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HOPE SPRINGS MATERNAL: A STUDY OF THE MEANING OF  
SHELTER USE AMONG TWO GROUPS OF MOTHERS

By

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A dissertation submitted to the Graduate Faculty in Social Welfare  
in partial fulfillment of the requirements for the degree of  
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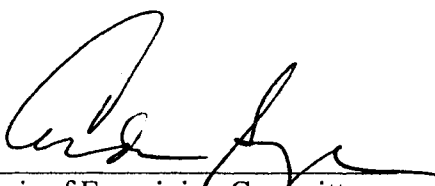
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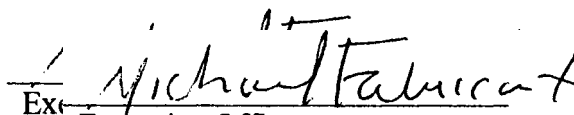
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## DEDICATION

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## CHAPTER I

### INTRODUCTION

The social problem of family homelessness has emerged over the past two decades as a visible symbol of failure, most often framed as either failure of public policy or failure based on individual deficits. Press coverage and research studies have reflected these bifurcated explanations of homelessness. Research efforts and press coverage in regard to the increase in shelter use by adolescents and young adults aging out of the child welfare system have presented more consistent explanations. Factors commonly cited for use of the shelter are lack of affordable housing, landlord reluctance to rent to former charges of the state, and inadequate preparation for independent living (Child Welfare Watch, 2002; Collins, 2001), as well as normative, developmental, and specific mental health risks to young adults formerly under the care of the state (Collins, 2001; Institute for Children and Poverty, 2002).

#### Focus of Concern

In the United States today, the problems of homelessness among individuals and families is prevalent, although experts disagree about the number of persons who are without homes. Estimates of the total number of persons without homes vary from 700,000 who were homeless on any given night (Roman & Wolfe, 1997), to a research finding that 12 million adults nationwide had been literally homeless at some point in their lives, to another finding that 6.6 million Americans had experienced homelessness

between 1989 and 1994 (Link et al., 1995). Despite differences in estimates, experts agree that the rate of homelessness in America has been increasing since the 1980s. According to Burt (1996), for example, homelessness in 182 cities tripled between 1981 and 1989.

The current phenomenon of large scale homelessness, which is now 20 years old, differs from earlier national episodes of homelessness in several ways. The present problem is less dependent simply on economic changes than in past decades. Now, homelessness has become a wickedly complex problem based on interaction among housing availability, economic opportunity structures, and immigration trends (Lander, 2002), as well as on legislative changes in mental health, income support, and child welfare policy. Also, the current problem of homelessness is visible in rural, urban, and suburban locations; and it effects other segments of the population in addition to those with “drinking problems” and drug addictions, including the working poor, the mentally ill, youth, and women with children.

The latter group—the focus of the current study—is not only part of the segment of families without homes<sup>1</sup>, but constitutes one of the fastest growing homeless populations in America (Coalition for the Homeless, 2000; Shin & Weitzman, 1996; U.S. Conference of Mayors, 1999). In 1999, families with

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<sup>1</sup> I have chosen to use the term “families without homes” rather than “homeless families” in the text. In doing so, I state my value position, as I believe that the preposition “without” best describes the transaction between the family system and the environmental system. The label “homeless families” categorizes, stigmatizes, and separates these families from the rest of us.

children accounted for almost 40 percent of persons without homes, and children accounted for 25 percent of the homeless population (U.S. Conference of Mayors, 1999). As a result of these newer, entrenched features of homelessness in America, social services originally intended to address a temporary housing crisis have become established, institutionalized systems of service delivery.

Persons without homes who had been in out-of-home care have been over-represented among those who turn to the shelter system for help, both nationally (Roman & Wolfe, 1997) and locally (Institute for Children and Poverty, 1993, 2002; Knickman & Weitzman, 1989). Between 1993 and 2001, New York City had a 50 percent increase in the number of heads of households with foster care histories who had turned to the shelter system for protection (Institute for Children and Poverty, 2002).

Among the U.S. homeless population, a certain percentage of individuals and families, at any given point in time, seek and are admitted into temporary residences financed by governments. These residences are variously called homeless shelters, transitional housing, emergency shelters, and temporary housing.

To qualify for residency, applicants must have no other viable housing options. This status means they are unable to afford rental apartments and lack family or friends willing or able to provide a residence for them.

The phenomenon of shelter use in America, like that of homelessness in general, has been increasing over the past several years. Requests for emergency shelters by families with children in 30 U.S. cities increased by an average of 15 percent between 1997-98; and 88 percent of the cities surveyed expected an increase in the number of

requests for emergency shelter by families with children in 1999 (U.S. Conference of Mayors, 1999).<sup>2</sup> In New York City — the focus of the current study — the number of families seeking shelter was 9 percent higher between April 1 and September 30, 2000, than during the same period in April 1999. As of October 2000, there were 5,337 families, including 9,563 children, living in the New York City shelter system, along with approximately 6,792 single adults (NYC Department of Homeless Services, 2000).

Although some of the mothers with children in New York City shelters earn income, they cannot afford to rent housing, because the vacancy rate for apartments under \$400 a month—the only kind women receiving Public Assistance can afford—has been minimal, e.g., in 1996 it was 1.26 percent (United States Department of Commerce/ NYC Housing and Vacancy Survey, 1996), and remains about the same today. Because of this low vacancy rate of affordable rental apartments — a situation the city is working to rectify by providing rent subsidies to qualified families in shelters — the shelter system has been flooded of late with applicants, who increasingly include the working poor. “In the last fiscal year, through June 30 [2000], there were 20,841 applications and re-applications made by families seeking shelter, according to the mayor’s management report” (Bernstein, 2000, B1,9).

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<sup>2</sup> Since 1995-1996, when this study occurred, the number of families without homes using the range of shelter services has increased by over one thousand (The New York City Department of Homeless Services, 2002). The number of families using the shelter system exceeds that of the single population, and over one-third of the daily shelter census are children. In total, this is the highest number of human beings using the shelter system since the beginning of the crisis (Coalition for the Homeless, 2002). In addition, families are staying in transitional housing an average of over 200 days more than in the previous fiscal year (New York City Independent Budget Office, 2002 ).

### Purpose of the Study

Over the past several decades, researchers have conducted quantitative studies on homeless populations, including studies of the background features of the homeless and the extent and geographic distribution of the homeless problem. Other researchers have conducted qualitative studies that have described background characteristics of parents without homes, events that have led to their shelter use, and the coping strategies they have used, both in and after departing the shelter.

The great majority of the previous studies have offered dichotomous explanations of families without homes, citing either structural and economic causes or individual causes, each of which have affected the theories of help underlying social service delivery to families without homes (Shinn, 1990). The structural and economic explanations advance social and economic justice solutions while the individual level explanations advance programs designed to change behavior and improve functioning.

Missing from both the structural/economic and personal deficit approaches, however, have been studies of perceptions of the individuals and families whose conditions the programs and policies have attempted to explain and remedy. The voices of those without homes have most often been left out of the political and theoretical debate. This absence is a shortcoming the current study has sought to rectify, by exploring and contextualizing (a) how the participants perceived their choices; (b) the meaning to them of shelter use, home, family and friends; and (c) their hopes for the future, as related to their past and present experiences. This study has added to the sparse

body of empirical literature that documents sequences and patterns of the personal and social experiences of mothers without homes, including their residential histories and the impact of social structures on their personal biographies.

Several researchers, in studying the early and later childhood experiences of homeless individuals, have cited factors such as physical and sexual abuse, parental substance abuse, and separation of the child from his or her biological family (Institute for Children and Poverty, 1993; Koegel, Melamid, & Burnam, 1998; Roman & Wolfe, 1997; Summerlin, 1999; Susser, Lin, Conover & Streuning, 1991; Zlotnick, Robertson, & Wright, 1999). The latter factor — separation from the biological family — which is generally referred to as out-of-home placement, results in the child being placed in either foster boarding home care, group foster care, kinship foster care, or residential treatment care.

Out-of-home placement is usually considered an indicator of family difficulties that might impair the child's adult functioning, self-esteem, and ability to form intimate or meaningful relationships with others. Disruption of attachment to familiar places and persons, of interpersonal bonds and social and community supports, is usually assumed to mean the individual loses both contact with what is familiar and comforting and his or her self-definition and identity (Coehlo, Ying-Yang & Ahmed, 1980).

Despite the likely importance of out-of-home placement on individuals' interpersonal relationships, cognition, behavior, and affect, the literature contains limited data on the effects of this variable on homeless individuals, including mothers with children. This study, therefore, fills a void in the literature, by comparing the experiences

of mothers who had been in and had not been in out-of-home placement, with respect to their backgrounds, current behaviors, and views of the meanings of shelter, parenting, home, and family. The comparative method also allowed the researcher to explore the association between out-of-home placement and the experience of shelter use.

From the data collected, the researcher presents a nuanced description of the participants' "paths to the shelter," i.e., the sequences and processes that led to their shelter use, representing their "past lives;" coping strategies in the shelter, based on their perceptions of shelter living, representing their "present lives;" and conceptualizations of home and family after leaving the shelter, i.e., their "future lives." By providing such descriptions, the researcher believes the study contributes to refining policy and developing programs relevant to biographical variables, expressed meanings, and observable functioning for the two groups of mothers living in homeless shelters.

### Research Questions

Specifically, the data collected for this exploratory study were intended to answer five main questions about the research participants:

1. What were their demographic and residential background characteristics?
2. What were their experiences in childhood and adolescence that led to shelter use?
3. What were their perceptions of their experiences in the shelter and how did they cope with these experiences?
4. What were their hopes for the future and the meaning to them of home, family,

and parenting?

5. For each of the above four questions, what were the similarities and differences between the mothers in the two groups, i.e., those who had been in and not been in out-of-home placement?

## CHAPTER II

### REVIEW OF THE LITERATURE

This chapter reviews the literature relevant to the research questions of the study. The purpose of the study is to explore the ways that biographical vulnerabilities and strengths among two groups of mothers without homes, those who had been in care and not been in care, combined with their familial, institutional and social realities to shape their shelter use, behaviors in the shelter system, and personal meanings of home, friends, family, and parenting. In particular, the chapter presents a comprehensive review of (a) studies that link out-of-home care and shelter use, to enable a better understanding of both the problem of being without a home and the ways researchers have viewed those without homes; (b) relevant child welfare research; and (c) alternative developmental theories, particularly those informed by concepts of risk and resilience, which help to illuminate the complex interaction of variables that influence the lives of women and families in the shelter system.

At various places in the chapter, the writer has noted that gaps exist in the literature on mothers without homes. This exploratory study is intended to fill the gaps, with data obtained from a qualitative methodology designed to capture the complex of interacting forces that shaped the thoughts, perceptions, feelings, and behaviors of women without homes in New York City who used the shelter system at the time of the study.

## Studies of Families without Homes

First generation studies of families without homes, conducted during the 1980's and early 1990's, presented bifurcated explanations about the growth and causes of family homelessness. Research findings stressed either socioeconomic factors (Blasi, 1990; Blau, 1992; Marcuse, 1987; McChesney, 1991; Morse, 1990) or individual traits (Bassuk, Rubin, & Lauriat, 1986; Bassuk & Rosenberg, 1988; Burt & Cohen, 1989; The Institute for Children and Poverty, 1991, 1993; The New York City Commission on the Homeless, 1992) as forces driving homelessness, and sought to explain why families do or do not become homeless.

### *Homeless Mothers Accompanied by Children: Socioeconomic Factors*

#### *Structural and Economic Circumstances*

A vise-like squeeze of stagnant income, decreased benefits, and an escalating shortage of affordable housing resulted in an increased number of families without homes and requests for transitional housing, during the latter decades of the 20<sup>th</sup> century. Families who become homeless are very poor. The poor became even poorer during the last 25 years. Decreases in employment that could support a family resulted in less opportunity for men to offer financial support to their families, which discouraged the formation of the traditional two-parent family (Haveman & Knight, 1999; Miringoff & Miringoff, 1999; Wilson, 1987). Single parenthood creates further financial hardship (Haveman & Knight, 1999).

The erosion of income maintenance subsidies and failure to increase housing

grants, in order to keep pace with rising rents, resulted in eviction and/or families doubled-up in overcrowded housing with other family or friends (DeHavenon, 1999; Stanford Study, 1991). During the 20 years between 1970 and 1990, the constant dollar value of the average Aid to Families with Dependent Children (AFDC) benefit fell by 35 percent (Rossi, 1994), and the purchasing power of the grant lost 28 percent of its relative value due to inflation (Children's Defense Fund, 1999). Many families were unable to survive on AFDC benefits alone. Most mothers seeking shelter had used AFDC for short periods of time (Bassuk, 1993; Goodman, 1990b). In New York City during the late 1980's and through the 1990's, administrative errors, such as mistaken case closings or miscalculations of benefit dollars, created cash emergencies that sometimes resulted in eviction and emergency housing (Dehavenon, 1999; Knickman, et al., 1990).

### *Affordable Housing*

McChesney (1992) compared the housing prospects of poor families to the game of musical chairs: the players are poor and low income families; the chairs are safe affordable housing. The truth of this analogy is reflected in the findings of a 1997 study that reported a vacancy rate of less than 1 percent for low income apartments in New York City (United States Census /NYC Housing and Vacancy Survey, 1997).

Between 1970 and 1995, the gap between income and affordable housing for low income renters grew precipitously. In 1970, low income renters exceeded available units of low income housing by 300,000; and in 1998, low income renters exceeded low income rental units by 4.4 million — the largest shortage on record (Daskal, 1998).

Federal retreat from housing production during the last three decades added to the scarceness of low income housing. Although the number of housing subsidies increased during the 1990's, this increase could not offset the growth in the number of poor renters eligible for such subsidies. Poor renters living in unsubsidized housing spent as much as 75 percent of their income on housing in 1995 (Daskal, 1998).

These factors assured an increase in requests for emergency housing. Families requesting emergency shelter increased by 12 percent in urban areas from 1997 to 1999. Thirty-seven percent of requests by homeless families went unmet between 1998 and 1999. During this same period of time, people remaining homeless increased, creating more hardships for those waiting to enter the shelter system (Dehavenon, 1999; U. S. Conference of Mayors, 1999).

#### *Person-Centered Causes of Homelessness*

A second generation of studies of families without homes compared personal characteristics of poor housed families with those of families without homes (Bassuk, 1993, 1997; Bassuk & Browne, 1998; Goodman, 1991a, 1991b; Knickman, Weitzman & Shinn, 1990, 1992; The Stanford Center for the Study of Families, Children, and Youth, 1991; Wood, Valdez, Hayashi, & Shen, 1990). These systematic studies utilized comparative sampling frames; cross-sectional, epidemiological methodologies; and multi-variate data analysis, which yielded substantial information about the interaction of person-centered, economic, and structural variables that compromise individuals' social and economic resources. The studies also predicted vulnerability to homelessness among

women-headed households. There is less disagreement among experts about structural and economic risk factors than there is about person-centered risk factors. Identifying these risk factors is important in contextualizing the present research study.

*Race and ethnicity.* Minority status increased the risk of people becoming homeless, independent of other explanatory variables (Bassuk, 1992). Historically, people of color have suffered steeper erosion of income related to the poverty threshold than have other minority groups (Shinn & Gillespie, 1994). Although the racial composition of families without homes varies at local and regional levels, on the national level families of color are over-represented among the homeless population (Rossi, 1994; Shinn & Gillespie, 1994; Smith & North, 1994; The Better Homes Fund, 1999). A recent survey of urban areas reported that, among homeless families, 50 percent were African American, 31 percent were Caucasian, 13 percent were Latino, and 4 percent were Native American (The U. S. Conference of Mayors, 1999).

*Age.* Most families without homes are headed by young women. Figures for the 1990's show that nationally their average age was between 26 and 30 years, whereas single, homeless individuals overall had an average age of 36 years (Rossi, 1994). In New York City, the mean age for heads of households without homes was 23.5 years (Institute for Children and Poverty, 1992a; The New York City Commission on Homelessness, 1992).

Younger people are at special risk of becoming homeless because they have accumulated scant financial resources. In some cities, such as New York during the 1980's and 1990's, younger people also were at risk because they came of age in a

housing market where the vacancy rate for low income housing was less than one percent (NYC Housing and Vacancy Survey, 1997). Younger heads of families without homes and victims of domestic violence were less likely to leave the shelter system on a permanent basis (Metraux & Culhane, 1999).

*Family composition.* The preponderance of survey research indicates that single-women headed households with children under 18 years of age have constituted the major users of transitional sheltering services among families without homes (Johnson, 1989). According to Johnson, McChesney, Rocha, and Butterfield (1995), however, single mother-headed families have often been overrepresented and two-parent and single-parent male-headed households have often been underrepresented in the studies. Homeless sheltered mothers have typically been accompanied by two young children, ranging from 1.8 to 2.4 years of age (Bassuk, Rubin, & Lauriat, 1986; Knickman et al., 1990).

Comparison studies of mothers supported by AFDC have indicated that pregnancy and recent childbirth were independent predictors of their shelter seeking (Knickman & Weitzman, 1989; Wood et al., 1996). Bassuk et al. (1997) found that pregnancy was a component of the causal chain, although it was not an independent predictor of shelter use. Compared to poor housed mothers, pregnant young mothers seeking shelter have been less likely to have been primary tenants or to have other independent living arrangements, but have been more likely to have given birth before age 18 and to have experienced serious family disruptions that resulted in out-of-home care (Knickman & Weitzman, 1989; Weitzman, 1989).

Explanations for increased shelter use by young pregnant women or young mothers with children under one year of age include mounting stress from having to adjust to the needs of infants and young children in already crowded or strained living arrangements (McChesney, 1992; Weitzman, 1989); protection offered by greater access to social services, such as WIC; and priority placement in transitional housing provided for pregnant women and women with very young children (Berlin & McAllister, 1994). The shelter system also offers parents an escape route from street life or malnutrition (Dehavenon, 1999).

*Education and employment.* A recent study (Brooks & Bruckner, 1999) found that 60 percent of poor housed women either had a GED or high school degree, compared to 50 percent of parents without homes; homeless head of households who worked during the five years prior to shelter use were employed in entry-level or service jobs; those then-currently employed or who had worked during the last three years were older at the time of their first pregnancy and had fewer children than those who had never worked; and the latter were more than twice as likely to have been in foster care than those currently or recently employed. Working women also were much more likely than women who had never worked to have grown up in homes where the primary female caretaker worked. These findings suggest that increased education and parental employment were highly predictive of future employment. Barriers to employment included limited supply of affordable child care and limited education (Brooks & Bruckner, 1996).

*Social supports.* The critical role of social supports during life transitions is well documented (Eckenrode & Gore, 1981; Rutter, Liddle, & Quinton, 1984; Rutter, 1989).

To understand the full meaning of life events in regard to social and economic supports and personal resources, both data about temporal processes and an historical analysis of personal and social relationships, which have defined events leading up to stressful junctures, should be included. The number, severity, and sequencing of life events, and the significance of longer-lasting, stressful conditions, are important considerations in documenting the experience of and adaptation to stress and adversity (Eckenrode & Gore, 1981; Gore, 1991; Snow, Anderson & Koegel, 1994).

Research findings regarding social supports of homeless parents offer contradictory findings. Several studies (Bassuk & Rosenberg, 1986; Wood et al., 1990) contend that heads of families without homes are more isolated than housed families, and assume that un-housed heads of families have less capacity to form trusting, supportive relationships than do housed single mothers (Bassuk & Rosenberg, 1986; Wood et al., 1990). One implication of such studies is that a fragmented social support system and social isolation are precursors to homelessness.

Other studies (Goodman, 1990b; Weitzman & Knickman, 1989), using different sampling frames and measurements, found that sheltered mothers had either similar or more contact with their families than did a comparable group of housed women. Prior to entering the shelter, their families and social network members provided a great deal of instrumental and emotional support to the mothers. Goodman (1990b) found that sheltered mothers had the same or more contact with friends and family as housed mothers, but they expressed less trust and willingness to request assistance than housed mothers. Goodman suggests two explanations for this finding. The first is that sheltered

mothers perceived their relationships with others to be less trustworthy; the second is that homelessness itself disrupts social relationships and creates in its victims a sense of aloneness, insecurity, and loss of trust.

A study by Passero, Zax, and Zozus (1991) found that the respondents who reported experiencing more favorable family environments were more likely to do something to fulfill their perceived social needs. Their analysis confirmed the relationship between social network utilization and perceived family history. Also, their findings support the theory that the experience within the family creates internal models that shape later behavior. Overall, their study offers an insight regarding which individuals may be especially vulnerable to adverse socioeconomic factors and succumb to homelessness, and it supports the contention that a weakening of family structure interferes with learned social skills that can offer some protection from homelessness.

Gerstel, Bogard, McDonnell and Schwartz's (1996) case study of 340 heads of families without homes also found that relational networks matter, but that families often had used up their resources in their social networks and declared themselves homeless in order to access resources in the shelter funding stream. Programmatic requirements of some shelters interfered with continuity of contact with social supports, according to the researchers.

*Parenting.* The parent-child relationship is another domain where findings among studies diverge; yet evaluating these differences is important because the majority of persons without homes are poor, young children whose development is closely related to their relationship with parents, parental care, and parental well-being. Early cross-

sectional studies (Bassuk, Rubin & Lariat, 1986) used standardized tests of both developmental milestones and child and adult mental health. These studies both described the problems of and called attention to mental health problems confronted by sheltered parents and their children.

The majority of sheltered children were found to have developmental delays, learning difficulties, and severe anxiety and depression. Over 50 percent of sheltered children were found to require psychiatric treatment. Twenty-five percent of homeless mothers were assigned an AXIS-I diagnosis, and 71 percent were diagnosed with a range of personality disorders. In a later case control study, Bassuk and Rosenberg (1998), using a standardized survey instrument, found that a majority of mothers named their children as their primary support, and then assumed that parental need was the reason for disallowing their children autonomy in the shelter. Yet Bassuk's associates took a more contextual view of mothers who kept their children nearby, in a program evaluation that used qualitative data from service providers. Their findings suggest that when parents keep their children close, it is most often to ensure that they are behaving, in order to protect the parent and child from criticism from other parents and shelter staff (Hausman & Hammen, 1993). The study also noted that, in attempting to conform to perceived expectations of shelter staff, the mothers had lost confidence in their own parenting wisdom.

A comparative study (Koblinsky, Morgan & Anderson, 1997) of the parenting practices of sheltered and housed mothers found that homeless mothers provided less learning and academic stimulation for their pre-school children, less variety in social and

cultural experiences, less warmth and affection, and a less positive physical environment than poor housed mothers. Contextualizing the differences, the authors suggested that shelter policies that restrict parental access to supports also tap adaptive capacities, especially for African-American mothers. They suggested both reviewing these policies and designing housing arrangements that support family intimacy, encourage family routines, maintain ethnic and religious traditions, and provide more opportunities for unobserved parent-child interaction.

Other investigators (Klein, Bittel, Calley & Molnar, 1993) also have noted that the shelter context may lead parents to hesitate to use shelter services, and thus may deprive some mothers and children of this benefit. The latent threat of losing custody of their children influences the mothers' need to keep children with them (personal communications with Lisa Goodman, University of Maryland, May 1995, and Eleanor Mefford, Director of Children' Service, Women in Need, Inc., November 1994).

Several studies present contradictory findings about the relationship between the dependent variable, sheltered children being placed in foster care, and the independent variable, maternal history of out-of-home placement as a child. Two studies (Institute for Children and Poverty, 1998 ; Roman & Wolfe, 1997) presumed and found an association between these variables, while a more contextualized examination (Zlotnick, Robertson, & Wright, 1999), which considered a wider range of variables, did not support this finding. The latter investigators found little difference in the parent-child relationship among those who remained at home with their families and those who were in various forms of out-of-home placement. The authors hypothesized that the lack of difference

among comparison groups may be attributed to the general abusive or neglectful caretaking the women received, whether the caretaker was biologically related or not; and that children raised in nurturing and supportive longterm care or adoptive homes grow up to be as psychologically healthy as children raised with both parents in a troubled home.

*Mental health.* Findings of studies vary in regard to the association between mental illness and homelessness. Both mental illness and substance abuse have been found to be less prevalent among families without homes than in the single homeless population (Burt & Cohen, 1989; Fisher & Breakey, 1991; NYCHH, 1992), but more prevalent among sheltered mothers than poor housed mothers (Bassuk & Rosenberg, 1988). Although substance abuse and recent psychiatric hospitalization were found to be predictive as risk factors for homelessness, only a small percentage of homeless women were found to use substances (heroin and alcohol) on a regular basis, and only a small number indicated they had used psychiatric inpatient services. This finding suggests that only a limited segment of women studied were vulnerable to homelessness on this basis. Minority status, recent move to a new geographical location, and interpersonal conflict were most often found to be proximal risk factors (Bassuk et al., 1997).

In examining the results of survey and comparative studies, the researcher noted that the prevalence of substance abuse and mental illness have been measured in three ways: self report, psychiatric interview, and mental health inventories. Reliance on self reports of sometimes guarded persons without homes may be unreliable (Belcher, 1989), and self reports of past hospitalizations are especially problematic among mothers without homes, as they are often aware that some transitional shelters screen out parents

with histories of mental illness or substance abuse (Shinn, Knickman, Ward, Petrovic, & Muth, 1990).

A person's past use of mental health services, of course, does not necessarily define his or her present mental status. In diagnosing mental health, it is difficult to distinguish adaptive thought, behavior, and feelings from cognitive, behavioral, and affective indicators of mental illness, especially when a respondent is living under conditions of extreme and cumulative stress. Findings of qualitative studies indicate that homelessness and shelter living are in themselves stressors (Banyard & Graham-Bermann, 1993; Fogel, 1997; Thrasher & Mowbry, 1993). There is increasing recognition that shelter living can affect mental status (Beitchman, 1992; Eagle & Greuning, 1987), and that the mental status of sheltered parents can change over the course of their shelter stay (The Stanford Study, 1991).

The effect of the cumulative stress that individuals experience has been examined in several studies (Mowbry & Thrasher, 1993). Among the authors, there is debate about the necessity for provision of a variety of supportive services. One study found that sheltered mothers had longer periods of homelessness and great need for a wider array of services, especially childcare. Low levels of requests for employment, services, and benefits might have been related to their avoiding service providers, in order to protect themselves from scrutiny and loss of their children (Johnson & Krueger, 1989). Another study found that service-intensive programs for homeless mothers often presumed that mental health problems are part of the causal nexus of family homelessness; and that mental health services were thus provided indiscriminately. Large service-intensive

shelter programs encourage sheltered mothers' isolation from other shelter dwellers as well as from their own support systems (Gerstel et al., 1999).

### *Life Course Factors Associated with Homelessness*

#### *Bundling of Risk Factors*

Comparative research findings related to both single persons and families without homes suggest both a bundling of negative developmental stressors and an uneven distribution of early family disruptions, including out-of-home placement and economic hardship are prevalent among both groups. In a study involving 1,563 adults without homes in California, researchers found that the participants' rates of negative childhood experiences were higher than the rates in the general population. The negative childhood experiences included foster care, institutional or group placements, having a female as the primary financial provider, poverty-related housing experience, housing distress, homelessness as a child, family troubles, and physical and sexual abuse. The researchers also found that 64 percent of the respondents reported two or more major problems during childhood, and more than two-fifths reported problems in three or more areas. Multiple and cumulative problems have been found to lead to shelter use at an earlier age (Koegel, Melamid & Burnham, 1995).

#### *Childhood Antecedents*

Some recent research has focused on the effects of childhood adversities on increasing vulnerability to homelessness, both for single persons without homes (Koegel,

Melamid, & Burnham, 1997; Passero, Zax, & Zozus, 1991; Piliavin et al., 1990; Susser, Streuning & Conover, 1987; Summerlin, 1999) and heads of families without homes (Bruckner, Weinreb, Browne, Bassuk, Dawson & Perloff, 1997; Roman & Wolfe; 1997; Zlotnick, Robertson & Wright, 1999). Among the risk factors most relevant to this study are those related to events that affect individual development and well being and shape a person's perceptions of self, place, home, interpersonal relationships, and hopes for the future. These experiences sometimes compromise a person's personal relatedness, social support resources, and economic self sufficiency, and thus ultimately may destabilize adult functioning.

The researcher's review of studies on the relationship between frequency of adverse childhood events and subsequent living situations yielded valuable insights. A single disruptive childhood experience increased the risk of a person becoming homeless by seven percent; two such experiences increased the risk by almost 12 percent; and three or more child and adult disruptive experiences increased the risk by 15.6 percent (Knickman, Weitzman & Shinn, 1990). Nearly 33 percent of shelter requesters experienced one childhood disruptive event compared with 14 percent of housed AFDC mothers. The disruptive childhood factors studied included living in foster care or a group home at some time before age 18, running away from home, living on the streets, physical and sexual abuse (Knickman, Weitzman & Shinn, 1990), and parental substance abuse and out-of-home placement (Bassuk et al., 1997).

*Physical and Sexual Abuse*

Early victimization has been found to be closely associated with poor adult behavioral outcomes (Browne, 1993). Childhood sexual molestation and physical abuse can have a longterm effect on emotions, self-perceptions, interpersonal relationships, psychological well being, social functioning, and a sense of safety and good self-care. Adult women who had been sexually victimized as children were found to be more likely to manifest clinical depression and extreme emotional distress than women without such a history of trauma (Browne, 1993; Goodman, Saxe & Harvey, 1991).

Goodman, Saxe and Harvey (1991) suggested that trauma is one's perceived severance of secure affiliative bonds, which damages the sense of trust, safety and security concomitant with the loss of having a safe place to retreat, either within or outside of oneself, to deal with frightening emotions or experiences. Herman (1997) proposed that such trauma is a violation of basic human connection, and that the betrayal of this basic connection between caretaker and child shatters belief in a meaningful world formed early in life. Such trauma also shatters the sense of connection between the individual, caretaker, and community (Goodman, Saxe, & Harvey, 1991).

Single women without homes reported more abuse in childhood and as adults than their housed counterparts (D'Ecrole & Streuning, 1990). Comparison studies of sheltered mothers found that shelter requesters reported physical and emotional abuse in adulthood at almost twice the rate of their housed counterparts (Bassuk & Rosenberg, 1998; Browne & Bassuk, 1997; Knickman & Weitzman, 1989; Wood, Valdez, Hayashi, & Shen, 1990).

Violence experienced in childhood was predictive of violence experienced from

intimate partners later in life, even when all other variables were controlled (Browne & Bassuk, 1997). Homeless custodial mothers experienced a higher rate of childhood physical and sexual abuse than their housed counterparts (Bassuk & Rosenberg, 1988; Knickman & Weitzman, 1989), and such trauma began at an earlier age for homeless than housed mothers. Goodman (1991a), however, found no difference between homeless women and housed respondents in regard to the prevalence of either physical or sexual abuse, when they were children or adults. All but 11 percent of the total of both groups had experienced victimization. The findings of Goodman's study also indicate that both groups of women experienced similar disruptions at similar times in their development. The only significant difference between the two groups was that 16 percent of mothers without homes, compared with four percent of housed respondents, had spent a short time in foster care.

A California study (Zlotnick, Wright & Robertson, 1999) that compared women who either had or had not been in placement found that all the women without homes reported adverse childhood experiences. One third reported sexual abuse, one-half reported running away from home before 18, and one-fifth reported childhood physical abuse. Although the study found no evidence to support the hypothesis that homeless women with a history of foster care or kinship foster care have more health or psychosocial problems than other homeless women, the study did find that mothers who had been in care had a longer history of foster care than mothers in the other two groups.

*Research Findings that Link Out-of-Home Care and Shelter Use*

Studies of single persons without homes include findings related to the over-representation of formerly placed children. Childhood placement in foster care was found to substantially increase the length of a person's homeless experience (Piliavin et al., 1991); and homeless women were found to be more likely to have experienced foster care (17 percent) than men (10 percent) (Winkleby et al., 1992, cited in Roman & Wolfe, 1997).

Koegle, Melamid and Burnham (1995) found that younger cohorts of homeless men with the most problems were also most likely to have experienced out-of-home placement. Susser, Streuning, and Conover (1987) compared three groups of single homeless persons with psychiatric disabilities, seeking to discover what accounted for their homelessness. They found that homelessness was directly correlated with out-of-home placement, and offered two explanations. The first is that family disruption results in a less effective kin network; the second is that family stress causes individual dysfunction and a higher risk of psychiatric hospitalization. The authors suggested that foster care is likely to result in a less available and effective support network, and that group home placement and running away are proxy indicators of individual dysfunction, leading to poor mental health and hospitalization.

Findings of comparative studies (Bassuk et al., 1997; Goodman, 1991a, 1991b; Shinn, Knickman & Weitzman, 1991) have demonstrated a correlation between out-of-home care and shelter use. Goodman (1991a) found that shelter-seeking mothers were four times more likely to have spent a short time in out-of-home placement than a

comparable group of poor housed mothers. Out-of-home placement and drug use by the primary female caretaker was the most salient childhood predictor of subsequent family homelessness (Bassuk, Bruckner, Wienreb, Browne, Bassuk, Dawson & Perloff, 1997).

Two recent studies (Roman & Wolfe, 1997; Zlotnick, Robertson & Wright, 1999) directly focused on the relationship between out-of-home placement and shelter use. Roman and Wolfe (1997) found that 75 percent of those who had experienced care had at least one child who was currently in foster care as opposed to 27 percent of the parents without foster care history. The only study that differentiated the categories of out of home care (Zlotnick, Robertson & Wright 1999) found no indication that mothers who had been placed had more health or psychosocial problems than other homeless women, and that differences between the categories were related to the quality of caretaking rather than the biological relationships of the caretaker to the child. Having a child placed in care, however, was associated with substance abuse, maternal childhood experiences of sexual abuse, and running away from home for a week or more as a child. Research also has shown that mothers whose children were not living with them in the shelter were likely to be at least 35 years of age, have older, school-aged children, and be concerned with absenteeism related to frequent moves. Parents were concerned about their children maintaining school attendance not simply because they wanted them to achieve, but because high rates of absenteeism can easily trigger a child protection investigation (Rafferty and Rollins, 1991; Zlotnick, Robertson & Wright, 1999).

#### Child Welfare Research Findings on Outcomes of Out-of-Home Placement

While there are ample research findings that connect shelter use with out-of-home care, there is little research that provides an understanding of how out-of-home care fits into the web of factors that leads to individuals' shelter use and affects their shelter coping and hopes for the future. Reviewing the literature on outcomes of out-of-home placement offers an opportunity both to distill some of these findings and compare them with findings of research on individuals and families without homes. Two categories of child welfare research on out-of-home care and adult well being are reviewed below. The first includes prospective longitudinal studies (Barth, 1990; Harari, 1980; Mallon, 1998; Stein & Carey, 1986). The second includes both retrospective studies of adults who had been in care (Fanshel & Finch, 1987; Festinger, 1983; Maluccio & Fine, 1986; Meier, 1965; Murphy, 1979; Weststat, 1991) and a meta-analysis of outcome studies (McDonald, Pilaivin & Westerfelt, 1996).

*Pre-Placement Factors Related to Coming into Care that  
Affected Post-Care Outcomes*

Age at placement has been shown to be correlated with adult outcomes: placement at a younger age in the right setting is beneficial to adult functioning (Fanshel, Finch & Gundy, 1990; McDonald et al., 1996). Permanency planning, which has been defined as "the systematic process of carrying out, within brief time-limited periods, a set of goal-directed activities designed to help children live in families that offer continuity of relationships with nurturing parents or caretakers, and the opportunity to establish life time relationships" (Pecora, Whittaker, & Maluccio, 1992, p. 44), works best when

children are placed at a younger age. Younger children most often have the capacity and the need to become attached to caretaking adults and have fewer behavioral problems than older children (Fanshel, 1992).

