I really focus on that a lot... and we try to get communication with real estate agent to connect with apartments." (CW1)*

Paul, a case manager in one of the larger shelters, described the interventions his facility has taken as a continuum: "*First, we talk to them in our regular meeting,*

*and we remind them of their responsibility to look for housing that they are supposed to carry out. We also follow-up by contacting real estate and agents, to find out about vacant apartments, make those lists available to them, and we hang them outside the office so they can see them. We transport clients to view these apartments, and we try to give them all the help to move. Clients*

*do respond to the procedures. But then you the those that are non-compliant, and obviously they would not respond. So we have mechanism that we put in place like writing warning letters, have meetings with the supervisors and the directors to come to an agreement.” (CW2)*

Carol, a housing specialist, described some of the workshops:

*“We have workshops also, housing workshops, and we explain to them the urgency to move on and let them know coming in that the goal is to find permanent housing. When they are not doing what they should, we send them warning letters letting them know. We warn them first, we have meeting with them, the case managers, myself, the housing specialist and supervisor.” (HS2)*

Participation in workshops is mandatory in most of the shelters.

*“I tell them you must participate, you cannot stay up in your room and do anything, you know, and they are told in advance. I send memo around to let them know that the workshops are mandatory, if they do not attend, after a while we write them up, and they are put on contracts” (HS2)*

When asked how the clients responded to their interventions, Cynthia said:

*“There is a lot of tension here. They (the clients) get mad because of the rules, they say this is jail, you are making us do all these things”*

Of course, the daily management of a shelter with 100 to 500 individuals requires some organization, procedures, and rules and regulations. Yet, it is very difficult for most of the clients to appreciate the link between not participating in workshops, or not coming back to the shelter before curfew hour, with finding permanent housing. The apparent irrelevance of many of these rules and regulations is highlighted when the shelter makes their enforcement a higher priority than stabilization and support for the homeless (Eistzen et al 1994).

*“ We put permanent placement at the top goal over everything else, over any other referrals like going to their doctors, which is very important...and we make them understand that when they are not*

*doing what should, we send them letter, we warn them first, and if it continues we write them a letter recommending that they be sanctioned from the shelter” (Carol HS2)*

Mary, a director in one of the shelters, described a more positive reaction from the clients. She discussed the new procedure her facility recently established:

*“ Currently, we have been doing evaluation of our families, looking at the reason’s why they are still here, and meeting with them, and she said “ honestly, the five that we met with were very receptive to it. They accepted it. They were, like, you know what/ we understand, and we know we need to move.”*

Charles, DHS’s policy maker, described some of the interventions that DHS has taken to address the problem of the long-term stayers:

*“We select facilities, mainly those that are large, and we work closely with them to see how best we can help them move families out. So we are working closely with them to facilitate the difficulties they might run into, in terms of getting leases signed, problem with PA, and meeting with families. WE try to motivate them to move out, and we discuss solutions to maybe some of the complex problems that they might be having lets say with PA, and we actually intervene. One of the thing that is contributing to the success of this approach is the leadership. We have found out that many of the shelter directors were really removed from the day to day problems of their shelters. Once we got involved, we got them involved too, and now there is a better flow between the managers, the staff and the clients. But we also have to realize, it is still competition, because what it comes down to is that if you are doing all the right things you are competing with other agencies for the same resources, same apartments, and we need to address this.”*

## The Long-Term Stayers

Long-term stay is a concern for all the shelter providers. When asked for their opinion on the cause of this problem there was a consensus among all the interviewees. Based on their experience in working with homeless families, they identified four major reasons for an excessive length of stay: 1) Undocumented heads of household who are living in the country without legal visas, 2) Mental illness, whether diagnosed or undiagnosed; 3) Fear of leaving a safe community and the possibility of becoming homeless again; 4) Lack of motivation. These reasons reflected both personal and systemic issues.

Charles, a policy maker from DHS, identified the following reasons:

*“I think for many of the long term families, the issue is the size of the family. You have got a large family where only some people are eligible for assistance. So they only get a portion of money for some members. They don’t get for all of them. So this amount is not attractive to a landlord who might get the same amount for a much smaller family, with whom he prefers to deal more. Another issue is PA sanctions. We find that a lot of them are in and out of sanctions with PA, either because they don’t want to comply or because there are errors with the PA system in processing them and its not cleared up. Sometimes the duration of these sanction can be up to 190 days, so unless there is some kind of a fair hearing where its overturned, there is nothing we can do, and we just have to wait it out. We may have issues where the family may have mental health issues, and if the landlord recognizes it, he is reluctant to take them. And then straight out are the undocumented families, and even if they have older children the landlords are reluctant to deal with them. And also a problem that is really bad for us are the working families. They are making just a little too much to be ineligible for HSP, but they are not making enough to go out there and obtain an apartment and be able to maintain themselves. So we have a few hundreds of those. And also, families that are on SSI, where not the entire family is on SSI, so the HSP amount they get is not enough for them to find housing, and they too are a bit difficult for us to place. Of course addiction problems can play a role, although I don’t think that’s an overwhelming problem for us.”*

Debra, a policy maker from the provider's organization, described the situation as follows:

*"I can give you an example of one woman who flat out said 'I will not look for HSP. It is not for me. You know. And I am not going to go to my WEP assignment, so therefore I'll be sanctioned, so I am perfectly comfortable here'. Well, her mom is a drug addict. Mom has never paid rent in her life, and just kind of lives the best she can, you know, that sort of a thing. So I mean, if you are used to growing up like this, then that's... you know? But then you have others that you just can't figure out because, you know, while they can't necessarily live with family, they don't seem to have come from situations where, you know, just their experience would tell them this is how I can get over on the system. That I am just going to hang out, you know. I think it's a lot of fear, with our population. They are terrified, they never had to do this before, they don't know what they are doing, you know..."*

Paul, a case worker in a shelter, described it this way:

*"I have families that are long term. They do have different needs. Some are in their control and some are out of their control. For example, those that are beyond their control are the "undocumented person" they are ineligible for housing. Even if the children are born here, they do not get enough allocation to get an apartment big enough, especially if the child and the parent are of different sex, and need separate rooms. These are examples that are out of their control that would affect their placement and so forth. Then, you have those with mental health issues. Because of their mental health condition that are not able to perceive as we would like them to understand. That too is out of their control. Then you have families who do not fulfill their independent plan, or maintain their case at PA active. They are capable but are not doing it." (CM2)*

Cynthia described one of the clients who is a long-term resident in her facility:

*"She is scared to get out there, I know it, because of the comment that one of her children has said 'cause she had section 8 and she lost it' ... so I say why if you have a section 8 you don't take and run with it and find your own place? So I say its more her*

*personal feelings, looking for safety of this facility. And then you have those that refuse to get help for their mental illness and you cannot force them... so when they go to view an apartment they make a scene and the landlord does not want them.”(CMI)*

Carol gave an example:

*“ We have people that come from other countries, and they come into the system undocumented. It is impossible to move an undocumented person. We had one person here, she was undocumented, she had a daughter and I think her daughter was born here. We could not get her welfare. We could not get her social security. She was here without any income at all. It so happened that she was a Muslim and the Muslim community was who was supporting her. But not giving her a place to live. Like only giving her money for food and what ever else she needed. Eventually she went to Florida because that’s where her husband was and we helped her move.” (HS2)*

Cheryl, a director, spoke about “the professional”:

*“People who just know the system so well that anything you do they know how to counter it. They call the Coalition for the Homeless. You tell them ‘you have to do this or we are going to have to sanction to the street’, and they say ‘well I am going to call my lawyer’. So it’s some of them that are just plain stubborn and they know how to use the system better than you or I, even though we have worked in the system for ten years or more. They still are more proficient than we are at using it and how to keep from paying rent.” (D1)*

DeGarmo, Felty, and Pendleton (1993) in Warner, 2002), used a model developed by Brickman, Rabinowitz, Karuza, Coats, Cohn, and Kidder (1982) to examine the moral, compensatory, medical and enlightenment models through in-depth interviews with 34 service providers for homeless clients. They were able to identify four frameworks that were the basis of the service provider’s behavior. In the moral model, the service providers assumed the stance of “blame the

victim.” They felt that the homeless individuals were both responsible for their plight and responsible for solving their problems. The compensatory model did not view the homeless people as causing their problem of homelessness, but still left the resolution of the problem in the hands of the individual. The medical model of homelessness stems from the approach that the homeless, like alcoholics and people with mental illness individuals, are incapable of dealing with their problems. Thus, the service provider assumes the position of a caretaker, attempting to solve all the homeless individuals’ problems. In the enlightenment model, the homeless are considered incapable of controlling their behavior, and in need of intervention by staff. The research on social support for homeless women often focuses on the latter model, which assumes that the women are in constant need of intervention by staff (Warner 2000). Many agencies assume the stance that homeless women must be pushed, cajoled, and threatened to get them to cooperate. This perception was shared by staff that were interviewed for the current study, as evidenced by their comments.

Other staff person spoke more about the fear factor. Carol responded thoughtfully:

*“A lot of them are afraid. A lot of them have been evicted because they could not handle the situation, so they were evicted and now they are looking at the HSP program, that is so complicated, where you cannot work, and if public assistance makes a mistake and sanctions you, you can get evicted again because your rent will not be paid, and it is very scary for them.” (HS2)*

Paul spoke about a the theory of “shelterized people” he developed:

*“It is a concept I formulated on my own based on my observation of clients. A “shelterized” person for me is a person who seems to want to live in this facility and don’t want to move out for a series*

*of perceived reasons. They find dependency welcoming to them. They don't want to move out because they are afraid to become independent, because they are afraid they will go back and become homeless again. Those are the people I consider shelterized."*

### **Are the Differences Between Long-Term and Short-Term Stayers Due to Personal or Systemic Reasons?**

Lindsey (1998) surveyed homeless shelter directors in two southern states to determine their perceptions of factors that help or hinder mother-headed families in emerging from homelessness. The respondents believed that mothers' attitudes and motivation were the most important personal factors in obtaining and keeping housing and that lack of social support and relationship difficulties were the most significant interpersonal problems families faced in their attempts to emerge from homelessness. Scarce housing was seen as the most significant systemic barrier within the community.

The responses of the interviewees in this study concur with Lindsey's findings. When discussing the differences between the two groups, they spoke about clients' attitude as the main difference. The words used included "motivation," "being a 'get-goer'," "pride," and "defiance." Mental illness was considered to be another personal barrier. Although some spoke about the limitations and problems with the current housing program, they put much more emphasis on the clients' attitude as a cause for the timeliness or delay in moving out of the shelter.

Cynthia:

*“I say half and half, in the sense of like one of the long term, she is scared to go out there. I say it’s more her personal feeling, it’s safety...ha, the system, there has to be a bit more regarding people who work. It’s not easy living in New York City. The rent is incredible. They say affordable housing, but there are so many people going for it and it is run by lottery, which handicap many people, so they cannot live in affordable housing, so it’s half and half because those that are working do not get much assistance and they cannot afford housing because they do not make enough. And then there are those who are not working and they have two hands and two legs, they don’t have a medical condition, they walk and find a job, but they don’t, and that’s their attitude.” (CM1)*

Anna:

*“I guess one of the differences that I see between those that move faster and those that stay longer is their motivation, and if they are working. Those that are working have access to HPD housing, and they don’t mind doing that because they know that the apartments are adequate. The long term stayers, most of them are on public assistance and they are not qualified for HPD. They are only qualified for HSP and they don’t want to deal with it, so being in the shelter system is better than going out there and taking a chance that they will lose their public assistance and get evicted again.” (HS1, Anna)*

Mary, the shelter director observed about families who are young:

*“They want to be free, they want to feel like adults and those are the ones that move out quickly, they lived in foster care or with mom and dad and they are ready to have a home of their own. The long-term stayers are older individuals, they have been in the system a couple of times, they are tired, they feel safe and comfortable. They don’t mind the rule, the signing in and out, it is safe for them to stay.”(D2)*

Paul observed:

*“If you make a survey on the families that move out in a timely manner you would observe A. they are new to the system, or B these are persons who have a history of employment, circumstances hit them by surprise, caused to get into the system and they want to get back out there because of their pride. Those that are long stayers, if you trace their history you’ll see a long chronic connection to public assistance for generations. So dependency seems to be part of their life style.”(CM3)*

Cheryl said:

*“There are those who are go-getters, that’s what I call them, they are the motivated ones, they are afraid of living in the shelter, they do everything they can to get out of here. They follow the instruction to the letter, and it helps them to get out. They want to know how to find employment, how to connect to education, they are young and I know they’ll move fast, and then there are those who want you to do everything for them... they are dependent on you. And then there are those who are coming on the heels of someone they know who already was in the shelter and they are telling them how to use the system. They come in saying I want my section 8 and I’ll not leave until I get it, and they become defiant.”(D1)*

*“Let’s say someone came in because there was a fire or maybe they lived with someone and that person died or something. They have always lived in an apartment and paid rent and all of that, so like this is an emergency situation for the. It’s like I am here because I have no where to go but I wont be here long. I am working or I will work, or I am going to find money. I grab the HSP . And then there those who never paid rent, who lived with a friend for 2 years because they could not live with their parents anymore, and now the friend says, OK enough is enough. So they come to the system, and they find out that they can have a nice place to live, clean safe, sometimes food is served, and even if they don’t comply with PA they are not going to be put out, so the difference adds up to having an attitude.” (HS2 Carol).*

Some of these descriptions correspond to what Eitzen et al (1994) meant when they spoke about the “culture of homelessness” that service and shelter providers come to believe in. In this context, the shelter staff attributes their residents' situation to individual or family traits, and characteristics, that have caused them to become homeless. For example, families’ inability to manage money, the lack of financial management skills are identified by staff as contributing causes of the homeless crisis,

In this way, the shelter and its staff come to perceive homelessness as a matter of individual or family deviance. The individual or family traits,

characteristics, values and the "deviant" behaviors based on them are at the base of what have made the person. This underlying ideology requires that the homeless person to take full responsibility for his or her situation and the solution to it. As the shelter promotes the ideology of full responsibility or "victim blame," there is a tendency not to believe its residents, particularly when the homeless blame the system for their plight.

### **Housing Stability Plus (HSP): A Systemic Problem**

There was a general agreement among key informants about problems with the HSP program. As mentioned before, one of the main criticisms with the program is its requirement that individuals have an active case with Public Assistance, which means they cannot work, or earn enough to support themselves. The other problem with this program is its inadequate level of funding. The rent amounts that are paid through this program do not meet the market rent requested by landlords. Thus families cannot find adequate housing and are forced to stay in the shelter system. The interviewees discussed their concerns with regard to the program.

Cynthia described the situation of one of her clients:

*“ I had a client, she worked, she loved her job, but her job was not paying her enough to save the amount of money needed to pay full rent, so she had to apply to get HSP, and she cried because she went to training and she loved her job, but she had to quit her job in order to get HSP. She had to go on PA and she hated it.”  
(CWI)*

Cheryl, the director, spoke about the landlords who are conducting side deals with the clients, signing one lease with DHS that indicates that they accept the rent amount that DHS offers, and then signing another lease on the side with the client that charges the client more money. And clients sign because they want to leave the shelter:

*“So there is a downside to the HSP and that is that the rents in market are so high now and no one can afford them.”*

Housing specialists also spoke about the horrible conditions of the apartments. Mary, one of the directors, talked about the housing specialist coming back after viewing apartments, saying they would never live in such horrible places. Additionally, she spoke about problem with the HSP program that affects smaller-size families — families where there only two people — a mother and a son, or a father with a daughter. They are only eligible for \$820 dollars a month for rent. If they are lucky, they might find a studio, but then they have a problem because of the different genders, especially if the children are older. So they cannot take the apartments and are once again stuck in the shelter system.