When a child is older, attachment to his or her parent is often stronger, and conflicted feelings about both family and substitute caregiver affect capacity to fully enter into a relationship with a new caretaker (Fanshel & Shinn, 1978; Festinger, 1983; Jones & Moses, 1984). These factors can increase social and behavioral problems (Fanshel, Finch & Gundy, 1991; Tsirolits & Russell, 1984, cited in McDonald et al., 1996).

Positive adult outcomes are more likely for those placed in a foster family than in a group or institutional setting (Fanshel, Finch & Gundy, 1990; Jones & Moses, 1984; Zimmerman, cited in McDonald et al., 1996). Research has shown that children placed in group settings are usually older than those placed in foster boarding homes (Fanshel, Finch & Gundy, 1990; Festinger, 1983). Nationally, 40 percent of youth in both residential and foster family settings are between the ages of 13 and 20 years, and teenagers make up a rapidly growing share of the foster care system (Fognanani, 1999). In New York City, three of every 10 children in foster care, or nearly 8,000 young people, are at least 14 years old (Child Welfare Watch, 2002).

Several studies have examined the reason for people coming into care as related to the effects on both children's adjustment to placement and adult outcomes. Children placed because of events beyond parental control, such as death and illness, had a better sense of well-being as adults (Festinger, 1983). When placement was a result of parental neglect or abandonment, or occurred because the caretaker could no longer cope with

children's needs, a poor sense of well being as adults was a likely outcome. Multiple changes in living arrangements with parents, or between care and parental residence and parent-child conflict, have been shown to be associated with children leaving placement before the age of 18, in an unplanned way. Involvement with substance abuse and the justice and social service systems, for example, were found to be associated with restricted self sufficiency, socialization and fewer community ties (Fanshel, Finch & Gundy,1990).

Fanshel, Finch & Gundy (1990) also found that the frequency of moving and disruption was a marker of extreme deprivation. Children who had lived in a greater number of living arrangements experienced more problematic behaviors. Traumatic events retain a lasting effect into adulthood. Severe physical punishment, sexual abuse prior to entry, and severe physical abuse and/or sexual abuse while in care leave a lasting impact into adulthood. Children who were physically abused or exposed to a disturbing sexual event were doing poorly as adults with respect to employment.

### *Experiences in Placement*

Serial placement is identified in most studies as a risk factor that can impair adult functioning and interpersonal relationships (McDonald, Allen, Westerfelt, Pilaivin, 1996), and can contribute to lasting feelings of marginality (Festinger, 1983; Meier, 1965). Research has shown that multiple placement is the single factor most associated with negative outcomes for youth in out-of-home care between two-to-five years after emancipation (Penzerro & Lein, 1995). As children experience more placements, the

probability of reunification decreases, and vulnerability to foster care drift increases (Usher, Rudolph & Gogan, 1999). Emotionally disturbed adolescents in out-of-home placements are most likely to have histories of placement disruption (Fanshel, Finch, & Gundy, 1990; Whitaker & Pfeiffer, 1993). Disruptive and serial placements are associated with movement of children into more restrictive institutional care (Goerge, Fanshel & Wulcyn, 1994).

Multiple placements also can create unstable relationships that, in turn, can impair a child's capacity to attach to significant others and form relationships invested with love and depth of meaning (Eagle, 1994; Usher, Rudolph & Gogan, 1999). It is difficult for foster parents to invest in fleeting relationships. As attachments become more tenuous and the need for stable attachment is more submerged, children become less selective about relationships and more likely to enter into harmful relationships or to repeat patterns of drifting in and out of relationships (Fanshel, Finch & Gundy, 1990).

### *Processes of Identification and Identity*

Attachment, psychodynamic, and social learning theories suggest that relational and socialization processes that promote optimal development must include trust in an adult caretaker. A child's identification with important adults in his or her family is based on attachment, feeling valued, and idealization, i.e., seeking in others what they do not yet have themselves (Josselson, 1992). Imitation of adult behavior gives a child internal control, and promotes autonomy and competence that help children form a solid basis for becoming socialized into their particular family and culture.

Findings of Panzerro and Lien's (1995) ethnographic study of adolescent boys diagnosed with conduct disorder, living in residential treatment, indicated that subjects who had drifted among placements were struggling with severing current relationships as they neared emancipation. They adapted to fear and disordered attachments by avoidance of contact with important others, hostility, and patterns of violating the rights of others. Meier (1965) also found a correlation between multiple placements in foster care and multiple moves as adults. Meier hypothesized that adult mobility represents an attempt to find love and stability that was never available in childhood. This pattern of coping with missed relationships not only diminished an individual's opportunity to develop lasting community and personal ties, but also compromised stable employment. Fanshel, Finch and Gundy (1990) found a similar pattern with youth several years after they left care.

Research studies also have revealed that former foster children who experienced serial placement felt as if they were controlled by outside forces (Fanshel, Finch & Gundy, 1990; Festinger, 1983; Stein & Carey, 1980); single adults without homes who had been in serial out-of-home placement tested with higher external locus of control compared to homeless single persons who had not been in foster care (Manguine, Royse, Weihe & Neitzel, 1987); and adults who had more placements felt their lives were less fun (Festinger, 1983), had a diminished sense of emotional well-being (Harari, 1980; Stein & Carey, 1986), and were more likely to rely on public assistance for financial support (Fein, Maluccio, & Kluger, 1990).

In addition, studies have found that uprooted young adults who had recently left care reported feeling both unheard and unprotected by agency representatives, when there

was a crisis in the foster home (National Resource Center for Foster Care and Permanency Planning, 1999). Frequently they perceived that they had to remain silent about both physical and emotional abuse occurring in the foster home (Fanshel, Finch & Gundy, 1990; Festinger, 1983; Stein & Carey, 1980), and they received few supportive responses as they coped with these experiences. There is little empirical data about the long-term effects on youth of absent or inadequate mental health care or inappropriately restrictive institutional mental health services, which are often provided to those who “bounce” through the child welfare system (Goerge, Wulcyn & Fanshel, 1994).

#### *Stable Placements*

In contrast to the findings just reported, stable placements have the potential, following Erikson (1959, p. 89), to support “Confidence in that one’s ability to maintain inner sameness and continuity is matched by the sameness in continuity of one’s meaning for others;” and stable placements also can provide a sense of control, because children know that who they are and what they do can affect their surroundings, and that they can purposefully elicit desired responses (Josselson, 1992). Both Festinger (1983) and Palmer (1979) found that children’s positive identification with foster parents was a good predictor of solid academic performance. Children in stable homes were found to have better academic performance than children in precarious living situations (Cook, 1992). The latter internalized modest or negative expectations by foster parents and teachers, which in turn reduced their motivation to perform well academically (Fanshel & Shinn, 1978; Festinger, 1983). Children coming into care have been found to be at least one

grade level behind their peers, and often did not catch up before leaving care (Fanshel & Finch, 1978; Fanshel, Finch & Gundy, 1990; Festinger, 1983).

Group home settings where adolescents experienced feeling embedded in the life of the home contributed to their hopeful sense of the future and general well being, and promoted their continued contact with foster parents, after leaving care (Barth, 1990; Festinger, 1983). Rules and roles that were age-appropriate gave structure, promoted acceptance of adult roles and identification with adults, and enhanced their capacity to anticipate a place in the world (Barth, 1990; Rest & Watson, 1984; Stein & Carey, 1986). Continued contact with the birth family supported positive identification and self esteem. Physical separation of the parent and child did not interrupt strong attachment (Eagle, 1994); and continuity of contact was important in helping children in care understand and express feelings about the circumstances and meaning of separation (Rest & Watson, 1984; Schneiderman et al., 1998).

Connection to family heritage and cultural roots were found to support developing identity, self-esteem, and connectedness with community (Pinderhughes, 1991). Frequent and consistent contact with the birth family while in placement was associated with feelings of closeness and identification with the foster family (Festinger, 1983; Zimmerman, 1982 cited in McDonald et al., 1996). Siblings placed together when possible, and frequent contact with siblings and extended family were associated with better adult outcomes (Festinger, 1983; Triseliotis & Russell, 1984); and the importance of an available adult was associated with better long-term outcomes (Fanshel, Finch & Gundy, 1990; Festinger, 1983).

### *The Effects of Caseworker Activity*

Although there are no firm research conclusions about the quality and quantity of caseworker activity as a factor that influences better placement-related outcomes (McDonald, Allen, Westerfelt, & Piliavin, 1996), psychology generally stresses the importance of an affirming other (Cohler, 1990; Tolpin, 1986). Theories of women's development highlight the importance of idealization of and connectedness to others (Gilligan, 1982; Surrey, 1991). Many studies suggest that even one person in the caretaking environment who demonstrates warmth and interest, and whom the child can idealize, is significant to protect the child from further risk of alienation. Research has shown that a worker available during crises has made a critical difference in maintaining a placement or supporting a child through a transition between settings (Fanshel, Finch & Gundy, 1990; Festinger, 1983; Rest & Watson, 1984; Stein and Carey, 1986); and that children in placement readily remembered thoughtful, concerned, and supportive adults as sources of strength, validation, caring, and useful knowledge about how things are done (Barth, 1990; Fanshel, Finch & Gundy, 1990; Festinger, 1983; Harari, 1980; NRCPP, 1999; Rest & Watson, 1984; Stein & Carey, 1986).

### *Leaving Care in Adolescence*

Adolescence is a time when individuals can address many earlier developmental conflicts (Blos, 1971; Harris, Brown, & Bifulco, 1990). During this period, social expectations and individual maturational level are often in conflict. Separation from others dictated by maturational thrust and the experience of having enough care is a

sounder basis for independence than are legal and societal imperatives.

Theories of women's development suggest that girls and women place a high value on their connections to others (Gilligan, 1992; Jordon, Kaplan, Miller, Stiver, & Surrey, 1991). Without stable parenting that wisely allows for growth as well as connection, however, or a stable group of adult mentors and peers — with whom young women can form connections and supports, and from whom girls can internalize role models — the task of staying connected is difficult. Fear of relatedness based on earlier experiences makes moving into the world with realistic trust more difficult. Thus, for adolescent girls in out-of-home placement, the opportunity to develop a sense of self without relinquishing connection is a Gordian knot (Stern, 1990).

Constructing a positive and unique self to take into the adult world may be compromised by devaluation of both self and other; and a devaluation originally generated by parental hurt or rejection can easily be rekindled. For adolescent girls of color, authoring a positive sense of self may represent a sort of double jeopardy. Leaving care then becomes a time to deal with cumulative loss of attachments and devaluation. For adolescents who had been left by or who had left an abusive family on their own, leaving care often means the sudden end of an opportunity to have a needed nurturing childhood (Land, 1989).

The opportunity to express genuine sadness and fears is vital to self esteem (Harari, 1980; Land, 1989; Rest & Watson, 1984). Without the benefit of a clear understanding of the original rebuff, intense reactivation of feeling of being unloved and sent away may occur. Identification with the birth family's depreciated status may easily

become part of the individual's personal story.

Studies concur that individuals in stable, longer term care are the most likely to develop greater emotional ties and identification with a foster family, and to function better after care (Festinger, 1983; Jones & Moses, 1984; McDonald et al., 1996). Studies have shown that positive outcomes were more likely for those placed in foster families than those placed in group and institutional settings (Fanshel, Finch, & Gundy, 1990; Jones & Moses, 1984; Zimmerman, 1982). Many researchers have found a negative association between returning home to a family and running away from care prematurely (Fanshel, Finch & Gundy, 1990; Palmer, 1979).

#### *Discharge Planning and Transitions*

Those who left care in a planned way or stayed in care until 18 years of age fared better than those who left care either without an independent living plan or who ran away (Barth, 1990; Fanshel, Finch, & Gundy, 1990; Mallon, 1998; McMillan & Tucker, 1999). For youth leaving residential treatment settings, family and community supports have been shown to be more important than the manner in which they leave care (Whittaker & Pfeiffer, 1994).

Abrupt discharges do not allow the time either to adjust to or prepare for changes in the care experience, and are likely, therefore, to be more emotionally traumatic. One study (McMillan & Tucker, 1999) found that 63 percent of exits were unplanned, and almost 10 percent of youth slept in a group care home the night before they were discharged from state custody. Reunification with birth families is problematic for many

youth leaving care because they return to a dangerous situation they had earlier left. Youth who returned to unprepared families have been found to function less effectively than those who lived independently, and the former also were more likely to become involved in criminal activity (Fanshel, Finch & Gundy, 1990). Agencies must monitor the potential for adjustment between youth and families, before and after discharge, to ensure safety (McMillan & Tucker, 1999; Palmer, 1979).

#### *Adult Outcomes of Out-of-Home Care*

Earlier outcome studies (Bryce & Ehlert, 1981; Festinger, 1983; Meier, 1968) of both the physical and mental health status of care graduates described a generally more positive profile than more recent studies. In 1990, Barth reported that 44 percent of recently discharged youth felt they had serious health problems. Access to health care was a critical problem. More than half the youth leaving care had no health insurance, and 44 percent of them had trouble obtaining medical care. In another study (Courtney & Piliavin, 1998), it was found that 47 percent of the participants received mental health services during care, but only 28 percent of the graduates received mental health services after leaving care. These findings suggest that youth exiting from care experienced more psychological distress than their peers in a similar age group, and were in great need of mental health services. Such services, however, often were not available because the youth did not have medical insurance.

Research studies also have examined other subtle but overarching themes regarding how youth felt about their lives and relationships after leaving care. Findings

indicate they often felt lonely and that they were different from others (Meier, 1968; Rest & Watson, 1983). New graduates, in particular, were found to require the most after-care services to meet their social and emotional needs (Barth, 1990; Fanshel, Finch, & Gundy, 1990; McMillan & Tucker, 1999).

With regard to gender, there is a notable disparity in the quantity of research regarding the effects of childhood care experiences on adult life experiences. Most outcome studies have focused on male behavioral outcomes, such as involvement with the criminal justice system. For both genders, however, discharge from group homes and premature reunification with families has led to a greater likelihood of criminal justice system involvement (Fanshel, Finch & Gundy, 1990; Festinger, 1983; McDonald et al., 1996). Findings regarding both alcohol and substance abuse are inconclusive, but studies indicate the prevalence of these problems decreases with age (McDonald et al., 1996).

### *Education*

Educational outcomes have been shown to play a significant role in both adult self-sufficiency and employment. High school graduation has led to better adult outcomes regardless of skill training (Mech, 1994). Also, high school graduation has been associated across studies with a positive sense of well being and better mental health status (McDonald et al., 1996). Completing high school prior to discharge from care has been shown to lead to a stable job and family life (Cook, 1992, cited in Mech, 1994).

Almost all studies of those in care found the subjects' average level of educational attainment was below that of other citizens of comparable age, both nationally and in the

particular state or county in which a study occurred. Aggregating the data on high school graduation for 1994, Mech (1994) found that only 58 percent of those leaving foster care had a high school diploma. The Westat (1991) program evaluation found that, after leaving care 54 percent had completed high school 2.5 years after discharge — an increase of 21 percent. One optimistic report came from Rest and Watson's (1984) small study, which indicated that many of the subjects had entered college and were financially secure.

#### *Employment and Economic Stability*

Several studies have shown that limited academic achievement while in care resulted in limited employment possibilities and circumscribed self support (Barth, 1990; Fanshel, Finch, & Gundy, 1990; Mech, 1994; Stein & Carey, 1986). McDonald's et al. (1996) review of 29 studies from six countries indicated that a majority (64%-92%) of adults who were placed as children were employed as adults. Thirty-four percent of Festinger's (1983) sample were receiving public assistance at the time of her study, and an additional 21 percent had received public assistance at some time after leaving care. Many of her subjects believed they were unprepared for employment when they left care. Young mothers regretted not postponing childbearing until they completed their educations (Festinger, 1983).

Seventy-five percent of Barth's (1990) respondents were employed after leaving care. However, many were employed in low paying jobs with no benefits seven years later, and 33 percent of the male youth were engaged in illegal activities to support

themselves. Though several studies of American respondents found that their difficulties with stable employment lessened with time out of care (Festinger, 1983; Furstenberg, Brookes-Gunn & Morgan, 1987), the British respondents in Stein and Carey's (1986) study felt increasingly alienated from the labor market, and stigmatized by poor educational achievement the longer that they were out of care. In all, 80 percent of them were on the "dole."

### *Residential Status and Housing*

Regarding housing conditions and residential stability, the limited body of systematic research indicates that housing has been a pressing matter for youth leaving care (Mc Donald et al., 1996). The majority of Meier's (1965) respondents, however, who were interviewed in the 1960s, reported feeling they were mistresses of their own homes, and they had an increasingly high rate of home ownership. The reason for this seeming discrepancy may be that the respondents in Meier's sample were older than those in later studies, and were residing in Midwest suburban areas at a time when housing was not a pressing problem.

Other studies have reported both an increasing rate of homelessness and mobility just after individuals have left care. In the Westat (1991) study, 25 percent of the subjects had spent at least one night without a place to live; 57 percent were not satisfied with their current living arrangements; 12 percent sought housing assistance; 19 percent lived with their extended families (less than the percentage of youth in the general population); 12 percent sought housing assistance from the public sector; and 10 percent sought

housing from the private sector.

Barth's (1990) respondents endured severe housing problems: 29 percent reported that there was a time when they had no home, and 35 percent had moved two or three times within a year. Courtney and Piliavin (1998) found that 12 percent of their respondents reported being homeless at one point since discharge.

### *Family and Social Supports*

Outcome studies of adults who had been in out-of-home placement offer contradictory findings regarding social supports, which are defined differently in the various studies. Youngsters' lack of connection with their biological parents coupled with an inability to return to their foster parents for support was a significant problem (Fanshel, Finch, & Gundy, 1990; Harari, 1980; Stein & Carey, 1986). In other studies, a majority of new graduates reported regular contact with former foster parents or child welfare agency staff (Barth, 1990; Mallon, 1998). The majority of research subjects in Festinger's (1983) sample had lived in stable foster homes, but less than 50 percent of those who left such homes kept in touch with their biological families, preferring, instead, to have contact with their foster families (Festinger, 1983).

Almost one-in-four individuals in Barth's (1990) sample identified foster or group home parents as their psychological parents, but nearly 15 percent were unable to identify a psychological parent or someone of significance to whom they could turn for advice. In contrast, Festinger (1983) found that 96 percent of her subjects could identify someone to whom they could turn for advice; and in two studies (Festinger, 1983; Meier 1965), adults

who had been in care were found to be involved in community activities and formal organizations, including religious-based organizations.

### *Quality of Social Relationships*

In general, the studies reviewed above suggest that the majority of children placed away from their birth families were able to form fulfilling social relationships as adults, though significant discrepancies existed. Barth's (1991) respondents felt isolated and that their lives were more difficult and lonely than their peers who had not been in care. Studies conducted in Scotland (Triseliotis, 1980 cited in McDonald et al., 1996) and England (Quinton & Rutter, 1986) suggest that care graduates experienced problems in forming stable cohabiting partnerships, and in achieving integrated and supportive social relationships in the community. These risks appear to be heightened when children come into care later in life (Fanshel & Shinn, 1978; Festinger, 1983), and in cases involving reunification with birth families followed by emotional rejection (Palmer, 1998; Zimmerman, 1982). One study (Quinton, & Rutter, 1986) found that when these individuals became adults, they were more likely to experience teen pregnancies, relationships with non-supportive partners, and greater social isolation than peers in the general population. Stein and Carey (1986) found, in a qualitative study of British youth leaving care, that the subjects experienced profound feelings of loneliness and isolation. These risks are ameliorated by stable foster family care and adoption (Festinger, 1983).

### *Parenting*

Several studies have found that young women who had been in care conceived at an earlier age compared to adoptees or women in comparison groups (Quinton & Rutter, 1986; Westat, 1991; Wolkind & Rushton, 1977). Furthermore, sexually abused adolescent girls became sexually active at an earlier age, often resulting in more multiple pregnancies, more children, and need for public support than adolescents who had not been sexually abused. Among young women who left care, a common finding of studies was that they had a high proportion of unwanted and premature pregnancies (Barth, 1990; Fanshel, Finch & Gundy, 1990; Meier, 1965). Weitzman (1989) found, from an analysis of family shelter entry data, that women who had been in foster care also had first children at a younger age than those who had not been in care.

Three factors are closely correlated with better parenting. The first is long term, stable placements, which also were associated with greater identification with the foster family (Festinger, 1983; Jones & Moses, 1984; Palmer, 1976; Zimmerman, 1982). The second factor, reported by Quinton and Rutter (1984), was a supportive spouse. The third factor was adequate financial resources (Rutter, Liddle, & Quinton, 1984). According to the latter study, however, if the spouse had psychiatric problems, criminal justice involvement, or long-standing psychosocial or relational problems, then successful parenting was compromised. Fifty-one percent of those who had been in care had a poor parental rating, compared with 11 percent of the controls. Twenty-three percent of those who had been in care and 48 percent of the controls had a good rating. Early parenthood did not explain the difference between the two groups.

*Considerations Regarding Child Welfare Research Methodology*

The child welfare studies of interest to the writer varied greatly in their research methods, samples, and historical contexts, making distillation of findings precarious. For instance, longitudinal studies of adult outcomes for individuals in out-of-home placement prior to 1990 are more optimistic about outcomes in regard to mental health, social supports, and quality of life than studies done after 1990.

In addition to methods and sampling, policy and demographic differences have created hazards for generalizing findings. It is not clear, for example, to what degree changes in housing and economic opportunity contributed to differences in outcomes, or which outcomes are related to the changes in age and psychosocial functioning of recent cohorts of children coming into care. In addition, during the 1980's, federal legislation The Adoption Assistance and Child Welfare Act of 1980, ( P.L.96-272) and The Federal Independent Living initiative of 1986 (P.L. 99-272) increased demands for program accountability, which may have added rigor to program evaluations and outcome studies.

In general, the studies indicate that those who had been out of care longer caught up with peers who had not been in care in employment (Stein & Carey, 1986) and other areas of life; for some, however, the impact of pre-care circumstances and multiple placements left lasting negative effects on adult functioning (Barth 1990; Fanshel, Finch & Gundy, 1990). Smaller retrospective studies (Meier, 1965; Murphy, 1974; Rest & Watson, 1984) used a variety of outcome measures of well being, which yielded mixed results. Some studies indicated that, in general, graduates manifested functioning in

about the same way as their peers who had not been in care (Festinger, 1983; Rest & Watson, 1984 ). Beyond functioning, however, there were indications that those who had been in care felt isolated, suffered from stigma (Rest and Watson, 1984) and clinical depression (Barth, 1990), had a lasting sense of impaired well being and the lingering sense they were different from their peers (Meier,1965), and feared hurting others (Murphy, 1974).

### Theoretical Perspectives

Developmental theory is a compatible perspective for conceptualizing the conduct of this research study, which in part involves women's perceptions of their early life experiences that influenced their shelter use. Even the most inclusive of developmental frameworks, however, such as that of Erikson (1950, 1963), assumes that human growth occurs along somewhat uniform pathways that lead to fixed predictable ends. Often these pathways and ends reflect the need of a society to socialize members in harmony with its needs and expectations (Bruner, 1990).

As the previous review of research demonstrates, shelter use, shelter living, shelter parenting, and the experience of out-of-home placement are all experiences rife with potential adversity; and mothers without homes were exposed to a range of both disruptive life experiences and protections from harm caused by the disruptions. Therefore, in exploring the experiences of sheltered mothers — and specifically, of course, the participants in this study — the researcher believes the risk, protection, and resilience paradigm helps to focus on the complex forces and biographical variables that

turned their earlier risk into use of the shelter system. The framework helps to foster insight, which differs from more canonical developmental theory, about the ways the women adapted to and made meaning of adversity and disruption.

### *Risk, Protection and Resilience as an Alternative to Epigenetic Theory*

There is general agreement that much of development unfolds in harmony with growing biological functions, and that childhood experiences have an effect upon functioning in later life (Newman & Newman, 1991; Stern, 1985). Growth is multidimensional and malleable (Germain, 1991). Human development is also influenced by reciprocal interaction among a child, her family, and the social context in which she and her family live.

“Risk,” “protection,” and “resiliency” are the terms used to understand the influences of personal, familial and environmental factors on adult outcomes. Rather than studying developmental outcomes based on an “average expectable environment,” (Hartmann, 1958), researchers who use a risk and protection framework seek to understand the interaction of these mechanisms on outcomes. Self righting tendencies must be considered within the context of resiliency. According to Kohut (1984), development itself is inherently self-righting. With this concept in mind, it became possible for the researcher to focus on the manner in which children and adults seek mastery over their environment (Cohler, 2000; Murphy, 1962).

### *Risk and Protective Factors*

Risk factors are defined as the presence of adverse biological, psychological, or environmental conditions — or stressful life events — that can increase an individual's vulnerability to poor adaptation. Protective factors are defined as personal, familial, social and institutional buffers that mediate the effect of individual vulnerabilities, familial disruption, dysfunction, and environmental hazards (Norman, Turner, & Zunz, 1994).

A risk factor may contribute to vulnerability for a particular outcome, while protective factors may buffer the risk of a negative outcome by promoting resiliency in the individual. Rutter (1987) points out that risk mechanisms operate directly while protective processes operate indirectly, and that their effects are apparent only by virtue of their interaction with risk variables, which can modify a person's response to a risk situation as adults.

The current study was informed by several salient findings of the above-mentioned types of studies. For one thing, specific risk and protective factors are more important at different ages. Attachment, for instance, is a potent protective factor for individuals in infancy and early childhood. In older, latency-aged children and younger adolescents, consistent family rules and norms help them to construct moral and relational order. Peer relationships and strong educational institutions are key protective factors during latency and pre-adolescence (Compas, 1987; Eccles, Midgley, Wigfield, Buchanan, Reuman, Flanagan, & MacIver, 1993).

A second salient finding in this context is that, while a single risk factor is unlikely to lead to adverse outcomes, multiple risks amplify the probability of negative

outcomes (Rutter, 1991; Vaillant, 1993). It is not the sum of adverse events that is of concern, but the fact that adverse events potentiate one another, making their combined effects greater than the sum of the separate events. A sudden stressor that occurs as part of a broader web of problems has greater impact than a sudden stressful event alone (Rutter, 1991). More recent refinements of the framework (Cohler, 2000; McMillan & Rideout, 1996; Rutter, 1989; Smith & Carlson, 1997) propose that risk and protective factors should be seen as composing chains of effects through time that influence functioning.

A third important finding is that persistent patterns of adaptation to adversity can change for the better under different circumstances (National Institute of Mental Health Task Force, 1996; Vaillant, 1993). Psychosocial stressors do not constitute just a short-term, single stimulus, but involve a changing array of conditions that have both a history and a future.

The effects of psychosocial stress, therefore, must be studied over time (Mechanic, 1970, cited in Rutter, 1981). An individual may be less vulnerable to a particular risk factor at one time than another (Werner & Smith, 1982). The long term result of adversity is determined by personal and environmental responses to stress, how the stress is responded to, and how the response is evaluated at the time, e.g., was the response adaptive or diminishing (Rutter 1981). Although the impact of early adversity may alter sensitivities to stress, periods of transition often offer a chance to moderate attributes of longstanding experience of risk (Rutter, 1981, 1987).

### *Resiliency*

Few researchers have focused on the meaning of shelter use from a strengths or resiliency perspective, as opposed to a clinical model perspective that focuses on psychological pathologies. Prevention research investigates both risk and resilience, considering protective factors and individual experiences that bolster and/or diminish coping resources. Could shelter use in some way be considered an adaptive outcome, when people are confronted with limited choices? In answer to this question, the appropriateness of the risk/resilience framework is evident, as the following discussion will show.

The concept of resiliency is used to describe the positive role of individual differences in human beings' response to stress and adversity. Whereas vulnerability is susceptibility to negative developmental outcomes under high-risk conditions, resiliency is successful adaptation following exposure to stressful life events. Both concepts are relativistic, and do not preclude change over time (Werner, 1989). Resiliency has come to be defined within the context of the risk/protection paradigm in several ways. Resiliency can be viewed as recovery in the face of trauma or as the presence of protective factors or processes that moderate the relationship between stress, risk factors, and positive outcomes (Smith & Carlson, 1997).

Studies of resilient children come largely from two different fields. The first is developmental and ego psychology, e.g., the studies on coping in children by Murphy and Moriarty (1976). These studies have been a model for much of the current developmental research on resiliency, especially in their use of longitudinal data and extensive case analyses. The approach is referred to as "developmental" because it considers stresses and varying ways of coping along developmental lines.

The second source of studies on resilient children comes from risk research on children who are vulnerable to psychopathology. These studies follow an epidemiological model, identifying a population considered to be at risk or under stress, for example, children of mothers with schizophrenic or affective disorders. The strength of resiliency research, including both some previously mentioned prospective research in foster care (Fanshel & Finch, 1978; Fanshel, Finch, & Gundy, 1990) and the retrospective research of Festinger (1983), is that it is longitudinal, multi-factorial, and often uses comparison, though not control, groups. Limitations of these studies are that they are cross-sectional and fail to capture the intervening processes from one time period to another.

One outcome of resiliency studies is a distillation of factors that allow children to cope with multiple stressors. These attributes are most often described in three domains: personal attributes, familial attributes, and attributes found in the external environment where children and their families live.

#### *Attributes Associated with Resilient Outcomes*

*Gender and resiliency.* Periods of developmental vulnerability are different for girls and boys. In infancy and early childhood girls are more resilient than boys under adverse conditions, especially the harmful effects of family discord (Rutter, 1981; Werner & Smith, 1982). During late latency and pre-adolescence, however, girls report more negative outcomes than boys in the face of stress (Werner & Smith, 1982). At this time girls become concerned about dependency, and resilient girls benefit from experiences that promote autonomy and independence. This finding supports that of Taylor, Gilligan, and Sullivan (1995), who have described adolescent girls' conflicts between maintaining

relationships and speaking their own mind. Resilient children are drawn to role models whose attributes complement their gender roles. For instance, girls are attracted to autonomous role models while boys are interested in nurturing and caring role models (Werner & Smith, 1982).

*Temperament and relatedness.* Werner and Smith (1982) identified those temperamental differences that contributed to the way in which children were able to influence responses of significant people in their lives. Resilient children are able to elicit attention and appropriate care from their environment. Temperamentally undemanding and responsive children thus facilitate bonding and social interaction, which in turn create experiences that develop skills for relatedness and coping. These characteristics serve to modify a child's experience. Chess and Thomas (cited in Germaine, 1991), however, noted that even these early qualities of temperament are malleable to environmental influences.

Studies of resilient families reveal more indicators of what helps children cope in the face of adversity. Families who provide support and guidance, especially in high-risk settings, create a safe haven for children living with stress in under-resourced and dangerous neighborhoods (Jessor, 1993).

Family cohesion, flexibility, open communication, and shared beliefs that forge families' interactional patterns in response to new situations are elements that support family members' capacities to enter into extra-familial relationships. Maintaining hope in the face of both ambiguity and loss supports resiliency. Spiritual values and cultural heritage encourage making meaning of crises (Walsh, 1996).

McCubbin et al. (1997) added the following elements that support resiliency: (a) communication among family members that encourages all members to have a say in the

family process promotes self-reliance and independence; (b) flexibility in changing patterns of functioning — including roles, rules, meanings, and if necessary, lifestyles — helps families achieve a new balance and recover; (c) good health; (d) truthfulness from those in the family, but also from those social, medical and political agencies that intersect with the lives of families at difficult times; and (e) family hardiness, i.e., family members working together to rally collective affiliations and relationships, from both extended family and community and others in the same “boat,” reduces isolation and normalizes the experience. A cohesive sibling unit is a great source of support in developing resiliency (Werner & Smith, 1982).

*Social context attributes associated with resiliency.* Resilient children seek out substitute caretakers, surrogate parents, and role models who help them through times of transition and crisis (Neiman, 1988 ; Werner, 1989). Those who are good at soliciting appropriate information, advice, and support from networks of peers, neighbors, teachers, clergy, and other adults create opportunities in their environments to find support.

Hobbies, extra-curricular activities, talent and interests are important in the lives of resilient children, because they serve as avenues through which they can develop relationships, coping refuges, and interpersonal experiences that generate feelings of success and mastery (Werner & Smith, 1982). In several studies, women who were well-functioning reported that they received a great deal of pleasure from sports, music, attaining responsible positions, a particularly good relationship with a teacher, and social success (Garnezy, 1985; Rutter & Quinton, 1991).

School and peer groups also have been found to offer individuals opportunities for instrumental support, help with problem solving, cooperation with others, and enhanced self-esteem. Connections with peers who come from stable families are often socially

rewarding and foster social values of mutuality and relatedness (Werner & Smith, 1982).

*Self-Esteem.* Experiences of success and achievement are critical to self-esteem, as is the feeling that one has some control over one's life (Germain, 1991). Among adolescents, this is particularly true. Resilient adolescents score high on scales of locus of control, and believe that the positive or negative reinforcement they receive in their lives is determined by their own efforts.

Developmental studies recognize that early parent-child attachments form part of a template for children of worthiness, relatedness, and safety (Bowlby, 1982; Germain, 1991; Hesse & Main, 2000). With a secure attachment, children experience their immediate niche as responsive and, conversely, sense that they can affect those around them. From this safe base, a child's personal attributes of self-worth and self-direction develop (Germain, 1991; Sroufe, 1978; White, 1959); and from repeated experiences of affecting his or her surroundings, the child's competence and self-esteem grow (Germain & Gitterman, 1991; Smith & Carlson, 1997).

Self-esteem is a subjective experience that results from cognitive and affective self-appraisal, when one compares perceptions of one's ideal self with the perception of one's actual performances (Bitoni, 1990). Self-esteem indicates the extent to which a person believes himself or herself to be capable, significant or worthy (Coopersmith, 1987). It is protective to have a well-established feeling of one's own worth as a person, together with the confidence and conviction that one can cope successfully with life's challenges (Rutter, 1987).

Belief in the capacity to affect one's surroundings is tied to both self-esteem and expecting well. Murphy (1976) frames resiliency as the avoidance of helplessness, the belief in one's ability to initiate change that contributes to self-esteem, the capability to

expect well, and the capacity to develop an internal image of oneself as mastering challenges.

The risk/protection literature also suggests that a range of interacting personal, familial, historical, cultural, and economic factors affect the development of self-esteem (Garmezy & Masten, 1994). Altering levels of or reducing exposure to negative life-experiences can enhance self-esteem (Rutter, 1987). Turning points, such as entering school or moving from adolescence into young adulthood, can provide positive experiences in the form of personal relationships or task accomplishment (Golan, 1981). These opportunities at critical turning points can help transmute a life-course to a more adaptive trajectory. Reducing the effects of chain reactions at such turning points is vital (Rutter, 1987).

#### *Women, Self-Esteem, and Transitional Life Experiences*

Self-esteem is a protective factor not only in childhood but also for adult women, including those without homes. Breakwell (1986) notes that self-esteem is an essential dimension of identity that is regulated, in part, by accommodation and assimilation of perceptions embedded in the social world. Studies of adult coping indicate that self-esteem continues to be susceptible to a range of social processes. Social roles provide a structure for both self-description and social representation, and roles are often heavily determined by dominant social values. Social representations both attach people to a definition of themselves and to society, by locating them within a social category with distinct characteristics, and act as a template that prescribes how action should be explained and interpreted (de Laurentis, 1986). Those who are disparaged by dominant values can use a range of strategies to change social location, the social representation, or

the meaning of a devalued social representation.

Women tend to think and act relationally and contextually, and to evaluate their worth based on attributes of caring for others, especially personal attributes consonant with the current social values (Chodorow, 1974). Concern for others is more important than both individual rights and needs (Gilligan, 1981; Surrey, 1991). Women are also sensitive to their perceptions of how important others evaluate them.

Women's success and, sometimes, family survival, often depend on forces outside themselves (Gordon, 1988). At certain times, and in certain contexts, recognition of an external locus of control and power differentials are adaptive. Poor women must also take into account contextual issues of power (e.g., resources and opportunities) and social definitions and forces (e.g., racism and sexism) in evaluating their worth (Fine, 1985).