Key Informants also discussed their concerns about public assistance and its faulty practices. Cynthia described one scenario:

*‘Let’s say a family comes from another shelter, so the clients’ tell PA to change the address but they don’t, and they set an appointment for the head of the family, and the client does not get the letter and misses the appointment. All of a sudden they (the client) find out that they are sanctioned for some reason, and they don’t know why, and all of a sudden they don’t have money, and they cannot move out of the shelter because their case is sanctioned.’*

Debora, one of the policy-makers, also spoke about the difficulties with public assistance:

*“ Some of the clients have problem with their cases in PA. Some are as a result of their non- compliance, but others are having problems with administrative processes that are not followed by the PA staff, like adding children to their cases, if they newly born children, which causes them a delay in getting a budget letter to take to the HSP program, which stops their ability to move. That’s like a big thing. Also some of the families work full time, and they are caught in the middle, they don’t make enough to pay market rent, but they are also not eligible for the HSP program.”*

Notwithstanding their hard work, commitment to and support of their clients, many of the employees who work in the shelter system are not paid adequately. Their salaries are low, and at this time, their situation is not very different from their clients, save for one check that puts them ahead. Although most of the staff do not discuss their feelings openly, some are resentful of this situation. This anger was voiced by Carol:

*“ You have employees that work for the system that need help and they are struggling, going to work every day and still not having enough money to pay their rent, and the sad part of this whole situation. I think that it would help that people that have been for a long time, if they leave should not be allowed back, it’s like cutting my tongue saying that because if you are homeless and have no where to go , what do you do? But we need to have a stipulation when you come back, you can only stay 3 months. I know the rents are high, but nobody helps me pay my rent and to get any assistance should be appreciated, and I think they need to be educated more on how to take of themselves and we need to look deeper into the reasons why they first become homeless.”*

In his famous ethnographic study, *Tell them who I am, the live of homeless women*, Elliot Liebow (1993) concluded that there is an underlying ideology at work in organizations that provide services and benefits for the poor. This ideology states: "Whatever the form, it boils down to something like this: We

mustn't make things too easy for them (mental patients in state hospitals, welfare clients, homeless people, the dependent poor generally). That just encourages their dependency" (1993: pg141). Liebow believed this prescription against "encouraging dependency" allows for a harsh way of dealing with the poor because in the end it is "for their own good," so that they won't develop the negative characteristic of dependency. (Eitzen et al 1994). Beginning with the proposition that "you mustn't make things too easy for them," we end up with an array of support systems staffed by administrators, supervisors, and workers who sometimes forget why they are there, and who put organizational needs ahead of needs of the people they are supposed to serve. ( Liebow 1993: pg 142-143, in Eitzen 1994). The descriptions given by staff in the current study provide us with concrete examples to this underlining ideology expressed with Public Assistance policy and practice.

One of the concerns repeatedly voiced by staff, directors and policy-makers is the limitation HSP puts on working people. Again and again, they spoke about the fact that working people are negatively affected by the program.

Debora discussed a new program that is being piloted by the state that encourages people to look for a part time employment:

*“So they are just going to make enough money, you know, to get out there and get the HSP housing. Now, what’s that going to mean afterward, I don’t know... I don’t know.. I think that is their way of the State people to avoid coming up wit a work component to HSP. I think it’s their way of saying, see, they can get employment. You know. And I think they just don’t want to change anything in the HSP program. The State people say: you can go to*

*school during the day, and find employment at night, well, what about childcare? How can a single mother manage that?"*

### **Looking for Leverage**

With the tremendous growth in the numbers of homeless families in NYC within the last decade, shelter staff often are doing their best to cope with large caseloads, minimal training, low salaries, in extremely stressful settings (Miller & Keys 2001). Many staff feel that rules are needed to be followed for everyone's safety, but these rules instead are seen by some of the families as arbitrary and unnecessarily enforced, which, in turn, creates more stress and tension. These stressful conditions for both families and staff create strained relationships between staff and clients.

Many of the line workers expressed their dismay that they do not have any leverage with the clients. Paul felt that an intervention is necessary with the majority of the long-term stayers:

*"It's my perception that we are not doing, I don't mean at this shelter, but as a society, in a sense that we are not taking the disciplinary action that is required. It is not being applied. I am not saying if someone has mental illness on them, but it seems to me that the persons know that there will not be any consequence to their non-compliance, so they feel they can do what they want. Sanction from the shelter system is a firm statement but it is not implemented and so we have no leverage with the long term stayers. Clients are not stupid. They know. They know there is a policy that is not implemented, because for the last five years I have not heard of anybody being sanctioned... so they leave the facility for many days, they go party, they don't care, and the rate*

*of these actions increases because nothing is being done... therefore those are some of the things that need to be corrected. “*

Carol, the housing specialist, was also very adamant about the sanctioning:

*“I wish that we really could sanction them to the street, or they would be sanctioned as a way of letting them know that this is what’s going to happen. You can’t just lay back and let the taxpayers pay for you to stay here. In addition to that, you have employees that work for the system that need help and they are struggling, going to work everyday, not having money to pay their own rent, and that’s the sad part about the situation.”*

Talley and Timmer (1994) were critical of exactly this attitude by shelters’ staff. When clients are threatened to be put out the shelter, they wrote, the system is functioning more as an institution to manage and control a deviant homeless population than it is an institution to assist the homeless in overcoming their employment and housing problem. The writers felt that the homeless shelter itself can be a source of homelessness. It can, as its homeless residents recognize, "put you out." For the extremely poor and homeless, the shelter is often then become just one more part of a meager and insensitive welfare bureaucracy.

Debra, who is in management, felt differently about sanctioning non-compliant clients:

*“You see, I think the intervention that is necessary after 18 months, if you are talking about someone who is really...I mean, you can document that this person is really not seriously looking for housing for 18 months, you know, the intervention should be either find a place for them somewhere, or put them in Katherine Street shelter where they don’t have all the comforts of home. I don’t ever think that the intervention is to send them out to the street.”*

## Recommendation for Policy Changes

Almost all the interviewees felt that there are certain problems with the way the system is operating that requires change, and offered these insights:

One of their main concerns was about the working people and the HSP program. Anna stated:

*“They need to change the program to allow working people to be eligible. These are responsible people who would be able to pay the 20% decrease each year, because they work and have income. The fact that they are working will stop the revolving door, because I am worried that when the second year come to renew the lease and the clients who don’t work will have to pay their share of 20% and the 40 % and the 60 % they will not be able to do it and will end up in the shelter. So they have to allow people to work.”*

Cynthia spoke about the condition of some of the apartment:

*“They have to do a better job inspecting these apartments, because some of them are horrible. They have holes in the wall, on apartment did not have a sink. They sometime used old closets to make a room. So they have to inspect these apartments well before we send clients there, especially when they charge so much money.”*

Cheryl was passionate:

*“ I think that the policy should be changed that a person can work, because you can’t maintain yourself. So if you tell them you must take HSP and if they really want to work and are motivated, there should not be any restriction for them on getting displaced. Still keep the five years, because I am sure it is based on the policy of welfare for five years (TANF), and I understand that. That’s OK. You don’t need to be on welfare forever. At some point in my life, I too, was on welfare and someone helped me. I wasn’t working. I wasn’t doing anything. I had 4 kids. Then someone helped me. I got a job and started to work for the city. Back then in the 70’s people were able to be trained, get better skills and better jobs. Most of us welfare mother we went through the CETA program, and we were trained by the government and that very helpful. Right now the government is not helping people. They have to stop helping other countries and concentrate on helping out citizens. Bring back the training program and help people stand on their on feet through better training and employment.*

*And if you are given an opportunity and you don't want to take it, then you have to move out."*

Mary's suggestion involved providing the right interventions for families whose head of household was having mental health issues:

*"I think they need to create a special program for families with mental illness. They should screen families before they put them in a regular shelter, because we don't have the way to give them the attention they need, and its hard on them and hard on the staff. They should be screened better at PATH and then be sent to an adequate shelter that will address their needs. Instead of throwing them here where no one has the capacity to really deal with them, they need to have real intensive case management. That's what I would change."*

Debora concern was about preparing people to become self-sufficient rather than sending out without the necessary skills so that they end up coming back into the system:

*"I think that there are people who need more than nine months in a service-enriched environment in order to make it out on their own and not come back into the system. You know? I firmly believe that the younger ones especially need to understand how to live independently and need to develop those skills. Given the experience that the majority of our clients had in their short life, and the lack of training that have had, I don't think it is unreasonable to keep them longer than 9 months and to train them. I think there is such a thing as housing readiness and we as shelter providers are thee experts in knowing when families are ready to move to the point where they will not come back into the system. Maybe I am from the old school, but I feel very strongly about that."*

Charles discussed some of the new initiatives that DHS is planning to implement, or already implemented with regard to reducing the number of the families in the shelter system:

*“I don’t know if you are aware that we have implemented this new initiative call the big four for families that work. Instead of getting the one-shot deal from public assistance, working families can now get three months rent and security. The broker fee is paid. The landlord is getting an additional thousand dollars. There are benefits for working families who are ineligible for HSP. It’s a great opportunity to get into an apartment and not pay the first three month rent. It give them an opportunity to stabilize and continue to pay rent. For families who have been non-compliant for many years and who are unwilling to cooperate, and that has been documented by staff, we opened a new facility where the amenities aren’t necessarily the same as where they’ll be coming from, the bathrooms are shared, these are walk-ups, and once they move there, staff will be very aggressively working with them to do what is necessary so they can move out. We are also looking into the HSP program to see how we can prevent people from losing their housing once they have to start paying the 20%.*

*One of the things that we need to focus on and work on more is on prevention. If you don’t catch them early enough, by the time you get them, its almost impossible to repair it immediately.*

*I think we need to revisit the sanctioning process, because I think it needs tweaking. I think staff is being impacted and it slowly burn them and it takes away their initiative and their fire to go and do more. I think for us as an agency it’s a slow spiral down. Because when you have staff who may have the enthusiasm to do good work and they have these families, who are clearly non compliant, not because of mental illness, but clearly non compliant, and the staff feels that they cannot do anything about it, and they come to us and we don’t do anything about it, the next time they will be less eager, and we need to look at that.”*

In his analysis of data on homelessness, Peter Rossi (1989) identifies the rise of unemployment, especially among people of color, and the decline in

affordable housing and welfare payments as the root cause of homelessness. Furthermore, he notes, that of the small amount of affordable units that exist, many are in intolerable condition, forcing poor families to live in structurally inadequate housing, from which they ultimately exit into the shelter. As long as the number of families living in intolerable conditions exceeds the number of shelter beds, Rossi asserts, increases in shelter capacity will lead to increases in the size of the homeless population. Of course, politicians have used this point to argue that many poor people use the shelter system to bootstrap themselves into better housing.

Finally, Charles, from DHS, echoed this concern:

*“I think the whole idea of having NYCHA become available to families who come into the system and have it available to them in three months did actually allow some families to say, you know what? I’ll come in to get NYCHA. Rather than reward the families who might be in need or who were struggling outside to do the right thing. I think that was the idea of eliminating NYCHA. Give it to the families in the street, in the community who are in need, but who are really holding on in the community, rather than reward people for finding an excuse that allows them into the door.”*

Although there might be a small percentage of families who would willingly enter into a system that is extremely structured and limiting for the purpose of obtaining affordable housing, this study indicates that the majority of the women in the long-term group reported eviction to be the cause of their entering the shelter system. This fact contradicts the assumption that DHS and some politicians made. It is also important to point out that every family that applies to enter the shelter system is investigated thoroughly by a team of investigators to ensure that

indeed they have no alternative housing options. Only afterwards is a family deemed eligible to stay in the shelter system. Wouldn't this eligibility process stop anyone from entering the shelter system for the sole purpose of getting better housing?

## **CHAPTER VIII: DISSCUSSION AND CONCLUSION**

The overall goal of this study was to gain a better understanding of homelessness from the subjective experiences of women head of households who resided in the NYC shelter system. This study included both quantitative and qualitative data analyses. The study hypothesized that there would be a significant difference in age, number of children, reason for homelessness, number of adults in the family, and ethnicity, between long-term and short-term shelter stayers. It was also hypothesized that younger women are able to move out of the shelter system more rapidly than older women. An analysis of a sub-sample of the NYC homeless shelter population in 2003 (9280 homeless families) was conducted. Chi-square analyses were undertaken to determine if there were significant differences between the women in the two groups. A multiple regression analysis also was conducted to determine the relationship between the independent variables in relation to the dependent variable — length of stay. Interviews were conducted with 30 women heads of household who were in the shelter system.

Through the quantitative data analysis and by listening to the voices of the women, the study attempted to understand and explain aspects of the women's

experiences related to their length of stay in the shelter system and their struggle to become self-sufficient.

### **Who Are the Long--Term Stayers and How Did They Become Homeless?**

Many of the reasons for homelessness identified within the greater societal context discussed in Chapter II were mirrored in the study participants' experiences prior to coming into the shelter system. Both personal factors (personal traits and dysfunctional family background) and systemic factors (lack of employment opportunities, poverty, and lack of affordable housing) contributed to many families becoming homeless.

The experiences of many of the women in the short -term group mirrored the description of homeless families reported in the literature. The literature describes these families as headed by young, unmarried mothers, in their early to mid-20s, with two children. These women generally grew up in poverty, and many experienced abuse and domestic violence. Most did not complete high school, instead often dropping out due to pregnancy. Many of these women have children who suffer from chronic health problems. The women have lived with relatives or partners, or doubled-up prior to becoming homeless, and the reason for leaving their last residence was overcrowding, disagreements, or violence. Most now are dependent on public assistance to support themselves and their family (Caruso and DaCosta 2003, Marcus 2001).

The women in the long-term group, however, seem to have somewhat different characteristics. Although they too grew up in poverty, and have had a long history of abuse and domestic violence, they were older (a mean age of 35.7 years). They had more children (many of whom were already grown and independent), and their education level was somewhat lower than that of their cohort in the short-term group.

This observation corresponded to the conclusions reached from the quantitative analysis of the general population in the DHS database (N=1820), which indicated that a larger number of women heads of households (48.3%) under the age of 30 left the shelter in less than nine months than their long-term counterparts (34.9%) who left after 18 months or longer.

The quantitative analysis of DHS's data of the general population indicated that each group had a majority of families with one adult. Yet 83.3% of those in the short-term group had only one adult, compared to 52.8% of the families in the long-term group. As mentioned, it was difficult to determine whether the added adults correlated with the presence of a father and/or adult children. Experience as a shelter provider for homeless families taught the investigator that families with older children had a harder time finding housing, a factor that could affect their length of stay in the shelter system. Families with older children were rejected by landlords more frequently than families with younger children. Landlords were concerned about disruptive behavior that could be caused by older children, as well as the possibility of increases in the size of

the family (adding a boyfriend/girlfriend) when adult children were part of the family.

Examining ethnicity, in both the general population and the participants in the qualitative study it was determined that the majority of families in either group associated with length of stay were of either African- American or Hispanic ethnicity 68.9% of the short-term sample and 76.7%. The same results were observed in both long- term and short-term stayers groups who participated in the qualitative part of the study. In the short-term group, 46.6% (n=7) of the women were identified as black, 46.6 % (n=7) of the women identified themselves as Hispanic, and one woman was identified as white. In the long-term group, 60% (n=9) of the women identified themselves as black, and the other 40% (n=6) identified themselves as Hispanic. Thus, in both groups, only one woman was not of color. This data concur with the quantitative analysis and the applicable literature that there is a disproportionate number of African-American and Latinos among homeless families.

When looking at the age of the women at the time that they left home, the mean age of women in the long-term group was 19, compared to 17.3 in the short-term group. As mentioned, one explanation for the difference in means could be due that the majority of the women in the long-term group were older than those in the short-term group, and thus might have grown up in a time when leaving home was less the norm.

As described in the previous chapter, the analysis of the women who participated in the qualitative study indicated the women in long term group had

more children overall (total of 46 versus 29 for the short-term group). Although there were fewer children living in the shelter with their mothers in the long-term group (a total of 26 children versus 28 in the short-term group), many other children of the mothers in the long-term group were not living with them in the shelter. Some of the children who were not living in the shelter were older and living on their own, while others were placed with other members of the woman's families. Clearly, the fact that they had more children is due to their age.

The analysis of the study's data as shown in Table 7 indicates that there was no significant difference in the number of children living with their mothers in the shelter for both groups: a mean of 1.86 for the short-term group, compared to 1.73 for the long-term group. However, this outcome is different from that of the quantitative analysis of the general population data, which indicated that 52% of the mothers in the short-term group had one child with them, compared to only 45% of the long-term mothers who had only one child.

For many of the participants in this study, homelessness was not simply a housing issue. Rather, it stemmed from poor education, lack of employable skills, insufficient child care facilities, inadequate health care, domestic violence, child abuse, and histories of terrifying experiences in the foster care system. Becoming homeless was explained by the women in both groups as the result of a progression of events. Lack of adequate housing, family feuds, losing a job, lack of adequate job skills, as well as living with domestic violence, made homelessness the only option for some of the participants in the study, as previously documented (Goodman 1991; Weitman et al 1992; Marcus 2001). All

these factors were reported by the participants as elements leading to their becoming homeless.