External validation is one way women judge themselves to be meaningfully connected to others (Bitonti, 1990), but this way cannot be considered a personal flaw or to indicate ineffectual coping. Variations between self-perception, personal worth to others, and social representation inform subjective evaluations related to self-esteem. When internal and external perceptions of one's value and worth correspond, then one's self-esteem is enhanced. On the other hand, when dissonance exists between one's self-perception and external evaluation of one's worth, then one's self-esteem suffers.

Stevens' (1993) study of African-American, lower class adolescents and young adults showed that they made highly complex decisions regarding pregnancy and single parenthood within a high-risk environment, in order to keep their self-esteem intact. Such decisions are best understood within an alternative life course model, which presupposes that when opportunity for self-realization as an adult is perceived as blocked, then parenthood becomes a choice. The evolution of social identity as a parent could be

understood as a result of a consonance between limited social identity choices, and a crystallization of a personal meaning system directed to affirming self-esteem.

When women are in a period of transition, the quality and quantity of associated environmental demands are important for establishing their self worth, because at that time they can possibly experience both growth and the development of increasingly complex adaptive coping skills (Golan, 1991). For instance, there is a difference between the transition associated with sudden uprooting and the transition associated with planned moves. Uprooting often means loss of continuity in the performance of functional roles. Moreover, the psychological and coping skills that are functional in one setting may not be useful in another setting (Cohler, 2000, citing Banfield, 1958).

For women in transition, their interpretation of that life-event is, in itself, not sufficient to influence their self-esteem. Rather, the meaning they make of the transition combined with the impact of the environmental qualities on their internal experience of change are what affect their self-esteem (Rutter, 1987). The environment often serves as the primary source of opportunities for both action and new information upon which the individual can draw for creative solutions.

Two factors in the new environment have been found to mediate cognitive dissonance among women, and thus reduce the risk of diminished self-esteem. The first is the opportunity to develop meaningful connections to others and the availability of social support. The second is external validation by valued others of both their competence to make choices and personal worth (Bitonti, 1990).

Becoming a parent is a transitional experience as well as a time of potential growth. Among other important things, parenthood can transform the mother's interpersonal isolation into an intimate relationship with another person (Golan, 1981),

increase her self-esteem, and enhance her pride in both her child's growth and own nurturing (Benedek, 1959). In contrast to these positive aspects of parenthood, however, having and raising a child can be yet another blow to the mother's self-esteem, pride, and sense of isolation, if the environment and important others in her life cannot validate and support the profound changes that accompany the transition to parenthood.

Most relevant for understanding women in transition is Breakwell's (1986) concept of "the potential identity"— an intra-psychic process that allows individuals to compare their present identities with past identities, and then link these to what they want to become. Possible selves and potential identities represent subjunctive stories of a hopeful self, based on an optimistic assumption that change is possible. This is a very American value. The potential self can change the meaning of the social representation and wrest degrees of freedom from the social value system in which identity is mired.

#### The Contributions of Qualitative Studies in Understanding Shelter Use and Shelter Living

Recognizing the limitations of survey and cross-sectional studies, various researchers in the mid-to-late 1990's used qualitative methods to expand and refine knowledge about causal factors, process variables, and adaptative strategies of families without homes. The researchers were interested in the subjective understanding that women gave to their circumstances and behavior. They were often interested in what the women knew and understood about the day-to-day life of shelter living. Recognition that women had important knowledge that informed their coping strategies increased the credibility of their alternative viewpoints, individual and collective strengths, resilience, and wider view of coping.

The researchers used small, purposive, or convenience samples. Often, their

prolonged engagements in the life of the shelter and their use of participant observation added an insiders' point of view, marked by new insights regarding the meaning of shelter use and social life, coping, and parenting. The reliability of these studies was most often established by peer review and exhaustive data analysis. Because the findings from such studies are framed by the participants' perceptions, they identify aspects of context that can or do limit the participants' coping behaviors and diminish self-esteem. The findings from these studies are now discussed.

The choice to enter the shelter was never simple, as decisions were based on an amalgam of many factors. Families had both limited choices and resources, and entering the shelter system was often their last resort (Fogel, 1997; Thrasher & Mowbray, 1995). Nonetheless, they felt that they and their families were as worthy as other citizens in being entitled to a decent place to live. Mothers were not naive, and the choices they made reflected their understanding of the physical dangers, regimentation, potential loss of important relationships, and loss of child custody associated with shelter use (Bogard et al., 1998; Koch, Lewis & Quinones, 1996).

Entering the shelter system represented pro-active planning, in that parents looked further ahead than surviving the next day, week, or month, toward a more stable future for themselves and their children. Shelter use became a way of transforming a chaotic present into a stable future for their children (Banyard, 1993; Lindsey, 1997; Thrasher & Mowbray, 1995). Homelessness and shelter living are in themselves stressors (Banyard & Graham-Berman, 1995; Fogel, 1997, Lindsay, 1997; Thrasher & Mowbray, 1995). One study (Thrasher and Mowbray, 1995) found that women felt they had been "walking on eggshells" when living with others before entering the shelter, and this tension continued while they were in the shelters.

Several prominent categories of stressors emerged from the qualitative studies, including the constraints of limited, shared, and congregate space, and the loss of control over time and space (Banyard, 1993; Fogel, 1997; Thrasher & Mowbry, 1995). Worry about survival and safety affected all mothers when they initially entered the shelter, but was particularly prominent for women who had left abusive relationships and had no public assistance (Fogel, 1997; Johnson, 1992; Lindsay, 1997). These safety concerns re-emerged when women initially moved into the community, and were most prominent among women who had been abused as children. The women also experienced diminished self-esteem because they feared both reprimands from service providers and the negative social representations of them by society in general (Koch, Lewis, & Quinones, 1998). They worried about violating shelter rules, even when such rules conflicted with their own values (Hausman & Hammen, 1993). Shelter workers were likely to believe that the individual parent was responsible for what had become — and remains — a national problem. Some service providers held mothers responsible for not being able to obtain housing. Success obtaining housing was perceived to be based on “attitude” and other individual factors (Banyard & Graham-Bermann, 1995; Lindsey, 1998).

The qualitative studies were particularly relevant for discovering categories of women’s coping beyond those usually described in the literature, e.g., coping with illness, loss, and the hassles of daily life. Some of these relevant categories are now discussed.

#### *Coping by Connecting with Others*

When women felt there were others in the same “boat,” they could fight stigma and begin to feel connected to others (Lindsey, 1997). When service providers believed

such collective strategies were part of a positive transformation, the women began to develop a critical consciousness.(Koch, Lewis & Quinones, 1998). Banyard (1993) noted that about one-fifth of the women in her sample coped by using group identification with other women in the shelter context. This identification went beyond cursory support and reflected an empathic connection with other women, i.e., they could see their situations in the lives of others and, from this identification, gain a sense of comfort and strength. Seeing how others handled similar situations helped to reduce their feelings of isolation and marginality.

Thrasher and Mowbray (1995) found that women in the shelter received help from a wide network of family and friends beyond the shelter. For some, the physical separation improved relationships. Those in the support network were willing to extend themselves because of children. In Banyard's (1993) study, however, over half the women reported they could no longer count on those to whom they used to turn for help and support. Women also felt that, since becoming homeless, they had to do things on their own; and at times they were distrustful of counting on others (Fogel, 1997; Lindsay, 1997; Thrasher & Mowbray, 1995). Women also recognized the cost of retaining connections to particular family and friends. In some cases, they felt they were carrying the burdens of others (Banyard, 1993) .

Fogel's (1997) study used the concept of place identity to explore how sheltered women used transitional housing to adapt to the physical environment of the shelter, preparatory to their living in the community. Place identity is

a substructure of self-identity . . . consisting of broadly conceived cognitions about the physical world in which an individual lives. These cognitions represent memories, ideas, feelings, attitudes, values, preferences, meaning and conceptions of behavior and experience that relate to the

variety and complexity of physical settings that define the day to day existence of every human being. . . . Environmental cognition is the environmental part of a person, a past consisting of places, spaces, and their properties that have served instrumentally in the satisfaction of a person's biological, psychological, social and cultural needs. (Proshansky, Fabian, & Kaminoff, 1983, pp. 59-60).

Understanding one's environment and knowing how to behave in physical settings are dictated by these cognitions as well as by the individual's understanding of properties and persons in the environment. Environmental competence leads to skills of environmental control, i.e., the capacity to change the setting and adapt to the behavior of others (Proshansky, Fabian, & Kaminoff, 1983).

An individual's experience in his or her childhood home can influence use of space and coping with spatial and social relationships in the shelter. For instance, women who had been sexually assaulted in their childhood homes controlled access by keeping rooms messy and uninviting ( Koch, Lewis, & Quinones,1998). Mothers with place competency found useful and productive roles within the shelter, to prolong their limited shelter days and thus better meet their family's housing needs, whereas those with less ability to read and adapt to the environment in regard to space, rules, and roles were forced to leave shelters prematurely. Environmental skills are thus related to self-esteem, a sense of belonging, and identity, which are in part connected to conditions of past, present and future adaptation to an individual's physical environment.

*Parenting as Coping*

In part, parenting was a source of stress, but it was also an important coping strategy, involving women having to focus on the needs of children and trying to make children comfortable and secure (Koch, Lewis, & Quinones, 1998). Lindsey (1997) found that mothers felt disappointed in themselves when they recognized they were out of touch with their children's feelings and reactions, because of their own stress. Maternal status and parental authority were socially valued roles that supported women's self worth and gave them the persistence to achieve their purpose (Banyard, 1993). Before they entered the shelter, women could not predict the extent to which their maternal role might be diminished by shelter processing and regulations, which often limited their control over the daily routines of family life, such as cooking and putting the children to bed (Boxhill & Beaty, 1990; Lindsey, 1997).

Koch, Lewis and Quinones (1998) found that expectations of appropriate parenting were often in conflict with women's own values. In another study (Hausman & Hammen, 1993), when some mothers lost opportunities to act as primary nurturers and teachers, they also lost confidence in their parenting capacities; and this diminished their self-esteem associated with parenting. At times, parenting roles were assumed by staff or volunteers without consulting parents. Such unsolicited attempts to help only served to further undermine parental importance and also created feelings of disloyalty in children (Boxhill & Beaty, 1990). Furthermore, staff publicly criticized parents in front of their children, for what staff considered lapses in parental behavior (Koch, Lewis, & Quinones, 1998). Mothers felt exposed and threatened (Boxhill & Beaty, 1990; Koch, Lewis & Quinones, 1998).

For many parents and children, what had been a private family life became

“public family life with permission” (Boxhill & Beaty, 1990, p. 62). Families could no longer express themselves in familiar ways. Mothers lacked a private place and had few private moments during which they could, among other things, cry or attend to their own feelings without exposing these states to their children.

Boxhill and Beaty’s (1990) study of the effects of shelter living on parent/child relationships illustrates the ways in which qualitative studies can decipher and describe the complex meanings of behavior embedded in shelter living. It also exemplifies ways in which ethnographic observations over time can explore the insiders’ point of view. In this study, observation over time and thick description bring the underlying meanings of patterns of behavior between older children and their parents to the surface. The findings indicate that temporarily overwhelmed parents were comforted when their older children performed specific maternal roles and expressed loving behavior toward their parents. These activities provided solace to the mothers. Such loving acts of comfort and mutuality helped parents re-establish their worth and regain a protective adult stance. Rather than interpreting this behavior as pathological role reversal, these researchers assumed that this interaction reflected a relational strength, family resiliency, and the mutuality that persists even under stressful conditions.

For instance, Boxhill and Beaty (1990) noted that, in family shelters, opportunities for private time and private space are vital to sustain and enhance parental functioning. They recommended utilizing the array of available opportunities lodged in shelter living to carve out family activities that compensate for maternal roles taken away by shelter regimens; and that service providers and volunteers should carefully evaluate the consequences of assuming parental functions.

The women used various adaptive strategies to reduce stress and cope effectively,

such as physically distancing themselves from sources of problems; thinking positively; relying on spiritual beliefs (Banyard, 1995), especially by focusing on their children for motivation; using adaptative compliance, resistance, and patient endurance (Bogard, et. al., 1998;) and taking one day at a time (Banyard & Graham-Bermann, 1995; Fogel, 1997).

### Summary

As shown in this chapter, studies of homeless families have attempted to delineate the complex causes of homelessness and describe the experiences of persons without homes. Researchers using survey techniques have investigated macro-level factors, such as poverty, racism, gender inequality, and housing deficiencies that effect shelter use. These studies have been invaluable for defining many parameters of the problem. In addition, comparative cross-sectional studies have identified individuals' personal traits that interact with larger social forces to create a vulnerability to become homeless.

Qualitative studies have been useful in both contextualizing individual adaptation to extreme stress prior to shelter entry and the difficulties of shelter living. These studies, which rely on knowledge of the shelter users as well as careful procedures of data analysis and interpretation, have yielded a rich, often individualized, and evolved understanding of the experience of persons without homes. The emphasis of the qualitative studies has often been focused on how social realities affect those without a home, and less often been focused on the complex, subjective understanding that actors give to their social realities. Nevertheless, an accounting of personal meanings of both shelter use and adaptations is critical to any explanation of why and how parents make the choices they do. Moreover, most qualitative studies have focused on the present and

recent past, rather than on the actors' perceptions of more enduring adaptational patterns and how they have translated these patterns into present activity and hopes for the future.

Findings from research studies of homeless families also have documented the relationship between childhood disruptions, especially out-of-home placement, and adult homelessness. While it is important to understand that there is a connection between childhood disruptions and adult homelessness, variables related to childhood adversity have been broadly defined in studies of both mothers without homes and out-of-home placement. Thus, the studies lack both the specificity and depth that can come only from the shelter users' personal viewpoints, which is a major contribution of the current study.

Some research studies of single men without homes have utilized holistic designs, which have proceeded on the assumption that any event during a life course may be fully understood only in relation to both the events that precede and succeed it (Garfield, 1999). These studies of men without homes present a convincing picture of the personal and historical processes that lead to present identity (Snow & Anderson, 1992) and aspects of social life (Summerlin, 1999). Most often such qualitative studies, which capture the nuances of how persons without homes have come to know about and understand their reality, focus on single men, not women-headed families without homes.

Discrepancies in the literature reviewed may also reflect researchers' limited interest in acknowledging the complex forces that shape perceptions and lead to meaningful activities among mothers without homes. The gaps and divergent findings leave questions about how researchers, who reflect the dominant discourse, have defined the activities of such mothers, and why they have neglected the women's knowledge and interpretations of their own past, present, and future activities. Researchers themselves have commented on this gap in knowledge. As Bassuk et al. (1997, p. 24) have noted,

Our adult model may favor the inclusion of proximal as opposed to distal variables, and it does not elucidate the mediating relationship (causal chains) that constitute complex multiple pathways into family homelessness. A more definitive multivariate model might emerge from a prospective study of families at risk for homelessness.

The methodology of the current study, described in the next chapter, was designed to address both the temporal and substantive oversights in the literature. By analyzing the narratives of mothers who had been in care and not been in care regarding the defining events and processes that led to their use of the shelter, their experiences in the shelter, the personal meanings they held of home, family, and parenthood, and their hopes for the future, the current study fills a virtual void in the qualitative literature and enhances our understanding of the cognitive and behavioral functioning of mothers without homes.

## CHAPTER III

### METHODOLOGY

In this chapter, the methods and procedures used to conduct the study are discussed, including the (a) overview of the research design, (b) instruments, (c) setting, (d) protection of human subjects, (e) population and sample, (f) procedures and methods of data collection, (g) techniques of data analysis, and (h) reliability and validity.

#### Overview of the Research Design

The study employed a qualitative, descriptive, comparative research design that involved two samples of mothers without homes, i.e., those with ( $n = 12$ ) and those without ( $n = 12$ ) out-of-home placement experience as children or adolescents. They were interviewed separately over a period of several months between November 1995 and August 1996 in their respective residential shelters or apartments in the community.

The interview data were supplemented by other data obtained through a variety of qualitative techniques, including examination of case records, observation, and interviews with staff at the residential shelters. Background characteristics of the research participants were analyzed using descriptive statistics. For the interview data, various coding strategies were used to identify categories and themes and organize the findings. These aspects of the research design are elaborated in the remaining sections of the chapter.

### Qualitative Methodology

Epstein (1988) and Patton (1990) summarize the aptness of the qualitative method for the current study. Epstein notes that qualitative methods are most suitable when there are limited conceptualizations and theory building in regard to a complex social problem under investigation. For identifying new concepts and formulating hypotheses, qualitative methods are good science, according to Epstein. Furthermore, Patton notes that while positivism seeks the facts or causes of social phenomena apart from subjective states, qualitative research — particularly phenomenological inquiry — seeks to understand the circumstance from the actors' own perspectives.

A qualitative methodology was thus chosen for this study to expand on the limited information in the existing body of literature on mothers without homes. As noted in Chapter II, findings from research studies of homeless families have documented the relationship between childhood disruptions and adult homelessness; and qualitative studies of both children in out-of-home placement and families without homes have described individuals' efforts to cope with both extreme and cumulative stress. What was missing from the literature were studies about these individuals' perceptions of the processes that translated childhood risk into adult homelessness; their personal meanings of home, family, and homelessness; and their insights about their situation and experience over time. Answering questions about such perceptions, meanings and insights for mothers without homes was a primary goal of this study.

To obtain the necessary data, the researcher used the life history interview. Data from these interviews were supplemented by ancillary sources of data, obtained from

three other qualitative techniques: informal observation, interviews with shelter staff, and — when available and permitted by the research participants — case records of women in the residential shelters.

A qualitative methodology is best suited to reveal information on cognitive factors, such as perceptions, personal meanings, and insights (Epstein, 1988; Patton, 1990). Other researchers have described and evaluated the functioning of mothers without homes within dominant, socially constructed normative systems. They thus deduced variables within that framework, without considering the nuances of process and meaning discoverable through the insight of those who lived these lives. The qualitative method employed in this study, however, is well suited to consider the impact of social processes and the nuances of meaning the actors gave to their experience, as well as the way in which they engaged with social realities and changing contexts.

*The Life Narrative: The Study of Subjugated Stories Over Time*

Since the task of this research project was to understand biographical variables and categories of experience that lead to shelter use, as well as the participants' current meanings of home and family, the major data collection method used was the life story interview. This method, which evolved from oral history, psychoanalysis, and sociological approaches, was intended to document the informant's views about her past and present experiences, including interpersonal relationships involving family, her children, and individuals in an array of social structures and institutions. In addition to being an appropriate research method for gathering information on the subjective essence

of one's entire life, the life story approach directs attention to the range of possible roles and standards that exist within a community. This approach helped the researcher consider the participants' perceptions of their place in the social order, and the processes that lead to that place, an attribute of the method identified in Atkinson's (1998) work.

This method is particularly appropriate for understanding the subjects of this study. Homelessness and out-of-home placement are experiences rife with disruptions of interpersonal relationships, social settings, and status changes. Study participants had been legally defined as charges of the state (either by reason of their "without-home status" or their status as a ward of the commissioner of social services, when in out-of-home care). The impact of such disruptions and legal definitions have often been interpreted by shelter administrators, politicians, and the general public in terms of externally derived (i.e., stereotyped) categories, such as "homeless," "single parent mothers," "exploiters of the shelter system," "welfare queens," "foster children," and "runaways," among others. Such labels tend to dehumanize the specific individuals to whom they refer and prevent fruitful scientific analysis by obscuring distinctions — flaws avoided with the life history approach.

In addition to the life history approach, several concepts were helpful in framing the research. These concepts focus on the salience of certain kinds of events, activities, and behaviors, providing a way to both shape the research design and organize the complex reality inherent in field work (Patton, 1990). Both feminist standpoint theory, within the constructionist paradigm, and the aleatoric perspective, as it relates to developmental theory, were such concepts.

### *Constructionist Paradigm*

Implicit in the life story approach is the social constructionist paradigm, which raises issues related to subjective interpretation that the researcher had to consider and resolve appropriately for the current study. One important issue is that of “standpoint.” Van Den Bergh (1995) explains that the concept of “standpoint” assumes that all people see the world from the place where they are situated socioculturally. What is considered “real” depends on one’s standpoint, which is grounded in experience related to one’s sociocultural position. According to De Lauretis (1984, p. 159), subjectivity “is produced not by external ideas, values, or material causes, but by one’s personal subjective engagement in the practices, discourses, and institutions that lend significance (value, meaning, affect) to the events of the world.” These concepts compel a researcher to treat each individual’s testimony as real (to him or her), no matter what other evidence gathered or observed may suggest.

Another important concept for both the constructionist paradigm and issues involving subjectivity is that of agency. De Lauretis (1986) describes “agency” as the subject’s capacity to make meaning in her interaction with others. In *Feminist Studies/Critical Studies*, de Lauretis (1986) situates agency in the context of lived experiences, of habits and practices that allow for the continuous engagement of self in social reality. This reality is manifested through social interactions, and is seen as a historical process, whereby consciousness is interpreted or reconstructed by each of us within the domains of meaning and knowledge available in the culture at given historical moments. This concept forced the researcher to consider the effects of social interactions

and concrete cultural-historical conditions in the production of her research subjects' personal meanings, and when interpreting such meanings.

Feminist researchers (Bermann & Banyard, 1995; de Lauretis, 1986; Sands, 1996) support and add to the above concepts, by noting that all individuals are strategic in their interactions, in that they change themselves in the course of adaptation to shifting contexts. Kemp (2001) believes that understanding individuals in their environments must include attention to the social construction of that environment, through individual and collective systems of meaning and belief, as well as to relationships of power.

#### *The Aleatoric Perspective and Exceptional Stories*

Another perspective central to the qualitative methodology used in this study is the aleatoric perspective (Cohler, 1991). It has called into question basic assumptions about both categories derived from longitudinal developmental studies and the presumed stability and continuity of personality over time. For many of the participants in this study, events intruded on expected life chances and personal development. Their stories eschew the "canonical," which extols those values in a human's history that reflect current valued norms. Stories that do not conform to the norms are "exceptional stories," best revealed through the life story approach and interview guide employed in this study (Bruner, 1990). These capture socially constructed reality through narratives, which are different from logical thought, in that they must take account of a wider reality than logical thought (Bruner, 1991). Considering the above, the investigator was sensitive to the aleatoric perspective in conducting the study and interpreting the findings.

## Instruments

### *The Interview Guide*

The investigator considered it important that each woman in the study could freely describe how she interpreted and felt about the effect of external events on her internal experience, and how she both acted upon those perceptions and evaluated the outcomes. To obtain this information, a basic interview guide (Appendix I) was developed, and served as the primary research instrument in the study. It is an in-depth, topically focused guide that documents both past and present life events and future hopes.

This instrument was derived from the life-cycle model described by Denzin (1970). It was used in a similar study by Merves (1986), and adapted for this study based on a review of relevant research related to outcomes of out-of-home placement and families without homes, as well as sensitizing concepts from feminist standpoint theory and the aleatoric perspective. The guide also was constructed to focus on the participants' affective recollections of places they had lived; the quality of the relationships they experienced with caretakers, family, and friends; and relational patterns.

The guide was used as a way to help the participants organize their responses. The investigator modified the original guide to incorporate the participants' descriptions about the meaning to them of home and family. The guide was further modified specifically for women who had been in out-of-home placement, to focus more directly on out-of-home placement events and the meanings of this experience (see Appendix II, "Interview Guide for Women Who Have Experienced Out-of-Home Placement").

The interview guide covers nine areas: It begins with “ice-breaking questions” about present experiences of daily living and reactions to shelter living. The eight other areas include: 1) life before coming into the shelter; 2) places lived before the shelter and previous living arrangements, along with each woman’s feelings about these places; 3) family, friends and relationships, including what it was like growing up and relationships in present life; 4) education, employment and financial situation; 5) the meaning of both being a parent and family; 6) the meaning of home; 7) what is important to each individual woman, including hopes and dreams about the future; and 8) a closing section that includes comments about conversations between the participants and investigator, additional thoughts, and further questions that they wished to ask. Prompts and flexible probes were used to deepen and expand understanding of properties and dimensions of categories (Corbin & Strauss, 1990; Spradley, 1976). They were also used to elicit and generate, first, broad descriptions, and then more specific descriptions about how things are usually done (Spradley, 1976). For example, when the researcher thought it was necessary, she asked questions to expand and deepen respondents’ descriptions, e.g., “Could you give me an example of ‘hanging out’?”, while at other times she asked about hypothetical interactions, e.g., “What would happen if a friend asked to borrow money?”

The structure and flexible but uniform use of the interview guide with each participant provided a systematic framework to understand women’s perceptions of the forces that shaped their behaviors and thoughts. The systematic use and thought-out nature of the guide were important factors that support reliability. In addition, each woman’s commitment to participate in multiple interviews allowed the researcher the

flexibility to go into greater depth, when it seemed relevant for discovering new perceptions.

The interview guide was reviewed for completeness and construct validity by colleagues, including educators, social work professionals, and fellow doctoral candidates who were familiar with both women who had been in out-of-home placement and sheltered heads of households. Based on their feedback, as well as on feedback from two women who had been in out-of-home placement, the guide was amended for both clarity and content.

#### *Demographic Data and the Life History Calendar*

In conjunction with the interview guide, the researcher used two other instruments to collect data from the participants. One instrument was used to collect basic demographic data (Appendix III). The second instrument was a life history calendar (Appendix IV) designed as a grid, to indicate domains of experience (e.g., family, friends, school) on the vertical axis and age groupings along the horizontal axis. It was intended to assist the participants to recollect experiences in various domains that might be missed in a less structured interview. The instrument had been used in a longitudinal retrospective study by Furstenburg, Brooks-Gunn, and Morgan (1987). They reported that the instrument was useful for helping women remember concurrent events, e.g., when they had moved in or out of their parents' households, started or left school, started or left employment situations. An additional benefit of this techniques for the investigator was the possibility of cross-checking responses that seemed logically

inconsistent or implausible as respondents filled out the calendars (Furstenburg et al., 1987).

As data collection proceeded, the investigator found that use of this instrument stifled the flow of conversations, and was incongruent with the naturalistic intent of the research design. Use of the grid was thus eliminated after two cycles of interviews had been completed. The data collected with this instrument, however, were considered when interpreting findings from the study and drawing conclusions from them.

### *Staff Interviews*

Because multiple perspectives can add depth to qualitative studies, the researcher also interviewed staff who worked at the shelters where the participants lived. Staff often had daily contact with many sheltered parents and were in a strategic position to comment on the difficulties they faced and the coping strategies they used. Their observations and perceptions about the ways the mothers constructed the meanings of shelter use, home and family, and how the constructions might affect their day-to-day lives, added another dimension to the data.

The researcher also developed a staff interview guide (Appendix V). It was intended to allow her to gain further insight into the shelter context, in which staff attitudes and activities were an integral component. The staff interview guide was more structured than the guide developed for the women, and covered several areas. It contained “ice-breaking” questions, which asked staff members to speak about their work and the context and quality of contact they had with the women in the shelter. Other

questions were intended to explore staff members' assumptions about homelessness (especially causes of homelessness), shelter use, and the impact of the experiences on the families with whom they worked. One question aimed to discover whether staff discerned differences between parents who had experienced out-of-home placement and those who had not. A final question was intended to elicit new perceptions, which may have been neglected in the interview guide. The staff interview guide was reviewed for completeness and construct validity by two shelter directors.

#### The Settings and Recruitment

The research participants were interviewed and observed with their children in their respective residences, and staff members also were interviewed at the shelters where they were employed. Names of the shelters and agencies discussed in this and the following sections were disguised to protect the anonymity of residents and personnel.

The Arch Residence, where 17 of the participants lived, provided temporary housing for 31 small families, most often with one or two children under 12 years of age. The Lincoln Family Center, where five of the participants lived, was also included in the study, to provide for a more diverse sampling frame, as this shelter housed one- and two-parent families with children not restricted by age. In addition, two participants lived in the community and resided in permanent housing in different neighborhoods of New York City. Additional details about the study sites, which give the reader a fuller understanding of both the nature of the research participants and the factors that affected the interview data collection process, are included in the "Findings" chapter.

### *Recruiting the Participants*

In order to secure the samples from the study population, the investigator utilized professional connections with administrators of agencies who provided both child welfare and transitional housing services. Discussions with the administrators about the research goals and protocols of the study were followed by written agreements that defined the conditions for data collection.

The administrators then introduced the investigator to directors at specific program sites whom they considered receptive to the research; and through them, the researcher recruited staff and parents. Arrangements to begin data collection were finalized with each director, and the administrators were informed.

Recruiting the research participants at the host agencies was tailored to the structure and social life of each setting. At The Arch Residence, the investigator first presented information about the purpose, design, content, and timing of the study at a staff meeting, and offered to give interested staff members a copy of the staff interview guide. During the weekly house meeting, the investigator explained to the mothers the purpose and content of the study and the selection criteria for participants, including the time they would likely have to devote to the interview process. Ten women volunteered to participate in the study immediately after the meeting; and as the parents spoke informally with one another, seven additional women expressed interest in participating in the study.

At The Lincoln Family Center, the staff recruited four women, in accordance with

the study criteria. The investigator then met in a group with the four women, to explain the study further. As the staff had, indeed, chosen the subjects carefully, in terms of the sample selection criteria, the investigator retained all of them for the final study; and at a slightly later time, she added a fifth resident to the sample.

#### *Criteria for Inclusion in the Study*

To be included in the study, the women had to be parents and living in either a shelter or permanent housing funded in part by an income-maintenance grant from Aid to Families with Dependent Children (AFDC), for at least two weeks prior to beginning the interview process. To be considered a person who had experienced out-of-home placement, subjects had to have been in the custody of the Commissioner of Social Service for two or more months before the age of 18 (most children return home within two months). These broad criteria for inclusion in the study excluded few of the sheltered mothers at the study settings.

#### *Payment to the Participants*

As part of the recruitment process, the investigator paid all the participants at The Arch Residence and Lincoln Family Center a small cash stipend for each interview, in increasing increments, both to encourage their ongoing participation and communicate that their time was worth payment. Specifically, each woman was paid \$5 for the initial exploratory interview, \$10 for each subsequent interview, and \$15 for the final interview.

For the women living in the community, the payment schedule differed. They

were paid \$100 in cash for five interviews at the initial interview. This payment approach resulted from a conversation between the investigator and the Director of Programs at Almost Home, the child welfare agency, who believed these women would be more likely to participate at this higher rate of payment for several reasons: they were more mobile and had more time pressures than the women in the shelters, and they would be attracted to the “fixed fee” approach, considering it a more respectful form of contractual arrangement than piecemeal payment after each interview.

#### *Protection of Human Subjects*

Because families without homes are a vulnerable population, the investigator took special care with research protocols designed for the protection of human subjects. The research protocol was approved by the Hunter College Committee on the Protection of Human Subjects from Research Risks, Institutional Review Board, before the project began. The protocol detailed the actions the investigator would undertake should the interview elicit unexpected negative reactions from participants. Because the interview process carried the possibility of evoking strong feelings associated with their speaking about and remembering painful experiences, potential participants with known acute mental illness or a recent history of psychological instability were ruled out of the study.

The investigator established the following safeguards to minimize possible negative effects of the interview process for the participants: (a) The continuity of the interview process over time enabled the investigator to monitor negative effects; (b) Participants could conclude the interview when they wished; (c) If negative reactions

should occur among shelter participants, the investigator would notify staff at the shelter, after getting consent from the research participants.

At the initial meeting with individual participants, the investigator reviewed the purpose of the study, using an introductory script. If the potential participant was interested, then she and the investigator carefully reviewed the informed consent together (Appendix VI). The informed consent detailed the purpose of the study, the voluntary nature of participation, the mutual expectations of the researcher and the participant, limits of confidentiality, and payment arrangements. Limits of confidentiality specified that information related to potential harm to self, children, or others, as well as information related to illegal activity, would be disclosed to appropriate staff. This document was read and signed by each participant before an initial interview. Each respondent who allowed review of her case records signed a separate release, which permitted the investigator to review case records (Appendix VII). Each participant was given copies of the consents, if they wished to receive them.

### Population and Sample

When the investigator first conceptualised the study, she envisioned a purposive sample consisting of three groups, including 10 women living in shelters who had been in out-of-home placement, five women living in shelters who had not been in out-of-home placement, and five women living in the community who had been in foster care but who had not used the shelter. The three-sample design was intended to support discovery of similarities and differences in experience at critical life junctures (e.g., leaving care, child

bearing). Using non-placement and placement comparison groups provided an opportunity to explore similarities and differences in the meaning of home, family, and becoming a parent, which may have been affected by earlier life experience.

As the study progressed, it was clear that two of the women in the community sample had been able to obtain permanent housing without using the shelter system. A subsample of two did not meet criteria for a viable comparison group. Thus, the population of the study was re-conceptualized as mothers and their children who were either living in or who had lived in Tier 2 shelters in New York City. Although two women who had not been in shelter completed the interview protocol, their responses were not included in the findings.

The two-samples employed in the final study were composed of 12 women who had experienced out-of-home-placement and 12 women who had not experienced out-of-home placement. Seventeen of the women were from The Arch Residence (including seven who had been in out-of-home placement), and five of the women were from The Lincoln Family Center (including three who had been in out-of-home placement). The remaining two women lived in the community (both had been in out-of-home placement). Conducting research at two transitional shelters provided a more varied sample than data collection at only one shelter.

The final sample of 24 women was a convenience sample, obtained through the process described earlier in this chapter. Because of both the nature of the sample and the small sample size, the findings have limited generalizability. This is appropriate, however, for an exploratory study whose primary function was to reveal relationships and

provide suggestions for further research in an area that had not been adequately investigated through qualitative techniques.

### *Summary of Major Demographic Characteristics of the Research Participants*

In this section, descriptive statistics are presented that summarize basic demographic characteristics of the 24 research participants, as well as comparisons of the members of the two groups, i.e., those with and without placement experience. The summary statistics used include the arithmetic mean (average), median, minimum and maximum values, frequencies, and percentages.

#### *Age*

The mean age of the participants was 24.2 years and their median age was 22.5 years. The youngest participant was 18 and the oldest was 51. The two subgroups were roughly equivalent in age, at the time of the interview. The median age of those who had been in placement was 22 years while the median age of those who had not been in placement was 23 years. Included in the not-in-placement group were two older participants, or “statistical outliers,” aged 39 and 51, who skewed the group’s mean age upward. The age range for women who had been in placement was between 18-29 years, while the age range for those who had not been in placement was between 19-51 years. The difference in age range may indicate that women who were not in placement were vulnerable to sudden life changes that encompassed a wider range of life cycle stressors.

#### *Birth of First Child*

For the total group, the mean age for birth of a first child was 20.2 years, and the median age was 21 years. For both groups of women, the mean and median ages were the same, at 20 years and 21 years, respectively.

### *Race/Ethnicity*

The most prevalent racial group in the study was “Black,” with 70.8 percent (n = 17) of the participants identifying themselves as either “African American” (50%) or “Caribbean-American” (20.8%). The prevalence of women born in the Caribbean was 25 percent for those who had not been in placement and 16 percent of those who had been placed in care. Latina women represented 20.8 percent (n = 5) of the total sample, including 4 women who had not been in placement and one who had been in placement. The remaining two women in the study (8.3%) identified themselves as of mixed race and ethnicity and both had been in placement.

### *Marital Status*

Table 1 shows the frequency distribution for the research participants’ marital status at the time of the interview.

Table 1  
Marital Status

Marital Status	Women In Placement	Women Not In Placement	Total
Single	8 (66.7%)	8 (66.7%)	16 (66.7%)
Married	4 (33.3)	1 (8.3)	5 (20.8)
Divorced	0 (0.0)	3 (25.0)	3 (12.5)
Total	100%	100%	100%

As Table 1 shows, 16 (66.7%) of the women in the study were single at the time of the interview, with 8 in each subgroup. Four (80.0%) of the 5 married women were in the placement group, and all 3 (100.0%) of the divorced women in the study were in the not in placement group. Thus, the women in the placement group had slightly more stable marital histories than the women who had not been in placement.

#### *Educational Attainment*

At the time of the study, 6 (25.0%) of the women had attended college for from one semester to three years. Of them, 5 (83.0%) had been in out-of-home placement. Within the placement subgroup, 4 (33.4%) of the 12 women had completed high-school and/or had a GED, but had not gone on to higher education, while within the not-in-placement subgroup, 5 (41.7%) of the 12 women had completed high-school and/or had a GED, but had not gone on to higher education. Six (50.0%) of the women who had not been in placement had not completed their secondary education, while 3 (25.0%) in the

placement subgroup had not completed high school. Collectively, these data suggest that out-of-home placement had a stabilizing effect on the women's education.

### *Employment Patterns*

Although there was a difference in educational attainment between the two groups, their employment patterns were similar. An almost equal number of women in each group either had never been or were sporadically employed. Two women who had been in care and one woman who had not been in care had been able to obtain steady employment in positions where there was opportunity for advancement. All other employment for both groups had been at entry level, leaving participants vulnerable to economic changes.

### *Financial Status*

All of the women were receiving some form of income or rent subsidy, at the time of the study. The two participants living in the community used a time-limited Federal Section 8 rental subsidy (to bridge the gap between income and fair market rent). Only one woman was not receiving an income subsidy, and was supporting her family through employment. For families in temporary shelter, a shelter allowance was paid directly to the shelter provider, and the women received an additional subsidy in the form of direct cash grants, food stamps and WIC, based on federal and state formulas, according to family composition.

*Additional Relevant Background Characteristics of the Research Participants*

In addition to the above demographic characteristics of the women, several other categories of findings will assist the reader in gaining a fuller understanding of their background characteristics, including data related to their (a) residential moves, (b) out-of-home placement and discharge experience, (c) victimization in childhood, and (d) mental health treatment.

*Placement Histories*

Eight (66.0%) of the 12 women in the placement group entered placement when they were 10 years of age or older, and three women reunited with their families when they left care. Table 2 shows the frequency distribution for the number of years the women in the out-of-home group spent in placement.

Table 2  
Number of Years In Placement

<b>Number of Years</b>	<b>Frequency</b>
1-5	6 (50.0%)
6-10	4 (33.3)
11-15	0 (0.0)
16-20	2 (16.7)
Total	12 (100.0%)
Mean (S.D.)	8.0 (5.1)
Median	5.5
Min./Max. Values	4, 19

As Table 2 shows, the 12 women spent an average of 8.0 years in placement, with half (50.0%) spending between 1-5 year and 10 (83.3%) between 1-10 years in placement. Half the group spent fewer than 5.5 years and half spent more than 5.5 years in placement. Four years was the least and 19 years was the most that a woman spent in placement. Table 3 shows the frequency distribution for the types of placement the women entered.

Table 3  
Types of Placement

Type of Placement	Frequency
Kinship Foster Care ( formal and informal)	4 (21.0%)
Foster Care	7 (36.8)
Group Home	4 (21.0)
Residential Treatment Facility	4 (21.0)
Total	19 <sup>a</sup>

a: Total >12 and percentage > 100 because several women were in more than one type of placement.

As can be seen in Table 3, the total N = 19 shows that several of the 12 women spent time in more than one type of placement. Foster care, involving both kin (n = 4, or 21.0%) and nonkin (n = 7, or 36.8%), was the most prevalent form of placement, with the latter being the most common. However, 8 of the 12 women spent time in a group situation (either a group home, n = 4, or a RTF, n = 4).

### *Permanency Planning Goals*

Permanency Planning goals were closely related to the women's choice to use the

shelter system. Of the 12 women who had been in out-of-home care, three returned home to their families prior to age 18; for four women, the goal was independent living apart from their families; three women left care or were precipitously discharged before the age of 18 without a discharge plan; and for 2 women, there seemed to be no clear discharge plan, and they returned to live with extended family members.

### *Family Structure and Family Supports*

Participants who were not in placement most often lived in two-parent households during a significant portion of time they were living at home. Their mothers also had important instrumental and financial support from their husbands who were not living in the household. In addition, the parents had support from extended family, friends, or both. Women who were placed more often lived with single parents or single substitute caretakers prior to placement. Their families usually had conflicted and limited relationships with extended family and few instrumental and social resources, which may have affected their relationships with their children.

### *Childhood Trauma*

Among the women who had not been in placement, eight (66.7%) reported experiencing no childhood physical abuse, sexual abuse, or neglect; one (8.3%) endured the early death of her mother; four (33.3%) witnessed repeated incidents of domestic violence and/or experienced physical abuse when they were children; and two (16.7%) reported protracted incidents of sexual abuse.

Among the women who had been in placement, seven (58.3%) reported severe physical abuse and witnessed repeated interpersonal violence; and three (25.0%) reported repeated incidents of sexual abuse by a father or stepfather. In addition, three (25.0%) of the women were orphaned before the age of 12. Although both subgroups sustained significant trauma, those who entered placement were more often subjected to abuse and/or neglect while living in less stable families than those who had not entered out-of-home care.

#### *Mental Health Treatment*

Given the extensive and repeated trauma many of the participants experienced as children, it is not surprising to learn that some of them received mental health treatment. The extent and self-reported effectiveness of such treatment merits attention. One of the women who had not entered out-of-home placement received mental health treatment prior to age 18. Three of the women were actively involved in mental health treatment at the time of the study.

Eight of the women who experienced out-of-home placement received mental health treatment while in care. Three women were admitted to inpatient psychiatric units while in care. One woman reported that the experience was helpful, though psychiatric treatment was not continued when she left the inpatient service.

Four women reported that they had received mental health treatment that was helpful, although brief, and they would have wished to continue treatment on a sustained basis. Two women felt they had received timely and helpful mental health treatment, but

two others evaluated treatment as harmful, and saw it as a negative experience. Two women placed in care directly as a result of sexual abuse were not offered mental health intervention.

### *Residential Moves*

Before the age of 18, the mean number of residential moves for the 24 women in the study was 6.6 moves; however, women who had been in placement moved an average of three times more than women who had not been in placement — 10 times compared to 3.2 times. This disparity between the subgroups decreased between the age of 18 and the time the women entered the shelter, with the mean number of residential moves for women in placement = 6.3 and the mean number of residential moves for women not in placement = 4.2

### *Length of Stay in the Shelter System by the End of the Interview Process*

Eighteen (75.0%) of the 24 participants had spent less than one year in the shelter system, and none had spent more than 2 years in the shelter system, by the end of the field work. The average amount of time the members in each subgroup spent in the shelter system was nearly the same, with the mean values of 9.9 months for women who had experienced placement and 9.3 months for women who had not been in placement. Two women who were living in the community and had been in placement spent an average of five months in the shelter system.

*Participant-by-Participant Summary Table of  
Demographic and Shelter-Related Characteristics*

Table 4 below shows both the demographic and shelter-related characteristics of each participant in the study, arranged in alphabetical order by first name. This table provides the reader with a single, convenient resource to quickly see the basic demographic and background characteristics of each respondent. It is recommended that the table be consulted when reading excerpts from the respondents in the next chapter. For example, when reading an excerpt from Connie's testimony in Chapter IV, the reader can simply identify her in Table 4 (the 4<sup>th</sup> column), and read down the column to review Connie's demographic and shelter-related characteristics.

Table 4  
Characteristics of Participants

Characteristic	Alicia	Asil	Charlotte	Connie	Delila	Dionne
Age	25	25	22	29	23	20
Ethnicity	Latina	African-American	Caribbean-American	Mixed	Latina	"Pure Black"
Age/Sex of Children in Shelter	8 mo./M 4 yrs/M 5 yrs/M 6 yrs/M	8 mo./M	4 mo./F	6 yrs./F 3 mo./F	17mo /F 5mo /F	2 yrs./M 3 mo./M
Age/Sex of Children not in Shelter	—	—	—	—	—	—
Placement Status	—	Group Home	—	FC, KFC	FC, Group Home, RTF, Teen Residence	FC, RTF, Group Home
# Moves Before Age 18	3	5	3	12+	12+	14
# Moves from Age 18-Shelter Entry	5	6	3	6	6	6
Marital Status	Single	Single	Single	Single	Separated	Single
Highest Educational Degree	J.H.S.	H.S.+ 3-yrs college	H.S.	H.S. + Secretarial.	H.S.+3-yrs college	J.H.S.
Past Employment	waitress / sporadic	meat wrapper	—	office assistant	entry level jobs/sporadic	—
Childhood Victimization	no	no	severe sexual abuse	neglect	physical abuse	neglect
Mental Health Treatment	no	no	no	no	yes	yes
Respondent Evaluation of Mental Health Treatment	—	—	—	—	effective	ineffective
Past History Substance Abuse	no	no	no	no	no	no
Current Address	Lincoln	Arche	Arche	Arche	community	Lincoln
Who Currently Living With	4 sons	son	daughter	2 daughters	2 daughters and friend	son, daughter and father of children
Time at Current Address When Interviewed	7 mo.	7 mo.	7 mo.	5 mo.	2 yr.	2 mo.
Total Length of Shelter System Involvement	8 mo.	8 mo.	11 mo.	7 mo.	5 mo.	6 mo. (CONT'D)

Table 4  
Characteristics of Participants

Characteristic	Eartha	Jana	Kathleen	Kenya	Linsay	Lucia
Age	24	24	27	19	39	19
Ethnicity	African-American	Caribbean-American	Latina	African-American	African-American	Mixed
Age/Sex of Children in Shelter	6 mo. pregnant	3 wks/M	4 yrs/M 14 mo/M	3 mo/F	pregnant	2 yrs/F 4 mo/M
Age/Sex of Children not in Shelter	4 yrs/M; 1 yrs/M; 6 yrs/M; 2 yrs/M (All, KFC)	—	—	—	12 yrs/F; 10 yrs/F; 9 yrs/F (All, KFC)	—
Placement Status	—	FC/Group Home	—	none	—	FC/ Group Home
# Moves Before Age 18	4	6	3	2	3	20+
# Moves from Age 18-Shelter Entry	10	5	6	4	10+	7+
Marital Status	Single	Single	Married	Single	Divorced	Married
Highest Educational Degree	J.H.S.	H. S.	J.H.S.	J.H.S.	H.S.+ Military	J.H.S.
Past Employment	—	summer jobs/irreg.	retail/ steady	summer jobs/irreg.	manager	—
Childhood Victimization	witness /neglect	physical abuse	no	neglect	no	yes
Mental Health Treatment	no	no	—	—	—	yes
Respondent Evaluation of Mental Health Treatment	—	—	—	—	—	positive; but no followup
History Substance Abuse	yes	no	—	—	yes	yes
Current Address	Arche	Arche	Arche	Arche	Arche	Lincoln
Who Currently Living With	self	son	sons	daughter	self	spouse & 2 children
Time at Current Address When Interviewed	2 mo.	6 mo.	3 mo.	2 mo.	1 mo.	11 mo.
Total Length of Shelter System Involvement	3 mo.	9 mo.	3 mo.	5 mo.	2 yrs.	2 yrs. (CONT'D)

Table 4  
Characteristics of Participants

Characteristic	Maria	Marion	Milagros	Natalie	Nodica	Rayette
Age	51	23	20	22	23	22
Ethnicity	Latina	Caribbean-American	Latina	African-American	Latina	African-American
Age/Sex of Children in Shelter	—	24 yrs/M	3 yrs/M 7 mo./F	3 wks/M	3 days/F	9 mo/M
Age/Sex of Children not in Shelter	7 children over 21 years (4F, 3M)	—	—	—	—	—
Placement Status	—	FC, Group Home, RTF, Maternity Residence	RTC, FC, Group Home	—	—	informal FC
# Moves Before Age 18	2	14	9	5	2	7
# Moves from Age 18-Shelter Entry	5	3	7	3	10	8
Marital Status	Divorced	Single	Single	Single	Single	unknown
Highest Educational Degree	H.S.+some college	H.S.+some college	GED+ vocational	H.S.+ college	J.H.S.	H.S.+business courses
Past Employment	Advocare	HHA/stable	none	none	retail/parttime	bartender/steady
Childhood Victimization	—	emotional / physical abuse	sexual/physical abuse	—	emotional/physical abuse	neglect
Mental Health Treatment	yes	yes	no	no	no	brief
Respondent Evaluation of Mental Health Treatment	very helpful	very positive	—	—	—	helpful
Past History Substance Abuse	—	no	no	no	no	no
Current Address	Lincoln	community	Arch	Arch	Arch	Arch
Who Currently Living With	grand-daughter	son/son's family	son and daughter	infant son	infant daughter	son
Time at Current Address When Interviewed	7 mo.	10 mo.	9 mo.	5 mo.	3 mo.	1 mo.
Total Length of Shelter System Involvement	8 mo.	11 mo.	3 yrs.	7 mo.	5 mo.	3 mo. (CONT'D)

Table 4  
Characteristics of Participants

Characteristic	Roberta	Roseanne	Sabina	Soliel	Talia	Vanessa
Age	23	18	21	22	19	21
Ethnicity	African-American	African-American	African-American	African-American	Caribbean-American	Caribbean-American
Age/Sex of Children in Shelter	9 mo/M	3 yrs/F 2 yrs/M	1 wk/F	2 mo/F	1 mo/F	4 mo/F
Age/Sex of Children not in Shelter	—	—	—	—	4 yrs/F	4 yrs/M
Placement Status	—	RTC, FC, Group Home	FC	KFC, RTC, RTF	—	—
# Moves Before Age 18	4	9	12	10+	4	5
# Moves from Age 18-Shelter Entry	4	6	19	6	4	5
Marital Status	Single	Married	Single	Single	Single	Single
Highest Educational Degree	GED	J.H.S.	H.S.	H.S.+ college	J.H.S.	H.S.+HHA Training
Past Employment	management/ retail management (steady)	—	retail/ parttime	none	waitress	HHA
Childhood Victimization	no	sexual/phys. abuse	neglect	neglect	sexual/ neglect	neglect
Mental Health Treatment	no	yes	yes	yes	no	no
Respondent Evaluation of Mental Health Treatment	—	too short to help	positive	ineffective/ not necessary .	—	—
Past History Substance Abuse	no	no	no	no	no	no
Current Address	Arch	Lincoln	Arch	Arch	Arch	Arch
Who Currently Living With	son	husband/ 2 children	infant daughter	daughter	daughter	daughter
How Long in Current Address at Time of Interview	4 mo.	5 mo.	2 mo.	2 mo.	5 mo.	13 mo.
Total Length of Shelter System Involvement	4.5 mo.	16 mo.	3 mo.	3 mo.	7 mo.	19 mo.

### Procedures and Methods of Data Collection

This section is composed of two parts: In the first part, the method of collecting the interview data from the participants, using the life history interview, is described. In the second part, the secondary methods the investigator used to obtain information about the participants are described, including informal observation, examination of case records and staff interviews.

#### *Collecting the Life History Interview Data*

The majority of the interviews with sheltered women took place in their respective rooms or apartments. Sometimes, however, interviews at The Arch Residence were conducted in common spaces, such as halls, dining rooms, or living rooms; and some interviews occurred while the investigator accompanied mothers on errands.

The investigator arranged appointments with women at their convenience, which often meant early morning or evening hours. In general, the interview schedule with each mother averaged six interviews of one-to-two hours each. Interviews were usually scheduled once or twice a week. A short time frame, 10 months, was necessary for the interviews, because transitional shelter living can easily lead to subject attrition for two major reasons: shelter routines often interfere with a mother's control over her family's time, and shelter stays are unpredictable, varying from several weeks to over a year.

Interviews with 21 of the women were tape recorded. Three women, however, did not wish to be recorded, so the investigator took handwritten notes of these interviews, attempting to capture the content, interaction, and affect of the interview. The

investigator also kept ongoing field notes, which added details about particular stressors in the shelter that might have affected the interviews. Another set of notes served as a provisional running record of themes that began to emerge from the interviews.

During the course of the interview data collection, the investigator had the opportunity to observe the daily and weekly routines of each family, and even to participate in the activities of some families. While this observation was an artifact of the interview process, it did provide additional information about the participants, and gave the investigator an increased appreciation of how family routines were affected by shelter exigencies, e.g., the temporary relief from childcare tasks women experienced on days young children went to day care or a special program; and the worry mothers experienced near the end of the pay period for public assistance, when they could not afford to purchase disposable diapers or small items for older children. Listening to the women's stories while watching their daily activities, including child care routines, entitlement and housing repair battles, and housing searches, provided the investigator with a "holistic lens" to better understand the then-current context with which the parents had to cope.

#### *Strengths and Limitations of the Life Story Interview Method*

The method employed had both strengths and limitations. The strengths included the following: (a) The intensity of the encounters with participants offered the investigator the possibility of eschewing ideas that might have a "dubious fit and working capacity" (Glaser & Strauss, 1976, p. 4); (b) The intensity of the engagements allowed an iterative process to occur, that is, listening to tapes from one interview helped the

investigator clarify “breakdowns” in the process that she was not aware of during the interview, which enhanced the following interviews with the participant; (c) The intensity of the encounters likely helped to decrease the social distance between the interviewer and the participants, and (d) Interviewer immersion in the physical environment in which the participants lived their lives deepened her understanding of adaptations to shelter living and life in general.

Among the limitations of the interview process were the following: (a) The intensity of the interactions sometimes caused the researcher to feel extreme emotions, which may have temporarily lessened her objectivity, i.e., attempts at “empathic neutrality” were not always successful; (b) The participants’ concentrated engagement with the interviewer possibly heightened the “interviewer effect,” i.e., made each woman provide answers at times that were designed either to please the interviewer or conform to what the participant believed was acceptable to the investigator. The interviewer addressed these limitations through triangulating sources of data and remaining mindful of the possibility of interviewer effect when analyzing data; (c) The intensive nature and individual focus of the interview protocol may have discouraged women with substance abuse, mental health difficulties, and/or a history of recent abuse from participating in the study.

#### *Ancillary Methods of Data Collection*

In addition to collecting information from the participants using the interview guide, the investigator obtained information about them, as mentioned, through three

secondary or ancillary sources, namely, informal observation, case records, and staff members. These data were used to help the investigator interpret the interview findings, as well as to corroborate what participants reported in the interviews.

### *Informal Observation*

According to Koegle (1991), self report alone is usually not enough to learn about research participants, and must be supplemented with observation to fully understand both the context and meaning of contexts. Observation adds, as it were, another “lens” through which to view the subjective reporting of experience. Adding observation to self reports can create interpretable congruence between what people say and do and the circumstances in which the saying and doing occurs. Such an approach neither dismisses what people say about themselves and their mental states nor uses these as predictive indices of overt behavior (Bruner, 1990). It affirms that the relationship between the experiencing, saying, and doing can be understood and interpreted by the investigator to the reader.

The investigator had the opportunity to informally observe social interaction within the shelter because the nature of scheduling interviews with the mothers at each site often took an entire day. As a result, there was time between interviews to sit in the office or common spaces and observe the daily routines and social life, as well as to speak with staff and residents informally. The investigator also was privileged to participate in house meetings, holiday celebrations, and other program activities. Such *in vivo* opportunities to observe added validity to the participant interview data, by offering the

investigator an opportunity to notice contradictions between what the women said about what they did and what they actually did. For instance, in telling her story, one woman presented herself as a model resident who abided by shelter rules and cared for other mothers, and whose childhood was characterized by blissful events. However, when the investigator observed her interacting with staff, she appeared to be combative, and was also suspicious of other women living in the shelter. When these informal opportunities for observation occurred, the investigator later tried to remember what had taken place, and wrote notes to record the behaviors observed.

The strengths of the observational method were as follows: The opportunity for a close view of the ways in which situational factors affected the participants' family lives on a daily basis produced relevant data about how they behaved, and also provided the investigator with a chance to discern how such behavior could be adaptive or problematic. In these ways, the observations increased the reliability of the interview data, providing confirmation and contrast to self reports.

There were also limitations to the observational method employed. For one thing, meeting with the women in limited contexts did not allow the investigator to observe them across a wide spectrum of contexts, which narrowed her view of a potentially fuller range of adaptations. Paradoxically, however, observations that occurred during interviews were often so susceptible to multiple context-related variables that, in some instances, discerning which conditions women were reacting to was not always clear.

*Record Review*

According to law, shelter providers are required to maintain a case file on each resident that includes demographic data, a brief history, assessments, service and housing plans, and progress notes. Clients in the residences are mandated to participate in developing and implementing service plans, and must meet biweekly with their case managers to assess progress toward goals.

For the current study, as previously mentioned, the investigator read the case records of only those mothers in shelters who gave written permission to do so. In all, 17 case records were reviewed for the study. The case records of the participants living in the community who had been clients of Almost Home were not available because of New York State social service laws regarding confidentiality.

The investigator read the case records in a private office, after all the interviews had been completed, as she sought to avoid preconceptions and, also, because she thought this activity might undermine her trustworthiness among the participants. The case record progress notes written by staff often contained both hallmarks of progress and comments about critical incidents, such as violations of shelter rules, interpersonal conflicts, difficulty following through with plans, and concerns about both child abuse or neglect and substance abuse. The descriptive content of the progress notes contained subjective impressions about how the case manager perceived his or her encounter with the family. In addition, at The Arch Residence, case records had information about some of the research participants from an earlier study, which included data about their histories of physical and sexual abuse, interpersonal relationships, and substance abuse.

Patton (1990) and Denzin (1970a) recommend using ancillary sources of data to support reliability in qualitative studies. The investigator used the case records to further validate the interview data. Reading case records helped establish internal consistency with the life history interview data, check for inaccuracies in demographic data, e.g., regarding the women's length of stay in the shelter system or in out-of-home placement, and gather other perspectives. In addition the case records both sensitized the investigator to staff attitudes about a range of the sheltered women's behaviors, and informed her about staff preferences regarding performance expectations for the women.

There were strengths and limitations in the use of case records. In retrospect, the investigator concluded that reading case records added to the study in two ways. First, it provided an additional degree of reliability to the information collected through interviews and observation. Second, workers' subjective comments regarding the women's problematic behaviors provided the investigator with perspectives about the latter's perceptions of strategies for managing shelter living. A possible limitation of the use of case records is that this procedure may have provoked some distrust in three of the women — who did not give permission to have their case records read — and thus may have inhibited them from revealing more in-depth perceptions during the interviews.

### *Staff Interviews*

A third source of information about the research participants came from staff members at the shelters, through interviews conducted by the investigator. At both shelters, on-site services ranged from biweekly mandated contact to crisis intervention.

At The Lincoln Family Center, homemakers visited clients' apartments. The investigator thus believed that staffs' point of view would provide a valuable source of data, which would add useful perceptions about the families with whom they worked, and thus enrich the investigator's interpretations of findings.

To obtain the staff interviews, the investigator approached each case manager individually at the respective shelters, explained the nature of her study, and asked if they could spare 45 minutes to one hour from their busy schedules, at their convenience, to speak about their perceptions of homeless families. Voluntary participation was explained, and the interview guide was provided on request prior to the interview. These data, like data from the record review, were collected after interviews with the mothers had been completed, to avoid bias and prevent possible loss of trust by the participants.

At The Arch Residence, five staff members were interviewed: the director of the residence, two social work interns, the housing specialist, and an evening case aide. At The Lincoln Family Center, 10 staff members were interviewed: The director of social services, the social work supervisor, three caseworkers, the director of recreational activities, a homemaker, two housing specialists, and an after-care worker. All interviews were conducted by the investigator, and ranged from one half hour to one hour, depending on both interruptions and the willingness of the staff member to speak freely. With permission from the staff, the investigator recorded responses on an interview form and wrote additional comments in a separate notebook.

Interviews at The Lincoln Family Residence were held in private offices behind closed doors, whereas the interviews at The Arch Residence were conducted in shared

office space. Although the staff interview guide was designed to gather data regarding the staffs' general perceptions of homelessness, staff members sometimes spontaneously offered specific examples that provided insight into their attitudes toward particular families.

Among the strengths of the staff interviews were the following: (a) They led to a multi-layered understanding regarding the context of shelter life; (b) They revealed a range of perspectives about both the phenomenon of families without homes and the effects of shelter living on such families, including the complexities of their social relationships; (c) They provided insight into the ways in which they approached working with families in the residences.

One possible limitation of the staff interviews resulted because the investigator had developed significant, but less than total, credibility and trustworthiness with staff. As a result, interviewer effects may have limited the quantity and quality of information the staff was willing to share with the investigator.

### Data Analysis

In this section, the procedures and methods the investigator used to analyze the data are discussed, including transcribing, coding, and comparing the data.

#### *Transcribing the Data*

From the interviews, the investigator compiled 225 hours of recorded data, which she transcribed verbatim, with the assistance of a professional transcriber, both during

and after the data collection process. In addition, the investigator typed out as completely as possible her hand-written notes from the interviews with mothers and staff, her informal observations in the field, and her notes from case records. This information was then chronologically arranged to form a life history of each participant.

### *Coding the Data*

The investigator used multiple coding strategies to analyze the wealth of data collected, which are described in this section. Initially, a software program, *Martin*, was used to categorize both conditions that lead to shelter use and intervening conditions related to family structure, support systems, and categories of experience and meaning.

Data from the demographic data sheet and the interviews were recorded onto the life history calendars, described earlier in this chapter. This data display then became a tool to compare and contrast the timing and co-occurrence of life events. The life history calendar also provided a visual representation by which the investigator could compare timing and frequency of changes in each respondent's natal family, living situations and arrangements, educational progress, and relational issues within a framework of normative developmental milestones.

A second coding matrix was used both to identify the protective factors for each participant and compare them among all participants. The life history calendar and the risk and protective matrix were analyzed, respectively, to produce descriptive statistics that helped to contextualize the interview data and develop tentative patterns of events.

*Describing the Data: Coding the Interviews*

The investigator found the methodological literature on coding helpful, especially for focusing the data and making it manageable, by “cutting it down to size.” Several coding frameworks were employed, including open and axial coding (Strauss & Corbin, 1990) and categorical content analysis (Leiblich, Tuval-Mashiach, & Zilber, 1998).

Multiple readings of the transcripts were done using an open coding process, which Strauss and Corbin (1990) defined as “the process of breaking down, examining, comparing, conceptualizing and categorizing data. It is one way to generate categories of experience, on the way to discovering a broader category” (p. 61). The investigator read the transcripts in search of units of individual experience that held meaning, such as the quality of relationships with caregivers and separation and loss from family. After identifying categories of experience, the investigator repeated the open coding of transcripts to establish, among other things, dimensions and properties of the experiences, quality of relationships with others, perceived value to others, sudden changes in geographical living arrangements and household composition, extent of abuse and neglect, and placement events. Through this process, the investigator found that a common, central story of each woman’s narrative involved a description of the ways she had experienced and coped with disruptive life situations throughout her life, up to the present time.

During the coding process, the investigator also identified the participants’ (a) perceptions of the results of their coping efforts, including their reasons for shelter use, including their perceptions of reports by staff and the contents of their case records; (b)

key experiences, including losses of and conflicts with caretakers and others with whom they maintained an intimate relationship, (c) explanations for the behaviors of significant others, (d) perceptions of available options at turning points in their lives, and (e) experiences and meanings of common events and episodes in the shelter.

In addition, the researcher compared the participants' perceptions of their shelter experience with observational data, accounts of other mothers, staff interview data, and field notes she had collected during the course of the study. They were refined in memos, which were cross-referenced among cases that, in turn, generated categories in regard to shelter living.

#### *Interpreting the Data: Axial Coding*

Axial coding is defined by Strauss and Corbin (1990) as "a set of procedures whereby the data are put back together in new ways after open coding by making connections between categories" (p. 98). Through this procedure, the investigator arrived at five main categories, which included many dimensions, and reassembled texts from the categories that corresponded to the life history of each woman. She found it a challenge to balance the number of categories, so as to retain their richness and variety, and generate broad categories that captured essential processes, while doing justice to the complexity of the text. To help achieve a reasonable balance, the investigator recruited knowledgeable colleagues to read selected, disguised transcripts, and then to evaluate the validity of the categories.

Finally, the researcher wrote a biography of each participant. This procedure

allowed for the creation of statements about relationships among categories, as well as to the refinement of properties and dimensions of themes and patterns. It seemed clear that the women's narratives clustered around themes of coping with cumulative experience that might disrupt normal, expected development. Although this was a valuable exercise, the investigator felt that the voices of the women were lost in the investigator's version.

The investigator then developed a data display to code each interview. Data were extracted from the interviews using a content analysis that utilized the participants' own words. The display was based on the method of categorical content analysis, a process in which categories are derived from separate comments in the texts, and then extracted, classified, and gathered into categories or groups (Leiblich, Tuval-Mashiah, & Zilber, 1998). This procedure helped the investigator to recognize repeated — and particularly potent — phrases and metaphors the women used to describe adversity and the meanings they made of adversity.

The investigator then developed typologies of meaning to compare the data from each case, using the tactics for generating meaning suggested by Miles and Huberman (1994), such as clustering and making metaphors. Various methods, including comparing, contrasting, and partitioning variables around risk and protective factors, within the context of family structure and out-of-home placement, helped to validate categories. Variables related to shelter entry were subjected to the same process. Through this procedure, more complex realities and perceptions of the women emerged.

*Narrative Research: Considerations Regarding Validity, Reliability and Accuracy*  
*Validity*

The vocabulary of narrative research uses standards for establishing rather than measuring validity and reliability (Atkinson, 1998; Cohler, 1990, 2000; Leiblich, Tuval-Mashiach, & Zilber, 1998; Reissman, 1993). Validity of narratives, for instance, is related to coherence, the way the parts fit the whole (Leiblich et al., 1998) or internal consistency (Atkinson, 1998). Atkinson (1998) and Reissman (1993) suggest that persuasiveness, or how reasonable or convincing a life story is to others, is an objective dimension of validity. This standard reflects interpretive dilemmas encountered in this project. The interpretive dilemma for the investigator was to make the story plausible; this then represented the researcher's interpretation of the story. If it is only the interpretation that lends plausibility, then the exceptional story — that which is not plausible to dominant voices — may be dismissed.

Another relevant hallmark of validity is the degree to which the investigator's interpretation of qualitative material provides meaningful insight into the person (Leiblich et al., 1998), and is corroborated by the original narrator (Atkinson, 1998). Accordingly, in this study the investigator reconstructed "biographies" or "sketches" of the participants, which represented a factual retelling of their stories developed from the tapes and transcripts, after completion of the major portion of the life history interview series (usually the fourth or fifth interview) was reviewed with the participants.

Collaborative review of the written biographies was meant to provide subjective corroboration of the narrative by the original narrator. When these narratives were

reviewed by both the researcher and narrator, the content was corrected for the final version of the biographical sketch. Often new material emerged, sparked by the review, which was then included in a final version of the biography. Because of time constraints, however, and issues of participant attrition, the final version was not reviewed with the participants.

The construct validity of the interview guide was discussed earlier in this chapter. Internal validity of the study is also supported by use of both multiple perspectives and several methods of data collection. The investigator also called upon colleagues, who were well-versed in working with and researching families without homes and child welfare processes, to validate categories and help refine the understanding of processes, connections among the categories, and dimensions of contextual conditions. Validating connections between categories and the dimensions of categories served to support or negate initial statements related to context and perception.

### *Reliability and Accuracy*

Ensuring that another researcher could repeat this study and obtain the same or similar results connotes reliability, or consistency. In this regard, the investigator has provided a clear description of the research process; used a standardized interview guide in as uniform a way as possible; conducted interviews in accordance with the guide, for each participant; and noted in the text when an interview occurred under different circumstances. Multiple reading and passes through the data and the results assured intra-rater reliability. Colleagues knowledgeable about families without homes and child

welfare policy and practice read selected disguised passages to assure reliability of the researcher's data analysis and interpretative framework.

The interview process relied heavily on participants' recollections and memories in recounting experiences, which naturally raises concerns about the accuracy of the material obtained. Memories, for example, can be modified and distorted over time. Participants who endured severe or multiple traumas may have been most disposed to distort events for purposes of self protection, i.e., to lessen the impact of memory.

From multiple readings of the interviews, the investigator formed the impression that the women were as forthright about the information they provided as they thought they could be, considering that a stranger was interviewing them about their lives in a place where they felt scrutinized. The narratives of 22 of the 24 respondents were clear. The narratives of two women, however, seemed exaggerated, and the investigator felt their stories lacked tension (Bruner, 1990) and coherence. Data that were questionable were not directly quoted in the findings; rather the researcher commented on such data in the findings chapter. It is possible the investigator had difficulty comprehending their conversations, but she could find no tactful way to clarify their perceptions without stepping out of the research role.

Several women were frank about their own biases and motivations prior to the interviews, in that they wanted the findings to make certain points about homelessness and out-of-home care. For example, one respondent wanted the findings to prove that out-of-home placement was universally destructive; others wanted to expose the harrowing circumstances involved in entering the shelter system and applying for income

support. When such motivations were clear, the investigator included them in the text. In general, the investigator felt that when enough participants said the same thing about an experience, this consensus enhanced the credibility of both the participants and the experience in question.

### *The Researcher's Perspective*

Patton (1990) noted that, because the researcher is the primary vehicle in qualitative inquiry, it is important for the researcher to present relevant background information about himself or herself. This investigator's background included two salient interests that influenced undertaking this specific research project. The first was six years of experience working directly with families without homes, especially mothers at risk of losing custody of their children. Among these families were mothers and fathers who had themselves either been neglected, experienced significant losses of important relationships in their lives, or both.

The investigator also had extensive experience providing individual psychotherapy to young adults who had endured a range of disruptive and abusive experiences as children. For both groups, the wish to change patterns of remembered relatedness and loss, and to become adults who could care for and be cared about by others, was common.

From her experiences described above, the investigator learned that neither the shelter resident nor therapy user wanted to "go it alone," although they could have. Women who had used the shelter system turned to societally sanctioned programs to

provide a roof over their heads and a future for their families. Those who had other forms of shelter, but remained unattached, placed their hopes in a person they believed would listen to them and to whom they could talk, such as the investigator. Both groups attached hopes to a person or program that could lead to change. For the investigator, it was a privilege to be part of these women's lives; and from her experiences with them, she formed the desire to conduct research to discover more about what had protected "relational hope" in these women.

These experiences and hopeful perspectives, however, created several conundrums for the investigator, related to credibility. The first was the tension between the familiar social work role and the less familiar research role. The investigator was aware that the social work mandate to assist participants in resolving present difficulties might compromise good research. To maintain the boundary between the two roles and the integrity of the research, she was vigilant about producing a valid product by adhering to the norms of good science, to the greatest extent possible.

A second tension the investigator experienced arose from her reflection, on the one hand, about the imperative of qualitative research to understand behavior in context, and, on the other hand, about the role of a social worker, who is mandated to report concern about child abuse or neglect. Although the limits of confidentiality, in this regard, were spelled out in both the introductory script and consent forms, the investigator found that making an assessment (judgement) regarding risk of harm was difficult — and was rendered even more difficult because she knew the importance of the parental role to many of the respondents. In two instances, the investigator was compelled, based on

what she heard and observed, to speak with shelter staff about intervention.

A third source of tension experienced by the investigator arose from her awareness of the differences in background, race, ethnicity, and access to resources between herself and the research participants. The researcher, in short, is a middle-class, Caucasian, educated, professional woman with a home and family, compared to the participants, who are women of color and, at the time of the study, were poor, unemployed, and living in a shelter or subsidized house without a spouse or partner present, except in a few instances. Thus, although both the researcher and the participants are women and mothers, differences of social location, background, race, and ethnicity must be considered with regard to the interviewer effect and how these differences might have contributed to both parties' understanding of self and other. The investigator considered whether it would be best to acknowledge these differences to the participants, or whether such discussion might only serve to further objectify their experience. She decided to acknowledge them only when the women themselves mentioned the differences.

What the investigator and the participants did share in common was the experience of doing the research, though it was clear that the meaning each would give to the experience would be different. Several of the women frankly asserted that the investigator could not know much about how life-events had insinuated themselves into their understanding, though most of the women were not so open.