For some of these women, homelessness was a totally new and shocking experience. For other women, mainly in the long-term group, poverty and living marginally, has been a chronic and life-long experience that included other periods of homelessness or being near homelessness. Forty-six percent of the women in the long-term group reported to have lived in the shelter system in the past, either as a child with their parents, or as an adult, in comparison to 26% of the women in the short-term group.

As expected, due to the age differences, the women in the long-term group tended to have a longer history of living in the community in their own apartments, including working and holding a lease. When comparing the two groups with regard to their history prior to moving into the shelter, significant differences were noted. Only 40% of the women in the long-term group reported living with a family member or a friend prior to moving into the shelter, while 66.6% of the women in the short-term group reported different lengths of stay with family. These differences can be explained by the age difference. The women in the short-term group were younger, and they may have had the opportunity to stay with their nuclear or extended family before being forced to enter the shelter system. In comparison, the majority women in the long-term group, who were in their 40s and 50s, had a longer history of living away from their original family, lived in their own apartments with their children, and had much more life experience living independently. The previous data explains why

53% of the women in the long-term group reported eviction as the cause of their loss of residence prior to becoming homeless, while 40% stated family feud as the reason. In comparison, only 26% of the women in the short-term group reported eviction as the main cause for their homelessness, while 67% reported family feud and domestic abuse as the precipitating factor to their becoming homeless.

For some women, like Natalie, whose husband was killed in an accident, or likewise for Rosa and Sharon, marital separation was the primary factor that contributed to their homelessness. Several women, including Vickie and Stella, spoke about eviction as the reason for their homelessness. Others spoke about “doubling up” with family and friends prior to entering the shelter system.

Eviction and doubling-up also were the two most prevalent reasons for homelessness among the general population of homeless families in NYC, based on the quantitative data analysis of DHS’s data.

The majority of women in both groups reported experiencing stable housing situations when growing up. However, 46.6% of the women in the long-term group reported that they lived in the shelter system in the past, either as a child with their parent, or as an adult. This percentage was considerably higher than that of the short-term group, which was only 26.6%.

### **Social Support Networks**

An important theme in the literature on homelessness is that individuals’ homelessness is affected by disaffiliation and lack of social ties. The findings on social support networks of women who are homeless and on disaffiliation are

mixed. While some researchers reported that homeless women are unable to maintain contact with people in their social networks (e.g., Bussuk et al., 1986), other scholars noted that some women, especially those with children, can maintain larger social networks, although many times the relationships in these networks are strained (Banyard, 1995; Morris, 1998; Shinn et al, 1991).

Similarly to Thrasher and Mowbray's research outcomes (1995), this study did not find a clear connection between social support and time spent in homelessness. Most women in both groups described a network of relationships, ranging from the immediate family, to extended family, as well as with relatives of their children's father. Although these women often were in conflicting relationships with their children's fathers, or at some instances even lost contact with them, the fathers' families, such as parents, siblings, and cousins, frequently maintained contact with the children through the mothers.

Toohy et al, (2004) discussed the effect of homelessness on social support. The authors point out that losing housing usually involves relocation to a shelter, which may be located a substantial distance from the family and social support system. Staying in touch, then, becomes difficult. A woman also might be embarrassed or ashamed about her situation, and hide from her family, as June described in the previous chapter. Another woman was angry that her family and friend did not assist her before becoming homeless. All these feelings could have an impact on the individuals' relationships with their social support systems, and possibly on their length of stay in the shelter.

Studies by Glasser (1964), Goffman (1961) looked at how separation from family and friends impacts actions and conceptions of self. In his study of men in prison, Glasser (1964) found that isolation from family and friends leads to the establishment of new social relationships as a support system. However, he also found that the importance of these relationships begins to dwindle once the person moves toward his release date, which starts a renewal of the previous relationships with family and friends. Goffman's (1961) study highlighted the impact of isolation on individuals who enter into prisons or mental institutions. Goffman suggested that one's self-concept is affected by the degree of imposed isolation. He called this process "mortification." Mortification, he posited, occurred in establishments where all aspects of the inmate's or patient's life were controlled by the institution. This sets up a situation where the person's self-concept begins to change, as their sense of autonomy erodes and they become dependent on staff. The eventual outcome, Goffman suggested, became what staff wanted to achieve since patients became easier to control (Deollos 1993).

Although the outcomes of these studies may differ somewhat from those found in this study, they may help explain some aspects of their experiences. Although the women did not live in total isolation and institutionalization, Goffman's theory on the altering of the self-concept as a result of becoming dependent on staff may explain staffs' perception about some of the clients' fear of moving out. Loss of housing, poverty, and the loss of belief in oneself may, in fact, create a dependence on the perceived safety of life in the shelter and on other

government institutes to resolve their problems, and moving out represents the loss of this support.

The presence of children was a major reason for women receiving help from a wide network of relatives and friends. Most often relatives and friends provided caretaking services for the children. In some instances, the women were not in the shelter with all of their children because they were being cared for by family members.

The participants in both groups reported growing up in different family situations: living in intact families with both parents, living with mothers and siblings only, being raised by a grandmother, or being removed from their homes due to abuse. Many had some degree of abuse in their childhood — physical, sexual or psychological — that caused trauma. However, a larger number of women in the long-term group described a more chaotic and painful life growing up.

### **Childhood Abuse and Resilience**

One of the most common themes described in the women's experiences was childhood abuse. The majority of the women in both groups were physically and/or sexually abused as children. In many cases, the abusers were also alcohol or drug abusers. Sadly, these experiences continued in their adult relationships. The majority of the women described a life filled with unhappiness and incidents of both verbal and physical abuse.

Numerous studies have documented the high rates of victimization among homeless women. Simons and Whitbeck (1991) found that 43 percent of women in their sample had been raped by a father or father-figure in childhood. Anderson, Boe, and Smith (1988) report that two-thirds of their sample of homeless women experienced physical abuse in childhood, adulthood, or both. Almost half had been sexually assaulted at least once in their lifetime. A study of young homeless women in a program for adolescents found that 83 percent had been sexually abused as children (Schram & Giovengo, 1991). Goodman, Dutton and Harris (1995) found that episodically homeless women being treated in hospital psychiatric settings are so likely to experience abuse. 97 percent reported some victimization over their lifetimes. They also reported that physical and sexual violence amount to normative experiences for them. Sadly, these experiences mirrored the life histories of many of the participants in the present study.

Abuse and domestic violence are frightening experiences. They put constant stress on women and affect their ability to function. Many studies and reports from individuals who work with homeless people consider homelessness itself a form of psychological trauma (Fisher, 1995; Goodman 1991; Marcus 2001; North et. al. 1994). Van der Kolk observed (1989 p.31) that “trauma occurs, when one loses the sense of having a safe place to retreat within or without oneself to deal with frightening emotions or experiences”.

Some theorists (e.g., Browne, 1993; Goodman, Saxe, & Harvey, 1991) suggest that this relationship between violence and mental health reflects the impact of psychological trauma. Not only are most homeless women survivors of traumatic victimization, but homelessness itself, accompanied by stigma, is also a traumatic experience (Goodman et al., 1991). Homelessness can mean disconnect from social supports resulting in being utterly alone. This state may reinforce a person's vulnerability and inability to cope and maintain a positive direction (Partis, 2003).

There is a risk that the chronic trauma of homelessness will exacerbate or entrench women's existing trauma-related difficulties. This can result in what Herman (1992) has described as complex post-traumatic stress, in which the physical, mental and social dynamics of hyper arousal, intrusion, hyper vigilance, dissociation, and depression, affect a survivor's functioning in most areas of her life.

Individuals who are exposed to violent acts such as rape or physical abuse, even once in their lives, are potentially at risk for experiencing various types of psychological distress. One specific psychological outcome related to an individual being exposed to violent acts is Post-Traumatic Stress Disorder (PTSD). PTSD is found to be co-morbid with other disorders such as depression, anxiety, and substance abuse, further impacting the individual's ability to function (Dutton, Goodman, & Bennet, 1999).

Herman (1992) proposed an expansion of PTSD diagnosis beyond single event, to focus on individuals who have endured prolonged periods of repeated trauma. Included in repeated trauma are hostages, prisoners of war, victims of domestic violence, and childhood sexual and physical abuse. Herman referred to the new diagnosis as 'Complex post-traumatic stress disorder'. This was expanded by other trauma experts (Van der Kolk et al 1994) and renamed 'Disorder of Extreme Stress Not Otherwise Specified' (DESNOS). This new category (not yet adapted by DSM) deals with an individual's brain alteration that affect regulation, self-perception, relations to others and systems meaning (Herman 1992 in Anyiqwa 2005).

Individuals experience traumatic stressors differently. This is evident among domestic violence victims in that not all women who experience violence suffer with PTSD (Dutton 1992, Gersons & Carlier 1992). Trauma experts (Van der Kolk & MaFarlane 1996) state that there is a biological link in PTSD involving regions in the brain (i.e., amygdalia, hypocompus) with some individuals able to adapt to a particular stressor and move on while other experience persistent problems in adaptations due to fixation in trauma (Friedman & Marsela 1996, in Anyiqwa 2005).

With the loss of home, one can also lose social and family networks, established routines, and roles. The move to a shelter may decrease safety, and increase the sense of unpredictability. For persons with a history of victimization, psychological trauma maybe exacerbated by becoming homeless, and may slow the ability to recover. The loss of control over one's life and the feeling of shame

and guilt that result from this loss may increase the severity of the psychological trauma and the learned helplessness (Peifer, 1999).

How a person adapts to such changes in life circumstances is dependent on their personal strength and coping skills, as well as on the extent of help and community support available to the family. The potential for change and for reestablishing control over one's life can be affected by a supportive atmosphere in a shelter where the individual gains the resources and strength to reestablish that control (Lindsey, 1998).

Interestingly, against all odds, countless victims of abuse and homelessness demonstrate great resilience, strength and power of will, as demonstrated by the women in this study. For some, spirituality was cited as a coping strategy (Banyard, 1995). In a study of 64 mothers who lived in temporary emergency shelters, Banyard (1995) found that the women used a variety of coping techniques, including confronting problems, seeking social support, engaging in a variety of activities for distraction, thinking positively, distancing oneself from problems, letting feelings out, praying, and focusing on children or the future. At times, their children served as a diversion or distraction to help the women stop thinking about their problems.

The women in the present study described using many of these coping strategies to maintain their stability, and fight the feeling of hopelessness. They took walks; played with their children; used spirituality; maintained a positive outlook on life; and viewed homelessness as a learning experience. Although

many of the women experienced difficult life situations, most were able to develop resiliency early on.

The women in short-term group expressed more a sense of personal control over their lives and more optimism than their cohort in the long-term group, as a result of several factors, including younger age, fewer life experiences, completion of high-school and attendance at college. Consequently, they might have been more informed about options open to them and learned more skills that translate into a more optimistic attitude.

The women in this study had mixed feelings about how living in the shelter affected their children. Some said that their children liked being there “they a playground on site, they took them to games, they got much more than I can give them.” Other women felt that they lost control of their children in the shelter, and that their children were exposed to bad influences from other families

### **The Meaning of “Home”**

As discussed in Chapter II, “home” represents a sense of stability, safety, and intimacy. In most instances, it’s a place where one is surrounded by members of his or her social network. Many of the participants shared this feeling. It is also important to recognize how the effect of violence and abuse experiences impact on the meaning of “home” as viewed by the respondents (Murphy, 2006). Their description of the meaning of home included mental and physical safety. Home was described as a place where people cared and loved one another. Home also was described as a place where they felt the most free to live their lives

among family and friends. All the women were looking for a future where they could own a safe place for themselves and their children.

### **Personal Barriers**

The prevalence of substance abuse, alcoholism, medical and mental health issues was actually very low in both groups of women. When asked about a history of substance abuse, none of the women in the short-term group reported a past or present history. Thirty percent of the women in the long-term group, however, admitted to past history of substance abuse. Medical and mental health problems did not seem to have a high incidence within either group.

Due to their often neglected and deprived childhood, homeless mothers, as a group, are less successful academically, have less literacy skills, and are less likely to complete high school (Burt 1997). The majority of women in both groups did not complete high-school. When asked about the reason why they dropped out of school, women in both groups mentioned pregnancy as the primary reason

When work histories were reviewed, a picture of economic and social insecurity emerged. The uncertainty of employment and not being able to meet basic needs for food and shelter, even with two full-time minimum wage positions, is demoralizing (Bassuk & Weinreb, 1994). Without a high school degree and with a lack of technological skills and other soft skills, job opportunities for these women were extremely limited. Having young children also hampered their efforts to find employment. The majority of the women in

both groups reported a work history. However, many of the women were employed in service-related jobs, or as unskilled laborers. These jobs are characterized by low wages and lack of benefits. Nevertheless, they were proud of their jobs.

Despite the fact that the majority of the women did not complete high-school, when asked about future plans, 50% of the women in the long-term group and 75% of the women in the short-term group stated that they plan to go back to school. They spoke about going back to acquire skills so that they can earn a better living.

### **Structural Barriers**

The majority of the women in both groups received public assistance as their primary source of income. These benefits include financial benefits, food stamps, and Medicaid. It is common for public assistance to discontinue paying welfare recipients their benefits if they fail to submit necessary documents or appear in a timely manner. Case closures also occur due to mistakes within the public assistance system that can lead to discontinued benefits. Many of the women in both group reported having been casualties of the bureaucratic system of public assistance.

An immediate concern for participants was the availability of public assistance benefits. The problem with erroneous case closings and cuts in benefits is that they create acute crises for homeless mothers who have to feed and

clothe their children and find housing. For homeless mothers, the need for public assistance benefits, along with money for transportation and employment, housing and child care, are interwoven, and solving each problem is essential for an overall resolution of homelessness (Dail 1990).

Nearly 60% of the women in both groups reported having problems with public assistance or having experienced a reduction or stoppage of their PA case during the time they were living in the shelter. The most common reasons for case closing included not having the right documents, missing appointments, attending programs or training opportunities, and failing to comply with WEP (Welfare-to-Work Program). Most of the time, these appointments were missed due to problems with their mail. The women were angry and frustrated at that situation.

Each sanctioned case by public assistance may take up to five weeks to reopen. The time spent in the PA Centers waiting for appointments, having to go back with more documents, and arranging for child care and car fare inevitably causes increased frustration.

The sanctioning and closing of cases also have been critical factors in increasing the length of stay of the women in the shelters since they cannot receive housing vouchers or move into apartments without having an active public assistance case.

It is important to point that massive federal budget reductions, lack of affordable housing, elimination of Section 8 and other forms of vouchers for affordable housing opportunities (such as NYCHA in NYC) for homeless

individuals and families, the elimination of funding for training programs, and the lack of child care, also contribute to the continuation of homelessness.

### **The Shelter Experience**

Women in both groups spoke about feeling safe and having comfortable living arrangements in the shelters. Clearly, the Tier II shelter offered invaluable services to the women. These facilities provided women with safe and secure accommodations and offered multiple services to address families' needs. However, the feelings expressed by the two groups of women differed. While many of the women in the short-term group indicated that they found the shelter staff to be supportive, those in the long-term group were much more negative, describing incidents where they felt staff were patronizing and disrespectful.

One of the themes expressed in this study was the mothers' feelings of lack of control they experienced in the shelter. Although some felt that the rules were necessary, many found the atmosphere there to be too restrictive. These feelings paralleled responses that mothers expressed in other studies. Lindsay (1998) reported that the mothers she interviewed felt that staff was very disrespectful and patronizing to them. Mothers who were interviewed by Menke & Wagner (1997) felt their freedom was taken away and they likened living at a homeless shelter to a prison.

As mentioned in the previous chapter, dignity is defined as self-worth, or inner worth (Seltzer & Miller 1993). To recognize one's dignity is to recognize one's worth as a human being, seen separately from their status or role in society.

The experience of dignity is also dependent on the interaction of individuals and their environment (Miller and Keys, 2001). Baumann (1993) and Menke and Wagner (1997) found that the label “homeless” represented a stigma to the woman they interviewed. It carried more meaning than being without a home. This theme also was echoed in this study by mothers who spoke about feeling that they are seen “as less than” by people, and by the shelters’ staff.