In an effort to give the participants the greatest chance to express their personal feelings about the interview process, the investigator included a final series of related

questions on the interview guide, including “How do you feel about our time together?” “Can you think of other things to add to the things you have said?” “What was the best part (or most difficult part) of the interviews?” “Do you have any questions that I might answer?” These related questions were also meant to help the investigator understand more about the participants’ perceptions of the research experience, make what was tentative and partial less so, and discover what had, perhaps, been missed during the interviews.

## CHAPTER IV

### FINDINGS

The purpose of this chapter is to present the findings from the interviews with the research participants. The findings are organized into three major sections, which reflect a temporal trajectory from past, to present, to future.

Section I presents data on the women's perceptions and choices that led them into the shelter system (the past); Section II presents data on the women's lives within the shelter system, focusing on the stressors and interpersonal relationships with residents and staff as well as the coping strategies they employed (the present); and Section III presents data on how the women envisioned their family, residential, and occupational lives in the months and years ahead (the future), including the meanings they held of home, family, and parenting.

#### Meaning and Perceptions of Choice

Nine of the 12 mothers who had been in out-of-home placement, four of the 12 mothers who experienced long-standing family conflict, and two recent emigres believed they had few choices in living arrangements other than shelter entry. Although the participants often described more than one reason for shelter use or an extended sequence of events that led to shelter use, the following is intended to describe their perceptions of the primary reason they entered the shelter system.

The participants' narratives revealed that their seeking to use the shelter system was an active solution to an amalgam of longstanding and/or proximal psychosocial stressors. Pregnancy or recent childbirth was the most cited change that led the women to consider and choose shelter entry. The themes associated with pregnancy and recent childbirth and shelter use varied, and their narratives identified other longstanding stressors, which when combined with pregnancy gave fuller meaning to the women's perceptions of choice.

*The "Solomon's Choice" of Pregnancy: Being Between a Rock and a Hard Place*

The women's knowledge that pregnancy meant priority status for gaining access to transitional shelters, and then permanent housing, figured into their decisions. The choice between continuing to live outside precariously or remaining pregnant gave definition to their decisions.

Sabina, for example, decided that the shelter system was better than continuing to live outside in a mall, where she had slept after both the father of her child had been incarcerated and she had been ejected by two sisters.

Well, it's like, I'll be thinking about when I came out of high school that I should have just went to college [she had been guaranteed college tuition from a foundation program] instead of having a baby. The baby situation is like, I'm in a different situation than a lot of women here because I really kept the baby, because I didn't have a place to stay; and that if I kept the baby, I'll have some place clean to sleep, and where I can shower, you know, and a warm place to sleep every night. You know, the baby wasn't really planned, but I'm gonna do my best, you know, when she arrives. Had I had a place to stay, I don't think I would have made that choice [to continue the pregnancy]. But, you know, under the circumstance, you know, that was the choice I had to make in this part of my life.

Sabina, exhibiting a political consciousness, went on to equate the condition of homelessness to powerlessness. “People become homeless,” she said, “because they have no power and no way to voice their opinion and get an answer. A lot of people don’t want to be bothered, but I deserve better than this. Power is the point in your life when you can call the shots, where you can be listened to by others who are in higher positions.”

Delila had been in the care of The Almost Home Child Welfare Agency since age six and started college. When she was about to turn 21, she decided to enter the shelter system, and was thankful that her pregnancy created the opportunity. As she explained the events that led up to her entry into shelter system:

Then I dropped out of college because I decided that I didn’t like it up there anymore. . . . I missed New York City, so I came back and stayed at Youth House. And I started to work full time. I was 20. And then they said to me, “Well you’re going to be 21 in May,” and it was already October. “What are you going to do with your life?” I became pregnant in April. I was supposed to leave in May and could no longer remain at the Youth Residence. I had a lot of emotional problems thinking about, you know, I was going to be 21 soon and that I was not gonna have any place to be; I didn’t have any money. I didn’t have a place to be, you know, I didn’t have any career goals. I mean, all I had was just the college, and I could not continue to go to college for the rest of my life, because after a while that just wears thin. I was thinking, I have no family to go to, I don’t have any apartment set aside. I don’t have anything. So if I go, I’m gonna become homeless. But then I guess it was kinda lucky that I got pregnant and decided to have the baby. Because the city’s more sympathetic to homeless women who are pregnant. They’re more sympathetic to them than any other people in the system, you know? So I ended up being breezed through the system, you know. I got pregnant. I mean, I found out about a month before I turned 21 that I was pregnant and I was like, Oh good, well at least I won’t have to stay in the street ‘cause they’re gonna feel sorry for me anyway and find a place for me to be so it was kinda good that I ended up pregnant.

For Vanessa, pregnancy was also a way into the shelter system. She felt

unwelcome and powerless living with her family, friends, and the father of her children.

Eventually, she decided that the shelter system was the best option for both her and her children.

Uh, I lived with my girlfriend, I lived with my baby's father, my brother and my sister, and then I came into a prenatal shelter; and that's five places, and then this place is six, and seven is finding my home. It was like every time I go to live with somebody, in the beginning, it's all nice and they will tend to me. You know, they're caring and everything. But sometimes people feel when you live with them they have the right to tell you, 'cause you're in their house. And I don't feel that's right, because, you know. It's okay in the beginning; they would cook food for you and then, as you're not working or giving them money or, you know, things is hard on you. . . . They know you don't have any money. . . . They start taking, you know, their soap, their lotion, their personal things that before you used to share; and these are just little things. So from that you get, you know, a hint that you, you're not wanted here any more. It's time to move on. And a person can just keep moving on and move on for so long before they get tired. And like me, I just tired and said, you know, when I found I was pregnant, and I was like, I gonna keep this baby, because this is a way for me to get my life together, and my education together, you know, get everything done when I'm out there, a roof over my head. By the time, you know, my daughter is an age where she could go to babysitter, she's on a schedule, you know, this is just a start for me.

Vanessa knew a viable pregnancy was a requirement for shelter eligibility. That is why, when she learned her pregnancy was medically uncertain, she felt desperate and thought through available alternatives.

I was like, oh my goodness. And I was in the prenatal shelter and once you're outta there, I was like, I will have to go to a single woman's shelter, and then what's gonna become of me? It was like a second breath of fresh start, because like suppose the doctor already took my baby from me, you know? Its just like a miracle and I didn't have to go to the single shelter. I came here and I don't feel homeless.

*The Shelter as the End of Living Outside*

To some of the women, shelter entry meant an end to exposing themselves to an extended period of living on the streets either while pregnant or with their young children. For Lucia, who had been in out-of-home placement, the shelter meant an end to living with danger from the elements, predators, and paramours. She perceived shelter use as the end to a long period of accumulating risk, including risk to her life, as evidenced in her testimony.

I did so good when I was in the last group home. I mean, I was an angel, I didn't even do nothing bad, you know? But when I got involved with the wrong kinda people, I started hanging out again, started drinking. I started smoking weed again, I started doing everything all over again. Sometimes I would have to sleep with people just to feed my daughter, 'cause when my daughter was born, you know, I couldn't even feed myself. I would have to go around, guys would pay me to just to sleep, just to, to put food in my mouth, because I used to live in the streets. 'Cause when I was in a foster home, um, I ran away from the foster home, that was far away in the boondocks. When I was in that one, I ran away with this girl. I used to always say she was my cousin. We got kicked out, and we slept in the streets; we didn't have nowhere to go, nowhere, nowhere, nowhere. I was almost raped; but we slept in the streets, it was cold, it was three of us. We stayed in the streets, we didn't eat nothing, we was walking all day. Yeah, and then we did something bad and had to just sleep in a hotel for us to lay our head on a bed and food. We stole money from a bum and he was a cop! Dressed as a bum! He started chasing us and we ran and hid and they couldn't find us. You know, it was terrible, my life was real terrible. I went through so much, so much. I was mentally abused.

Finally, she entered the shelter system, even though her first entry was short-lived.

That led, however, to a longer stay at a shelter.

Then I lived with an ex-con who I met in a GED class. But then I got pregnant and his mother kicked us out. Then we went to the J shelter, the second day he left me in the shelter. Since I was a minor, since I was 17 years old, I wasn't allowed to stay in the shelter. So they had to kick me out the shelter. I went back on the streets, had an abortion, and then lived

with a friend. I did not have a choice. And then she started taking advantage of me, taking my food stamps, and then I went back up with that guy again. And he got mad and he threw me on the train track. I fell inside the car; if it wasn't for that, I woulda been dead to this day. Then I went back to live with another friend, but she also took all my money. I went into the shelter system. I was 18 by then.

Talia emigrated from Jamaica to live with her mother, whom she had not seen for five years. She hoped to start a new relationship with her and a new life as a cosmetologist. Prior to their reunion, her mother's mental illness became more acute, her behavior harsher. Suddenly her mother said to her, "By Saturday I don't want to see you here." Then the following events happened, according to Talia:

So I left and it was wintertime. So I just, you know, I just be sleeping in buildings all the time. It was terrible, terrible. Pretty much we [she and her boyfriend, who had also been ejected from his family's home] used to like, we used to just walk around in the daytime looking for somewhere to stay at night. . . . Sometimes we used to go, when we know there's a certain apartment to sleep in there that night, and be out early in the morning before the superintendent came. And I didn't know I was pregnant. So I was tired and I was hungry 'cause, you know, you wanna eat and then you wanna sleep. And I was cold. Sometimes I couldn't walk 'cause of my feet, they got so frozen. I couldn't move and you had to walk. And sometimes we'd have to go on the subway and say "Can I have a quarter? And they said they didn't have it."

Finally, Talia went to an emergency room, her pregnancy was diagnosed, and a social worker intervened. That led to Talia's entry into the system, which she explained as follows:

Well, when I first came into the system, I didn't have an idea of what I wanted to happen 'cause this is like, I didn't have no choice. I didn't know about all this. It's like I just went. Like in April 'cause I was living in the streets and then I got pregnant and the social worker told me about Portal House and so I went there. So I figured like, I'm just going to spend the night. But when I went there, it was like, they sent me to East Third street [a prenatal shelter] and I ended up here. So pretty much, I couldn't say I

want this or that, it was like having, you know, my apartment, talking like other people, saying they're getting their apartment. I can't really picture it, you know. I don't know what would have happened if the social worker didn't tell me about the shelter.

### *Forced Independence*

The young women who had been in care felt that shelter entry was yet another decision they had to make during a series of sudden changes that forced their premature independence. Jana, 21, left care and then lived in a series of temporary doubled-up situations. Shelter entry meant stability to her, in the midst of fear and uprooting. As she said,

Whew, it was like I was scared, happy and sad all at one time. I was scared because it was like, well, you're grown. You're going out in the world, you know. I don't have that net to hold me. I have to make decisions on my own, and it was sad for me. 'Cause it was like, I'm leaving all the people that I would love, before I'm ready. It's not like I'm going to see them on a regular basis, you know. Now I have to start my own life, my own independent living. Doing things for myself which I was doing there. But, it's not like I could walk to the next room and be like, "Well, what do you think if I do such and such?" And I was happy because I was out. I thought I would be out on my own, you know, at that point I thought, I'll be starting my life, but then it didn't work out like that.

For some of the women, their instability and conflict were exacerbated by the poorly planned and sometimes peremptory discharge from care to their families. They were unprepared to meet changes involving both placement and the developmental needs of young women. Pregnancy further destabilized their opportunity for a degree of family permanence. They were forced to leave the homes of parents whose caretaking resources were burdened even prior to their pregnancies.

Milagros, for example, had established an admiring and trusting relationship with her foster parent, foster siblings, school and neighborhood. Those responsible for planning her discharge did not consider the consequence for Milagros of the loss of substantial attachment to person and place when they returned her to her biological mother and her household. This loss soon led to conflict and her entry into the shelter system. As she explained:

Well, let's see. My mother's boyfriend started living with us, and I didn't agree with the way he was treating her and us, either. So I had a social worker like, with teenage kids, 'cause I was a teen-ager when I had him. She told me that if I wanted, she could find me a place to live if I didn't want to stay there, because there was always arguments at home. He wouldn't hit her or nothing, but he would always use abusive language with her. To me it made her fall down, like she was nothing. And I didn't agree with that. And I told her about it and she told me that if I didn't like the way he was treating her, I knew where the door was. And I said "Okay" and a couple of times she said "Okay." So I finally told the worker that I wanted to get out of there, especially with my son being there. He would be cursing and he wouldn't know what he was saying. So then I told my worker and she brang me to Covenant House.

Some participants found they were forced to use the shelter when their mothers chose the needs of the men with whom they were involved over the needs of their teen daughter. Like women who had been in out-of-home placement, these young women lived in situations dominated by the needs of parents rather than the needs of all family members. The young women were powerless to chart their own course into independence, which left them feeling uncared for, frightened, and angry.

Nodica explained,

Finally my mother said it would be better if I left. She always said that, you know, my life would be so much better if you leave. I guess she

needed to be with him more than she could care for me. She needed to feel loved and she needed him to help her out. But me, I wasn't ready to leave. I was scared. It felt like nobody cared at all what happened to me. I went to live with my sister, then the Job Corps, then when I got kicked out, I went back to my sister's, because my mother wouldn't let me come home.

### *Inadequate Living Arrangements*

For the youngest women living with families, conflict within the household coupled with inadequate housing contributed to forced independence. Often, pregnancy was the "final straw," as Kenya's testimony illustrates.

I didn't tell her [her mother] I was pregnant. I gave her the piece of paper that's saying that I was pregnant and she was like, "Is it true?" And I would say, "Yeah." She was like "What you gonna do?" I said I was gonna keep it. And she didn't say no more, and then she told me to leave; and there was no more room, and anyhow, we weren't getting along too well. We were arguing anyway and she wanted me to clean up. I didn't want to leave. I didn't know where I was going. It was about June and first I went to her sister's house. I thought I might stay there for a while. They were arguing too much. And then I went to my Godmother's house, but after a while I couldn't stay, there were too many children. I thought I'd be able to stay. I thought my aunt's house was gonna be home at least until the baby. But it wasn't. Her boyfriend was hitting her. And then some one, a friend, told me about EAU, but she didn't like it, so she went back to her mother's house. I ain't had no other choice, so I tried it anyway.

Natalie also spoke of a problem involving both her pregnancy and mother. "I had been living with my mom. My brother came home in July; he had been upstate. It was too crowded with my expecting a baby. I stayed with a friend for two or three weeks and then I went into the system. I called my worker at the center and she gave me a referral to EAU."

*Escaping Violence*

Of the 24 women interviewed, seven experienced personal violence during the year prior to entering the shelter system, yet only two of the 24 identified domestic violence (as well as pregnancy) as the primary precipitant of shelter use.

Connie and her boyfriend, Leland, had been involved in a relationship filled with conflict that sometimes exploded into mutual physical attacks, which led her into the shelter system.

The worst time for me is when I hit Leland back after he hit me and he finally threw me out. I didn't know what was going to happen from day to day. That's the time I felt a little upset. I came to the city and didn't know which way to go. But today I know, I gonna be here tomorrow and I know I have to start looking for my apartment. What makes me mad is really the thing is, nobody really has a choice. Yeah, I say, yeah, it's really my choice to bring my newborn home to a shelter. It was such a joyous occasion.

Charlotte also entered the shelter system to escape violence and protect her pregnancy. As she explained,

One reason I couldn't stay there [her parents' home] was because of domestic violence. My father would come in drunk, he'd start arguing in the middle of the night. And between you and me, I thought I might have a miscarriage. Everybody said the best thing to do was go — live with Anthony [the father of her baby] — but then Anthony started fighting with me and pushed me down the stairs. I thought I would again have a miscarriage. I went to the hospital after he threw me down the steps and the social worker told me about the shelter. And I said, but the best thing about it is, I can get an apartment out of it and everything is cookies and cream after I decided to go; and then Anthony told me he'll see how things work out, and he wouldn't mind coming to live with me. I'm not gonna take that chance. He'll do anything so he don't have to pay bills or rent.

*A Different Set of Choices*

Quantitative studies — which usually attribute shelter use to a combination of structural factors and personal deficits — rarely consider the variety of ways the women made active, realistic choices based on complex factors at play in their environment, including how their decision affected others to whom they were connected. For a third of the women in this study, the shelter was not a survival choice but, rather, was related to their developmental and relational needs. Their words give a fuller understanding of their feelings and thoughts regarding their choices.

*For My Child*

Some of the women recognized that having a child meant a change in status that required new living accommodations. As Soliel explained,

Well, the only reason I came here [the shelter], if I had been by myself I would have survived. But I had something besides me that I was going to take care of. Something that was going to make a better life for myself — and that was my daughter. That's another reason I came here. Um, I knew I was pregnant and I didn't wanna stay with nobody else. You know, I wanted to be on my own, and that's what I had to do. I had to do it in order to get, you know, to do what I wanted to do, you know, get my own apartment and stuff. It was something I had to do.

Roberta had a similar story to tell, involving her child.

I was going through this with my child, you know, he won't remember this in time, you know. I had everything and now I don't have anything, though it's not my fault. It just happened that way, you know. And, um, that's why I feel it's just like rock-bottom; the main reason that I am going through this was for my son. 'Cause you know, I said, "I can't be going from place to place dragging my child around until something comes along," you know. Of course, you can't find a job when you have a child that you're dragging around.

Roberta also explained that she did not want to continue to be a burden to her family.

I figured I couldn't go back to my mother's house [after unemployment] 'cause there's not enough room there. I have a little half-sister and brother. It's only a two-bedroom apartment, and you know they need the space. My mother's on section 8 and it would interfere with the rent; they always increase it. And I didn't want to get her in trouble. So I figured that I was used to living on my own. So I guess this is the last resort, you know.

Dionne, too, expressed her parental concerns about her new daughter that led to her shelter use:

They [the owners of the apartment in whose parlor Dionne and her infant daughter had been residing] were fighting over the baby's head, and my baby was crying. She was getting aggy [nervous]. I didn't want to subject her to that kinda abuse and the screaming. They figures 'cause I was living in their place they could treat me any kinda way they wanted to. Because they feel they have authority to do that. And I was always a strong-minded person, you know, you not gonna do me and my daughter the way you want to. I just hope that God just put a lotta love in this family and keep us together. 'Cause we been through a lot right now. Keep us together forever, you know. Right now she [her daughter] doesn't realize by going place to place, but she doesn't realize, you know, what's going on and why Mommy's doing that. But when she become a certain age, I really want, I want to be settled. 'Cause the worst thing in the world is just travel around, and be little shelter children going in shelters, after a while rootless. I mean, how they, they never been stabilized all their lives. So they don't care, you know. They're not gonna know how to take care of anything they have or get anything in life, 'cause they're always moving.

### *Autonomy and Independence*

Some women chose to enter the shelter system as a way to change the valence of power in their present living arrangements. To remain in a pre-shelter living arrangement meant experiencing themselves as powerless and infantilized. Rayette expressed these

feelings, and also her desire for autonomy and independence.

When I decided to go to the EAU, I told my mother I can't come back. I'm old enough to be on my own. I'm gonna get my own. The next time you see me, it's gonna be in my own apartment. And that was it. When I told her, she was upset. But I said to her, "I just want my own for me. Like when you got yours," and she started crying. She was like, "I'll help you. If anything goes wrong. I don't give a damn, come home." You know, it wasn't like I just got kicked out. I'm glad it wasn't like that. She used to depend on me for a lot. I mean, especially when it came down to my little brother. She depended on me for almost everything. When I bought his uniforms, I paid for his school. I was making good money being a bartender. And I could always take care of myself. Though she's independent, she's also dependent on me. I depended on her too. When my son came also it was different, and I had to fend for myself and him.

Nodica echoed the same desire for autonomy, after being in a situation in which she felt powerless. "I'm just glad I'm out of that situation," she said, and continued to explain:

I look back and I waited for these days to come, and when I would grow up and get out of the house. I'm having my own child and I'm glad that I'm in this age now. So I don't have to be in her house, her telling me what I should do. There are rules here [in the shelter], but you don't have anybody really coming down on your back. You don't have anybody constantly on your back. I can go in my room and close the door. I didn't have any privacy at home; she would go in my room and search through my drawers. I had to be careful. No privacy at all growing up. I'm a woman now. I'm glad I left. 'Cause I wouldn't have anything if I was there. I wouldn't have a boyfriend and about to have a child. In a way I'm glad I'm here.

Asil also had a similar perception and need for freedom, only in her case it was freedom from her older sister. Referring to her sister, she said,

But she was trying to talk to me like I was a child. I'll try to explain it to you. Like I was her son — and I'm not. And you can't inflict that on me, you know what I'm saying? And she would do things like not let me use the phone if I had to call the Domestic Violence. I was in a bad situation I just had come out of. Why would you try to do this? In the first couple of

weeks it was okay. But then, I don't know. She would come and be like, you can't cook dinners and da-da-da-da. You don't do nothing. And I was like, man I gotta get outta this. It's like when I was an adolescent, when I had to deal with her. I said, how did I get into this? Why did I come to her? I can't wait till I get outta here. And so I said, gotta get outta here, I gotta get outta here, and I ain't never taking this route again. It's like when I said I was a kid, when I had went into the group home.

Two women in the study worried they had become too dependent on the men in their lives, and the only way to change their situation was to claim something as their own. The shelter met this need. As Marion said,

When I was coming up in the group home, I actually taught myself that, you know, you are by yourself. You know that no one is gonna help you. But when I first met Kareem, I started leaning on him for moral support, and I broke down my wall. So when, you know, I thought he was gonna be there for me or something, I mean, I became a less strong person at that point, when I moved in with his family. And I allowed them to make decisions for me. So after that, things started getting bad. I said, "What the hell am I doing? I have to do things for me." 'Cause Kareem started changing. I went into the shelter because I began to worry what would happen to me if Kareem left me and I didn't have a job. And I have no green card, even though I have been here since I was seven. If Kareem leaves me, how would I live? Since I couldn't go to school, I went into the shelter system. I had to do something to make myself feel stable. Get on my feet and make myself happy. Kareem didn't want me to go into the shelter with Zach [her child]. What would I do if he leaves me, you know? I don't have a job, I'm not from this country, so I don't have no papers and I need a place of my own.

Eartha described her relationship with a man, and how it made her feel dependent. She also perceived the shelter as a path both to retain an important relationship and, at the same time, support her autonomy.

This guy in Flushing, I was living in his apartment. He threw all my stuff out in front of the door and said I have to leave the apartment. I was walking around with a duffle bag, a big laundry bag of clothes. Then I went and slept in the park for a while. And then I met Sidney from a friend of mine and his. After the friend had no place, I was sleeping in Sidney's

car at night, and then I would go out and come back and sleep inside in his bed, in his mother's house. Then maybe I'd go to Chantelle's and her mother let me take a shower and stay with them some days; and then I'd wait for Sidney to come home from work. Go upstairs with him, got to the car, and sometimes back and take a shower. So I guess I really wasn't homeless. But then I found out I was pregnant and then Manny [the father of her other three children] came back from Michigan, looking for me to get back together. But I loved Sidney by then, and decided to have this baby and go into the shelter system because I wanted to have Sidney's baby, and I wanted to have a relationship with him, and I didn't want to have Manny find me or mess up that relationship. So then I decided, I couldn't stay outside in the car any more, and I loved Sidney. So I decided to go into the shelter system. So I did, and it turned out for me. I'm in a nice place. I'm going to get an apartment and Sidney is sticking with me. So look where I am now. I have a baby and Sidney is still sticking with me.

Roseanne sought residence in a shelter to protect her children and stabilize her family, which basically meant "saving her husband" from drugs so he could be a functioning father to their children. As she said,

I wanted to leave the projects because my husband was continually exposed to drugs. And, also, I wanted my kids to have a father. So I felt I was obligated to do it for my kids. There wasn't really nothing stable, you know; the most stable thing was the other B shelter. But before I went to the EAU, I had his apartment. And we all lived there. Why I really had to get out of that apartment was that we were living in NYCHA and my husband was on drugs. People would just come up to me and say, "You're married to him?" Didn't want to put my kids through that, you know? I don't know. So I figured maybe if I can get him outta there, outta the projects where he grew up all his life, you know, he could stop and we could get help. I felt like I was belittling myself, but I had to do it. I took him outta the projects and then I went to live with my mother. But she was too money hungry, so I went to the EAU and from there, and . . . um, he stopped doing drugs for a while, but when we got back to the B shelter, he started again. But now he's in NA. I seen a change in him now; he doesn't come in late or anything.

*Pre-Shelter Residential Differences Between Women In Care and Not In Care*

It is clear from the above narratives that the meaning of shelter use, for both women in out-of-home placement and those who did not enter care, was manifestly related to their perceptions of social supports, actual social supports received, financial resources, opportunity structures, and awareness of status and developmental imperatives. In addition, one notable difference between the two groups of women was a sense of fatalism versus a sense of hope. While all the women hoped that shelter use was, indeed, transitional, the women who had been in care were more likely to perceive this stage as an extension of temporariness and adversity they had come to know all too well.

A few simple statistics convey the number of residential moves for the women as a whole and highlight the differences in residential moves between the two groups of women. Prior to age 18, among the total research group, a third moved from 4-6 times, but those who had been in placement moved an average of 10 times while those who had not been in placement moved an average of 3.2 times — or about three times less frequently. This difference between the groups persisted as they grew older, though the magnitude of the difference decreased. This difference may be an artifact of a shorter time period measure and it is likely that greater residential instability was associated with being in care.

*Expectations of Residential Stability*

Lucia said, “Let me tell you something. I’ve always been homeless. This is the first place I ever lived so long. I told my husband, ‘You is the first person that I ever lived

with for so long. 'Cause I used to go through men like goin' through pants.'”

Sabina recounted the following about her sense of not belonging:

There isn't any place I call home. No place is home. There wasn't any, there wasn't any place I called home, and this is another part of not having a home. I haven't had a home or a place I could call home since I was 13. 'Cause sometimes when you know the truth, it does hurt and you pretend that you belong; but if you know that you really don't belong there, it becomes a problem.

More often than not, the women who had been placed in care perceived the shelter system as an extension of never having had a home. As Dionne said:

Well, like I said, when I was 10, I was going from place to place, and then I went back to my mom and I didn't have those problems. Then when I left my mom's again, I was going from place to place, back and forth, Portal House to the boy, Job Corps to Portal house to the shelter. I mean, I was like, you know . . . or where you look at group homes as a shelter. Shelter is a place where you're homeless [chuckles], and I couldn't go home, so basically I was homeless. Homeless at 10 'cause they wouldn't let me go back there [her mother's home]. I couldn't go nowhere, I had no life. I had nothing and then because I was peculiar, I had no friends. I was different. I consider myself homeless, sort of, because this isn't my home. This is someone else's home, sort of. But I don't look at myself like that. But I mean, what is a shelter for? Be realistic. Shelter is for people who are homeless, they don't have their own home. I've accepted this.

Asil expressed her lifelong futility, saying,

Well, I feel like I'm on my own, but I feel more like every time I try to get on the right track, something jumps in to push me off the track, you know. I've been trying to go up the step-ladder, you know, and things been jumping in and push me down. It just pushed me back further and further. I'm trying to get over one heap and little things with that heap is getting in the way to stop me from getting to the next heap. And it's a nightmare. I wonder when I will wake up. I went through all of this with his father and my family, and I just totally in this mudhole; and then I get put in shelter, sometimes I start to think, there's no end to this. I'm serious.

Women who had not been in care believed that shelter use was an aberration, a

brief interlude — and a step forward. Roberta said,

‘Cause you have to go through bad things before good things happen to you. You usually take a step back before you take a step forward. And you figure, uh, this stuff happened; it can't happen to me again [chuckles]. And once you've learned from it, you get stronger and you know what not to do and what to keep doing so you won't get back in the situation. Get something out of everything you do.

Talia said, “When I went to cosmetology school, I never thought about living on my own. I was always going to live with my family in the same house, because that’s the way my mom lived all her life till she came here. I thought it would be the same. You come here, you learn to be more independent, you learn you can’t trust much of anybody.”

Alicia took pride in her ability to sustain herself and her family through their time in the shelter. “I never thought this would happen,” she said, “that I would end up bringing my kids to a shelter; but I think I’m doing a pretty good job. I have to get the furniture by myself and it’s hard with the little bit of money that I get from welfare. I’m doing great. I’m doing a pretty good job, ’cause right now, if I get my own apartment, I gotta furnish my whole apartment by myself.”

Maria also expressed the same sentiment. She said, “They are helping me here, even though I could never imagine myself or my family here. I’ve always had my own home, my own things around me. And I know I will again. We will be leaving this behind soon.”

### Shelter Living: The Present

Just as the participants described common as well as unique reasons for shelter use, they also described common and unique experiences they had associated with shelter living, which are the focus of this section. Accounts of the two women living in the community, who had used transitional shelters, were consistent in regard to both identified commonalities and particular experiences and meanings. Also included in this section are relevant staff accounts and the researcher's observations of the context, intended to deepen the reader's understanding of their lives within the shelters.

#### *Financial Stressors*

While the participants and their children lived in the shelter, their room and board expense were paid directly to the shelter operator. At both shelters, the women received food stamps. Women at The Arch received a smaller grant than those at The Lincoln, because of the lack of individual cooking facilities and since breakfast and dinner were provided by the shelter and served communally.

At the time of data collection, none of the sheltered women were employed, and one woman living in the community worked as a home health aide. Families were eligible for several kinds of subsidies, including public assistance, food stamps, and Women's Infants and Children (WIC) and Medicaid. Most mothers also received a WIC subsidy if they had young children. Subsidies for carfare for their apartment searches were provided, as well as a stipend for living expenses beyond room and board. Two of the participants, Lucia and Maria, also had SSI supplementation because of medical

disabilities. Only two women, Kathleen and Rayette, could count on their biological families for additional funds in an emergency.

Each mother in the study spoke about the financial stressors associated with shelter living. Specifically, three categories emerged from the study: (a) The gap between needs and income, (b) Difficulties establishing eligibility, and (c) Feelings associated with the loss of financial independence, humiliating contact with income maintenance workers, and the erosion of self esteem related to loss of financial independence.

For 12 (50.0%) of the parents, their entitlements proved elusive at some time during their shelter stays. They reported problems either establishing eligibility, calculating a correct budget, or with both of these matters. Administrative “churning” (i.e., administrative procedures that automatically close a percentage of cases across the HRA rolls) meant that their survival funds were cut off without reason or warning.

Sabina, for instance, had no source of income for the first several months of her stay, and she was thus forced to depend on donations for clothing, toiletry items, and travel expenses. Her struggle was resolved with legal advocacy.

Alicia recalled,

They closed my case ‘cause they said I didn’t show papers for child support. I never received the letter they said was sent from Family Court for child support, so they closed my case. Even though I didn’t want to report their father, I didn’t want the case closed. And I had to go do everything all over again, and it took like six months for me to do that. I had my youngest son September 1<sup>st</sup> and they closed my case in June, something like that. And I didn’t have nothing for the baby and nothing, nothin’ at all. Everything I did after the baby was born, everything their grandmother bought for him. She gave me everything.

Sabina commented that the physical conditions and the treatment at the income

maintenance centers “just makes you just want to go all over yourself.” Connie, Milagros and Lucia provided details in their narratives about what is involved in battling the “churning” to get enough money to live adequately.

According to Connie, the following occurred when she followed through on matters regarding her eligibility requirement.

I went to the ETB machine and there was no money. I didn't have any money. Um, I had to speak to Ms. N [an IM worker]. She quit, fired or whatever; she's not there no longer. So I asked to speak to her supervisor [Ms. Q]. I was speaking to Ms. Q, she told me to bring in my paper work, so I did. I called her on Monday, and she told me to bring my identification papers in Tuesday. I said, um, I wasn't able to do it, because I was supposed to go to a housing thing. So I went in Wednesday. But she forgot to tell me that she needed the one paper about the school identification number [for Savannah]. I brought that back Thursday. She says the processing is going to take three to five days. She said wait for the week. I checked three days, I checked the five days and then I checked the week and the day after the week which was yesterday [Wednesday]. Still no money; I called there. Now Ms. Q is out. I called to speak to her supervisor. Her supervisor says, “Gimme your PA number, she'll check it.” She checked it. “Oh your case is closed.” I ask, “For what reason?” She don't know, because MS. Q is gone. I called again to speak to the head supervisor; the phone was busy all afternoon. So I gave up. Yeah, that's what happened. Now I'm down to my last twenty in food stamps and that's it. That's all that's left. Until whenever they decide they wanna, um, give me some money. I told my counselor, and she said she didn't talk about nothing but the decrease in money for food stamps. That's all she talked about.

Milagros described the financial stressors in her life while in the shelter system at some length.

My money's never been right. And then when it went to \$220, they put it back down to \$180 [bi monthly]. I wanted to know what was the decrease. You should have sent me a note stating why you decreased it. So, um, that's why I went to the center, and nobody could tell me why they decreased it, so I went to a fair hearing. Then, um, I wanted to know why my kids didn't have Medicaid cards yet. I wanted to know why I only get

\$162 in food stamps when I'm supposed to get two-hundred and some dollars, and I don't get WIC [a supplementary food program for pregnant women and their young children], so I can buy a can of milk or two or three cans of milk; that's thirty dollars [her infant daughter is lactose intolerant and can only digest soy milk]. I can't live like this. After the \$20 worth of food stamps runs out, I have no more cash, unless I call home [my mother, etc.]. And that \$20 was left from the money I get early this month. I had no money to buy Pampers. They had donations of pampers downstairs, and see the Pampers right here? They're too big for Marti, but I took 'em anyway. They're extra large.

Another description of financial stress in life within the shelter system came from Lucia.

They put in the computer that I'm receiving three meals a day here, and I said, "That's impossible, I cook my own food; how the hell I'm receiving three meals a day from these people?" So my welfare worker said it's gonna take two weeks to straighten out my budget. They're gonna change my whole budget. I'm depending on that money to feed my family.

Women who had been financially independent were embarrassed by their dependent status within the shelter system, which was exacerbated by the derision they suffered from income maintenance workers. Roberta, for example, remembers feeling, "We need this money so bad. That's terrible, you know, that's terrible. Okay, I mean, we need it, you know; it's like, you shouldn't treat us like crap because we need it. The same workers that doing that to you can be in the same position a year later."

### *Health Stressors*

Homelessness can exacerbate minor illness in both children and adults.

Residential mobility diminishes continuity of medical providers and access to medical records, and also complicates preventive health maintenance, health management, and

treatment (Bassuk et al., 1991). When mothers without homes enter into communal living within the shelter system, they often find that this situation leaves their young children, who often are un-immunized, vulnerable to contagious diseases.

At both shelters of concern to this study, for instance, upper respiratory and ear infections moved among the families quickly. Several mothers also were alarmed by the high fevers associated with ear infections in their young children, and they were also frequently concerned by gastrointestinal distress, particularly diarrhea and colic, that afflicted their infants. Mothers of six toddlers and preschoolers were constantly concerned about their children's asthma, and three mothers used emergency rooms or inpatient hospital treatment for their own asthma.

Alicia described how asthma affected both her and her four year old son.

When he has asthma, and I give him a treatment, the coughing stops for like about four hours — five! I gotta give the treatment three times a day. I'm tired and worried and he always says, why do I have to do it. And he's only four years old. He sits there so quiet, and they're doing their homework, but then after a while he can't hold still. In the clinic today they changed the medicine that they give for asthma; it gets them hyper, and he's hyperactive already. I still don't have Medicaid. So my case is a mess. So right now, what they'll do is, they give me the prescription and they give me this letter. I take it to the pharmacy and they give the medicine. I don't have to pay for it. They'll pay for it. I got the asthma at 9; that machine, they gave it to me. They give me Tylenol, they gave me antibiotic for the kids, they help you out a lot here.