Following Lazarus & Folkman (1984) person- environment transactional model, Miller and Keys (2001) conceptualized dignity as being influenced by specific environmental events (external validation pathways; by personal variables such as individual history, self-image (internal validation pathways); and by person-environment interaction such as exchanges between a homeless person and others in their environment (p-e interaction pathway). Focusing external validation pathways they examined whether environmental events influenced individual’s sense of dignity (Miller and Keys 2001). The findings from their study inform us that there are two types of events experienced by homeless persons that influence their dignity: 1) interpersonal, 2) person-setting events. Interpersonal events were described as receiving care, encouragement, or personalized service from others. Personal- setting events were described as the availability of resources to meet basic needs and assistance towards existing homelessness, which were seen as supporting dignity. Lack of interpersonal support and care, and the lack of resources were seen as invalidating dignity (Miller Keys 2001).

The women in the present study described similar feelings. They felt treated with respect by being treated well by the staff. They also discussed being recognized as individuals, spoken to with respect and treated as adults as a source of dignity. Receiving personalized service in a social service setting was also seen as respectful. Receiving assistance to find housing, and employment was perceived as being treated with dignity and respect.

Being treated like a child, being laughed at, ignored or avoided by others was perceived as disrespectful. Being treated differently or negatively because of they were homeless was seen as undermining their dignity. Feeling that staff did not care about them, meant lose of respect and dignity. Being stigmatized was experienced as a painful experience. As a result the women felt worthless in some way, making them feel “less than”.

### **“Feeling Stuck”**

When asked to describe the reasons why they had not been able to move out of the shelter system, the responses of the women in the long-term group, were varied. They spoke about working, yet still not having enough income to pay rent or support themselves in the community. They remarked about relationships with partners who had histories of incarceration that prevented them from accessing housing with NYCHA. They spoke about the endless bureaucratic requirements they faced. They talked about histories of bankruptcy that caused rejections by landlords. They spoke about specific problems with public assistance, of sanctioning and case closings. They spoke about problems with the

Housing Stability Plus (HSP) program. And they said they were still looking to find the right apartment for their family.

More than their cohort, the women in the long-term group saw themselves as not getting anywhere despite their best efforts. In fact, they often felt that depending on social welfare institutions made their problems worst. It was common for public assistance to discontinue paying welfare recipients their benefits if they failed to submit necessary documents or appear in a timely manner. However, they reported case closures due to mistakes within the public assistance system.

More than their ST cohort, the women in the LT group personalized their homelessness experiences and tended to believe that it was their fault that they became homeless rather than seeing themselves as people who faced terrible circumstances. This belief made it more difficult for them to take action to overcome their situation. In comparison, more women in the ST group adopted the belief that they could find a solution and a way out of the homelessness experience by focusing on actions that allowed them to overcome their circumstances.

Case workers and housing specialists saw the issues that differentiate the women in the long-term group from those in the short-term group as stemming from personal situations. They postulated that attitude and motivation were the most important factors helping or hindering efforts to get and keep housing. They were more judgmental and angry at the women, and they held the women responsible for their plight in life. However, individuals in management who

were interviewed were less judgmental and described the problem of the long-term families as both systemic and personal.

There was a consensus among the key informants about at least two factors that influences a woman's ability to leave the shelter system in a timely manner. The first indicator dealt with the client's self-motivation. Women who from the moment of entry into the shelter started to explore a way to get out as fast as they can were identified by staff as "go-getters," and were seen by staff as more likely to succeed. This quality of self-directedness was present and expressed more by the participants in the short-term group. Although the women in the short-term group also described difficulties they faced when looking for housing, there was a sense of purpose, resourcefulness and self-directedness that was not present the descriptions of the long-term women. The women in the short-term group would seem to not leave any stone unturned in finding housing, while the women in the long-term group appeared to have been more resigned to the fact that they were stuck. For the women in the short-term group, the housing search appeared to be more of a deliberative decision as opposed to one based on being powerless to negotiate the process. A possible explanation for the difference could be age differences and the cumulative effects of hardships histories. It could be generational difference as well. The women in the short-term group were younger, and although they too experienced deprivations and abuse; their shorter life span could have been a factor that contributed to their ability to move out faster.

The second indicator for “success” agreed upon by the key informants was the clients’ past history of “making it.” Those women who related a solid work history in the held a lease, or had some education were seen to be more likely to move out faster.

Key informants also described two other contributing factors affecting their clients’ ability to exit the system: undiagnosed psychiatric disability and “fear.” Although only a small number of the participants (mainly in the long-term group) admitted to having a history of mental health issues, it is very possible that more women were experiencing some problems, but were in denial or uncomfortable sharing those experiences. This may also have been true regarding their fear of being on their own without the support of staff. That stands to reason because of what was more evident among women in the long-term group: repeated history of housing loss, episodes of entering the shelter system, and lack of skills to secure employment. All these could affect a woman’s sense of self-assuredness and belief in her ability to make out there on her own. Thus, she may not be driven to find housing or comply with all the rules, believing that extending her stay in a safe environment she is protecting herself and her family from future failures.

### **Hopes for the Future**

Once women discussed future hopes, there was a change in their expression and tone. Their voice became lighter and more determined, and more smiles appeared on their faces. Participants envisioned themselves differently and

more positively. Many women described attainable goals, including plans for securing a safe home for themselves and their children, obtaining further education, and finding better-paying employment.

There was a difference, however, between the two groups in their level of enthusiasm and their belief in the ability to change circumstances. The women in the short-term group had clearer direction for their future and described specific education needs and jobs. The women in the long-term group, who were older and experienced more hardship in their lives, spoke about their plans with less certainty and optimism.

For most women, finding a home for themselves and their children, and securing work were important aspirations. Planning for and hoping to achieve these goals seemed to be a way of dealing with their homelessness. Believing that they could achieve a better life for themselves and their family allowed them to reframe their homelessness as necessary preparation for a better future.

### **Implications for Policy and Practice**

This study highlights some important themes regarding internal and external resources that can facilitate homeless women's ability to exit the shelter system and become self-sufficient. The outcomes of this study suggest that interventions tailored for this specific group should be more individualized and integrated form of assistance. In order to address the multidimensional nature of their hardship an integrated action is necessary, which includes crisis intervention, stress management, family planning, financial skills, personal relationship,

training and family counseling. Additionally, interventions must be planned collaboratively with other disciplines to include such things as securing a permanent home, remedying educational deficiencies, and making provision for job training and child care (Menke & Wagner, 1997; Haber & Toro 2004; Tosi 2005).

Research studies outcomes indicate that psychological trauma impacts mental health ( Browne, 1993; Goodman, Saxe, & Harvey, 1991). Not only are most homeless women survivors of traumatic victimization, but homelessness itself, is also a traumatic experience (Goodman et al., 1991). Homelessness can mean disconnect from social supports resulting in being utterly alone. This state may reinforce a person's vulnerability and inability to cope and maintain a positive direction ( Partis, 2003). There is a risk that the chronic trauma of homelessness will exacerbate or entrench women's existing trauma-related difficulties. This can result in what Herman (1992) has described as complex post-traumatic stress, in which the physical, mental and social dynamics of hyper-arousal, intrusion, hyper-vigilance, dissociation, and depression inform a survivor's functioning in most areas of her life.

Service providers working with homeless women who have been assaulted should be aware that when a homeless woman reports to have been victimized there is a strong possibility that this woman's current experience of victimization occurs in the context of a lifetime of physical and sexual abuse, which could

affect her reactions to the current sexual assault, and strongly influence the work of recovery (Paradis 2001).

The present study highlights the physical and psychological risks associated with homelessness. More work is needed to understand the long-term effects of PTSD on the functioning of homeless women. Future research directions should examine factors that predict victimization and the relationship of these predictors to PTSD symptoms over time. Practitioners in the field must acknowledge the extent and significance of PTSD and the accompanying complications that will impede successful interventions. For example, one of the three general symptoms of PTSD is avoidance. This symptom can lead to an avoidance of emotional ties with other people close to those suffering from the disorder or those trying to get close to them, such as social workers and other practitioners trying to assist. Avoidance can also lead to an existence that makes it difficult to complete activities outside the routine mechanical events of their daily lives, in effect, making it difficult for women to change or think of ways of changing his or her present situation (Farley & Barkan, 1998).

Depression and alcohol/substance abuse share substantial co-morbidity with PTSD. Researchers have suggested that these conditions, more often than not, are secondary to PTSD (Kessler et al., 1995), and may in turn interfere with a willingness to cooperate with treatments that can be painful or require effort (Stone, Cohen, & Adler 1979). Thus, it becomes clear that an understanding and awareness of a woman's psychological health may have a direct bearing on intervention strategies and accompanying efforts at treatment.

The ecological concept of “person-environment fit,” discussed in the previous chapter, posits that individual-level outcomes result from the interaction between persons and their environmental context (Lewin 1951, Murray 1938). Thus, families with the same characteristics may have different outcomes, depending on their environment, while the same environment will affect families differently because of their dissimilar characteristics (Shungin 2002). Women who did not seem to “fit in,” or who have had difficulties following shelter rules, were less likely to receive adequate support from staff in Fogel’s (1997) study, compared to those women whose style of interaction fit that of staff. Providers and policy makers are encouraged to see that although families might have the same type of needs, they would not necessarily get the same results from services that are designed as “one size fits all.” Services should be provided based on the family’s needs, which includes their unique histories and characteristics.

Miller and Keys model (2001) emphasizes that dignity is often prompted as well as undermined in the various settings homeless persons meet. Providing support in a dignified way promotes self-worth and empowerment. Maintaining a sense of worth is important and necessary to surviving homelessness (Snow & Anderson 1993). Providing housing while simultaneously treating people without respect and dignity appears to reduce the effectiveness of the services offered (Miller & Keys 2001).

Qualitative research found that another important aspect of successful social work intervention is the positive relationship built between social work staff and the client. (Pollio et al. 2000). Practice experiences by service providers

to homeless individuals suggest that some individuals, like the women in the short-term group, who experienced an episode of homelessness, may need very little intervention. They have experienced a temporary lapse in the resources available in the network, and all they need are tangible resources to return to being housed. Others, like the women in the LT group, will need more. For those clients, staff becomes a temporary social support system, allowing individuals to depend on them as a sources of support, while the network from which they come from (family, friends) has time to rest and recover. When that network revitalizes itself, staff can the reconnect their clients with their family, neighborhood and communities (Eyrich 2002).

As described in the previous chapter, the women in this study possessed strong coping strategies. Lindsay (1996) found that shelter staff and other social service providers have a critical role in offering concrete assistance, social support, and morale boosting. Goodman, Saxe and Harvey (1991) suggested several ways to empower shelter residents, including establishment of peer support groups that will contribute to building supportive relationships and increased social networks; giving shelter residents responsibility for organizing shelter life, by negotiating rules, schedules and visiting policies; and providing staff with training on the effects of social disaffiliation and other problems associated with psychological trauma to help them work more effectively with individuals experiencing these traumas (Goodman et al 1991).

Shelter providers are encouraged to include homeless clients in the design of evaluation models of services. Homeless individuals may be able to identify

strength and weakness of social services that are not recognized by staff, board members, or program evaluators (Miller and Keys 2001).

While mental illness did not emerge as an issue for the participants in this study, it was identified by staff as a predictor for length of stay. As mentioned, issues of mental health, coupled with past violent events, were present in the lives of the women and their children. Depression (which so often is caused by trauma) among the homeless is well documented (Bruckner et al 1993). Untreated, depression affects a person's ability to function productively. Clearly, service providers should play a more active role in assessing and facilitating treatment of clinical depression.

Other interventions should focus on empowering homeless women. Those interventions should take into consideration their innate strength and coping techniques, and offer service providers a foundation to develop more effective ways to help homeless women exit the shelter system and become self-sufficient.

Despite the negative experiences that the women in both groups described, many expressed their wish to go back to school, and saw it as a means of escaping poverty and repeated homelessness. Funding and developing programs that assist homeless parents with literacy and job training, that promote advancement into employment, while ensuring the availability of appropriate child care, will more successfully reduce the rate of homelessness. These programs could be modeled after HUD's Head Start Model, which provides day care services, activities for teens, and literacy and job training classes for low-income parents under the same roof.

Episodes of homelessness may be reduced by the development of more supported housing programs that provide subsidized housing for homeless families, coupled with supportive case management services. The provision of assistance and support could have a potential benefit not only for the women, but also for their children who are in danger of emotional and cognitive deficits resulting from poverty and homelessness.

One of the themes that emerged from the women's accounts was their sense of how the social welfare organizations, such as the shelters, public assistance, and other programs expected the individual to adjust rather than change the conditions that caused homelessness or prevent homeless people from exiting the system. Although these institutions are not the cause of homelessness, they seem to perpetuate it, as evidenced by the testimony of many participants.

In her article, *Family Homelessness: State or Trait*, Shinn (2004) discussed results of her five-year longitudinal study of homeless and housed poor families in NYC. Among her findings was that housing subsidies played a central role in previously homeless families who were later housed. Of the families who received one of five forms of housing subsidies when they left the shelter, 97% were in their own apartment after five years, compared to 38% of families who moved out of the shelter without any housing subsidy. The odds of stability were 20.6 times higher for those who received a subsidy than those who did not. Shinn(2004) also reported that, although individual characteristics contributed to the homeless episode, once the variable of housing was controlled for stability, the other variables, such as physical health, mental health issues, social networks

and disruptive social experiences, were not associated with the families' stability. The only variable that was associated with stability was domestic violence (Shinn 2004). These findings are very important because they provide clear evidence that homelessness could end if subsidized housing was increased.

Affordable housing in NYC is disappearing. Without Section 8, and NYCHA assistance to help with the cost of market-rate housing, there are very few housing options to families exiting the shelter system, especially for working families, and those who are disabled. One way to reduce the number of families in the shelter system is to once again allow entry into NYCHA for working families who are invested in their independence, yet are not earning enough to be able to afford the free market rent. To alleviate the concern of some politicians who might fear that once a family is accepted into a NYCHA apt. they might stop working, continued employment could be the criteria for stay in NYCHA housing for those families.

On a macro level studies have found that despite good intention, focusing on immediate needs such as mental health, substance abuse and shelter, without providing housing opportunities job training educational opportunities, may hinder the progress out of homelessness. The way out of homelessness requires services that are geared towards building competences and strength for long term rather than focusing only on the immediate deficits. (Haber & Toro 2004).

Along with affordable housing, homeless families could benefit from added support services aimed at improving functioning for a period of time after they move back into permanent housing. The long-term effect of trauma, abuse,

stress, poverty, disaffiliation, and poor education could easily combine to produce negative effects on cognitive development. Adults in resilient families as well as at-risk families may lack the necessary skills to effectively negotiate systems. Thus, depending on the identified needs, some individuals may benefit from receiving supportive services from case managers once they move into housing. Those services might include learning how to manage money; learning conflict resolution, stress management; parenting, advocacy and coping skills.

The development of more permanent supportive housing programs with case management would be a cost-effective solution to address the needs of the long-term and chronically homeless families who are either unable to or afraid to move out of the shelter system. According to the National Alliance to End Homelessness (July 2006), it costs more than \$40,000 annually to house homeless individuals in a shelter, versus \$16,282 per unit in a permanent supportive housing. It is much cheaper to provide services in the community than to house a family in a shelter.

At the same time, more focus should be put on homelessness prevention. Anderson and Raynes' (2004) study demonstrated that the lack of strength in the original relationships of homeless women and their families of origin lead to an increased vulnerability, which may, in turn, produce a diminished capability to access support from one's social network. That ultimately could lead to homelessness. Conversely, the ability to form positive relationship contributes to the ability to develop and access social supports, which, in turn, may help to prevent homelessness in poor, vulnerable families. Thus, early interventions

should focus on persons and families at risk. They should help them reconnect to their families, assist them with learning how to build positive support systems either with extended family members or with support systems outside the family, and help with violence prevention and positive female role modeling. Developing an early identification system, providing remediation services, and offering one-time financial assistance to assist working families with rent payments to help overcome a temporary “bump” in their efforts to achieve self-sufficiency would reduce the number of homeless families.

For homelessness to be eradicated, there also needs to be a change in federal, state and municipal policy. The focus must shift from the requirement of individual change to an orientation of mutual change of society and the individual. As evidenced from the life stories of many of the women in this study, their value system were not that different from most of society. They believed in the value of family; they loved and wanted to protect their children; and they saw work as a means of supporting themselves and their families. They had hopes and aspirations for the future. They were also victims of a system that perpetuated their condition. Their long journey to get out of homelessness and poverty was filled with many obstacles. As mentioned before, early identification of families who characteristics fit those of the participants in the long-term group, and the development of early interventions to address their needs. may have a positive effect on their length of stay in the shelter.

Only by addressing micro and macro issues, by providing access to affordable housing, job training, education, health benefits, child care, and support services, can we best reduce length of stay and homelessness.

### **Suggestions for Further Research**

The findings of this study, with respect to the women's history of victimization point to many questions that could guide future research. First, are homeless women coping with sexual assault able to find services to help them? If so, which services do they turn to, and how well do these meet homeless women's needs? If not, how else do women cope with the violence they experience while homeless? Secondly, what impact do sexual and physical assaults have on the physical, mental, and social health of homeless women? What are the long-term effects on women's efforts to set goals, find employment, and return to housing. How can agencies that offer housing, training, employment, and other services to women who are homeless respond to the short-term and long-term effects of trauma? How can agencies intervene in the cycles of violence and homelessness? What types of services would be most helpful for women who are homeless or at risk, as they deal with the effects of victimization in their lives? What types of programs could be effective in preventing homelessness among women coping with family violence? What policies and resources are needed to create and maintain these services (Paradis, 2001)

Given the reported history of trauma in the sample, it would be important to investigate further the presence of post-traumatic stress disorder in future studies, to measure how significantly it impacts a woman's ability to assume control over her life. Abuse and traumatic experiences can impact significantly the level of functioning, ability to trust, and the use of resources and services.

As mentioned, the relationship between social supports and their effect on the length of stay in the shelter remains unclear. Further study should be done to clarify the nature of this relationship.

Further exploration also is necessary to understand the factors that allow some women to do much better than others. What factors contributed to their "success"? What are the factors that enable some women to be more resilient than others? And what needs to be done to help them continue to function in this level, while assisting others to reach it?


Likewise, further research will be necessary in light of the current HSP housing program in place in NYC to determine how families' housing stability and duration of homelessness are impacted by this program.

Finally, it is hoped that the findings presented in this study provided information that could be used in developing supportive programs within the shelter, as well in the development of supportive housing. Additionally, the use of community resources, and the encouragement of maintaining social ties, should be fostered. These connections could provide support that would assist the homeless families and allow them to better become functioning members of the community. Clearly, they would like it as well.

## Appendix 1

The Graduate School and University Center  
The City University of New York

The Graduate Center, 365 Fifth Avenue, New York, NY 10018




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### Report of Final Examination

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Candidate's Name: Adina Serota - Goldstein ID# 000003541

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Discipline and Specialization(s): Social Welfare

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Examination conducted at: Hunter College School of Social Work on May 14, 2007 @ 10 a.m.

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Title of Dissertation (as accepted): A Place of My Own: Homeless Families in The New York City Shelter System:  
The Long Term Stayers, A Comparative Study of Homeless Families Headed By Women

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We certify that the candidate has passed the final Examination. We accept the dissertation as presented.  
 We certify that the candidate has passed the final Examination. We will consider the dissertation acceptable after minor revisions are approved by the chair.  
 In our judgment the candidate's dissertation requires major revisions. It must be resubmitted for approval by the chair and two members of the examining committee.  
 We certify that the candidate has failed the final Examination, and make the following recommendations:

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The Examining Committee:

Chair (Type name and print name below line for signature) Irwin Spitzer ✓

Irwin Spitzer  
Professor Irwin Spitzer / Hunter College School of Social Work

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Michael Smith  
Professor Michael Smith / Hunter College School of Social Work

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Gerald P. Mallon  
Professor Gerald Mallon / Hunter College School of Social Work

---

Committee Chair: Irwin Spitzer

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Executive Officer: Maryellen Sullivan Date of Report

---

Approved: \_\_\_\_\_ Date

(Signature/Printed name below line for Academic Affairs)

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Recorded: \_\_\_\_\_ Date

(Signature/Printed name below line)

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3/9/13 (5-0)

## Appendix 2



Linda Gibbs  
Commissioner

Maryanne Schretzman  
Deputy Commissioner  
Policy and Planning

April 12, 2005

Adina Goldstein  
Associate Executive Director  
St. John's Place  
1630 St. John's Place  
Brooklyn, New York 11233

Dear Ms. Goldstein: *Hi Adina,*

You recently submitted a proposal to the New York City Department of Homeless Services (DHS) to conduct a research project entitled: "Homeless Families in the New York City Shelter System: The Long Term Stayers". I am pleased to inform you that DHS has approved your research and will work with you to implement this project. As we have discussed and reflected in your submission to DHS, very little has been written about families that stay in the shelter system for long periods of time, and we believe your research would help the Agency better understand these families and develop effective services for them.

DHS will work with you to define a sampling methodology to locate families who fit the criteria of your project and to refer clients who would be interested in participating in your research. In addition, DHS will provide direction to you on the "key informants" portion of your project.

During the course of the development and implementation of your research, DHS maintains its authority to terminate the research, require changes to elements of the research protocol or to modify its support of the research if it determines that the research would compromise clients' interests or any of DHS' programs or if DHS determines that you do not abide by any parameters set during the course of the research. In addition, all releases of information regarding your study, whether oral or in writing, including but not limited to, press releases, documents submitted for publication and all reports about the project, must be submitted to DHS for review and approval prior to such release.

I look forward to working with you on this exciting project and learning about your results.

Sincerely,

A handwritten signature in black ink that reads "Maryanne Schretzman". The signature is written in a cursive, flowing style.

Maryanne Schretzman



## Appendix 3

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NYC Department of Homeless Services

**Fran Winter**  
Acting Commissioner

**Maryanne Schretzman**  
Deputy Commissioner of  
Policy and Planning

### MEMORANDUM OF UNDERSTANDING BETWEEN NEW YORK CITY DEPARTMENT OF HOMELESS SERVICES AND ADINA GOLDSTEIN

In an effort to learn more about the long-term stayer homeless families in the New York City shelter system, the New York City Department of Homeless Services (DHS) has agreed to allow Adina Goldstein, a doctoral student at the Hunter School of Social Work and an MSW, to conduct research with data about families in the family shelter system and to interview families and key witnesses who agree to participate in her study. The goal of this research initiative is to learn more about the factors that may contribute to longer stays for some families, while other families are able to move out of the system more quickly. The study will involve both a quantitative and qualitative portion. This initiative shall be referred to hereinafter as the Long-Term Stayers Research Project.

Very little has been written about this subject in regard to families, and the information and analysis gathered during this project may enable the agency to tailor its services to address certain needs.

This Memorandum of Understanding ("MOU") is hereby entered into by and between the parties, the New York City Department of Homeless Services ("DHS"), with offices at 33 Beaver Street, New York, New York 10004 and MSW Adina Goldstein, with offices at St. John's Place Family Center, 1630 St. John's Place, Brooklyn, York New 11233.

The parties to this MOU agree to the following terms and conditions:

1. During the quantitative phase of the study, DHS agrees to utilize its Client Tracking System ("CTS"), so that Ms. Goldstein may look at the relationship between length of stay in shelter and demographic and background characteristics of 300 female heads of households who are among the long-term stayer population. These variables will be compared with those of 300 female heads of households who moved out of the shelter system within a period of nine months.
2. During the qualitative portion of the study, DHS agrees to utilize CTS to determine which tier II facilities have the largest concentrations of long-term stayer families within the system.
3. Once specific sites are identified, the parties will determine which sites should be contacted regarding their client families. Ms. Goldstein will contact the directors of each identified site and discuss her study with them and ask if they would consider assisting her in her work. Ms. Goldstein will provide interested directors with a letter of introduction to be distributed to those families at each site who meet the criteria identified.

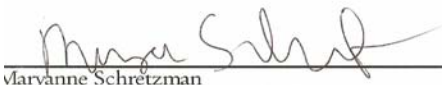
4. Shelter directors will inform the clients that there will be a group meeting on a specified date for those interested in learning more about the study and their potential participation. The clients will also be provided with Adina Goldstein's contact information so that clients who are interested in participating but cannot make the meeting can contact Ms. Goldstein.
5. Ms. Goldstein will schedule a private meeting with interested clients where informed consent documents will be executed by those clients agreeing to participate in the study.
6. Ms. Goldstein will utilize the approved client consent forms regarding the study, and will abide by all the protocols agreed to with DHS and its Institutional Review Board.
7. The protocol and consents to be utilized in this research project are attached hereto and are incorporated by reference to this MOU. They include the Proposal, Informed Consent Form for Participants in Research Study, the Informed Consent Form for Key Informants, the Interview Protocol for Key Informants, the Interview Guide for Families, the Emergency Plan for Possible Situations that Might Come Up During the Interview, a Letter of Introduction to a Study of the Experience of Homelessness for Families Who Reside in the Shelter System.
8. Ms. Goldstein agrees that any information released regarding this study, whether oral or in writing, will contain no identifiable or client specific data. All information will be reported in anonymous form.
9. Ms. Goldstein agrees to provide a draft of any document considered for publication to DHS for its review and comment, prior to such submission. DHS will review and provide feedback to Ms. Goldstein within forty five business days of receiving the material to be disclosed.
10. Upon request by DHS, Ms. Goldstein agrees to include the following acknowledgement in any disclosure regarding this study, regardless of whether the disclosure is oral or in writing: "Adina Goldstein obtained permission from DHS to conduct this study. The analyses and interpretations expressed herein represent the opinions and conclusions of Adina Goldstein and do not necessarily reflect the opinion of DHS or its staff."
11. All individually-identified information obtained, learned, developed or filed by Ms. Goldstein in connection with this study, public assistance recipients or their relatives or in connection with other recipients of services, including but not limited to data contained in DHS' Client Tracking System (CTS) or in connection with interviews of DHS clients and employees shall be held confidential pursuant to the Federal Social Security Act, New York State Social Services Law Section 136, 18 NYCRR Part 357 et seq., New York State Public Health Law Article 27F, and New York State Mental Health Laws as well as New York State Privacy and Public Officers Laws and any other applicable regulations promulgated there under and shall not be disclosed by Ms. Goldstein to any person, organization, agency or entity except as authorized or required by law.
12. Ms. Goldstein shall defend and hold harmless DHS and its respective agents and employees of and from any and all claims, damages, losses, expenses, actions or causes of action with the performance of all work required and/or performed herein.

This MOU sets forth the entire agreement between the parties, superseding all prior agreements and understanding, either oral or written, and may not be altered or modified except by a writing signed by both parties.

Ms. Goldstein understands that DHS maintains its authority to terminate the research, require changes to the research protocol or to modify its support of the research, if it determines that the research would compromise the clients' interests or any of DHS' programs or if DHS determines that Ms. Goldstein has not abided by any of the parameters set by DHS in the planning of this project or during the implementation of the research protocol.

  
Adina Goldstein, LCSW

2/7/06  
Date

  
Maryanne Schretzman  
Deputy Commissioner  
Policy and Planning  
New York City Department of Homeless Services

2/15/06  
Date

## Appendix 4



Doctor of Social Welfare Program

The Graduate School and University Center

Hunter College School of Social Work  
The City University of New York  
129 East 79 Street  
New York, NY 10021  
TEL 212.452.7048 FAX 212.452.7150

**A Study of the Experience of homelessness for families who reside in the shelter system for over eighteen months.**

### Informed Consent Form for Key Informants

Hello,

My Name is Adina Goldstein and I am a doctoral student at the Hunter College School of Social Work. For my doctoral dissertation I am doing a research study on the Long-term Stayer families, families who have stayed in the shelter system for over eighteen months. Some of the questions I am interested in learning about this population are: What are some of the personal and systemic barriers that might interfere with their ability to move out of the shelter system? and what, if any, special interventions do they need to assist them to move into permanent housing?

For this study I will be interviewing 40 women who are head of households of homeless families, and 10 key informants. Key informants are individuals representing a cross-section of service providers, advocates and policy makers from the New York City shelter system. I would like to interview you because of your experience working in the NYC Shelter System with homeless families. Your knowledge about the subject could bring an added dimension to the study. Your thoughts and expertise would be useful as a cross-reference with data gathered from other sources. I am interested in your perceptions of the shelter system/this facility, your assessment of the efficacy of the interventions that are offered at the shelter, Your perception of why some families become long stayers, and what if any impact does the shelter system/ your shelter have on the families?

I am gathering my data by means of personal interviews, which will be audio taped and then transcribed. All the tapes and transcriptions will be destroyed at the end of the research. Your participation is completely voluntary. One of the benefits for you will be that you will have the opportunity to think about and share your opinions and concerns. Your experiences will bring to light issues that are important. If you would like, you can receive a copy of the audio-tape and of this study when it is completed. If you have any questions about this study you can reach either me, Adina Goldstein, at 203-536-6684; Professor Epstein, at Hunter College at 212-452-7030; or Ms. Kay Powell, at the Graduate Center, City University of New York, at 212-817-5725.

One of the benefits for you will be that you will have the opportunity to think about and share your opinions and concerns. Your experiences will bring to light issues that are important to other women having similar experiences. If you would like, you can receive a copy of the audio-tape and of this study when it is completed. If you have any questions about this study you can reach either me, Adina Goldstein, at 203-536-6684; Professor Epstein, at Hunter College at 212-452-7030; or Ms. Kay Powell, at the Graduate Center, City University of New York, at 212-817-5725.

If you agree, please sign below. By signing you certify that you agree to participate in the study; that you have been assured of your privacy and confidentiality; that you have been informed that you can refuse to participate or answer any question you choose, and that your services will not be affected in any way. You will receive a copy of this consent form.

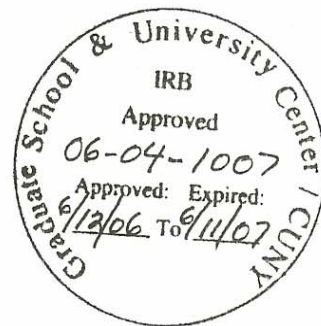
I agree to be tape-recorded      Yes \_\_\_\_\_      No \_\_\_\_\_

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher's Signature

\_\_\_\_\_  
Date



## Appendix 5



Doctor of Social Welfare Program

The Graduate School and University Center

Hunter College School of Social Work  
The City University of New York  
129 East 79 Street  
New York, NY 10021  
TEL 212.452.7048 FAX 212.452.7150

### **A Study of the Experience of Homelessness for Families Who Reside in The Shelter System for Over Eighteen Months.**

#### **Informed Consent Form for Participants in Research Study**

Thank you so much for agreeing to meet with me to learn about this study. My name is Adina Goldstein. I am a doctoral student at Hunter College School of Social Work, and I am conducting a study on the experience of families who have been in the shelter system for over 18 months. As you know, some families who come into the shelter system are able to move out faster than others. My hope is that this study will help me, and the people who read it, understand the reasons why some families are able to leave the system earlier, while other families stay longer. It may also assist in the planning of future programs for homeless families. I will be interviewing 40 families from different shelters for this study.

I want to ask for your permission to tape this interview on a tape recorder so that I can save the information you share with me in your own words. When we are done, I will write down in words our conversation from the tape. I will protect the information about you as much as I can. When I write the report I will give you a fake name. Your real name will not appear on the tape, on the transcription or in the final reports. I will keep the reports and the tapes in a locked box. The interview is confidential. However, there might be some situations where I would have to share some of the information you tell me with the appropriate authorities because of concern for your safety and your children's safety. These situations include information about child abuse and neglect, domestic violence, and if you share with me that you feel like hurting yourself or someone else. Other than the situations discussed previously, I will only use the information for my study, and the tapes and notes will be destroyed once I complete the study. All the information will remain unidentified, and your name will never be used.

I want to assure you that taking part in this study will not have any effect on the services, housing or benefits you receive. The interview will take about an hour-and-a-half. There are no right or wrong answers or things to say. If you have any questions or if you are not sure about a question, please don't hesitate to stop me and ask. You are under no obligation to answer any question. If you do not feel like answering a question, it is OK too, but I do hope that you answer as many questions as you can. You can stop the interview at any point and leave. Your participation is completely voluntary.