Because the research participants were living far away from their regular medical providers, when their young children developed high fevers in the evening, the mothers either stood vigil over their infants through the night or took them to emergency rooms, often waiting there into the early morning hours. These events left both the mothers and

their children exhausted, causing them to sleep through the day or attempt to function with diminished frustration tolerance. Natalie, for example, while describing the stressful situation she encountered after her infant son developed a high fever, fell asleep several times during the interview, because she was both physically and emotionally exhausted. Her still-restless infant son, however, kept moving about. She described her experience in the hospital as follows:

I was in the emergency room all night. He [her son, three weeks old] had a high fever and I was scared. He was so sick and I was so scared. I thought "Did I do anything wrong?" I was pacing and pacing. I had to go to Brooklyn Hospital and then finally the triage nurse told me it would be three hours before they could see him, so I took him to County Hospital. I was so scared. This Metro Plus plan is a ghetto health plan. I'm scared what will happen now with welfare and medicaid. Those politicians are greedy and thieves. I was scared and up all night. My son is the most important thing, and I was scared he was so sick.

Another health stressor on the mothers in the study resulted from their own gynecological and dental problems. As a result of their moving often from home base to EAU to assessment center, and then to transitional housing, they chose to travel long distances to reach familiar providers. For instance, Maria left the apartment twice a week to travel one-and-a-half hours from Brooklyn to Northern Manhattan to her mental health therapist and gynecologist, who treated her, respectively, for symptoms associated with depression and menopause. Other women lost touch with regular medical care providers and, as a result, often did not have access to their medical records. Women who had recently given birth worried about reliable and accessible obstetrical care; and pregnant women worried about both the unfamiliar hospitals into which they would be admitted and what would happen when they gave birth.

Sabina, with no income, had no regular source of food to eat during her pregnancy. "I've lost weight," she said. "I haven't gained weight since I was pregnant [she was in her eighth month]. So I'm really depressed about that also." She went on to explain,

As far as our health goes, when I have this baby, I don't want them to say, "Oh, she's underweight, she has to stay in the hospital," because the hospital . . . what you know, I watch the news, so that, what goes on in these hospitals . . . you really wouldn't want the child to stay there an extra day without you. So they'll make you leave to give the bed up to somebody else; but they'll keep your baby, and then I don't think there's enough safety system. You know, where people is coming in and out of the hospitals. I don't want to be separated from her after the delivery. I worry about it every night before I go to sleep. I think that what can I do tomorrow that'll help me, you know, gain weight. What can I do tomorrow to make it a better day. Especially with a child, because what happens to you involves the child. Because this is someone that you're responsible for and, you know, you have to be there 100 percent. So, you know, you have this person, this little person that's depending on you. And there's so many ways things can go wrong.

For many of the women in the study, the physical environment of the shelters added to stress related to both chronic health conditions and parenting a child with special medical needs. Soliel, for example, didn't want to go back to the "nasty" EAU, so she stayed at The Arch. In an extended narrative, she described the environment and its relationship to stress and the health of herself and her child.

When I came here, when I first came and they told me where my room was, I was like, well where's the elevator! There was, like, there's no elevator; I was like, I'm ready to leave. I'm pregnant and I have severe asthma attacks. I carry my asthma pump everywhere I go. Especially these stairs. They'll kill you. It's a doozie. These stairs, it's a doozie; and I have to carry all her stuff and my stuff upstairs, and no elevator. And I thought "Should I sit or go back to that nasty EAU?"

She was hospitalized for palpitations and found that she has cardiac damage from rheumatic fever. "Yet, they know I was in the

hospital for palpitations. They know that. So when I went to the doctor I told my doctor and he sent a note. They still didn't move me from off the fifth floor, and um, they were supposed to call and talk to the people in the office about moving me to a lowered floor. So now I've been here for three months, I just have to wait. I'm worried about my health. That's why I try not to go up and down the stairs unless I really have to. Usually what I do is if I, um, I'm not going nowhere. I have my book bag full of everything that I need. I have my jug of water in there and everything that I need so I won't have to come back upstairs, till its; time to stay in the evening. I stay downstairs and don't come back upstairs, 'cause these stairs, phew! Outrageous! And then I gotta carry Deja, and, um, my book bag, with all her stuff and her monitor. Then if I take her, she gotta be in the chair [the baby carrier]. It's not light, She weighs nine pounds and twelve ounces."

*Privacy, Autonomy and Having a Say*

The participants' reactions to living with institutional rules varied. In part, their differences were related to the reasons they came to the shelter. For instance, women who came to the shelter for safety (e.g., fleeing violence) felt safe — as if they had control. As Charlotte explained:

People's telling me to get out for years, so I feel it's time, my time to say get out. I couldn't tell him to get outta my mother's house because, you know, it's not mine, so it's not the same. It feels really nice to say it. When I get my apartment, there's lotta people that cannot come in here. They could come only one time to see where I living if I allow them to. Like my family, the first time they're gonna come is probably gonna be Christmas. This year, you know, invite them for Christmas dinner. That's gonna be the first and last one. The father not gonna be welcome.

For several women, the shelter was more comfortable than home. As Nodica went on to explain:

I got comfortable here [The Arch shelter] because when I come in the door and I lock the door, I don't have to listen to nobody talking to me, when I don't want to be bothered. So the comfort's over here, and I like it here,

because I don't have to listen to my mother nagging and none of my brothers or my sister or my father. So it's like I've been comfortable here.

Some of the women felt the shelter was a respite from lack of permanency. As Talia said, "I don't feel homeless because I have a key to my door, which is like your own apartment. You have a key to your own door, you have a place to sleep, you have a roof over your head, and you have food in the fridge, and you have running water. And I can stay until I leave for my own apartment."

The women who felt the shelter offered them stability and/or protection from the violence in their lives naturally feared losing their safe havens. As Vanessa explained,

But it's not having my son here with me and then I have to make it [curfew] and leave him at 11 o'clock to make it here for 12 o'clock curfew. That already takes a lot out of me, because it's like, to come in is, like, violating my privacy, in a way. I know this is temporary and you must have rules and regulations to follow, but its like, if it's 12 o'clock, and if you call and say you can't make it, you still get a violation, and this leads to one violation and then two and then three and then after the third one you get kicked out; but you know, its like you're not breaking the rules or anything like that. But that's what happens, you know, you live in a system.

Kathleen also expressed a fear of being ejected. She said,

I used to worry 'cause I was like, um, with so many things that's happening, and that goes on here. And like, sometimes when you hear at the House meeting, "Oh, if this happens, we'll do this." . . . You hear so many horror stories, like people tell you, oh, this happened. I didn't know what to expect when I first got here; I don't want to have too much to do with a lot of the other women. And I come down to eat or make them do something and then go back up. I worry about my children. I feel less troubles. I been through the system enough, I don't wanna get thrown out for something stupid and start all over again with 'em 'cause that would drive me crazy. I think I would just stay with my mom.

Many of the women in the study also expressed fear of being ejected because of

violations of rules or engaging in unacceptable behaviors, such as repetitive loud arguments or fighting, and either having to start shelter processes all over again or, worse, being in the street. As Rayette said, "If I get thrown out for any reason that I feel like it was unjust, they gonna have to fight me in court. 'Cause number one, I'm not gonna be homeless in the street with my 10-month-old son. I want them to fight me in court, I wanna know why they threw me out, you know."

### *Fear of Loss of Custody*

While members of both groups of women in the study said they worried about loss of custody of their children, those who had been in placement expressed the worry more often. For this group of women, having their children placed in foster care was tantamount to breaking the vow that they could and would do better for their children.

Their fear was heightened by a public event that occurred during the period of time the researcher was collecting data for the study, 1996-97. At that time, New York City policy in regard to child protective services shifted toward swift removal of children from their parents for allegations of child abuse, as a result of the press coverage of the case about "The death of Eliza Isquiedeiro." The women were also concerned for their own futures if they lost custody, because that would mean they would no longer be eligible for residence in the shelter.

Lucia expressed her concern about losing custody, saying, "I'm not letting my kids go into foster care. Won't ever let my children go into the foster system. Some of them [foster homes] are good and some of them use you, just to take your money. Some

do abuse kids, some are very good to kids, but most of them not. I will never let my children go into foster care.”

Roseanne simply expressed her fear by saying, “The BCW is not playing anymore; they’re taking babies from people.” Connie took a paradoxical approach.

When Savannah falls out, I say, “You know what? Go downstairs and sit in front of the male counselor and let them see, you know, and then they can call BCW (child protective services) on me. I’m tired of your falling out when you don’t get your way. And tell them what your mom did to you. Tell them I spank the crap out of you. Tell em to call BCW, and when you get there, tell ‘em your mommy cleaned your ear piercing with alcohol.” Savannah is very dramatic. I tell her, “Your Academy Award is in the mail.”

Delila indicated her fear about loss of custody, saying, “I worry that if I can’t buy Pampers, they will take my kids away.” Vanessa, whose older son had been removed on charges of child abuse, felt the child protective agency had judged her and not acknowledged her motivation or capacity to care for her son. She said:

CWA (child protective services) see me as a bad child, but I have matured. They don’t see the things that I have accomplished with my parenting skills class. I went out and found counseling. When I came here I didn’t have to tell them about my son. They just kept making me do more things. I participated in the prevention program and I am very proud of the fact that I completed the parenting classes. They said they would return my son; they kept telling me that my case was closed. Then later they kept telling me that I was gonna get my son back. They never told me that I had to go to court or that I needed to go to another program when I left the shelter.

To prevent loss of custody, the mothers almost always tried to show that they possessed good mothering skills and were concerned about disciplining their children. When they felt their children ignored them, for example, they vowed to teach the youngsters to respect and listen to them. Eartha said, “I expect them to listen and not do it

no more. I know a child is not gonna listen all the time, but I don't want the child to be disrespectful. I will need to be patient, but oh Lord, I am not a patient person." Milagros worried that Kenny no longer respected what she had to say.

I wouldn't want my kids growing up here. He's been in the system a year-and-a-half now, and he's picking up things he's not supposed to pick up. [Kenny in the background says, "You ass."] I don't want to hit him because I been through a lot of that when I was young, so I don't think hitting is going to do anything. So I used to threaten him with hot sauce. He used to be a lot more respectful. Now I feel I've lost control over him.

### *Self-Esteem, Self-Worth and Stigmatized Status*

Each woman was aware of her devalued status in various domains of social life and, therefore, one of the most persistent themes in the narratives was that shelter use also reflected loss of social worth. In 1996-97, when the data collection occurred, the personal history of the women clashed with the values of the dominant society. Although heads of households understood that the use of the shelter system was either a physical necessity, relational choice, or bridge to autonomy, the women were acutely aware that these explanations for shelter use were often seen differently by others.

The metaphors they used to describe the physical location in which they resided reflected a social representation of an institution designed for women to live together who were separated from their family and community. They often described the place in which they lived as either an institution or a prison. For some of the women, such as Roberta, the time in the shelter system was the lowest point in their lives — tantamount to being in a "mud hole," as Asil put it.

The research participants thus sometimes spoke about how they were represented by most others in the larger society, and how that representation affected their own sense of self. Their awareness of the social construction and devaluation of families without homes is clearly evident in the following excerpts from their narratives.

Sabina said, "People generalize about us, just because we're homeless. We're not stupid. People try to keep you in your place." Connie said, "People think we are stupid. They actually think that we came outta the bottom of the gutter and crawled here, looking for a place to stay. We're homeless. We'll take anything. This place is run like a prison for profit."

Asil said,

We have morals and we have standards. We're not something you could throw in a corner somewhere, which is what I think they think. Down to this hair cutting thing. Recently they had a hair cutting thing. All the women who went said they didn't treat them well at all. And I wonder does that have to do with why they're homeless? Also working with black women's hair and you're running a salon for white people with white products.

Rayette voiced similar thoughts when describing her day of looking for an apartment, after she had waited three hours for the rental agent to appear.

I thought, man, if they treat people like this, you know, I wanna know what they treat their tenants like. I couldn't believe they sent me over there. They made me waste my money, and this apartment look like garbage, really. It looked like somebody just moved out, and it was in a shambles. And I was like, how, why would you show me this?

Vanessa reflected on her involvement with both child welfare services and shelter use, and the assumptions of those in privileged positions.

I sometimes think, it's a mistake, but it's a learning experience from that

mistake, because with my situation of being homeless, people always say, "Oh, you come from such a good family," and you know, "How could you go into a shelter?" It's dirty, it's this, you know, they have their own, you know, blindness to a shelter because they have their own house, and you know, they be like, "Why you?"

Roseanne directly connected the shelter experience to her self-esteem.

I suffer with very low self-esteem. Whenever I go out I try to gather enough self-confidence, you know, to be out there dealing with things. Because for a while I was kind of afraid to be outside and I was afraid to be around people. Going through the shelter system really made it even worse, because to see how people act and the things that they do, thinking about it makes me so fed up.

Dionne was more willing to accept social expectations, and struggled humbly to improve, based on such assumptions.

I'm trying to change, you know. I'm trying to be a better person, a better Mom. Every day I work at it. I'm really trying to become a good person, and sometimes it's so hard, and people look at you as a person taking taxpayers' money. I'm just living everyday, you know, I try to get, to have pride of, how can I explain it? I try to have some type of respect for myself. I don't want to take from nobody else. I want my own, even if it means working at Burger King or McDonald's.

### *Stigma Associated with Being Young or Single Parents*

Younger women spoke about their awareness of the social worth of young, single parents, both indirectly and directly. Roseanne, for example, said:

I tried to register to vote at 17 [an active assertion of her right to exercise her power as a citizen]. The lady looked at me and was surprised that I was the mother of two children. I do get a lot of discrimination for that. Like when I was in the hospital, I overheard a nurse making nasty remarks about another woman who was under 20 and had two kids. "She did not have the right to have them so young. Did she know who she even slept with?" I was furious and was ready to get out of bed and say something. I decided to ignore it, to prove the point that I was a better woman than to

pick a fight. And now I see a lot of what they are saying about the homeless in the papers. It's a lot of discrimination out there.

The women in the study had internalized the stigma associated with early childbearing, and sometimes tried to distance themselves from being identified as very young mothers. They felt that at least they had waited until they were 19 or 20 to bear children. As Jana, 20, said, "I was lucky to have had my son so late. You know what I'm lucky of? That I didn't have him like at 14, 15, 16, 17, or 18. I had my son when I was almost 20. That's what I thank God for. Maybe that's still too young, but it's much better than when them girls had 'em so young, 16, 15, 14, 13, 12. So I guess I'm good."

Soliel and Rayette both expressed the sentiment, "At least I'm not a teenage mother;" and Dionne thought, "If you 12 or 13, you have done had a baby and you done messed up. You done messed up big time."

Marion felt disappointed in herself and anticipated criticism from her social worker, who had been an important part of her life in the group home, and might otherwise have remained part of her life. She explained,

I never called my social worker. I wanted to and she gave us her number and she said we could call her anytime. I wanted to. But I have never called her. But then again, I felt like when I got pregnant, I felt bad that I did, because she always say, um, finish school. Go to school and stuff and I felt disappointed. I felt like she was going to be disappointed, too. But I had to realize that she's not like that and stuff. So that's why I actually stopped calling her and stuff because she might say, "You should use protection and don't have a baby now." And it's hard, you know? I felt, really, that she was gonna be disappointed in me. So that why I stopped calling.

Dionne felt that marriage would legitimize her social and spiritual status. She described her own near-marriage as follows:

We had planned to go down to city hall and get married by Ali's birthday. He wanted to do that, so I respected that. Hopefully when we are married things'll ease up for us. My mother also said that God truly respects a person that's married . . . Because the worse thing in the world is to shack up. God respects a marriage, a married bed. Ali thinks the same. He wants to be marrying. Before my life was so tangled up and so was his.

For all the women, particularly those with older children, the shelter system hurt their own ideals of themselves as good parents and violated their own norms of care and protection.

As Alicia recalled:

The oldest one [Frankie, 6], he's the one that understands more, and he used to cry. He used to, he was telling me that the first day that we got there [EAU], "You lied to me, you told me there was a bed in here. I don't like this Mommy. Why everybody gotta sleep on the floor? Mommy, what happened with our house?" He got me real depressed. I didn't wanna put my kids through that. And I know that affects them. And then they got problems because their father don't wanna come and see them, so all that together. I would . . . I would like to give them the world, but I can't. So what I wanna do is get my apartment, go to school and give them a better life. 'Cause I know there's a lot of things they want, they ask me, for and I can't give them. That hurts me a lot, you know?

Kathleen noticed how her four-year-old was more withdrawn in the shelter. "At first, I was scared," she said, "and I worried about how it would effect my kids. It's not something I would ever have expected myself to do. The kids were scared and they were worried. The staff scared my son, too, and that affected him."

Both Alicia and Kathleen found ways to recover self-esteem and provide a good enough buffer for both their own stresses and those they understood their children to be experiencing. They understood their own potential both to help their children feel more secure and protect them from excessive fear and devaluation of their own mothering.

Kathleen was sometimes understandably authoritative with her oldest son, Cyrus, as she felt she must protect him from others who might criticize his behavior. She understood the importance of her presence. As she explained:

But you know, I think it's because I'm with them, you know, definitely [chuckles]. They feel safe and all right. I bring them things from my mother's house that they know and they feel more comfortable. His [younger son] blanket and books for Cyrus. So it's all right, they kinda handling it. I think kinda well, and I don't know if it's because they little and they know; and, like I said, 'cause I'm with them, you know, just motherly, motherly worry.

#### *Awareness of Racism and Its Impact*

Considering that the participants were “women of color,” it would not be surprising to learn they had experienced racism in their lives. Although few of the women in the study directly linked shelter use with gender or race, 10 of the 24 spoke about their experiences with racism. Connie was, perhaps, the most direct. She related her reply to another resident about a racist remark, saying, “She just looked so shocked at that remark, ‘What you acting so black for?’ and I said, ‘What, you 20 years old and never had no form of racism? Girl, you can’t tell me that. Maybe till now, you never paid attention to it. And now at 20, you’re shocked that someone would make a remark like that.”

Alicia remembered her experience of a racial incident while living in a large Midwestern city near a sister.

Everything was around where I used to live, but the only thing that, where I used to live, was only white people. And over there they're racists. Forget it. When my neighbor . . . she was forty something years old and she used to talk to me nice and everything until I told her that I was Puerto Rican. When I told her that I was Puerto Rican, she never talked to me

again. She didn't want her kids to play with my kids, and I was like, "Oh my god!" Well, I ain't lying about it. I had a birthday party for my son and she called the cops on me 'cause the music was loud and it was Spanish music. It's too different than over here. Everybody here is pretty friendly, but everybody over there looked at you with a face, like where you come from? What are you doing here? I felt so uncomfortable, and I didn't like it, so I said, I'm going back to New York.

Soliel also had a racial incident to recount, saying,

Um, and I guess what I like most about that particular group home was that all the staff was black. White staff could not really relate to black children. Until y'all have walked in those particular shoes, then y'all will never understand. Nor can you say, uh, "I really sincerely feel. . ." or "I know what you're going through," Or I've been there, I've been there," you know what I'm saying? And we used to hear a lot of that, you know. "Oh I know what you're going through," you know, from the social workers and stuff. But with the black counselors, um, we never had to hide our character, more or less, you know; we was always able to be our self and, uh, and have a honest relationship with some of the staff. We didn't have to hide sexual things.

Rayette explained how she first became introduced to racism, and what it meant to her.

But I didn't get familiar with race and racism till I was 13. Until I went to high school in Queens, I seen some kind of all nationalities in that school. Chinese, Asian, Dominican, Puerto Rican. Mixed. Really, wow! It's always been blacks, whites and Puerto Ricans. You know. Now that I'm older, a teacher was the first person who seemed to . . . as far as school were concerned, and I thank God for that, because I got quite a lot of history in school. I think it's a shame that school can't teach about other than Caucasian's history in school. You know, I don't think they should exclude the history of the Dominicans, West Indians, Black and Hispanic.

Sabina offered her views about the influence of race on her sense of her place in this world.

Well, society plays a big role in my life, because that's what I move around. It's shady sometimes because you have to, you know, bend for certain people, you know, like in here. The rest of my family, I think they

are afraid of society. I think that what it is, I think, they're just afraid to be out there, when you be put down so much by people for being black. And I'm, like, why don't you go on The Million Man March? It should be about what you got achieved, um, what skill you have; It's not gonna be about color. That's what I'll be trying to tell people. I mean this is my world too. They let these top-notch people, you know, sit up there, the white Caucasian guys in these fancy chairs and intimidate the . . . . But when I get there, they're not gonna intimidate me. Because, um, I'm gonna have to go after what I am trying to achieve. I mean this is my world too. You know, I have some say-so in this world. And it's all about being educated and knowing what you're talking about in order to get up there.

Natalie remembered her mother's deep suspicion of Caucasians, as follows.

Growing up with my mother, she believed that so many things had been done to us by the Caucasian people, that basically she didn't trust the . . . . She doesn't want us to depend on the, you know. As far as her life and our life was concerned and the way in which we are living. She didn't want us to be kept in a place where we couldn't progress, you know,? She always used to tell us, "Get your education and you will not have to depend on the white people."

### *Educational Stigma*

As a group, the research participants' levels of educational achievement were discussed in Chapter III. Although many of the participants had completed high school and 25 percent had attended college, as a group the women reported a low sense of self-esteem and self-worth because of their educational backgrounds. Those without a high school education, in particular, felt embarrassed by their lack of accomplishment in this area.

Some of the women felt fearful about going back to complete their high school education, while at the same time they realized that without the degree, they faced a bleak economic future. Roseanne expressed her thoughts about education this way:

If I could have stayed with her [her mother], put the children in a day care and then just went back to high school I could have finished. My school was a short walk, a little bus ride. But then I said no, because I think about going back to high school, and I say I couldn't deal with it because of the kids. They would think they would be kinda immature. And basically I'll be in the 11<sup>th</sup> grade and they'll look at me [chuckling] like "Ain't you kind a old, you know, to be in the 11<sup>th</sup> grade?" But then, after all, maybe they won't bother me at all because of what I have accomplished at 18.

Lucia spoke about the frustration and embarrassment she felt when thinking about going back to school to complete her education. At the time of the study, she read at a fourth-grade level, and wished to finish her high-school education and become a guidance counselor for teenagers. She said,

I noticed it when I went to school. I started going to school not in kindergarten but in first grade. It was because, for me, being bounced around from so many places, being in and outta school, I never had the time to learn. I was hyper when I was a kid. I can't concentrate to this day, and I know there's a problem, but nobody wants to believe me. They just say I don't want to concentrate. I try to concentrate. I'd get F's on my papers. I'd just sit there and do my work. I never understood in school. Only reason I got good grades is that I did extra work. I couldn't pass Regents. Because I don't understand what I read. When I do answer a question, I get it wrong. And I'll be knowing it. I know the test and I still get it wrong. My husband had to sit with me and do my homework when I was in school, when I was pregnant. It makes me feel real stupid; because the kids, since I'm so old [19], they made me seem like, damn, she really is stupid. I was afraid to go to school, too, because I used to stay home, not go to school, 'cause I used to be embarrassed to go to school. I would sit behind the class so I won't have to be asked questions. I don't think nobody is going to help me. Why waste my time? They won't believe me.

Dionne explained the effect being placed had on her sense of intelligence and education. "Before foster care," she said, "I was smart. My mother taught me at home. In fourth grade, I already had a reading level of the tenth grade. Now I read at a fifth grade level."

Eartha, who left school in ninth grade, said,

Yeah, you know, I'm thinking like it's gonna be hard for me. And I don't wanna be no dummy, you know. I do wanna go back to school, but I just keep thinking, I don't, I don't know if I wanna go through this, you know? I keep thinking, "Yeah, I'm gonna go to school." 'Cause what am I doing? I'm not doing anything with my life. I'm just sitting her on my butt all day. You know, my life's boring here, it's not, it's not, I mean, it's exciting when I'm with my boyfriend, my new man, my boyfriend. Now, it's exciting, yeah, but it's not everything. I should . . . I can't be chasing behind him all the time, going to see him. I have to do something's gonna benefit myself and then my future and my life later on in life.

### *Mediators of Self-Esteem*

This section describes the major elements that mediated self-esteem among the participants: (a) the physical environment, (b) relationship with staff, (c) social ties with friends, men, and family, (d) relationships with others in the shelter, and (e) the future and children.

#### *The Physical Environment*

Three aspects of the physical environment in the two shelters created somewhat different reactions to shelter living among the residents. The first aspect was the different arrangement of physical space at the two shelters, including space for interaction and staff offices. The second aspect was the presence or absence of men. The third aspect involved service delivery, or the staff's understanding, roles, and perceptions of the residents.

The fully-equipped apartments of Lincoln afforded families privacy, boundaries, and the ambiance of a home-like niche. At The Lincoln Family Residence, large room

size, adequate storage space, and private kitchens and baths meant that a parent taking responsibility for the care of the apartment and the preparation of meals had control over family life, including the family routine and privacy.

More often than not, the women at Lincoln felt more positive about their living space than the women at The Arch, and were thus more inclined to make their separate spaces “homey.” Maria, for example, had a small plant growing, which had begun to from seed; Alicia had pictures displayed in her room, and she and her sister, Wanda, enjoyed strong coffee together each afternoon; Roseanne exhibited pride by taking much care in preparing dinner each night; Dionne was elated by having her own pots and pans for the first time in her life, the result of a gift. She described the night she received her gift, upon her arrival at the shelter.

That was a hard night when we first got here. Oh man, she [her daughter] yelled and yelled and cried. And me. I was so happy. At first, ‘cause they gave us the pots and pans, they gave us sheets, they gave us everything to come in and use an apartment, um, I was like a little child when I first came here. I couldn’t believe this was all mine and they were giving it to us. And I was like, “Do I have to give it back?” They was like, “No.”

In contrast, at The Arch the small single rooms and shared common spaces, minimal storage space, and five flights of stairs were sources of complaints and conflicts among the mothers. Shared bathroom, dining, and recreation space at The Arch, in particular, contributed to stress related to privacy and boundaries. These differences affected many aspects of shelter living for the residents.

Rayette described her living situation as follows: “My room is a little cramped, but I just try to keep it as neat as possible, you know? But sometimes I can’t get around

the crib to get what I need and that is a problem; and I can't clean like I used to."

Kenya was sensitive to the slamming doors. "The other women slam the doors to their room at all different times," she said. "What kinda respect is that? My baby's sleeping and the doors are slamming. And it's frustrating."

Asil, who lived in a cold basement for a time growing up, was frustrated by what she had to go through to regulate room temperature for herself and her child. She said.

"When you bring, I brought it to, um, the director and she tells me, "Oh, we can't do nothing about it." I said, "Oh. So it's okay for me to wake in the morning and be freezing and I have to wash my child up and it's freezing in the room" and stuff like that? She's like, "Well what do you want us to do? It's a wiring problem. It takes money and time." And I like say to myself, "It's easy for you to sit there because you ain't gotta live with it. You can go home to your own bed every night. You know?"

The personal reality of a crowded and less than private social life, marked by diminished control over their environment, reflected the women's perceived stigma and reinforced the dominant societal representation of homelessness.

The physical environment of the office space was different at the two shelters. Staff offices at The Arch provided little privacy. The case managers shared office space, so that privacy for meeting with clients was limited, interrupted and often negotiated. At The Lincoln Family Residence, in contrast, a social service suite was located near the building entrance, so that families or individuals could drop in, which they often did. Each case manager and housing specialist had his own office, which ensured both convenience and privacy.

*Men*

The second factor that distinguished the physical environment of the two shelters was the presence of men at The Lincoln Family Residence. The Arch sheltered only women and children; men were not allowed above the first floor. Women received guests in the front reception area directly in view of the staff office. Sometimes the women entertained their guests on the outside stoop during milder days. Sexual intimacy was relegated to weekends, when the women had overnight passes. Often male companions were also living in crowded conditions, which limited chances for couples to be alone with one another. Sexual needs were never spoken about directly by the staff or the women — as if they were not a part of adult life.

*Service Delivery: Staff Understanding, Roles, and Perceptions*

The third environmental element that made a difference in the women's reactions to shelter living was the degree of understanding the staff had about the needs of families, which informed their theory of help and guided staff interventions. In particular, the staff's empathy towards the women, their judgment about the etiology of homelessness, and their reactions to the needs of the women were influential in how individual staff members viewed themselves and the women.

The staff's understanding of the underlying causes of homelessness differed at the two shelters, and affected the behaviors and attitudes of the residents. One difference between the workers at the two shelters was in the emphasis they placed on the causal factors relating to homelessness among families. Generally, the staff at Lincoln believed

that interacting cultural, familial and individual factors lead to homelessness. One director of social services, a graduate social worker at Lincoln, opined:

Homelessness is a very complex problem; there are many layers and causes. I think that one cause is a long life of shattered dreams. Having a dream is not part of many of their lives. They have had little inspiration. They got burned out at school, by a second-class education system. They never were inspired there. The shelter may be their chance. The depths of deprivations have robbed them of hopes and left despair — a hole in their moral base.

When the researcher asked the social worker what would address her problem definition, she responded, “It’s a difficult problem, calling for solutions at many levels. Certainly, here we could use someone who could work with issues of domestic violence and mental health problems including, of course, substance abuse treatment. A much more thorough program after they leave the shelter is needed. I would like to have therapy available on the premises.”

Other workers at Lincoln also recognized the many layers, emphasizing housing, education, familial background, and/or interpersonal relationships. Most workers also included racism and gender oppression as causative factors, and one worker added lead poisoning to the list. One worker made this hopeful statement: “Even though this is temporary, this is their home. Even though a mother is homeless, she can make her children feel safe. Home is where the roof is.”

For workers at The Arch, on the other hand, a shelter was usually viewed as impermanent, not a place one could call home. “It’s a temporary home,” one worker said. “I don’t think they [residents] should feel too comfortable here, because when they have to leave they get scared.” In general, the case managers at The Arch most often used

single-factor, person-centered explanations to explain homelessness. The Director said, “Homelessness is a symptom of other problems. I now see less substance abuse and more mental health problems among the women.” Another worker at The Arch compared the experience of his clients with his own experience: “My wife was in a shelter, she got out in five months. I don't know why they can't.”

The general difference in perceptions and understandings of the workers at the two shelters naturally affected the way they performed their role, although the role of workers at both shelters was to support families so they could successfully move into the community. One worker at The Lincoln Residence described some aspects of his role as follows: “When a client moves out, it's a victory. I think adversity with supports helps to build character. My job here is to help families build a foundation for living in the community.” Another worker at Lincoln spoke about the way she engaged clients: “I recognize their anger when they come in. I let them speak about it. I help them to counter anger at being abandoned, that they feel less than others, unloved, rejected and sometimes hopeless.” Still another worker at Lincoln said,

The greatest thing is to enable families to do things on their own. When they come in, they are very angry, they don't want to see you. You get to know the family, respect what they are dealing with and feeling, and then they can work with you. Seeing them move ahead makes me feel real good. When I send them to see a home, they are excited and then I am excited for them.

At The Arch, in contrast, one case manager said, “This is a baby shelter. Anytime I want, I can get a baby fix; no matter how grim things are or how much work there is, I can always go outside and hold a baby.” She then added, “When a baby cries for more

than three minutes, my ears perk up.”

In an attempt to be a good model for her workers, the director of The Arch saw her role as collegial:

I do everything that my staff does here. I like it that way. There are no absolutely clear boundaries here. No clear roles. We don't put boundaries between the women and us. We really like the women, we try to make women feel more comfortable here, so they will be more open. We provide an experience here. Many are afraid to let others know about their limitations. I think we need a really good GED program with child care.

### *Social Stigma and Conflict with Staff*

Women who had been in care were particularly sensitive to staff attitudes that reflected devaluation. They fought the stigmatization and the staff retaliated. For Asil, for instance, being treated civilly — as an adult, with respect — was important, not because she had a different set of needs from the other women, but because she disliked being dismissed, treated as if her needs were less important than those of others.

Asil recounted her desire to be treated as an adult and to include the value of the “Golden Rule” in her thinking.

Not to say that I'm a problems person, 'cause I'm not that at all. It's just that I think I'm pretty open-minded; but if you do something to me, I'll close my mind [chuckles], that's just how I am. 'Cause I done been hurt too many time and I don't need to, you know, experience it. Um, I'll give you an example. They tell you when you first come in here, if you need us to help you with the baby and the stroller. And it's hard to take both down the stairs and we understand. But it turns out real different. I had hurt my leg on a nail, and this time I needed help to take the stroller. I came into the office and asked them. And the person in the office [there were five people in the office] said “No!” And I couldn't understand why she having that tone of voice. I came very, you know, um, good, you know, I came in and asked nicely. In my mind, I thought she was joking; and then she says, “I said no!” And I was like, whoa, you know; and then it kind of made me

upset. It's not the fact that she didn't want to do it; it was the way she expressed it over to me, like as if I was a little kid. If I give your respect, I want it back from you; and once that happens, then I'll think it over.

Linsay expressed her upset at how the staff sometimes disrespected her, when talking about donations she received.

Like if they donate stuff and they use it for they taxes or whatever, you can tell the people that do stuff from their hearts. Some people send dirty stuff. Some people send stuff that can't be used, like if, like I got a rain jacket that I seen downstairs, 'cause I didn't have anything to wear if it rains. And it couldn't be used because it had snaps broken. That's pretty insulting; so and then you look at the staff here, and they say "Well, you better be grateful," and, and I'm looking at them like, "You one paycheck away from homeless, and you telling me, I better be grateful?"

Sabina and Asil did not fully accept such devaluation, questioned the contradictions regarding power differentials and perceived double standards between the staff and residents, and valued doing things "by the book." In the following narrative, Sabina vented her concerns about these matters, defined where she "was" at the time of the interview, and expressed a fantasized scenario of the future in which she is the owner of the shelter.

Well, during the two-and-one-half months that I've been here, I've seen pretty much of the staff, who is very professional about certain things that goes on at the agency. Things are not done like supposed to be ran. And I think a lot of the rules and regulations are swept under the rug. Because I seen NO SMOKING signs in the building and I see girls smoking. So I went to my counselor and I said, "Why are staff and clients smoking here?" So he goes, "Oh, that's because the director smokes." So, you know, and I said, "That doesn't have nothing to do with how the program is supposed to be ran. 'Cause of the director smokes and she has an office or there's outside. But this is a building where there's pregnant women and young children. I don't think that should be allowed at all, and he said, "Well, the director smokes and so that allows the women to, to follow her footsteps." So I don't really agree with that, and I'll never agree with that.

And I say, one day I might be able to buy this building and I'll have it ran differently, and I'll have, um, I'll have the staff checked up on. Anybody just can't work under me, because they'll be representing me.

The staff labeled both Asil and Sabina "angry" and "uncooperative," because the women were outspoken. One staff member spoke about how staff viewed women such as Sabina and Asil who had their "own voice":

Sabina is one of the angriest clients and so is Asil. Sabina is constantly angry with staff and those at income maintenance. She expressed her anger directly and therefore she don't get what she wants. If you express your anger at the IM worker, they can keep money off the budget; although they are not legally supposed to do this, they often do. If she doesn't make peace with the reality on some level, it alienates staff from wanting to help.

The staff member went on to compare Sabina with another, less assertive and more "likable" resident, Sally, "who asks for help with many things. Everybody wants to help Sally. She asks for help and she gets it. People don't want to help Sabina; that's why she is having so much difficulty with her welfare case. You want to help Sally, not Sabina, who acts as if staff is lazy."

The research participants at The Arch, compared to The Lincoln, more often felt infantilized by and angry with their workers. Vanessa, for example, said "My worker was just mean. She wouldn't give me a token to get to the doctor; and I met someone else from the shelter who bought me a token to get home when I was pregnant."

Nodica expressed a somewhat balanced view of the staff, even as she expressed her discontent.

Rules and regulations and stuff. Some of them are, some of the rules are fair and others aren't, but that's the rules. You know, and they're paying for you, that's how they feel. You gotta run underneath our rules and do

things as we say, you know. And I'm not saying that's totally wrong, but you know, you should consider that we are adults and we do have our own lives. But that's not according to um, what you would probably call shelter life.

Natalie also expressed her feelings about her sense of powerless, how it felt to have no control over others. She said,

I have to wait on somebody else, and the way they go about it is, it like you're unimportant. It's like yeah, this is a person, she's in the shelter, you know, or whatever. She got time to kill; that's not right with me. I don't have time to kill. I want to get on with my life. This is just what I see as a transitional state. You know, to get me back to where I need to go. But they are taking a very long time. And you can stay on their back and they will still take a long time to do things. And, um, then there's the side tricks, which are when you wait this long, you know, just to get the paper work done. You gotta go through all this stuff to try to get an apartment, like that, and they give you hell and make you wait again.

### *Personal Ties*

Women who maintained ties with their families or friends felt they had entered the shelter system with the support of others, i.e., they felt they could speak to and be understood by important others, and thus they were more at ease in developing relationships with other women in the shelter. Roberta, for example, was able to sustain her close ties with both parents, and found that she could buffer the egregious conditions at the EAU by finding other women with whom to pass the time; and Marion and Delila, with instrumental and emotional support from boyfriends and husbands, as well as service providers, were able to weather the rigors of the EAU and eventually quickly move on to their own apartments.

In addition, women who maintained their support systems could both

acknowledge their need for others and sustain relationships in which they had to consider the interests of others, while negotiating a way to meet their own needs. In other words, these women could accept and express the relational aspects of themselves. They also believed in their own efficacy, to one degree or another, and felt they had the internal resources to give to others. These beliefs, and the actions that followed from them, were less related to whether or not the women had been in care than to the trauma they had experienced and the degree to which the trauma was subsequently addressed.

Most of the research participants who had not been in placement maintained ties with their families and friends. They felt they could escape to family or friends on weekends, and thus manage to get away from the regimentation of daily life in the shelter, with its interpersonal hassles. Some of the women, e.g., Roberta, Kathleen, and Soliel, were also able to rely on their families to spell them from solo parenting, and they believed they could count on intimate others to help them in emergencies as well as on a sustained basis.

Roberta described the difference she perceived between her life at the shelter and at her mother's home. As for the shelter, she said, "Like over here, just me and him, and the girls here, and then, you know, the gossip in the lounge; and there's been too many problems down there. I stay away from there; just a lotta 'he say-she say' going on." In contrast to her life in the shelter, where Roberta experienced her relationships as precarious, she said her mother's home was a place where she felt safe to be connected to people.

Even though there's always a lot of people at my mother's house, it's still the place I'll always be welcome, no matter how many people's there. So now I wanna come find a home for me, so my mother can get away from everything, come relax. If she wanna go in a room, lay down, you know, come and have supper, come and talk to me, come see Donald. 'Cause like I said, she was always helping me with my son. She needs a break, too. So I'm going to do it like that.

Roberta also explained how Phil, the father of their child, Donald, was an active part of her support system, and therefore very important to her. Roberta went to great lengths to involve Phil in Donald's care, and her comments are replete with observations about the mutual pleasure father and son took in one another's company.

He [Phil] wanted a child for a long time but wasn't ready, 'cause he wanted to make sure he was gonna be there and do the right thing for this child. So when Darnell came along, he was ready and making sure of that. When I first came home from the hospital, you know, he stood in that kitchen with me and he learned everything from scratch. I didn't even have to bring, call him in. I came home [from the hospital], he said, "Okay, you getting ready to make the milk. Show me how to make the milk."

Kathleen also described the importance of personal ties in her life, and how they have buffered shelter living.

Oh, like today, Friday, I leave. I go straight to my mom's house, uh, being that today I pick up money at the check-cashing place, I always buy the kids stuff. Uh, I always get ahead 'cause I always know the next week I might have no money because they're changing the system around. So I buy everything in twos, whatever I need. Stay there [her mother's] usually. We either cook or we get food, you know, take-out or whatever. And we rent movies. We go to see the trees, we go to the library, and we get books for the boys. Um . . . and if we not doing that [her older son], will watch his movies. Different things we do depending on how the weather is. Then we cook together and I take food for the kids back. They cry when they have to leave.

As previously noted, most often women who had been in placement had multiple moves both while in and after placement. They had either lost, never had, or severed

connections with their family and/or community. Thus, they had fewer housing choices to avoid shelter use, and they had fewer chances for respite from the daily life of the shelter. As Sabina said, "I didn't have anyone to back me up 100 percent, so it was difficult to do. I don't want to leave important people in my life behind. My extended family didn't help when they should have."

In the shelter, Lucia met Salvadoro, whom she married.

I went to a shelter and that's when I met Salvadoro. I was there by myself. He was there with another female. She was married, anyway, in Pennsylvania. He saw me and I saw him. We started talking, we kicked the other girl to the curb and sent her back to her husband. We got married September. I asked him to marry me, and he was drunk and he said yes. We still got married at city hall.

When the researcher interviewed Lucia, she described her feelings of abandonment and defensive withdrawal from personal relationships as follows:

He [her husband] makes me jealous 'cause his mother's still in his life. His mother calls, he speaks to his mother, he speaks to his family, and I don't have nobody to speak to. I don't speak to my father, I don't speak to my brothers, and he has so much attention from his mother, his mother is there for him. His mother supports him. My father don't even support us. I don't have friends. If friends were around, I guess I wouldn't be here. When I move, I don't want no visitors. Nobody. Nobody couldn't ask me for nothing. I'm only saying that since I was homeless, nobody gave me nothing.

### *Interpersonal Coping*

If the women could not control many of the external stressors in their lives, they could choose to enter into or avoid relationships with others. The way they perceived the value of others and chose to negotiate relationships with them could thus mediate self-

esteem. In part, relationships were shaped by the difference in shelter populations and living arrangements. The residents at The Arch, for example, were living only with their children and no other adults, while three participants at The Lincoln Family Residence were living with the fathers of their children, one was living with a granddaughter, and Alicia's sister, Wanda, was living at The Lincoln Shelter with her husband and two young children.

Within both shelters, while some of the ways the women managed interpersonal relationships could be traced to differences in both the physical arrangement and populations of the shelters, other ways were associated with the women's earlier interpersonal experiences and resources available for developing personal ties.

When the women's self-esteem was not heavily compromised, they were able to negotiate relationships. This process may be seen in the testimonies of Marion and Roberta. As Marion said, "When I was at the EAU I got comfortable. I brought my backpack and Kareem would bring us clean clothing and food every day. I got to know other people. We had a card game. People would look out for my things and I would look out for theirs. I kept in my little corner and felt sort of safe."

Roberta explained,

The EAU, it was terrible when I first walked in there. I was scared to death; I said, "Oh my God, it cannot be this bad" [chuckles]. And I went in the corner. The only thing that was okay was when you met a couple of girls and you talking to people, conversating. Everybody seems to have the same problem you have, and so you don't feel as bad as you should, you know. And you hear these problems is worse than yours. And you hear these problems, at least I have a relationship with my mother. Most of these girls couldn't even go home to their mother.

The participants at The Arch spoke about friendships they developed there. Sabina and Kathleen, for example, developed a close relationship. Sabina often cared for Kathleen's two children during the day — allowing Sabina to fill her time while waiting to deliver her child and providing Kathleen with relief from looking after her two active sons, both of whom became quite attached to Sabina. As Kathleen was departing for permanent housing, she gave Sabina some of her prized possessions, to use during her remaining stay in the shelter. She said of her relationship with Sabina, “Me and Sabina stick together and she is my only real friend here. We get along. She knows what she wants to do and I know what I want to do.”

Some women formed alliances based on similar ethnic backgrounds. Women who had recently emigrated from the Caribbean Islands, such as Vanessa and Talia, for example, formed an alliance and spent time together. Vanessa moved into permanent housing and left the shelter just as Talia had become certified for housing. Talia missed her friend and became more isolated as well as suspicious that staff had delayed her housing application because of negative feelings about immigrants. However, the two women did not continue their friendship beyond their shelter stay.

Milagros had severed ties with her family, and did not know the whereabouts of her closest sibling, Andrew. In the following excerpt, she first speaks of the gossip she encountered (of which her son was often the subject), and then how her alliances with friends buffered the hurt she felt from the hearsay and “tongue-wagging.”

Everybody here gossips. I don't see no meaning to it, but they gossip. I don't say everybody, but a lot of people do it. People here do gossip, they talk about people, then they're nice to them. So I don't get it. But hey,

that's their way of doing it. I'm close to a couple [of girls]. There's like two girls that I'm very close to. We hang out, we do everything together. The girl across the hall, we conversate. We're good friends, and, you know, there's only three people I let come in here. Her, and the two girls I was talking about, because we're all like good friends. But with everybody else, it's like a hi-bye thing. "How you doing?" and this and this and that. Just a little conversating thing. You know, they [staff] say, "Don't share your problems with nobody," but whenever I have problems or they have a problem, we go to one another, so it's a pretty good relationship.

Unexpected alliances also developed among the participants. Connie, for example, a flamboyant and provocative resident of The Arch, had been the victim of a knife assault by another resident, which left lasting physical scars. She angrily spoke of the assault and saw physical struggle as a preferred way to solve conflict. She provoked and denigrated other residents — often hurting their pride — creating a wide gulf between herself and her victims. Nevertheless, Connie had one close shelter friend, Raquel, whose honesty she had tested by leaving money in her room while Raquel was there alone. Raquel's honesty soldered Connie's trust. As Connie said, "I don't trust too many people. I learned to trust Raquel. Other than that, I don't trust nobody. To me, everybody I tried to trust, it's like they did something wrong in my book, so I just left 'em alone, and when I move, they won't know where I move."

### *Spousal Relationships*

For some of the research participants, relationships with their spouses were reassuring to their self-esteem. Roseanne, for example, felt important to David, but was also quite concerned that he would relapse and begin abusing drugs if he became anxious or discouraged; therefore, she felt she must stay with him. As she described the effect of

that helping behavior on her sense of self:

I'm glad my husband doesn't start trouble with others. I'm glad my husband is like that. 'Cause most guys, they look for trouble. I know him so well. I know what he's gonna say before he says it, and that's what I like about him, you know? 'Cause he, anyway, he's real simple and easy to figure out. But it's like, somehow, in a way, you know, like I said, I'm a very strong believer in God, and in a way I felt like it was meant for me to help him because he didn't have nobody there, you know? He don't, especially after his mother died.

Dionne felt encouraged by Ali, who helped her during a "down" time. "When I came there" [the Job Corps], she said, "I was a bum [chuckles]. And he [Ali] took me shopping. He helped me, you know, to get my self-esteem back together when I was up there. So, You know, that's why I guess I'm with him so long and I don't mind having his children, but I wanna be married, you know? He gave me encouragement. And he still does." She went on to describe a boat ride the two of them took, which was sponsored by the shelter. "At first I was worried," she said, "because we had never left the kids without one of us for so long. But we had such a great time. We laughed and we danced and I can't remember the last time that we did that."

Lucia took pride in the longevity of her marriage to Salvadoro.

I don't know why I picked Salvadoro. He was a bum. He didn't have nothing, so I guess it was meant to be. I always went out with people that had money, but it was like we were meant to be. When we saw each other, and we asked each other to marry each other, people didn't think it would last. I was too young. We been together almost two years. I think that's long enough for me, 'cause I never have been with somebody that long. He been with people that long, but not me. It's a long-lasting relationship.

*Intimidation, Comparisons, and Gossip*

Some participants used fighting or the threat of force to make their point and feel powerful. Rayette, for example, indicated this approach in her narrative, saying, "I can handle talk but hit me or dare to touch my son. Gonna be a real problem, He can't defend hisself. So I'm gonna have to defend him."

Connie said, "My rules are, if you fuck with me, I'm gonna hurt you, point blank, I'm gonna hurt you mentally, physically, emotionally, or as the counselor says, spiritually. Leave me the hell alone. For one, I'm too old to be playing with these little girls. If they got an argument, let them go outside and duke it out." Connie also bolstered her self-esteem by "put downs." For instance, she stated, "I'm like Ray Charles, when somebody asks me something sometimes, I say, 'Uh huh, Uh huh.'"

Most of the participants compared themselves with others in the shelter. Through this technique, they were able to somewhat lessen the full effect of perceiving themselves as part of a demeaned class. Linsay, for example, shows in the following statement how she both legitimized her need for the shelter and thus her social worth and, at the same time, agreed with some dominant beliefs that women without homes were taking advantage of the system.

Sometimes I think that because some people in here don't have to be here and they let it be known that sometimes. "Oh, I got this, I got that, I don't have to stay here." So then other people think they're not really homeless, they just want to get somewhere. But they make it hard for people that really need it, like me. I don't have a choice. It's either this or back on out on the streets, you know?

Sabina actually felt that her "true role," one might say, was to guide the other

residents, even though she often distanced herself from others and perceived herself as an “outsider,” as not belonging there. She said,

I’m not supposed to be here. I’m the type of person that, I’m supposed to be helping people in a situation like this, you know? Come into visit different shelters, talking to different women about things, about how precious life is and how they should not take one day for granted. I’m the kind of person that would help someone out in a bad situation. I would help somebody in this situation not be helpless.

It is possible to understand many of the women’s behaviors within the shelter — such as gossip, “put-downs,” and comparison — as efforts to mediate self-esteem and regulate self-castigation. Soliel’s reaction to gossip provides an example of a philosophical approach to coping with this verbal behavior, which was shared by many participants.

Every place where there’s a lotta women, there’s gonna be some gossip, even though this is a shelter or a residence. There’s some women that have more than others, you know, because after all, you don’t know what predicament they were in. You don’t know. But like whenever there’s a lotta women, there’s always gonna be like, she’s this or that, and he say and she say. This is the way it goes. Stuff like that. I suppose men gossip sometimes. So it doesn’t matter where you at, you just try to stay out of it, you know, and I don’t go by what everybody say, but it still gets on my nerves. I feel like this. They should come to you and ask you if they don’t know.

### *Distancing and Isolation*

For some participants with no prior history of protection from physical and verbal abuse, who suffered constant damage from the abuse of important others, isolation was an alternative coping mechanism. Charlotte, for instance, the victim of sexual abuse and familial relationships that disallowed any form of support, spoke about her isolation.

I have low self-esteem. Very low self-esteem. I never thought people would like me for what I am. I used to always figure, you know, if there was somebody who like you, you gotta go to bed with them. Maybe if my family had heard what I had to say they could have stopped the situation that was going on [repeated sexual abuse], but they never care to listen, so it kept going on and on and on; and he [the family friend who had molested her] knew that I was, I was trying to talk to somebody about it, because I wanted it to stop; and nobody paying attention. He just like . . . so he carried on what he had to do.

Me and Linsay we used to sit and watch TV. We were associated, but as we were watching TV, we had conversations and got close. But after we had a disagreement over the Walkman, she stopped speaking to me. Now the others see me downstairs and they talking to me. But I know that they're talking about me. And I'm telling myself if they don't like me, why do they talk to me. I know they talk about me when I'm not there, and I'm telling myself, "If you don't like me, why are you in my face?" 'Cause if I don't like you, I'm not gonna say nothing to you. The gossip can't be stopped. So it's impossible. Once you tell something to somebody in confidence, you don't expect to hear it from another person. If I tell you something in confidence, I don't expect you to go tell her. And once I tell you something in confidence and you tell someone else, then that tells me that I can't trust you. And if I don't hear it from her, but I hear it from another person, I'm hearing three different stories, and it might be different to what I said. You might tell the person what I said, but you not gonna tell the person what you told me. And that goes on here everyday. That's an ongoing thing. That's how come I stay in my room, because I'm always so, so . . . don't talk to nobody no more. I'm just here in my room with Cassie [her infant daughter], I stay away from the other women now.

Talia explained her reason for isolation this way. "I get upset with the gossip. I do have one friend here. So mostly I stay to myself, watch TV, do her laundry, pretty much play with my baby. Sometimes I go to Queens or something like that."

Eartha described her life, marked by much isolation.

No I don't have any friends. I don't have nobody else. I have nobody else. I don't want to be bothered with nobody else, except Sidney. I don't have any associates here and I don't have anybody else I can talk to. I spend time in my room or I go to Queens on the weekend to see Sidney and his family. I don't have any friends or any associates either. Maybe I could talk to my aunt in Virginia. Oh, she's in Kentucky. I think, No I don't have

nobody.

Asil said of her isolation,

I just wish that the atmosphere here was a bit more pleasant, like people wouldn't get in your business. I don't care, you know. I wouldn't care so much if you gossip, but stay out my business. Don't say the wrong things to them. Don't say what you feel 'cause, you know, you're not sparing other people's feelings. I was noticing last night I stand out. I was looking at my son last night and, you know, we went to this group session downstairs to do a hair thing. Right? And I went into the room to look at my son. Right? And Toronto is way over on the other side with the other kids. He didn't pay any attention to all the other little babies. And I said "Guess who that reminds me of? Me!" I'm always the one outside the crowd. I'm the one outside doing my own little thing. No, I don't mind, but I do mind in a sense, because it's lonely; it doesn't leave you a lot of friends or conversating with people. Sometimes I think my son is a lot like me, 'cause remember, I am his parent and he copies off of what I do. So he might get an insight from me.

### *Children Mediate Self-Esteem*

Even though the research participants agreed that being a single parent without a permanent home for their family was a demeaned status, most felt that becoming a mother and/or parenting was a most stable source of self-esteem. In particular, the women perceived themselves as actively shaping the early years of their children's lives, and that their living temporarily in a shelter was part of this goal.

For parents, children were a central part of both their internal world and day-to-day life in the shelter. In general, children were a source of hope and companionship, and many mothers wanted to make an emotional investment in both their children's growth and their own growth as parents. Roberta, Delila, and Natalie considered their children to be "miracles." As Roberta explained the "miracle" of motherhood:

Oh my gosh, it was a miracle that I had a baby [because of health problems] they [friends] were, like, I can't believe it. But that's the one thing I was really happy of. He's my heart. You know, I'll just sit up there and have a conversation with him, you know. Sometimes I think he knows what I'm talking about. I'll just sit up there and have a conversation with him.

Nodica expressed the same sentiment, saying, "I always wanted a little girl, and so God blessed me with a little girl. After all the things I been through, it seems like a miracle." For Jana, her son "is the best thing that ever happened to me; he was my birthday present." Natalie said,

When I found out that I was pregnant, I was happy and told the father. He said, "For real?" All I wanted to do was to have my baby. It seemed like I was pregnant for a year. There were no problem in pregnancy. My mother was upset 'cause I was in college. I saw my friends having kids, so it wasn't . . . I wasn't trying to get pregnant. I never told my friends. Continued in school till the end of the semester. Now I can't do the things I used to do before the baby was born. I could go out anytime I wanted to.

Children were a source of self-esteem for these women in that they confirmed social worth. Dionne said:

That's my children. That's the one thing I did give the world — not the world, nature. I always heard that it takes a special woman to give a man a pair like that, you know. That's when you know you're really ready for that, that a man and a woman really belongs together. It's a lot, I don't know if it's a myth or whatever. But they say . . . 'cause a pair, a boy and a girl, that's everybody's dream.

For other women, motherhood meant "womanliness." As Sabina said, "I'm going to love this child extremely; and I'm gonna thank God that I'm able to create, you know, another human being. Um, because, a lot of women is not that fortunate, you know, so this was a gift to me, and I think that really everything happens for a reason."

Delila explained motherhood and womanliness this way:

I expected myself to be single my whole life and I didn't want any men in my life. I didn't want children. I just wanted to be single and rich. No children, nobody, no responsibilities. I thought I was invincible. It was weird, because I wasn't too delicate that way. For a while, I was questioning myself as a woman. 'Cause I was always a tomboy and I guess that's why in my mind I wanted to have kids. It made me feel good and womanly when my kids were born, to see something come out of me. A little part of me.

### *Undermining Parental Authority and Identity*

On the one hand, the children were a source of hope and pride to the women and supported their motivation to persevere; on the other hand, children were a source of worry. Parenting exposes flaws and thus can be a threat to self-esteem (Benedict, 1959). In the shelter milieu, behavior of family members is often public and open to scrutiny. Shelter environments are places with unsure boundaries in regard to privacy. Often in shelter environments temporal order is external, and continuity of family patterns that orient time are controlled by others. With the disruption of family rhythms and routines and few belongings to mark continuity, the parents in this study needed to infuse stability and control to help their children trust in their physical and social world.

In addition, during the mid and late 1990s, the caretaking competence of young women of color was contaminated by stereotypes and expectations, reinforced by the conservative political discourse of that era. This discourse both de-legitimized images of poor women striving for economic independence and promoted propaganda, which suggested that sheltered mothers were taking advantage of a system designed for the truly needy.

Parents in shelters worried that living in close quarters with strangers exposed both their children and themselves to harsh and abusive language and behavior, of which they did not approve. They felt they had a limited say in creating barriers to such stimuli. The women were acutely aware that others could censure both their child rearing practices and their children. Such rebuke was taken very personally, and the women responded contentiously.

Kathleen expressed this problem, with regard to mealtimes, saying, “All the time when we go to eat, women are always commenting on how your kid dresses and how what you are feeding them.” Jana said, with regard to the privacy issue:

Now this recently happened. I’m downstairs [dining room] minding my business and I get up to walk out the room and I hear somebody talking about me and my son. How I don’t feed him and he’s starving and I should feed him and why I come downstairs and put him in the high chair and don’t feed him. And I’m like, why do people just sit around and think they know what’s going on?

Furthermore, the women often had to hear decontextualized assumptions from the staff, based on the latter’s person-centered explanations of homelessness. For instance, one Arch shelter worker said, “I think that these women are a product of the carefree sixties generation, who believed in sexual freedom. Having children was something to do.” Some workers understood, on the other hand, that “a lot of the women hadn’t been nurtured or had the opportunity to hope for better.” Other workers assumed the shelter mothers were less than adequate with regard to their child rearing practices and knowledge of the “mothering science.”

Still other staff members — who agreed with then-current social postulates that

connected poor child-rearing practices, adult social problems, and social justice assumptions about child protection (which de-emphasized the importance of the child's connection with his or her primary caretaker) — believed it was in the families' best interests to offer advice. To the shelter mothers, however, the “advice” felt, at best, irrelevant or self-interested, and, at worst, seemed like a threat.

Kathleen, for example, felt undermined by the ethic of behavioral control implicit in staff norms. She recalled, “When Cyrus [her four-year-old son] heard the program director threaten that mothers would get into trouble for letting their children cry too long, he told me. And then the staff always says to kids, ‘Behave your mother or I will call the cops.’ It scares them and gives the kids a lot of power.”

Connie expressed a similar sentiment in recounting a situation involving her eight-year-old, Savannah.

I have no control here. I have no control. And Savannah know it too. She didn't get to be a pain in my ass till we moved here, and the counselor be killing me with this, um, “You need to spend more time with her.” And I say, “Okay, count from 4 pm to 2:10 pm,” and then my counselor said, “You should be more hugging and kissing with her.” I'm not a hugging and kissing person. Then, the other day I was carrying Marguax [her infant daughter] in from the outside. And a male counselor was like, “Why are your carrying that baby that way? You show the baby no love.” They tell me that I have to hug Savannah when I pick her up from school. It's corny, mad corny, and she would know that too.

Asil recalled how she stood her ground when a staff member called her own efforts and competence into question.

He [Toronto] had a bad case of gas, okay. And it was just something that I had to deal with, and they didn't know how to deal with it or take it for what it was. Um, as a result they get on my nerves. And I didn't like that. I didn't like it because, its enough I was dealing with, trying to figure out in

my mind, “What can I do to soothe him? What can I do here? What can I do there?” And then, to top it off, they comin’ on my shoulder. Ahhh, “You need to get the baby to the doctor, there’s something seriously wrong with him. Babies don’t do that.” And I’m like, would you get out of my face?

*Cognitive Coping: Making Sense of Adversity*

Inherently, the presently recalled life story can reframe the present, manage past and present adversity, and support realizing personal goals, as well as justify self-defeating intent. An important way the research participants made meaning in their narratives was by trying to make sense of their firsthand knowledge of their experience. Many of them often repeated the conviction that troubles create challenges and then growth. Seeing their troubles as part of a reality with which they had to cope was useful to them in gaining perspective, pride, and distance from self-depreciation. Looking at both their relationships with others and the social forces that had dominated their lives as personal challenges served to reduce their burden of lifelong devaluation and loss.

Several themes in their story plots were patent. Taking a longer view helped women who had experienced fewer disruptions and could remember previous challenges and successes. Maria said, “When I came to New York, I didn’t speak English, but I got my GED and I learned English. Everybody was proud of me. I worked hard. Now after I get out of here, I am going back to Hostos to finish my degree. Some things come easy, some things come hard. I like to finish what I start, and I will.”

Roberta illustrated the benefit of taking a longer view, saying,

'Cause you have to go through bad things before good things happen to you. You usually take a step back before you take a step forward. And you figure, uh, this stuff happened, it can't happen to me again [chuckles]. And once you've learned from it, you get stronger and you know what not to do and what to keep doing so you won't get back in the situation. Get something out of everything you do.

In contrast to women who could optimistically take the longer view, those who had been in care, and for whom disruptions had become a norm, expressed a pessimistic caste in their narratives. For some, recognizing a lifetime of disruptions and troubles added up, at best, to realistic pessimism and, at worst, to helplessness. For women who had experienced multiple disruptions in regard to place and interpersonal relationships, narrative was a natural way for them to find perspective on the cumulative adversity they had faced.

Acknowledging a lifetime of stress provided them with a way to look at their coming into the shelter, relationships with others, and the social forces that had dominated their lives as an adaptive challenge, which served to reduce their sense of lifelong devaluation and loss. Both viewpoints lent complexity, courage, and realism to their narratives.

On the one hand, Asil felt pride in overcoming her adversities, as evidenced in the following narrative.

Money was one less obstacle to jump in the way. 'Cause as the obstacles came in, it started getting more concentrated, meaning that one problem piled up to the next to the next to the next, like what I go through here. Like I don't only have just one thing to think about, getting outta here; I have other things to think about, like school, storage and other little things that pop up. Now I think of myself as being poor, you know? I've reviewed this in my own mind. If I wanted to, if I had to be rich, would I be happy? I don't think so, cause, just like, I've also reviewed in my mind,

if you did not have, say . . . if you had some problems, but not a lotta problems in you life, would your life be better than having no problems at all? The answer to my question is “no,” because through problems is how you grow, and how you learn to deal with things. Without it, you come to a standstill and, you know, you . . . how can I say this? You kinda get stumped; probably wouldn’t know how to deal with time, because you know, you haven’t been in the kinda atmosphere for dealing with problems. And it is how I think some kids grow up that be like dependent on their parent, until they’re 30 and stuff like that. They don’t ever learn.

On the other hand, Asil acknowledged her sense of futility.

Well, I feel like I’m on my own, but I feel more like every time I try to get on the right track, something jumps in to push me off the track, you know, more or less than anything else. Um, I try to think through things to see what possibly could happen, but the impossible happens. It’s not impossible, but what I don’t expect, right, happens? And I’m like, Huh? And it not something that I can always just clean up real quick. It’s always something that’s a long process, and like, okay. I’ve feel like I’ve been doing my half, it’s just like little things been jumping in. I’ve been trying to go up the stepladder, you know, and things jump in and push me down. It just pushed me back further and further. I’m trying to get over one heap and little things with that heap is getting in the way to stop me from getting to the next heap. And it’s a nightmare. I wonder when I will wake up.

Marion described the genesis of her effective but sometimes inflexible “solo act”

as follows:

Trouble makes you strong. When I was coming up in the group home, I actually taught myself, that just, you know, you’re by yourself, and you have to be strong by yourself. No one’s going to help you but you. And when you break down, there is no one else. You don’t wanna depend on anyone. You don’t wanna think there is someone there to pick up the pieces because it’s so much easier to fall apart. So you have to be strong and tell yourself this; and that’s what keeps me going. I am a strong person. I can do it.

Marion also struggled with interdependence, saying, “I became less strong when I started leaning on Kareem. And I broke down my wall. Then I began to worry. I thought,

‘Is he going to be there for me?’”

Connie’s plant analogy captures a complex blend of optimism and pessimism to make sense of adversity, as when she said, “So that’s the story. Always something good will come outta shit. Believe it or not. Like a plant, I look at it this way: With a plant, put fertilizer on, and that’s some terrible stuff, but look at the plant you got, you understand? And that’s how I look at my situation all my life and now. This is pure shit to me.”

For Soliel, adversity promotes confidence, as indicated in this statement.

All these troubles and moving around so much will help me better understand my daughter — when problems occur in different situations, how to handle it and stuff, from living with different people. I think each time you go through something or the same thing more than once, if a situation like that occurs again, I know how to handle it and I am more outspoken about it than when I was younger.

Dionne, too, struggled to make sense of adversity, saying,

People who had it easy won’t be able to survive when bad times creeps upon them. They wouldn’t know how. They’ll drown. I used to have everything and maybe God doesn’t want it to go to my head. Always to remember where I came from. Look, I remember when I used to be in the shelters. I remember when I didn’t have any food.

### *Religious Beliefs and Adversity*

Some of the women turned to religious beliefs to help make sense of adversity.

Spiritual beliefs and traditional religious practice provided a potent set of buffers to help these women cope with both the experience of shelter living and lifelong adversity. Of the 24 women who participated in the study, 15 spontaneously spoke about the ways in which their religious beliefs had provided both an explanation for their adversity and helped

them avoid an even more terrible fate, by playing a part in influencing their actions that led them to the shelter.

The women who remained with their families and incorporated family traditions were the most likely to use religious practices in specific situations rather than in general, to explain what had happened to them. Bibles or religious symbols from their own traditions often lay beside their children's cribs. Vanessa, for example, relied for comfort on the Bible, as her religious education provided a range of apt readings. "When I have problems," she said, "I read Proverbs, the Twenty-third Psalm when I am scared, and the Song of Solomon to gain wisdom."

Women who had the most disruption in their lives, the least experience with safe-keeping patterns of secure attachment, and the least attachment to place and person were most apt to put their faith in a protective higher power, to help them explain what logic could not explain. Believing that "someone" was with them, watching over them, guiding their actions, helped some of the heads-of-households contend with fear and aloneness. They believed that a caring and always-available God would help when no one else would. In essence, their faith held that God provides meaning, concern and forgiveness.

As Dionne expressed these beliefs that helped her cope with adversity:

God really watched over me and, I think, I don't know, everything happens to a person for certain reason. Some things that help make me a strong person. I think it was determination and my belief in God. It's something that I could hold onto; I needed. Belief in God was one of the main things that helped me. Because, if it wasn't for Him and His love and care, I could be dead anywhere.

Lucia believed that faith overcomes anxiety and her prayers bring fiscal miracles:

We pray every night, and we just have faith the Lord, you know, because when we don't have food, outta nowhere we get money, outta no apparent reason. Outta no apparent reason, when we don't have food, my husband goes out there and gets money. He makes money off the streets, he'll, if he has to pick up cans just to support us. When we don't have food, for no apparent reason, my husband will find money on the streets and we'll get food; and we thank the Lord for that. For, you know, providing food and you know, I have faith in the Lord.

Eartha expressed how her religious beliefs help her cope with adversity this way:

God knows my future. I thank God that I have a chance to make my life better. I can't depend on a man; men come and go. Once he's gone, God will always be there for me. He will be there for me and that is who I am going to depend on for the rest of my life. He is my Father. He loves me. Nobody can ever change His feelings. I know that God will always love me with all his heart.

Roseanne also described how her religious beliefs enabled her to cope with adversity:

I prayed so many times. I didn't know what to do [to help David get substance abuse treatment]; and that day I had to go see my social worker [at the shelter]. And she asked us, I am a very strong believer in God, you know? And when she asked us if there was any history of substance abuse in the family or anyone on drugs now, I looked at my husband, and he said, "I'm on drugs right now. Is there some way you can help me?" So the same day he went to detox. Now it's getting better and better and better. Even though it's stressful, but it's not as stressful as being in all the other places where nobody, it seemed, like nobody would help, you know? God and my social worker set us on the right track.

As stated or implied in the above quotations, religious belief provided the women with a structure for moral decision-making and behavior. Religious belief helped them to establish a personal meaning system and to help support societal standards of behavior that, to some degree, were a part of becoming both an adult and a mother. Although Eartha had not yet felt ready, at the time of the interviews, to join a twelve-step program

to address her substance abuse and shame about her past actions, her religious beliefs gave her great strength and guidance; and reading the Bible helped her practice rudimentary reading skills, ameliorate the dread of returning to drug use to soothe her fears, and develop a way to nourish new behavioral standards consonant with being a parent.

The following extended passage from Eartha's interview well describes the connection between thinking, feeling, and acting that is tantamount to self-soothing, as well as self-forgiveness.

Yes, because the baby is moving around all crazy and if I'm upset, the baby must be all upset, so I have to stop doing that [being upset]. Distract myself and stop worrying. By my having these worries, I'm not going to let it set me back and start doing the wrong things; that's something I refuse to do. But the other day, I got a serious craving to go and get high. The day we had the interview, I was sitting there thinking, actually conniving, 'cause the next day I get my check. Actually thinking, what am I going to do? I caught myself. I started thinking about my baby and the promise that I made myself and what it done for me. I got up and did something to distract my mind — I read my Bible. That's what I did and, distancing my mind, the feelings went away. The thought went away, the evil. That's what it did. But actually I was conniving. I'm going to do this and I'm going to do that. I caught myself and I said, "What are you doing? Do you realize what it's [crack/cocaine] done to you? What it's taken away? What it's made your life?" And I think of all these things, and I read the Bible and it all went away. I felt it going away and it felt so good. This was actually conniving, actually planning to go and do these things, and then I go and want more and more and more and more. So I'm glad I caught myself when I did. I haven't thought about it since then. So I will read my Bible book every day from now on.

For Lucia, too, the Bible and religious morals provided a behavioral structure that helped her to control her impulses and bind anxiety. Reading the Bible promoted her literacy level, and the Ten Commandments furnished her with values that she could

integrate into her everyday life. As Lucia described religion's role in her life:

I never knew what religion all about until I met my husband. He was the one who told me all the sins and not the sins. I don't know nothing about that. It made me better, you know? I used to bounce around from guy to guy. I used to just leave 'em, that's how I used to be. Now with my husband, this is where the "doing unto other." I don't cheat on him. I don't think twice. I don't wanna go to Hell, that's why. I feel that if I cheat on him, I'll sin, because I'm married. That's a sin. It's in the Bible. You read it in the Bible, and giving to children first.

#### Envisioning the Future : Potential Identities

Whether the present represented continuity, transition, or a low point in the life course of each participant, each could mediate present circumstances with hopes about what they and their children might become. These hopes — or possible futures — help one to ignore present contexts and provide both another interpretative frame for self-esteem and a guide for present and future behavior.

#### *Near Future*

The research participants had a variety of hopes for the near future. Most of them described hopes to be established in life, and thought about living in their own homes. Dionne, for example, described herself and Ali as one day being "settled" people. Roseanne's family would be "stable." Vanessa said, "It's been a long hard thing, you know, my life hasn't been easy. And I just want my own place, just to make things right, you know, develop my family, you know, see what it's really like to have a family again after so many years. It's been a long time."

Some of the women planned what their homes would look like, and the first meal they would make there. Kenya wanted her home to be quiet and beautiful, with lots of colors and nice, big furniture, including a large-screen TV for the living room. “I like a lot of stuffed animals sitting around,” she said. “And someday I want a houseful of kids.”

Soliel described her future home as follows: “Hunter green, the bathroom will be hunter green, with hunter green towels; and I’m going to paint the kitchen a soft lavender. My first meal will be lasagna with lots of cheese.” Jana envisioned “thick rugs and Mickey Mouse decorations on J’s wall. I imagine myself taking a bubble bath with candles and staying there till I’m all shriveled up.”

Linsay described her future residence as having “lots of plants, and some of my old furniture — I used to have lovely furniture [which was lost in the moving]. I will have my rocking chair in a corner full of light, and the kids will come in from school and jump in my lap and start bothering me, like I used to love. Fried chicken and mashed potatoes . . . the girls’ favorite.”