I am truly interested in your experiences. I am going to ask you some questions about your experiences in the shelter system and about your life. I will ask you questions about what is going on now, how long you have been staying in this shelter, where you were before, your housing history, your childhood, your family, things that are important to you and the future. The possible risk to you by participating in this interview is the chance that you might feel uncomfortable discussing your experiences. If you are upset and feel that you need assistance to deal with your feelings, I'll give you a name and a telephone number of a counselor you can see.

One of the benefits for you will be that you will have the opportunity to think about and share your opinions and concerns. Your experiences will bring to light issues that are important to other women having similar experiences. If you would like, you can receive a copy of the audio-tape and of this study when it is completed. If you have any questions about this study you can reach either me, Adina Goldstein, at 203-536-6684; Professor Epstein, at Hunter College at 212-452-7030; or Ms. Kay Powell, at the Graduate Center, City University of New York, at 212-817-5725.

If you agree, please sign below. By signing you certify that you agree to participate in the study; that you have been assured of your privacy and confidentiality; that you have been informed that you can refuse to participate or answer any question you choose, and that your services will not be affected in any way. You will receive a copy of this consent form.

I agree to be tape-recorded      Yes \_\_\_\_\_      No \_\_\_\_\_

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher's Signature

\_\_\_\_\_  
Date



## **Appendix 6**

### **Emergency plan for possible situations that might come up while I interview**

I will establish a relationship with a mental health clinic and ensure that any client I refer for treatment will be accepted immediately without having to be placed on a waiting list.

My intention is to conduct the interviews with clients in a space that ensures clients' privacy but that is centrally located (e.g., office or room). Prior to the interview I will consult with the facility's director to arrange for the space, to ensure that they know the date, time and where I am interviewing and to ask that, whenever possible, I have access to an on-site clinical liaison for consultation if I identify any issues that require a follow-up. In situations where I would be the only certified clinician, I will make sure to take all the necessary steps, make the necessary calls to all other providers (i.e., 911, ACS, etc.), and follow up on all situations to ensure the safety of the client and her children.

Upon receiving the list of clients I will be able to ascertain the children's age and determine whether babysitting will be an issue. If childcare will be required, when contacting the director I will ascertain if any childcare services are offered in the shelter and what childcare procedures the shelter follows. When speaking with a client, I will highlight the need for childcare and ask about her plans to obtain adult supervision for her child(ren). I will then ask the shelter directors for their approval of the identified child-care provider. Before starting the interview I will review the issue with the client and ensure that an authorized adult supervises her children. (I will not take upon myself the arrangement for childcare, but will only ensure that there is childcare as per facility rules).

Some of the safety precautions that I will consider for my own safety will be: placing myself closest to the door if sitting in an office; and removing any items that can be thrown. I will try to find out in advance if the person has had a history of violence. If the person becomes angry toward me during the interview and the anger escalates, I will leave the room, call security and discuss the matter with the caseworker and the director.

The following steps will be taken in an event of an emergency where the safety of the client might be in question:

- If during the interview with a client, she indicates that she has contemplated or attempted suicide/homicide in the past, I will explore the situation with her and try to gain as much information as possible to be able to determine her current mental status, whether she still has suicidal/homicidal ideations, accessible means or plans.
- After making an assessment of her current suicidal risk, including the presence of symptoms, history of past attempts or hospitalizations for

- emotional problems, history of treatments and medications, means of completing the act and available support systems, I will be able to make a better determination of the risk.
- If the client expresses feelings of sadness or mild depression, I will review with her treatment options available to her and provide her with a name and address for a clinic where she can receive counseling and assistance. I will then ask her if she wants to continue with the interview.
  - If she expresses some vague ideations but does not feel that she wants to hurt herself or others, and she does not have a concrete plan to hurt herself or others at this time, I will discuss with her my concerns for her safety and well being, explore with her the need for follow-up treatment, the options of treatment that are available for her, and I will inform her that I am required to share this information with her caseworker and ask her if she would be willing to join me and see the caseworker afterwards. I will then ask her if she wants to continue with the interview.
  - If the client is able to continue with the interview, we will continue and, at the end, I will ask her to join me and we will meet with her caseworker. If she chooses not to continue, but agrees to join me to see her caseworker, we will end the interview and go meet with her caseworker. If she does not agree to join me, I will inform her that I will be seeing her caseworker and share my concerns with him or her. Once the caseworker meets with the client, I will find the director and inform him or her of the situation and recommend follow-up treatment in a clinic or with a psychiatrist. I will follow up with a call to the shelter to ensure that the client followed up and attended her appointment.
  - If the client admits to having suicidal/homicidal thoughts or plans at present, I will stop the interview. I will make an assessment of the risk severity. If the severity is high, I will discuss with her my need to ensure her safety, for her own sake and that of her children. I will inform her that we will need to ask for an immediate psychiatric evaluation for her and that I will need to inform her case manager of the situation and ask for his or her assistance. I will walk with her to her case manager's office. If she refuses to come with me, I will call the case manager and ask him or her to come over, as I would not want to leave the client alone.
  - I will make sure that the client's caseworker stays with her at all times, (familiarity with the staff hopefully will provide comfort for the client). Once I am sure that she is not alone, I will seek out the director and inform him or her of the situation. I will call 911 and ask for assistance involving an emotionally disturbed person (EDP).
  - If during the interview the client shares information with me that indicates the presence of child neglect or abuse, I'll discuss the situation with her, try to assess the cause and severity, and inform her of my legal obligation to contact ACS. I will then inform the client's case worker and I'll call the ACS's 800 emergency number and report it. I'll also share the information with the director. I'll follow-up with a phone call to the director, to ensure that ACS indeed was informed and there has been a follow-up.

- If during the interview the client shares information that reveals the presence of domestic violence in the household, I will explore the situation further with her and offer her support and alternatives. I will ask if she has shared the information with her caseworker, and I will inform her that I will need to share the information with her caseworker as I am concerned for her and her children's safety. I will ask her to join me in her caseworker's office and we will discuss the matter and her alternatives. If she refuses to accompany me, I will meet with her caseworker and the director by myself, share my concerns and ask for intervention. I will follow up with a phone call to ensure that steps were taken to address the situation.

**Appendix 7****A Letter of Introduction to a Study of the Experience of Homelessness  
for Families Who Reside in the Shelter System**

Hello,

My name is Adina Goldstein. I am a doctoral student at Hunter College School of Social Work, and I am conducting a study of the experience of families who have been in the shelter system. As you know, some families who come into the shelter system are able to move out faster than others. My hope is that this study will help me, and the people who read it, understand the reasons why some families are able to leave the system earlier, while other families stay longer. It may also assist in the planning of future programs for homeless families.

One of the benefits for you will be that you will have the opportunity to think about and share your opinions and concerns about this issue. Your experiences will bring to light concerns that are important to women having similar experiences to yours. I will be interviewing 40 families from different shelters. If you would like, you can receive a copy of the audio-tape and of this study when it is completed.

I am very interested to hear from you about your experiences in the shelter system and would really appreciate it if you would agree to participate in this study and be interviewed by me. The interview will take place in a private space in your shelter. The interview will take about an hour-and-a-half. I will ask you some questions about your experiences in the shelter system and about your life. I want to assure you that the interview is confidential, your privacy will be kept, and all the information will remain unidentified. If I am concerned that you may hurt yourself or someone else, if I learn about the abuse and neglect of a child or if I learn about a domestic violence situation, I will have to inform the appropriate authorities.

There are no right or wrong answers or things to say. If you have any questions or if you are not sure about a question I ask you in the interview, please don't hesitate to stop me and ask. You are under no obligation to answer any question. If you do not feel like answering a question, it is OK too, but I do hope that you will answer as many questions as you can. You can stop the interview at any point and leave. Your participation is completely voluntary. Please be assured that there will not be any bad effect on the services, housing or benefits you receive if you participate in this study. As a token of appreciation for your time and effort you will receive a ten dollars Metro Card.

If you have any questions about this study you can reach me, Adina Goldstein, at 203-536-6684, or my study supervisor, Professor Epstein, at Hunter College at 212-452-7030.

I will be contacting you in the next couple of days to set up an appointment to meet with you. The interview will take place at your shelter, at a time most convenient to you.

Once again, thank you so much for your consideration to participate in this study.

Sincerely,

## Appendix 8

## Interview Guide

Date \_\_\_\_\_

Name \_\_\_\_\_

Do you have any questions now? Do I have your consent to begin now?

**A Study of the Experience of homelessness for families who reside in  
the shelter system for over 18 months.**

**Interview Guide for Families**

Thank you for meeting with me today. I would like to talk to you about your experiences here and in the past. First, I will ask you some general questions to get a better understanding of your household, such as about the number of children you have and their ages. I'll ask about your present living arrangement, who is living with you now, and how are they related to you and to each other. Is that OK? Do you have any questions?

Interview Date: \_\_\_\_\_

**Demographic Data: May I ask about your:****Shelter:** \_\_\_\_\_**Log Case #** \_\_\_\_\_**Age:** \_\_\_\_\_**Ethnicity:** 1) Black 2) Hispanic 3) Asian 4) White 5) other**Marital Status:** 1) married 2) single 3) divorced 4) widow**Number of adults in the family:** \_\_\_\_\_**Gender of other adults:** 1) male \_\_\_\_\_ 2) female \_\_\_\_\_**Relationship to each adult** 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_**How many children do you have:** \_\_\_\_\_**Number of children living with you:** \_\_\_\_\_**Gender and Age of children of children living with you:** 1) # males: \_\_\_\_\_

ages \_\_\_\_\_ 2) # females: \_\_\_\_\_ ages \_\_\_\_\_

**How old were you when you first got pregnant:** \_\_\_\_\_**Does any child or adult in your household have a medical disability:** 1) yes

Child/Adult 2) no

**Did you ever live in foster care?****How old were you when you left home to live on your own?** \_\_\_\_\_ (Years old)**Highest grade completed:** \_\_\_\_\_

1. **Tell me how you and your children came to live in this shelter**  
**Probes: Where did you live before you came here? What happened to make you leave? Did you know what to do? Who did you turn to, and what were the results?**
2. **Is this the first time you and your family have been homeless and lived in a shelter? (For the head of household)**  
**Probes: if not, how many times before were you homeless, and what happened? Were you ever homeless as a child?**
3. **How long have you lived in this shelter? Do you think of yourself and your family as homeless? What does it mean to you?**
4. **Is this the only shelter you have lived in? (This is for HOH and her present family, not as a child)**  
**If not, from which facility did you come (hotel, scattered site, other shelter)? How many times were you transferred from one facility to another? What were the reasons? How long did you live in the other shelters before moving?**
5. **What has your experience been like living here? Do you feel you got the help you needed? Did you receive any help with completing the housing applications? With searching for apartments? With getting your benefits? If so, what kind of help did you get?**
6. **Have you ever had your own place with your own lease? What happened to it?**
7. **Can you describe in your own words the reasons why you have not been able to exit the shelter system until now?**
8. **Did you at any time have any problem with Public Assistance?**  
**Probes: If yes, what were the problems?**  
**Documented/undocumented? Opening your case? Case closing? Sanctions? Adding members to your budget? Anyone on SSI? Working (single issues)?**
9. **Did you at any time have a problem applying for housing with NYCHA (New York City Housing Authority), Section 8? HSP?**  
**If so what was the problem? (Undocumented, criminal background, rent arrears)**
10. **When you entered this facility you were asked to sign the**

**“Client Responsibility” form, which stated that you had to actively participate in a search for apartments. What did you think about it when you read it and signed it? Were you concerned about what would happen to you and your family if you could not find an apartment? What effect did it have on you? Were you ever at risk of sanction?**

- 10a. For non-long-term stayers: How did you find your apartment? Was it difficult for you to find an apartment? Did you receive assistance from the staff or anyone else?**
- 11. I would like to ask some questions about your family background. Did you live with your parents or family as you grew up? Probes: If yes, how would you describe your relationship with them? Were you close to them? Were they supportive? Did you have many friends or few? Who are the people most important to you, and why were they important? If not, where did you live? Were you ever in the foster care system? How was that experience?**
- 12. As a child, did you move a lot? If yes, how were those places? What do you remember most about those places? Where did you feel most at home?**

**The next group of questions I am going to ask you are more personal. If you feel uncomfortable answering them, please let me know.**

- 13. How is your health? Do you or anyone in your family have any medical problems? Have there been any hospitalizations during your shelter stay for you or a member of your family? Who was hospitalized? Why was there a hospitalization? How long was the hospitalization? Did you or any member of your family ever receive counseling/therapy? Medication? If yes, who? and for what?**
- 13. Have you ever received any help for:**  
**Drugs? 1) Yes 2) no**  
**Alcohol? 1) Yes 2) no**  
**Psychological/emotional problem? 1) Yes 2)no**
- 15. Has anyone in the household received help for:**  
**Drugs 1) yes 2)no**  
**Alcohol 1)yes 2) no**  
**Psychological/emotional problems? 1) yes 2) no**
- 16. Have you or anyone else in your household ever been in the hospital for emotional problems?**

17. Do you or anyone in your household have a criminal history (was arrested for felony or misdemeanor)?
18. While growing up and as an adult have you ever experienced any of these situations:
  - a. While growing up did you see or hear family violence between your parents or other family members?
  - b. Have you ever experienced any other extremely stressful or upsetting event? Were you ever involved in a life-threatening situation?
  - c. Were you ever physically or sexually abused?
  - d. As a HOH have you had experiences with ACS?

How are you doing? Do you feel OK? We are almost done.

19. What has been the effect of homelessness on your life?  
 Probes: Do you see yourself differently? Has it affected your relationships with family and friends? If so, how? Has living in the shelter affected your children? And if so, how? Was there a point during your stay at the shelter when you felt a sense of hopelessness? If yes, do you remember when? (how long after the admission to the system?) Did these sad feelings change? And if so, what helped make them change? If not, can you tell me more about them?
20. How do you see your future?  
 Probes: What are some of your hopes and dreams? What would you like to see happen in the next six months? In the next year? If you were to live your life again, would you live it in the same way, or would you do something differently? If so, what would you change?

This concludes the interview. Thank you so much for your openness and for sharing so much of your personal life story with me. It was so interesting, and your experiences are very valuable and will be very useful for this study.

How are you feeling now? (If not good, would you like a referral for counseling?) Is there anything else I can do for you now? Any further questions? If you have any questions later on, you can reach me at 203-536-6684. Once again, thanks so much and best of luck to you and your family.

## Appendix 9

### A Study of the Experience of homelessness for families who reside in the shelter system for over eighteen months.

Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

#### Interview Protocol for Key Informants

1. Tell me about this facility  
 Probes:
  - a. How long has it been in operation?
  - b. How many families reside here?
  - c. Are there any admission restrictions (age, gender, etc)?
  - d. How many staff people work directly with the families
  - e. What is the ratio of caseworkers to clients?
  
2. Tell me about the services that are offered in this facility  
 Probes:
  - a. What kinds of services are offered?
  - b. Who provides the services?
  - c. Are the services offered to all?
  - d. Are some of the services mandatory? If yes, which ones and why?
  - e. How often are they provided?
  - f. What is the participation rate?
  
3. Tell me about the residents at this facility  
 Probes:
  - a. How many families live here?
  - b. What is the average length of stay for a family?
  - c. Do you have families with special needs? What are they?
  - d. How does your agency address the re-housing (placement) issues?
  - e. How do the clients respond to these procedures?
  
4. Tell me about the Long term Stayers?  
 Probes:
  - a. How many are there?
  - b. What are some of their issues?
  - c. Do you provide special services for this group of clients?
  - d. In your opinion are the long-term stayer families the same or different from any other family? And why?
  
5. What do you think makes the difference between a family that moves out in a timely manner and a family who does not?
  
6. Do Long-term stayers need special interventions, and if yes, what kind?
  
7. What impact if any does this facility has on the families?

**Appendix: 10** CTS variables for Adina's LTS dissertation

**2003 Eligibles\_Final:** This dataset has all eligible determinations during CY2003. There were 9,280 total eligible determinations for the year.

<b>Variable</b>	<b>Variable Definition</b>
Auth_id	Unique identifier for each disposition change (Highest number is most recent record)
Family_i	Unique Family ID#
Reason	Reason for applying to shelter
Investig	Investigation Code for that Eligibility Determination (YY or YA)
Invest1	Investigation Date for that Eligibility Determination
Num_apps	Number of previous applications
Num_elig	Number of prior eligibility determinations

**Reason for Homelessness Codes**

A	App/Prime Illegal lockout
B	App/Prime DV
C	App/Prime Eviction
D	App/Prime Crime Situation
E	App/Prime Unlivable Condition
BB	Parents/Prime DV
BC	Parents/Prime Eviction
BD	Parents/Prime Crime Situation
BE	Parents/Prime Unlivable Condition
BF	Parents/Prime Discord (not DV)
BG	Parent/Prime Overcrowding
BH	Parents/Prime Financial Strain
CB	Relative/Prime DV
CC	Relative/Prime Eviction
CD	Relative/Prime Crime Situation
CE	Relative/Prime Unlivable Condition
CF	Relative/Prime Discord (not DV)
CG	Relative/Prime Overcrowding
CH	Relative/Prime Financial Strain
CR	Conference Remand
DB	Non-Rel/Prime DV
DC	Non-Rel/Prime Eviction
DD	Non-Rel/Prime Crime Situation
DE	Non-Rel/Prime Unlivable Condition
DF	Non-Rel/Prime Discord (not DV)
DG	Non-Rel/Prime Overcrowding
DH	Non-Rel/Prime Financial Strain
FC	Foster Care (child aged out)

FH	Fair Hearings (overturned decision)
FR	Family reunification
LO	Eligible client logged out from facility
NU	New Union
OT	Out of town client
RP	Released from prison

**Shelter Stay Information and Demographics:** For the families in the 2003 eligible entrants file, this dataset includes shelter stay information associated with or following their eligible entrance in 2003.

Variable	Variable Definition
Auth_id	Unique identifier for each disposition change (This has all auth_ids >= to the auth_id in the 2003 Eligible Entrants file).
Family_i	Unique Family ID#
Start_dt	Start date of Disposition change
Disposit	Disposition date for each disposition change
Disp_Cod	Disposition code change
Fac_key	Facility code
Adults	Number of adults in family as of disposition date
Children	Number of children in family as of disposition date
Priority	Priority code = 6 means that individual in family is pregnant at intake
Birth_dt	Date of birth
Sex	Gender
Ethnic	Ethnicity of Head of household

### Disposition Codes

disposition	Current status of family.	string(2)	<ul style="list-style-type: none"> <li>1 Ref-EAU</li> <li>2 Ref-PATH after hours</li> <li>3 Made Own Arrangements (MOA)</li> <li>4 Refused immunization</li> <li>5 Currently at the EAU</li> <li>6 Own arrangements- fiscal</li> <li>7 EA ineligible</li> <li>8 Post midnight arrival (<i>inactive</i>)</li> <li>9 Referred to another agency</li> <li>10 Accepted overnight (began 10/03)</li> <li>11 Accepted offer</li> <li>12 Arrived at facility (placement)</li> <li>13 Arrived at overnight facility (began 10/03)</li> <li>14 Arrived at reception annex</li> <li>21 Rejected- offer</li> </ul>
	All code 20's can be		

overwritten

- 22 Rejected- no show
- 23 Refused offer- stayover (*inactive*)
- 24 Rejected by facility
- 25 Rejected by facility—new fac req. (began 1999)
- 30 Await transfer (began 2000)
- 31 Transfer- facility
- 32 Transfer- room
- 33 Transfer- involuntary (*inactive*)
- 34 Returned from overnight
- 35 Return from overnight- transfer tracker
- 36 Family made conditional
- 40 Family composition change
- 50 Exit- HPD DAMP (*inactive*)
- 51 Exit- Priority NYCHA
- 52 Exit- IN REM
- 53 Exit- EARP
- 54 Exit- apartment found
- 55 Exit- out of city
- 56 Exit – institution
- 57 Exit- share
- 58 Exit- client died
- 59 Exit- unknown
- 60 Exit- adults to 1 adult
- 61 Exit- family with child to 1 adult
- 62 Exit- client arrested
- 63 Exit- involuntary transfer—tier II
- 64 Ineligible discharge- hotel/scatter
- 65 Ineligible discharge- recpt/assmnt
- 66 Exit- returned to batterer
- 67 Exit- returned to former apt.
- 68 Exit- moved with relative
- 69 Exit- to HOMES/from VDV
- 70 Exit- Section 8, non-EARP
- 71 Exit- 28 day break
- 72 Exit- CWARD (*inactive*)
- 73 Exit- Mitchell Lama
- 74 Exit- Private apt.—Jiggetts
- 75 Exit- sanctioned case (*inactive*)

			76	Exit- non-priority NYCHA
			77	Exit- long term rent supplement
			78	Exit- 48 hour curfew violation
			79	Exit- involuntary discharge- facility
			80	Exit – facility – transfer tracker family
			81	Exit- FRAP (began 1999)
			82	Exit- EIHP
			83	Exit- room vacated w/o final legal
			84	Exit- Sanction family- MOA
			85	Exit- unresolved
			86	Exit- Sanction family- NYCHA
			87	Exit- Sanction family- EARP
			88	Exit- Sanction family- LTSP
			89	Exit- Sanction family- EIHP
			90	Exit- Sanction family- SIP
			91	Exit- Sanction family- FRAP
			92	Exit- Sanction family- Oth perm housing
			93	Exit- HPD-TIL- Pilot Housing Program (began 11/03)
			94	Exit-Housing Plus Program
			99	Error

**Ethnicity of Head of Household**

ethnic	Ethnicity of head of household	string	A	Asian/Pacific Islander
			B	Black
			H	Hispanic
			I	Native American/Alaskan
			U	Unknown
			W	White

**Appendix 11: Reason for Homelessness Center**

<b>Code</b>	<b>Description</b>
	Unknown
A	App/Prime Illegal lockout
B	App/Prime DV
BB	Parents/Prime DV
BC	Parents/Prime Eviction
BD	Parents/Prime Crime Situation
BE	Parents/Prime Unlivable Condition
BF	Parents/Prime Discord (not DV)
BG	Parent/Prime Overcrowding
BH	Parents/Prime Financial Strain
C	App/Prime Eviction
CB	Relative/Prime DV
CC	Relative/Prime Eviction
CD	Relative/Prime Crime Situation
CE	Relative/Prime Unlivable Condition
CF	Relative/Prime Discord (not DV)
CG	Relative/Prime Overcrowding
CH	Relative/Prime Financial Strain
D	App/Prime Crime Situation
DB	Non-Relative/Prime DV
DC	Non-Relative/Prime Eviction
DD	Non-Relative/Prime Crime Situation
DE	Non-Relative/Prime Unlivable Condition
DF	Non-Relative/Prime Discord (not DV)
DG	Non-Relative/Prime Overcrowding
DH	Non-Relative/Prime Financial Strain
E	App/Prime Unlivable Condition
FC	Foster Care (child aged out)
FH	Fair Hearings (overturned decision)
FR	Family reunification
LO	Eligible client logged out from facility
NU	New Union
OT	Out of town client

## Appendix 12: Descriptive Statistics of Predictor Variables

*Variable Name: Age*

*Variable Description: The age of the head of the household*

Mean = 33.07

Standard Deviation = 8.50

Median = 31.20

Number of Cases = 1506

*Variable Name: Adults*

*Variable Description: The number of adults per household*

Mean = 1.26

Standard Deviation = 0.476

Median = 1

Number of Cases = 1820

*Variable Name: Children*

*Variable Description: The number of children per household*

Mean = 1.92

Standard Deviation = 1.25

Median = 1

Number of Cases = 1820

*Variable Name: Num\_elig*

*Variable Description: The number of prior times a household entered a shelter*

Mean = 0.35

Standard Deviation = 0.886

Median = 0.00

Number of Cases = 1820

*Variable Name: Ethnic*

*Variable Description: The ethnicity of the family that entered the shelter*

Number of Cases = 1820

*Variable Name: Reason*

*Variable Description: The reason for exiting the shelter*

Number of Cases = 1820

**Appendix 12b: Descriptive Statistics of Dependent Variables**

*Variable Name: Stay*

*Variable Description: The length of stay that a family spent in a shelter (years)*

Mean = 0.84

Standard Deviation = 0.73

Median = 0.61

Number of Cases = 1820

*Short-term Stay Group*

Variable Group = 1.00

Mean = 0.47

Standard Deviation = 0.21

Median = 0.54

Number of Cases = 1390

*Long-term Stay Group*

Variable Group = 2.00

Mean = 2.04

Standard Deviation = 0.49

Median = 1.94

Number of Cases = 430

**Appendix 13: Cross-tabulation Results - Age Groups & Length of Stay**

	AGE GROUP										Total	
	20 - 24.99	25 - 29.99	30 - 34.99	35 - 39.99	40 - 44.99	45 - 49.99	50 - 54.99	55 - 59.99	60 - 64.99	65+		
<b>1*</b>												
Count	237	322	227	188	109	54	24	12	3	1	1,157	
% within Short term v Long term	20.5%	27.8%	19.6%	14.5%	9.4%	4.7%	2.1%	1.0%	0.3%	0.1%	100.0%	
% within Age Group	84.6%	80.3%	82.5%	74.0%	62.6%	64.3%	55.8%	70.6%	75.0%	100.0%	76.8%	
% of Total	15.7%	21.4%	15.1%	11.2%	7.2%	3.6%	1.6%	0.8%	0.2%	0.1%	76.8%	
<b>2**</b>												
Count	43	79	48	59	65	30	19	5	1	0	349	
% within Short term v Long term	12.3%	22.6%	13.8%	16.9%	18.6%	8.6%	5.4%	1.4%	0.3%	0.0%	100.0%	
% within Age Group	15.4%	19.7%	17.5%	26.0%	37.4%	35.7%	44.2%	29.4%	25.0%	0.0%	23.2%	
% of Total	2.9%	5.2%	3.2%	3.9%	4.3%	2.0%	1.3%	0.3%	0.1%	0.0%	23.2%	
Total	280	401	275	227	174	84	43	17	4	1	1,506	
% within Short term v Long term	18.6%	26.6%	18.3%	15.1%	11.6%	5.6%	2.9%	1.1%	0.3%	0.1%	100.0%	
% within Age Group	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
% of Total	18.6%	26.6%	18.3%	15.1%	11.6%	5.6%	2.9%	1.1%	0.3%	0.1%	100.0%	

\* Group 1 = Short Term

\*\* Group 2 = Long Term

Chi-Square Tests		
	Value	df
Pearson Chi-Square	56.813 <sup>a</sup>	9
Likelihood Ratio	54.101	9
Linear-by-Linear Association	42.928	1
N of Valid Cases	1,506	

Asymp. Sig. (2-sided)

0.000  
0.000  
0.000

a. 5 cells (25.0%) have expected count less than 5. The minimum expected count is .23.

### Appendix 14: Cross-tabulation Results - Number of Adults & Length of Stay

		NUMBER OF ADULTS				Total
		1	2	3	4	
1*	Count	1,158	220	11	1	1,390
	% within Short term v Long term	83.30%	15.80%	0.80%	0.10%	100.00%
	% within Age Group	83.60%	53.90%	45.80%	33.30%	76.40%
	% of Total	63.60%	12.10%	0.60%	0.10%	76.40%
2**	Count	227	188	13	2	430
	% within Short term v Long term	52.80%	43.70%	3.00%	0.50%	100.00%
	% within Age Group	16.40%	46.10%	54.20%	66.70%	23.60%
	% of Total	12.50%	10.30%	0.70%	0.10%	23.60%
Total	Count	1,385	408	24	3	1,820
	% within Short term v Long term	76.10%	22.40%	1.30%	0.20%	100.00%
	% within Age Group	100.00%	100.00%	100.00%	100.00%	100.00%
	% of Total	76.10%	22.40%	1.30%	0.20%	100.00%

\* Group 1 = Short Term

\*\* Group 2 = Long Term

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	169.661 <sup>a</sup>	3	0.000
Likelihood Ratio	154.457	3	0.000
Linear-by-Linear Association	163.000	1	0.000
N of Valid Cases	1,820		

a. 2 cells (25.0%) have expected count less than 5. The minimum expected count is .71.

**Appendix 15: Cross-tabulation Results - Number of Children & Length of Stay**

	NUMBER OF CHILDREN										Total	
	1	2	3	4	5	6	7	8	9			
<b>1*</b>												
Count	720	340	190	92	26	13	6	3	0		1,390	
% within Short term v Long term	51.80%	24.50%	13.70%	6.60%	1.90%	0.90%	0.40%	0.20%	0.00%		100.00%	
% within Age Group	78.90%	72.00%	78.80%	78.00%	66.70%	68.40%	60.00%	75.00%	0.00%		76.40%	
% of Total	39.60%	18.70%	10.40%	5.10%	1.40%	0.70%	0.30%	0.20%	0.00%		76.40%	
<b>2**</b>												
Count	193	132	51	26	13	6	4	1	4		430	
% within Short term v Long term	44.90%	30.70%	11.90%	6.00%	3.00%	1.40%	0.90%	0.20%	0.90%		100.00%	
% within Age Group	21.10%	28.00%	21.20%	22.00%	33.30%	31.60%	40.00%	25.00%	100.00%		23.60%	
% of Total	10.60%	7.30%	2.80%	1.40%	0.70%	0.30%	0.20%	0.10%	0.20%		23.60%	
<b>Total</b>												
Count	913	472	241	118	39	19	10	4	4		1,820	
% within Short term v Long term	50.20%	25.90%	13.20%	6.50%	2.10%	1.00%	0.50%	0.20%	0.20%		100.00%	
% within Age Group	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		100.00%	
% of Total	50.20%	25.90%	13.20%	6.50%	2.10%	1.00%	0.50%	0.20%	0.20%		100.00%	

\* Group 1 = Short Term

\*\* Group 2 = Long Term

Chi-Square Tests		
	Value	df
Pearson Chi-Square	26.156 <sup>a</sup>	8
Likelihood Ratio	24.316	8
Linear-by-Linear Association	7.045	1
N of Valid Cases	1,820	

a. 6 cells (33.3%) have expected count less than 5. The minimum expected count is .95.

**Appendix 16: Cross-tabulation Results – Number of Prior Episodes & Length of Stay**

	NUMBER OF PRIOR EPISODES											Total	
	0	1	2	3	4	5	6	7	8	11			
<b>1*</b>													
Count	1,121	171	58	20	13	0	3	1	2	1	1,390		
% within Short term v Long term	80.60%	12.30%	4.20%	1.40%	0.90%	0.00%	0.20%	0.10%	0.10%	0.10%	100.00%		
% within Age Group	78.50%	67.30%	71.60%	69.00%	76.50%	0.00%	100.00%	100.00%	66.70%	100.00%	76.40%		
% of Total	61.60%	9.40%	3.20%	1.10%	0.70%	0.00%	0.20%	0.10%	0.10%	0.10%	76.40%		
<b>2**</b>													
Count	307	83	23	9	4	3	0	0	1	0	430		
% within Short term v Long term	71.40%	19.30%	5.30%	2.10%	0.90%	0.70%	0.00%	0.00%	0.20%	0.00%	100.00%		
% within Age Group	21.50%	32.70%	28.40%	31.00%	23.50%	100.00%	0.00%	0.00%	33.30%	0.00%	23.60%		
% of Total	16.90%	4.60%	1.30%	0.50%	0.20%	0.20%	0.00%	0.00%	0.10%	0.00%	23.60%		
<b>Total</b>													
Count	1,428	254	81	29	17	3	3	1	3	1	1,820		
% within Short term v Long term	78.50%	14.00%	4.50%	1.60%	0.90%	0.20%	0.20%	0.10%	0.20%	0.10%	100.00%		
% within Age Group	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
% of Total	78.50%	14.00%	4.50%	1.60%	0.90%	0.20%	0.20%	0.10%	0.20%	0.10%	100.00%		

\* Group 1 = Short Term

\*\* Group 2 = Long Term

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	28.418 <sup>a</sup>	9	0.001
Likelihood Ratio	27.661	9	0.001
Linear-by-Linear Association	6.971	1	0.008
N of Valid Cases	1,820		

a. 11 cells (55.0%) have expected count less than 5. The minimum expected count is .24.

**Appendix 17: Cross-tabulation Results - Ethnicity & Length of Stay**

		ETHNICITY			
		Other	Black	Hispanic	Total
1*	Count	433	542	415	1,390
	% within Short term v Long term	31.2%	39.0%	29.9%	100.0%
	% within Ethnic Group	81.2%	71.2%	78.9%	76.4%
	% of Total	23.8%	29.8%	22.8%	76.4%
2**	Count	100	219	111	430
	% within Short term v Long term	23.3%	50.9%	25.8%	100.0%
	% within Ethnic Group	18.8%	28.8%	21.1%	23.6%
	% of Total	5.5%	12.0%	6.1%	23.6%
Total	Count	533	761	526	1,820
	% within Short term v Long term	29.3%	41.8%	28.9%	100.0%
	% within Ethnic Group	100.0%	100.0%	100.0%	100.0%
	% of Total	29.3%	41.8%	28.9%	100.0%

\* Group 1 = Short Term

\*\* Group 2 = Long Term

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	20.039 <sup>a</sup>	2	0.000
Likelihood Ratio	19.964	2	0.000
N of Valid Cases	1,820		
a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 124.27.			

Appendix 18: Cross-tabulation Results – Reason for Entering & Length of Stay

	REASON										Total All Reasons			
	B	BB	BC	BF	BG	C	CF	CG	DF	DG		E	FH	LO
1*	Count	153	175	29	35	97	358	243	35	68				
	% within Short term v Long term	11.0%	12.6%	2.1%	2.5%	7.0%	25.8%	17.5%	2.5%	4.9%				
	% within Reason Group	76.5%	89.7%	85.3%	89.7%	76.4%	73.4%	69.0%	94.6%	70.1%				
	% of Total	8.4%	9.6%	1.6%	1.9%	5.3%	19.7%	13.4%	1.9%	3.7%				
2**	Count	47	20	5	4	30	130	109	2	29				
	% within Short term v Long term	10.9%	4.7%	1.2%	0.9%	7.0%	30.2%	25.3%	0.5%	6.7%				
	% within Reason Group	23.5%	10.3%	14.7%	10.3%	23.6%	26.6%	31.0%	5.4%	29.9%				
	% of Total	2.6%	1.1%	0.3%	0.2%	1.6%	7.1%	6.0%	0.1%	1.6%				
Total	Count	200	195	34	39	127	488	352	37	97				
	% within Short term v Long term	11.0%	10.7%	1.9%	2.1%	7.0%	26.8%	19.3%	2.0%	5.3%				
	% within Reason Group	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				
	% of Total	11.0%	10.7%	1.9%	2.1%	7.0%	26.8%	19.3%	2.0%	5.3%				
1*	Count	28	50	26	38	27	28	1,390						
	% within Short term v Long term	2.0%	3.6%	1.9%	2.7%	1.9%	2.0%	100.0%						
	% within Reason Group	68.3%	72.5%	86.7%	80.9%	77.1%	96.6%	76.4%						
	% of Total	1.5%	2.7%	1.4%	2.1%	1.5%	1.5%	76.4%						
2**	Count	13	19	4	9	8	1	430						
	% within Short term v Long term	3.0%	4.4%	0.9%	2.1%	1.9%	0.2%	100.0%						
	% within Reason Group	31.7%	27.5%	13.3%	19.1%	22.9%	3.4%	23.6%						
	% of Total	0.7%	1.0%	0.2%	0.5%	0.4%	0.1%	23.6%						
Total	Count	41	69	30	47	35	29	1,820						
	% within Short term v Long term	2.3%	3.8%	1.6%	2.6%	1.9%	1.6%	100.0%						
	% within Reason Group	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%						
	% of Total	2.3%	3.8%	1.6%	2.6%	1.9%	1.6%	100.0%						

\* Group 1 = Short Term  
 \*\* Group 2 = Long Term

**Appendix 18 (Continued)**

<b>Chi-Square Tests</b>			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	54.474 <sup>a</sup>	14	0.000
Likelihood Ratio	66.492	14	0.000
N of Valid Cases	1,820		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.85.

Table 1- DEMOGRAPHIC DATA -SHORT TERM STAYERS

	AGE	ETHNICITY	GRADE	# OF ADULTS IN SHELTER	AGE OF PREGNANCY	AGE LEFT HOME	# OF CHILDREN	CHILDREN IN SHELTER	AGE OF CHILDREN	DISABILITY	LENGTH (STAY)
1	29	Black	10	1	18	27	2	2	10, 9mons	No	9 Months
2	47	Black	11	1	33	15	2	2	13,9	No	4 Months
3	23	White	GED	1	21	14	1	1	1	Child has	5 Month
4	25	Hispanic	GED	2	20	17	3	3	Twin 4,3mon	No	5 Month
5	32	Black	2college	1	20	23	4	3	4,7,8,11	Child has	6 Month
6	33	Hispanic	3	1	20	14	2	2	5,12	No	4 Month
7	30	Black	12	2	21	16	3	3	8,5,3	Asthma	5 Months
8	19	Black	10	1	16	16	1	1	2	No	6 Months
9	31	Black	12	2	21	17	3	3	10,9,2	Child has	9 Months
10	22	Black	1college	2	19	21	1	1	2	No	4 Months
11	24	Hispanic	9	1	17	23	2	2	6,18month	Asthma	4 Months
12	19	Hispanic	GED	1	17	9	1	1	19 Month	Asthma	5 Months
13	28	Hispanic	2college	1	17	22	2	2	10,8	No	9Months
14	25	Hispanic	10	1	22	16	1	1	2	No	4 Months
15	21	Hispanic	GED	1	16	16	1	1	4	No	8 Months
N=15	m=27.2		m=9.6		m=18.86	m=17.7	m=1.93	m=1.86			m=5.81mo

Table 2  
DEMOGRAPHIC DATA - LONG TERM STAYERS

	AGE	ETHNICITY	GRADE	# OF ADULTS IN SHELTER	AGE OF PREGNANCY	AGE LEFT HOME	# OF CHILDREN	CHILDREN IN SHELTER	AGE OF CHILDREN	DISABILITY	LENGT OF ST.
1	42	Black	11	2(Mom, Son)	19	16	3	2	17,19	Son-MR	7yrs
2	35	Hispanic	12	2 (partner)	15	15	4	2	14,18	No	4yrs
3	23	Black	11	1	20	18	1	1	2	No	2yrs
4	47	Black	11	1 (widow)	34	17	3	3	13,11,8	13-Dialysis	3yrs
5	30	Hispanic	11	1	17	23	2	1	13	No	2 yrs
6	51	Hispanic	college	1	21	18	4	1+Grandson	19,3	Psych/Hepit	18mon
7	33	Black	2college	1	22	30	2	1	1 Month	Husb-Crohn	2 yrs
8	44	Hispanic	9	2 (husband)	19	21	6	2	9,10	No	3 yrs
9	50	Hispanic	10	2 (partner)	18	16	7	1	10	Psych/MR	2yrs
10	38	Black	10	1	33	18	5	2	2,4	No	4yrs
11	37	Black	11	2 (partner)	18	19	3	2	12,14	ADHD	3 yrs
12	23	Black	11	1 Married	20	21	1	1	18 Months	No	2yrs
13	24	Black	10	1	20	20	1 + Pregnit	1	2	No	2 yrs
14	21	Black	10	1	17	17	2	2	3,2	No	2 yrs
15	29	Hispanic	9	1	16	16	2	3	13,8	No	2yrs
N=15	m= 35.13		m=9.3	m= 20.6	m=23	m= 3.05	m= 1.7				m= 2.7

Table 3

SHORT TERM -AGE			LONG TERM-AGE		
AGE			AGE		
29			42		
47			35		
23	Mean	27.2	23	Mean	35.13333
25	Standard Error	1.841842	47	Standard Error	2.616553
32	Median	25	30	Median	35
33	Mode	25	51	Mode	23
	Standard			Standard	
30	Deviation	7.133422	33	Deviation	10.13387
19	Sample Variance	50.88571	44	Sample Variance	102.6952
31	Kurtosis	3.333085	50	Kurtosis	-1.25513
22	Skewness	1.48525	38	Skewness	0.146579
24	Range	28	37	Range	30
19	Minimum	19	23	Minimum	21
28	Maximum	47	24	Maximum	51
25	Sum	408	21	Sum	527
21	Count	15	29	Count	15
<b>N=15</b>			<b>N=15</b>		

Table 4

## N=15 GRADE LEVEL -SHORT TERM

Grade	frequency		
3	1		
9	1	Mean	10.28571429
10	3	Standard Error	1.375193246
11	1	Median	11
12	6	Mode	#N/A
13	1	Standard Deviation	3.638419332
14	2	Sample Variance	13.23809524
		Kurtosis	2.785507996
		Skewness	-1.512634092
		Range	11
		Minimum	3
		Maximum	14
		Sum	72
		Count	7

## N=15 GRADE LEVEL -LONG TERM

Grade	frequency		
9	2		
10	4	Mean	11.5
11	6	Standard Error	0.763762616
12	1	Median	11.5
13	1	Mode	#N/A
14	1	Standard Deviation	1.870828693
		Sample Variance	3.5
		Kurtosis	-1.2
		Skewness	0
		Range	5
		Minimum	9
		Maximum	14
		Sum	69
		Count	6

Table 5

N=15	Age When Left Home - Long Term		Age	Age When Left Home-Short Term	
	Age				
	16		27		
	15		15		
	18	Mean	14	Mean	17.733333
	17	Standard Error	17	Standard Error	1.1850926
	23	Median	23	Median	16
	18	Mode	14	Mode	16
	30	Standard Deviation	16	Standard Deviation	4.5898439
	21	Sample Variance	16	Sample Variance	21.066667
	16	Kurtosis	17	Kurtosis	0.1073898
	18	Skewness	21	Skewness	0.330915
	19	Range	23	Range	18
	21	Minimum	9	Minimum	9
	20	Maximum	22	Maximum	27
	17	Sum	16	Sum	266
	16	Count	16	Count	15

Table 6

AGE PREGANANCY SHORT TERM			AGE OF PREGNANCY - LONG TERM		
AGE			AGE		
18			18		
33			33		
21	Mean	20.6	21	Mean	19.866667
20	Standard Error	1.4369279	20	Standard Error	1.0684509
20	Median	19	20	Median	20
20	Mode	20	20	Mode	21
	Standard			Standard	
21	Deviation	5.565198	21	Deviation	4.1380925
	Sample			Sample	
16	Variance	30.971429	16	Variance	17.12381
21	Kurtosis	2.8477805	21	Kurtosis	7.6381794
19	Skewness	1.8673692	19	Skewness	2.4261564
17	Range	19	17	Range	17
17	Minimum	15	17	Minimum	16
17	Maximum	34	17	Maximum	33
22	Sum	309	22	Sum	298
16	Count	15	16	Count	15
N=15			N=15		

Table7

SHORT TERM- NUMBER OF CHILDREN			LONG TERM- NUMBER OF CHILDREN		
2			3		
2			4		
1			1		
3	Mean	1.9333333	3	Mean	3.0666667
4	Standard Error	0.2481679	2	Standard Error	0.4727495
2	Median	2	4	Median	3
3	Mode	1	2	Mode	2
				Standard	
1	Standard Deviation	0.9611501	6	Deviation	1.8309508
3	Sample Variance	0.9238095	7	Sample Variance	3.352381
1	Kurtosis	-0.3339274	5	Kurtosis	0.0323327
2	Skewness	0.7046145	3	Skewness	0.8540979
1	Range	3	1	Range	6
2	Minimum	1	1	Minimum	1
1	Maximum	4	2	Maximum	7
1			2	Sum	46
N=15			N=15	Count	15

**Table 8: Variables**

Variable Number	Variable Type	Variable Name in SPSS file
1	Numerical	Age
2	Numerical	Adults
3	Numerical	Children
4	Numerical	Num_elig
5	Categorical	Ethnicity
6	Categorical	Reason
7	Dichotomous	Group

**Table 9 - Descriptive Statistics**

	N	Minimum	Maximum	Mean	Std. Deviation
YEARS	1506	20.80	67.02	33.0683	8.49643
ADULTS	1820	1	4	1.26	.476
CHILDREN	1820	1	9	1.92	1.254
NUM_ELIG	1820	.00	11.00	.3549	.88563
length of stay (years)	1820	.00	4.60	.8433	.73143
NUM_APPS	1820	.00	33.00	2.1066	3.42831
DISP_COD	1820	1.0	1.0	1.000	.0000
Short term v Long term	1820	1.00	2.00	1.2363	.42490
Valid N (list wise)	1506				

**Table 10 – Bivariate Correlation**

		length of stay (years)	YEARS
length of stay (years)	Pearson Correlation Sig. (2-tailed) N	1 1820	.176** .000 1506
YEARS	Pearson Correlation Sig. (2-tailed) N	.176** .000 1506	1 1506

\*. Correlation is significant at the 0.01 level (2-tailed).

## Correlations

### Correlations

		length of stay (years)	ADULTS
length of stay (years)	Pearson Correlation Sig. (2-tailed) N	1 1820	.297** .000 1820
ADULTS	Pearson Correlation Sig- (2-tailed) N	.297** .000 1820	1 1820

\*. Correlation is significant at the 0.01 level (2-tailed).

		length of stay (years)	CHILDREN
length of stay (years)	Pearson Correlation Sig. (2-tailed) N	1 1820	.057* .016 1820
CHILDREN	Pearson Correlation Sig. (2-tailed) N	.057* .016 1820	1 1820

\*. Correlation is significant at the 0.05 level (2-tailed).

## Correlations

### Correlations

		length of stay (years)	NUM ELIG
length of stay (years)	Pearson Correlation Sig. (2-tailed) N	1 1820	.049* .036 1820
NUM_ELIG	Pearson Correlation Sig. (2-tailed) N	.049* .036 1820	1 1820

\*. Correlation is significant at the 0.05 level (2-tailed).

**Table 11: Linear Regression Dependent Variable = Length of Stay (Years)****Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.294(a)	.086	.086	.69476	.086	142.130	1	1504	.00
2	.329(b)	.109	.107	.68649	.022	37.440	1	1503	.00
3	.330(c)	.109	.107	.68664	.000	.348	1	1502	.55
4	.332(d)	.110	.108	.68632	.001	2.370	1	1501	.12

a Predictors: (Constant), ADULTS

b Predictors: (Constant), ADULTS, AGE

c Predictors: (Constant), ADULTS, AGE, CHILDREN

d Predictors: (Constant), ADULTS, AGE, CHILDREN, NUM\_ELIG

Model 1 - Predictor Variables	Standardized Beta	t-value
(Constant)		5.184 <sup>c</sup>
Adults	0.294	
11.992 <sup>c</sup>		

Model 2 - Predictor Variables	Standardized Beta	t-value
(Constant)		-1.602
Adults	0.280	
11.446 <sup>c</sup>		
Age	0.150	
6.119 <sup>c</sup>		

Model 3 - Predictor Variables	Standardized Beta	t-value
(Constant)		-1.502
Adults	0.281	
11.443 <sup>c</sup>		
Age	0.152	
6.132 <sup>c</sup>		
Children	-0.015	-0.590

Model 4 - Predictor Variables	Standardized Beta	t-value
(Constant)		-1.554
Age	0.280	
11.389 <sup>c</sup>		
Adults	0.151	
6.087 <sup>c</sup>		
Children	-0.016	-0.638
Num_Elig	0.038	1.539

<sup>a</sup>p < .05; <sup>b</sup>p < .01; <sup>c</sup>p < .001

**Table 12: Analysis of Variance – Age v. Length of Stay Groups**  
ANOVA Table

	Sum of Square	Degree of Freedom	Mean Square	F	Significance Level
Treatment	3219.309	1	3219.309	45.927	0.000
Error	105425.504	1504	70.097		
Total	108644.813	1505			

**Descriptive Statistics**

Group	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
1*	1157	32.27	8.16	0.24	31.79	32.74	20.8	67.02
2**	349	35.73	9.05	0.48	34.78	36.68	21	60.14
Total	1506	33.07	8.5	0.22	32.64	33.5	20.8	67.02

\* Group 1 = Short Term

\*\*Group2=Long Term

**Table 13: Analysis of Variance – Adults v. Length of Stay Groups**

ANOVA Table

	Sum of Squares	Df	Mean Square	F	Significance Level
Treatment	36.937	1	36.937	178.946	0.000
Error	375.258	1818	0.206		
Total	412.195	1819			

**Descriptive Statistics**

Group	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
1*	1390	1.18	0.407	0.011	1.15	1.2	1	4
2**	430	1.51	0.582	0.028	1.46	1.57	1	4
Total	1820	1.26	0.476	0.011	1.23	1.28	1	4

\* Group 1 = Short Term

\*\* Group 2 = Long Term

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