Connie spoke about the family rituals they hoped to establish. As Connie said, “My first Thanksgiving is going to be nice, with my two kids and my dog, a Wiemerarner — they are good guard dogs. Probably a turkey sandwich with cranberry; probably a sweet potato pie. Then I’d be happy . . . the turkey, the salad.”

Some mothers, however — especially younger women who had been in care and never lived on their own — tended to worry the most about living alone and how they would manage daily living. Nodica, for example, said,

I really never had my own home. I can't wait to move into my own apartment and I will make it home. But I don't like being in the house myself [laughs]. My mother always says, "How are you going to stay in an apartment by yourself?" and "You scared of being in the house by yourself." But now I have Serena to keep me company when I'm in the house myself. It's just scary to think about it otherwise. You hear some of everything and you don't know where it comes from.

Natalie expressed the same sentiment, saying, "Nope, I don't like being in a house alone. I'm used to being around other people. Nope, I won't like being in the house myself. It makes too much noise. When I was living at my friend's house when I was by myself or even with my son, the house made too much noise. So I left all the lights on."

Milagros worried,

I mean, people think it's gonna be easy. But, I mean, I never actually lived in an apartment by myself, so I mean, not only would I be scared, because what I mean, people in the building. But when you don't know people and you just live there by yourself, I mean, however it is. My son sleeps with me right now and I can see when he gets his own room it's gonna be even more scarier for me. It's not the aloneness 'cause I got . . . I have a lot of friends and everything. It's just probably . . . I don't know, with all the things happened with people in their apartments and everything . . . getting killed, getting on fire, getting raped. It's scary.

Soliel said about living alone, "With me, if I'm in the house myself, I tend to keep all the lights on; and I know when I move I will make sure that I have a lot of company, my cousins, my sister, her little rugrats, and Deja. And I'm moving near my grandma, so maybe if I got scared I'll go see her."

Jana also expressed her fears about living alone, saying, "I am scared. Like, living in an apartment by myself? Uh, uh, I was always around a lot of people, so I couldn't see myself going to sleep myself. You know? Even when I was in the group home, I shared the room with somebody." Kenya said,

I worry, I really don't know how to cook. And the other thing is I worry that I will end up watching TV too much and not go out, and do the things I have to do. There's a lot I still just don't know about. I don't know what she [her child] is entitled to. I didn't even know I had to have a social security card for her to be on the budget.

Lucia said,

Wondering what's going to happen the next day. Just wondering how, you know, sometimes like, I'm scared that if I end up losing my husband, what it would be just raising my two kids on my own. Living out there in the real world. This ain't your place. Nothing is yours in here. So, to me, I'm just living in Lalaland until I really move out in the world, and I have to pay for my bills, and I have to go to doctors' appointments on my own. When I got to take care of responsibilities, 'cause they do everything for me.

*Plans and Worries About Earning a Living, Education and Financial Independence*

The women in the study had a range of different plans for their future, including specific career goals. As Soliel said,

I started going to college and then I had to leave when I found that I was pregnant with her, because I was sick and I was going to school at night. So I had to leave. I didn't even finish the first semester. Didn't finish the first semester. But I plan on going back to M College when she gets a little older, a little older. I say about one year or something like that. I plan on going back. Yep! Take my corrections officer course and then the test and I'll be straight. I want to be a corrections officer for kids, not for adults though.

Kenya expressed her future plans, including a career, as follows:

I want to get my own apartment and then go back to an alternative school. Something where I can graduate and know that I achieved something. I'd like to be a teacher. After I finish high school, my mother wanted me to go to college, but, um, I didn't like school. So I don't know. I know I don't want to know about no college. But I really like taking care of kids. So maybe I'll be a child care worker or even a teacher.

Some of the research participants also recognized certain obstacles embedded in recent federal policy, namely the Federal Personal Responsibility Work Opportunity Act of 1996, which was being shaped during the time of the data collection. For instance, Delila had frequently represented children in care and offered legislative testimony regarding the effects of child welfare policy. She hoped to become a lobbyist, but she worried about whether she could return to school, finish her bachelor's degree and then embark on a career. As she expressed her concerns,

I mean this, the system [welfare] sucks. I don't understand how a woman can depend on welfare. I mean as soon as my daughters are old enough, I want to go back to school. But with all the cutback, they're not letting anybody go back to school. So how can I get myself better? I don't understand it. They are saying "Get off welfare and get a job." They are taking away all the programs that will help us get a job and they are giving us workfare. Workfare is not a job, that's not a career goal. That's not what I want to do with my life. And they're cutting everybody off. They are firing everybody. So where's everyone going to go, to welfare? 'Cause nobody going to get SSI 'cause they were working. It's ridiculous.

Roberta had concerns similar to those of Delila. As she said,

I'll do the day care for a while until he's [her son] old enough to go to school. But my real dream is to open up a women's clothing store, for big women. A clothing store that has really quality things — high style, reasonably-priced clothes for larger women — not that polyester no-style stuff they have at Lane Bryant. I've already made drawings of how I want the layout to be.

Roberta also commented on the then-current economy and worried,

Yeh, you know, and they cutting all these jobs. And then they tell you, they want you off welfare. But they never have no jobs for us [chuckling] when we get off of it. So like I said, you have one or the other. If you're not, don't have at this present time, now is not the time to cut welfare because now, you don't have no jobs. How many people getting laid off? What's the telephone company . . . ATT? Yeah! You know, what are you doing to these people? And then you complain about welfare. Where do

you think welfare comes from. People not able to get a job, you know? And then it's to the point, they get lazy and after that be in it they don't wanna get jobs. I can't understand your wanting to stop that, but now's not the time to cut welfare.

Kathleen also expressed her hope for a career in the near future.

I want to be a sound engineer. I've always had a good ear. Knew what sounded right together. I want to go on long trips with my kids, like to Aruba. I wanna husband that has his own status and I have mine, not a husband that's scared. If I make it I would take care of older foster girls. Charles didn't have any aspirations. Charles wanted to stay in the neighborhood.

Nodica was also hopeful about her future; having had a work history prior to shelter use gave her confidence. She explained,

I have skills in several areas. I have done temp agency work. Filing and light office work. I also have skills in construction, plastering, but it's hard to find work in that. I like taking care of children, especially kids between 9 and 12. I worked at a summer camp that I used to go to. I have always found my own jobs. My resume will catch somebody's eye.

Charlotte expressed a fear about completing her education, raising her child, and her relationship with the father of her daughter. She had been accepted into a bachelor's nursing program, but wanted a child badly, and so did not complete the program.

Although she planned to return to the nursing program, she also worried about childcare.

As she stated all these concerns,

Well, I need to go to school. I mean, maintain a B average so that I can do the clinical part, you know, pass it, that's right. Really, I see there's one person that can help me out a lot, and I don't know how. Because I have his daughter. I don't see it happening for me, to be raising her by myself; and gotta study and go to school. I see it rough, so, I'm, I'm gonna need him badly; and I think he knows this. I haven't spoken to him about it, 'cause I said I was gonna wait till I get my apartment, so I could. But I'm gonna need him.

Charlotte was certain her baby would allay any fears she might have about living alone, however, saying, “He [the father of her daughter] lives by himself and he gets lonely. I got a baby to fulfill my loneliness. I don’t need him, but he couldn’t understand that. I don’t need anyone. I got my baby.”

Asil had already been accepted into a nursing program, and expressed her hope for, and concerns about, the future, as follows.

I am enrolled for nursing courses at L College in the fall. I think I can take everything but the clinical, but I can’t do that and the day care — so I’m worried I will be in the same fix I was before — wanting to do something with no support. I can’t count on my sister. A lot of times I ask for help, but people always fall through on me.

Connie, who was visually impaired because of a degenerative congenital eye disease, and took advantage of services for the visually impaired, stated

The doctor says at some point I will need a seeing eye dog. I’ll grin and bear it. But I do want to go back to school, find something to do, just make a career. I waiting, though. I wouldn’t mind being a receptionist. But with my vision, I will have to memorize everything or run my own business. I will worry when men stop looking at me.

Marion was partially supporting herself as a home health aide, hoping to complete her bachelor’s degree and then become a psychologist. She worried about struggling to make ends meet, living in subsidized housing (which was going to expire in a year, leaving her with a market rate rent to pay), and college tuition, paid for by Almost Home. She also often worried about whether she would be able to have her car repaired, if the need arose. In fact, she used part of the interview stipend to pay for a new battery.

I think about money all the time, Money is very important. People say “Don’t kill yourself,” but actually I need it; and I’m tired of being relaxed, and I can’t do this and I can’t do that. And I worry about who’s taking care

of Z. Now when I go to school and have to study after work, I keep myself going with coffee. I take every little job I can, because I need financial security of some sort. When I didn't have to pay for my repairs, I just loved seeing the bank account grow. It just made me feel good. God, that's the money I worked hard for. Almost Home they taught you to be hard working.

Other women in the study also expressed hope for a career in the near future.

Milagros wanted to be a social worker or a computer programmer. Talia said,

When I was a little girl I wanted to be a stewardess. If I stay here, I'd like to have my own cosmetology shop. I would like to have my own house. I want to make something of myself. Get my degree and become a cosmetologist. I wanna go to school and get a job. I wanna buy a big house and take care of my daddy. Living in an island in the Caribbean in one big house. It would be like heaven. My father would do everything for us. Just to have him here would change things.

Lucia expressed many of her hopes and fears regarding work and education, though she saw work as a more distant goal than many of the other women in the study. She said, "I just want to go back to school. I've asked everybody here, the Board of Education lady. When I get to be older I want to do counseling with adolescents."

#### *More Modest Hopes and Worries*

Those women who had not been in the labor market and/or had not completed high school wanted to be financially independent, and worried about how they would enter the workforce. Dionne spoke of her profound fear of failure when she was an adolescent.

I didn't wanna work. I was always afraid from when I was a little girl. I didn't wanna pay bills. I was scared about succeeding in life, and sometimes I think I tried my best not to grow up to be 20. They years flew by and I had nothing to show for it except for my children. Me, I'm just

living everyday. Everyday I try to have pride of, how can I explain it? By trying to have some types of respect for myself. For instance, I'm using protections so that way I won't end up in another crisis and have another baby on the budget. I don't want to take from nobody else. I want my own, even it means working at Burger King or Mickey D's. Something so I could have an income. It sometimes seems so hard. It seems so hard to try to get a job without a GED, and it seems hard to try to go back to school.

Ali had been persistently searching for work as an auto body repair person, the field in which he was trained. Both he and Dionne felt discouraged, and she worried for him. As she voiced her concerns, "He can't find a job, but he keeps looking. It's hard for a man to live in the shelter. It hurts his pride. He could have sold drugs to keep us going, but God forbid, he woulda ended up dead. I would have ended up without a husband and a father for the children. What for? Greed?"

Eartha expressed her hopes for the future this way:

I guess I'm what you would call a housewife. I want to stay home and take care of my children. I just want to get my own apartment and raise my child with Sidney. I worry about money. I worry because everybody says I'm lazy, I'm lazy, I'm used to sitting on my ass. That's another problem my grandmother thinks I have. Doing things when I get ready to do them instead of when you're supposed to do them. I was in the street cause I didn't take care of business. If I still had my apartment, I would have been getting high. I'm very happy that I don't still have that apartment. I have problems with money now sometimes, I don't spend money correctly. everybody has problems with not enough money. But I kinda forgot a lot of things, like how to hold a baby, a lot of different things. But I'm going to try to budget. Sammy helps me budget. If Sidney and I break up, if he leaves me, then I will go to live with my aunt in Kentucky. I'm taking my child and going to Kentucky.

For some of the women, their worries about the future also included worry about death. Roseanne said,

I know what I want for the future. I know what I want them to have in the future. You know, for their future I want them to have . . . I . . . I just want

them to have a stable environment where they won't have to look to nobody for anything, and just in case anything happened to me or my husband, I want them to have a little trust fund or something, That's why, you know, I kinda wish that I had a career, you know. I kinda wished that I had stayed in school, but see, I got married so young.

Delila was especially afraid of dying from acquired immune deficiency syndrome.

She expressed her fear as follows:

I always say at night, "Please don't let me die of AIDS, give me breast cancer. Take my legs, take my arms, take my sight. Just don't give me AIDS." You know? I would feel so bad, because I would think, I gave it to so many people, you know? I coulda given it to my children. To my children's father. It's just a horrible thing to deal with because I wanna grow old. I wanna watch my children grow up. I wanna have grandchildren and I wanna see them. I don't wanna think I'm gonna die. It would be a tragedy, They have to suffer. I'd rather die of cancer, because I know I didn't give it to anybody or it was something that could come to my family. If I have AIDS, I will burn eternally in hell. I would do anything to make sure that never happens — no more sex, even!

*My Children's Future Will Be Different From My Past: Changing Family Stories*

Some women in the study recognized the deficiencies in their own relationships with their parents. A frequent expression embedded in the narratives was, "I never had a childhood." They wanted their children to have not only a childhood, but a childhood different from theirs. Often mothers were specific about what they would do differently in their own parenting role in the future. As Marion explained, "I always said I was never a kid. I can honestly say I never had a childhood. I was changing diapers when I was six. I was never a kid. I always had to figure out what was going on. I have to make sure that my son has a chance to be a kid . . . to play . . . not have cares."

At the time of the study, Marion was working and planning to return to school, so

she was torn between her need for financial security and the needs of her son. She was able to acknowledge the lack of physical contact and attachment with Zach, and how she could be a better mother in the future.

I think I'm unfair. It's unfair to him because I have so much to do. I don't spend a lot of time with him at all. Sometimes I'm so tired, I'm always snapping at him. Like, "Zach, get outta here and go to your room." Then I realize, you're really being bad and mean. I don't think he will understand this. I think I better start changing something and spending a little more time with him. I realized that when we went to this lady's house to have dinner last week. 'Cause she was hugging him and stuff. The kids love her. And I was thinking, "Like gosh, I don't treat Zach like that, like a baby and stuff." I'm gonna manage to spend more time with him and not make him think that he's a little man all the time.

Natalie recalled her negative childhood, and related it to how she would treat her child:

I didn't have a good childhood at all. It like robbed me of my childhood. I felt that it was unfair and learned a lot from the years of living there. What I will do when I have a baby. My mother was never in my corner. I always wanted a little girl, so God blessed me. I always want her to feel comfortable. My mother made me uncomfortable, made me seem like I was crazy. I want to be her [daughter's] friend. I want her to be able to tell me anything she wants.

Delila reported her negative memories of her parents, family, and upbringing, and how much they made her cherish her own child:

I came into this world not out of love, but out of necessity. I mean, they didn't need me, but he needed sex and she needed money. I know it's hard to be a parent and everything, but my children are the most beautiful thing in the world. I just look at them and I feel they are the most important part of my life, and sometimes that feeling makes me want to cry.

Asil described her unfamiliarity with parental relationships and what it meant for her future as a mother: "I could give him [her child], I fill him up with all the love that he needs, but I lack that in me. So, therefore, I can never find, you know, equivalent to what

a parent love is. So I know exactly what to give him, but I would never be able to receive it through life until, you know, it is gone.”

### *Respect for Women*

Some of the mothers expressed a consciousness of parenting-related gender issues, felt they had the ability to shape their children’s gender related attitudes and behaviors, and those with male children wanted them to grow up with respect for women. For Roberta, self-esteem and respect were important values she hoped to teach her son. In worrying about the violence young men face, she stated, “I want to raise him with enough self-esteem that he don’t let anybody bring him down. Raise him to be respectful always. I want to instill in my son, ‘Be all you can be.’ I want him to be a gentleman, treat women with respect, because they deserve it; because that’s who brought you into the world.”

Natalie said of her son, “I want him to know how to treat a woman. I want him to be a man and take responsibility. I want him to respect me.” Rayette expressed her vision of her son’s future as follows: “I don’t want him to grow up to be a man who disrespects women, kicks women to the curb. Even though I am angry with his father, I will not kick him to the curb. And I will teach him not to just kick women to the curb either.”

Kathleen thought it was important for their sons to respect her and treat women well. “I want them to respect women and know how to treat a woman. I want them to know about how to be responsible for taking care of a family and to never betray a woman.”

All the mothers felt they had to protect their girl children. Sabina compared her own family experience — and that of the other women in her family — with the

protection she must offer her yet unborn child. She voiced her concerns and vision in this extended narrative: The mothers who had witnessed domestic violence as children were generally the most worried about protecting their daughters. Sabina said,

Now I understand my mother got love for all the wrong reasons. My mother couldn't take care of us, in the ways that we needed, she wanted us to take care of her. She exposed us to a lot of cruelty. I was too young to understand that she didn't take care of us. I appreciate that they [family] gave me a different outlook about people. They, they, they let me know when I looked at them, it was like looking at a soap opera. It was like looking . . . I looked on the outside in. And I saw that this is not the type of family that I want. Um, so you know it was kept real frank to me that, you know, I never wanted my child to go through this experience. I'm glad I'm doing this, that this is happening now and not later on. When I decide to create my own family, I know I won't do it this way and I won't do it that way. So I know where all the don'ts are. You know, I just have to figure out all the dos. But I'm still worried about what will happen when this child gets here. I'm just gonna love this child extremely.

And I found out that it was a little girl, so it's really . . . I thought it would be much easier if it was a guy. Boys tend to role-model themselves after athletes. Your daughter, she looks so much up to you and you have to bring her up as a little lady, you know? You have to be very precautionous with a little girl. I think things are so cruel in this world. I'm not this big person like Captain America with a shield or anything, but I mean, I can protect her by giving her the knowledge that she needs to continue in the world with or without me.

Women who experienced sexual abuse were worried about protecting their daughters from repeating their experience. In the following quotation, Roseanne explicitly demonstrated the contrasts between her own experience and the experience she wanted for her child. "I want to break the chain," she said. "My grandmother got pregnant at 16, my mother at 13, and me at 14. Let me tell you, my biggest fear with her [her daughter], she is going to do what I did to my mother. She continued on,

My father was very abusive to her; made her sleep with other men. He died like two years ago. And I mean, why would you go on and have

another baby, you know, if you know, why would you go on child number three if you know your life is not getting right? And then I look at myself and I say, I went on child number two knowing my husband was doing drugs. But see that was an accident. I was on birth control pills, and I'm stopping at two.

I want her to remember me getting up and getting out the door every morning just like she will be doing, you know? I want her to know, like, my mother, she had a choice. When I was at the S shelter I was pregnant going. I felt terrible, living in a shelter, no apartment. I was still on welfare with no education and I already got two kids, and no education. I can't deal with another baby. I'm barely making it now.

My mother had five children. She left all three daughters in New York and moved to Atlanta with the two boys and she didn't want to be bothered. She would try to save the two boys. She felt that we weren't going to amount to anything. I think I actually had the capabilities to really be somebody. Outta all her kids, but then I think how did I end up like this then? And I say, well I was lonely. When I ran away and was staying with David. My children are what's keeping me alive to this day. You know. . . I done been dead or try to kill myself, you know? That's all I that I ever lived for and then give them, try to give then a better life. You know, what I have, everybody says that, but the way I see it, only the ones that been through a lot can actually do it.

Roseanne contrasted the above to the new family story she wanted to write:

I want her to remember me getting up and getting out the door every morning just like she will be doing, you know? I want her to know Mommy can work, can go to school, too. And Mommy knows about cooking and cleaning. She struggles to stay connected, while giving Danielle a chance to grow. Danielle [daughter] is a funny little person. I stay hugging her and giving her affection 'cause I never got it from my mother. When my daughter started school, I cried, I didn't wanna leave her. I was like, Can I stay? And to this day, I still get teary-eyed because I miss her so much when she goes to school. Did my mother feel like this when I started school? And I keep saying to myself, probably not, she was probably happy. I just wanna break the chain."

Asil, Kathleen, Sabina and Alicia hoped that higher education would be part of their children's future. Roseanne, too, hoped that her children would go to college, but more important to her was that they have no worries. As she explained,

At least, you know, go to college, becoming something, make something of their life. I want them to have school. I don't want them to have no worries. I don't want them to have a care. Nothing that will cause them stress. I know they will. I want them to worry about getting pimples, and stuff like that.

Asil, speaking in the context of limited access to higher education for persons of color, said:

If Toronto [her son] wants to do that [attend an "Ivy League" school], then I'll explore the option with him and I'm going to tell him the consequences of doing it. And if he wants to go ahead and do it, that's him, but I don't want him to be let down. I want him to be fully armored for what's to come so he doesn't get knocked down of self-esteem. Because it's true if you, if you climbed those stairs to get to the top and the last three rungs fell off. You'd feel bad wouldn't you? Because the damn thing broke and you didn't get to the top and because you all hurt because it broke on you.

### *Challenges to Fulfilling Future Hopes*

Among the mothers, the researcher noted differences in abilities to consider the psychological needs of their children and support their dreams for a better future. The differences appeared to be mainly mediated by the severity and length of their time of trauma and the degree to which their original trauma was mediated by intervening experiences with others. These intervening experiences included stable caretaking subsequent to the original trauma, the availability of other significant adults with whom the child could form a corrective attachment, and the degree of social support available to each woman, particularly during times of transition and crisis.

Some women were able to speak about other changes they recognized that needed to be made. As Dionne explained:

I took up child care [in the Job Corps] 'cause I realized I did not want to be an abusive parent, and I knew I was having a baby and was very much interested in children and their behaviors, and I wanted to understand them. I wanted to know, if she [daughter] hits me hard, you know, or something like that. I don't want to use reflexes. If somebody hit me, I go pow! Now I know she was gonna do those things and I didn't wanna be, um, you know, aggressive with her. I was really rough with things. See my hands [they are scarred]? This is from that. I was rough with other things, and I had to teach myself to be gentle with babies. I took that trade up. I wanted to be a good parent. I'm not all the way at that level yet, you know. I'll get there, if it's the last thing I do, I gonna be a good parent.

These participants also were concerned about meeting the demands of their children and satisfying their own needs. For instance, Eartha thought, "I will teach a child respect. I don't know if I have that much patience. I tell them one time and then I expect them to listen and not do it no more. I know a child is not going to listen. I have to have patience, and that is one thing I have to develop. I think I'm going to have problems."

For women who had been sexually or severely physically abused, the wish to be better parents to their children was compromised by the decisive effects of trauma and profound fear of aloneness. For Roseanne, for instance, no mental health services or adult role model existed to buffer traumatic attachments engendered by prolonged sexual abuse, including no protection by her mother. In speaking of her aborted mental health treatment after an inpatient stay subsequent to sexual abuse and self mutilation, she recalled, "I cried out for help so many times. I hoped that therapy would help me set some goals in my life, that I would have somebody I could confide in, help me know right from wrong. Somebody to put me in the right direction. I cried out for help so many times."

Charlotte said,

I wanna be a nurse. I got to, I wanna be a nurse so, you know . . . I like helping people and, you know, knowing within myself that I can give my daughter the life that she deserves, one that I did not have. That's gonna be my greatest reward. You know, it's just the things that I didn't have, somebody to talk to, somebody she [daughter] could trust, you know? When she say, "Ma, can I get this?" I don't wanna say no, every time. She say that just trusting my daughter and for her to trust me. Communication builds trust. Communication equal being able to talk to the person, you know? And know that when you just tell something it's not gonna be all over the place. Basically, that's what she's gonna need to get her through life. For me to encourage her to do stuff, whatever she wants to do is fine with me. Long as I don't see no harm she gonna do herself then I have no problem with it. Family . . . can't ever depend on my family to encourage you. The most important thing in my life is my daughter, going back to school, making a better life for myself.

When parental self-esteem was tied to children's behavior, the wish for changed and better parental performance was compromised. No intervening experiences helped them to develop organizing boundaries between their own perceptions and those of others. The mothers were less able to respond to and understand the importance of their children's needs. Lucia became harsh when her daughter stirred-up unresolved conflicts, and she turned to her son for gratification of her need to feel valued. Misattributing motivation and acting on this error recreated her own chaotic attachment and developmental challenges, and thus compromised her path to both self-growth and the growth of her child.

Lucia explained her attachment to her child as follows:

My attachment to her [Faith, her daughter] is fading away 'cause he [Salvadoro] got involved with the attachment. So when I had my son, she started to get more attached to him, and this reminds me of me. She has tantrums if she don't get her way with her father, just like me. She starts throwing things, she'll start hitting her head against the wall. That's how I acted. She acts real bad if she don't get what she wants. I'm gonna have a handful with her when she gets older; she gonna be real bad, that child is

real bad. She don't respect me. I don't know whether she's deaf or what, but she doesn't listen to me. She listens to her father, she loves her father with a passion. You can't take him away from her. She loves when he sleeps with her; she'll put her head under his body. She loves him so much. Long as my daughter loves me and I love my daughter; but I prefer her to love her father more because . . . and to bond together. It's cute that she has both parents, especially she have a father, 'cause most teen mothers don't have a father around and the kids cannot bond with they father. That's why I want my daughter to be close to her father; that if, God forbid, we end up splitting, she will always have her father there for her.

For women who had been sexually abused, with no subsequent parental or mental health intervention, depression limited their emotional, and sometimes physical, availability to their children. Milagros, and her two children, Kenny, 3 years old, and Marina, 4-months old, lived in a cluttered space at The Arch Residence. Milagros and Kenny had moved among units of the shelter system for one-and-a-half years. At the time she was interviewed, she was preparing to move into her own apartment, but had expressed little discernable anticipation at having "her own place" for her family. Milagros was hopeful that "They [her children] won't have to go through anything that I've been through; they can stay with me as long as they want, until we are old. I don't care, but I'm not gonna put them through what I went through."

Her extended period of homelessness combined with the sequella of unexplored reactions to her stepfather's sexual abuse, from which her mother failed to protect her, left her depressed and depleted. This, in turn, resulted in her limited ability to protect her children and, perhaps, undermined her own hopes and those of her family. About this, she said:

'Cause it hurts me that I have been here so long. I took care of him

[Kenny] his whole life, but there are those days when I'm upset and he adds on top of it. I just blow up. You don't want to see me. I just go to sleep and put my head under my pillow. When she's crying [Marina was teething], I just put the pillow over my head and she's crying and he's up. I just put the pillow over my head and I make sure that he's on the bed 'cause he can get into anything. I make sure he's in bed. I can feel both of them moving, and so I try to sleep and to take a nap and let it just clam off me.

### Summary

For the 24 research participants in this study, the findings in this chapter have documented (a) their perceptions and choices that led them into the shelter system, (b) the ways they experienced their lives and coped with various stressors within the shelter system, and (c) how they envisioned their family, residential, and occupational lives in the near and more distant future. In addition to examining the group as a whole, the investigator compared those mothers who had been in placement ( $n = 12$ ) and those mothers who had not been in placement ( $n = 12$ ), and described areas where differences in, experience, perception and outlook occurred.

Regarding their entry into the shelter system, the findings indicate that their primary reason for seeking shelter was a direct result of the vice-like squeeze of inaccessible, unaffordable housing for families and the pressures of housing needs related to pregnancy or having young children. The shelter system was a resource that provided safety for parents and their children, and it was the only choice when pregnant women were living in deprived and sometimes dangerous situations. For younger women living in families with limited emotional and instrumental resources, pregnancy was "the final

straw” that forced independent living and shelter use. Forced independence was also a theme in the narratives of mothers who had been in care and had little say about leaving out-of-home care and family reunification. For one third of the women in this study, shelter use was a relational and developmental rather than a survival imperative.

In comparing the two groups of research participants, those who had been in and had not been in placement, the findings showed a different pattern of residential moves. In general, the women who had been in placement had more residential moves both before the age of 18 and between 18 and entering the shelter system than the women who had not been in placement, though the difference between the groups in this regard lessened as the women got older.

The findings showed that participants generally experienced the shelters as difficult living environments, for a wide variety of reasons, which called into play a diverse array of coping mechanisms. The most formidable stressors with they had to cope were those that threatened their finances, health, privacy and autonomy, custody of their children, self-esteem and self-worth, and physical comfort. The findings suggested that these stressors were not uniform within the two shelters investigated, but that some were more or less prominent in The Arch or The Lincoln, because of the different physical conditions, living situations, facilities, and staff in the two shelters. The findings also suggested that the women in both groups coped with stressors in ways that were more similar than different.

Overall, the findings showed that the women employed a variety of coping mechanisms, including keeping ties with friends and family on the outside; forming

alliances on the inside; focusing on the care and well-being of their children; intimidating other residents; ignoring gossip from co-residents and unfriendly, judgmental staff; distancing and isolating themselves from others; focusing on their children as a source of self-esteem; cognitively reframing their definition of the situation; and relying on religious belief to transcend the adversities presented by their immediate living situation.

One of the most persistent themes in their narratives was that shelter use meant loss of self-esteem and social worth. At a point in their personal histories when their motivations to use the shelter system clashed with the values of the dominant society, their motivations were labeled negatively and viewed derisively. The women were aware of the nature of the general political discourse about them, which at the time did not extend itself to question the causes of homelessness. Rather, it focused on society's need to control shelter use and the behavior of the women whom the shelter system was mandated to serve.

Most of the women were acutely aware of their devalued social worth in at least one of the following domains: as heads of households without homes, women of color, single mothers, workers, and educated citizens. Their self esteem was related to both earlier interpersonal encounters and opportunities to mediate earlier harm, which included contact with social services.

A mother's parental status and authority was an important way for her to cope with diminished social and self worth. Women who retained social ties and were supported by others in the community as well as partners in the shelter were both more self confident in the parenting role and better able to protect their children from the harsh

conditions inherent in shelter living. Women who felt confident about their choices and perceptions about parenting were able to resist staff authority and were able to create an environment in which their children felt safe enough.

The women hoped that the shelter would be a bridge to a stable and hopeful future for themselves and their families. They worried about living alone and that there were many social policy obstacles and access-to-opportunity barriers that might severely compromise their aspirations. These included the welfare-to-work rules and racism, which would limit educational opportunities for both themselves and their children, further eroding their social value and self-esteem.

## CHAPTER V

## SUMMARY, DISCUSSION, RECOMMENDATIONS

## Summary

The primary purpose of the study was to explore the need for and the meaning of shelter use by mothers who had experienced a range of disruptive life experiences. The study intended to demonstrate that it is vital to understand both the individual and collective explanations for shelter use, in order to develop effective, meaningful programs and interventions. The study also explored the women's perceptions of mediation from harm provided by child welfare and transitional housing programs — both intended to provide temporary homes for individuals and families who turn to such programs when there are few other protective options available. In carrying out these goals, this exploratory study adds to the sparse body of qualitative research on mothers in shelters, and it fills a void in the literature by providing empirical evidence on the sequences and processes that link both sustained adversity among individuals and families and their responses to such adversity.

The study explored the subjective views of sheltered mothers, adult women who have often had their social reality interpreted and their identity categorized by others. The findings provide a new understanding regarding similarities and differences in the meaning of shelter use. Among the most important discoveries was that women's use of sheltering services represented a time of transition and often resonated with maturational thrusts. The confluence of factors can permit the participants' "self righting tendencies"

to serve as important resources for their personal growth. Such insights can lead to broadening the discourse about how families without homes are defined, and thus add alternatives to service delivery by social workers and other concerned professionals.

Based on theories and studies reviewed in the second chapter, different “chains of risk” that led to shelter use for mothers who had been in care, and for those who had not, were anticipated. Another expectation was that those participants who had been in care and those who had not been in care would attribute different meanings to home and family, and that such differences might affect their perceptions of shelter use, reactions in the shelter system, and way in which they wished to shape their future home and family.

Overall, the results of the study revealed more similarities than differences between the two groups. One key similarity was that, although mothers without homes are a most visible reflection of reactive social policies, the participants were not just reacting to these policies; rather, they took an active and pragmatic role in shaping their futures. They used the narrow choices available to them to garner additional resources, especially housing and a housing subsidy to keep their families together, and ensure stable homes able to meet family members’ developmental needs in the future.

All the respondents were exposed to a continuum of risk factors that indirectly precipitated their shelter use. Differences emerged in the study between mothers placed in substitute care and those who had not experienced out-of-home care. One salient difference involved more extensive uprooting and mobility among women who had been in care than those who had not been in care. Another difference between the groups was in the quality of their social relationships. Those who had been in care had fewer and less

enduring social supports than those who had not been in placement. The difference in the quality of their social relationships was often connected to differences in both their pathways and motivations related to shelter use.

Differences emerged in regard to identity and world-view between women who were uprooted and abused and those who had more stable and supportive homes, whether or not they had been in care. Women in placement and women who were abused — especially sexually abused — but remained with their families were both less optimistic about their own futures and more resigned to loneliness and having to do things on their own than women who had remained in homes with no extensive abuse. This difference also affected their social lives and ways of coping in the shelter.

## Discussion

### *Demographic and Background Characteristics*

Among the most unexpected findings of the study was that the education level for the entire group of participants was higher than the educational attainment cited in cross sectional studies of homeless women (Institute for Children and Poverty, 1993; Knickman et al., 1989; New York City Commission on the Homeless, 1992). In particular, the study found that the educational attainment of women who had been in care was significantly higher than that reported in other studies, including larger outcome studies of placement graduates (Festinger, 1983; Mech, 1994; Westat, 1991; Zimmerman, 1982). Though the sample is relatively small, this finding suggests that stable placement in agencies that support high educational expectations can offer these women the

foundation they need to use their intellectual abilities, as noted by Festinger (1983), Rest and Watson (1984), and Werner(1989).

All the participants were women of color and poor — factors other studies identify as increasing the risk of becoming homeless, independent of other variables (Bassuk, 1992; National Center on Family Homelessness, 1999; Dehavenon, 1999; Knickman et al., 1990; McChesney, 1992; Mingiroff & Mingiroff, 1999; Northland & Smith, 1992; Rossi, 1994; Shinn & Gillespie, 1994). In addition, having young children or pregnancy limited the women's chances for economic independence and concomitant financial resources to obtain or retain safe affordable housing, especially given the shortage of low income housing — a finding consistent with findings of Shinn and Gillespie,(1994) and the United States Census Bureau (1996).

None of the women were employed while living in transitional shelter. Those who had worked prior to entering the shelter were employed in service jobs at entry level wages. They were not able to earn enough to afford a safe apartment. As documented in studies (Rog et al., 1995; United States Conference of Mayors, 1999), housing subsidies are the primary variable that leads to stable community living for poor families. Notably, none of the participants were direct recipients of government housing assistance programs prior to shelter entry. The two women living in the community were able to afford stable housing after leaving the shelter, but only because they qualified for a housing subsidy.

Older women were more likely to have been lease holders than younger women, and most often they utilized transitional housing in response to a sudden life emergency. Most often, younger women who had not been in care were living with their families with

scant financial resources. Women who had been in care had neither funds nor family to whom they could turn for financial or housing resources.

While completion of the tasks of young adulthood depends on intrapsychic processes, interpersonal relationships, and human capital skills, it also depends on chance. Like others in their age cohort studied by Haveman and Knight (1999) and Keenan (1997), both economic and residential independence was influenced by national economic conditions and opportunity structures.

### *Pathways and Transitions*

#### *Risk and Protection*

A clear picture of the uneven distribution of childhood risk, consistent with most previous comparative and cross-sectional studies of homeless heads of families (Bassuk et al., 1997; Knickman, Weitzman & Shinn, 1990) emerged from the life histories of women in this study. Clearly, racism and chronic poverty impacted the lives of almost all the participants; and like subjects in other studies, stressful events were often interdependent and cumulative (Carlson & Smith, 1997; Keogel, Melamid & Burnham, 1995; Knickman, Weitzman, & Shinn, 1990; Rutter, 1995).

Previous cross-sectional and comparative studies have documented the correlation between childhood developmental risks and homelessness (Bassuk, 1992; Bassuk, Bruckner, Weinreb, Browne, Bassuk, Dawson & Perloff, 1997; Goodman, 1991; Institute for Children and Poverty, 1993; Keogel, Melamid & Burnham, 1995; Knickman, Weitzman & Shinn, 1990; Passero, Zax & Zozus, 1991; Roman & Wolfe, 1997; Susser,

Streuning & Conover, 1987; Wood, Valdez, Hayashi, & Shen, 1990). Data regarding such associations are important for the development of economic support, family policy, and prevention. Nevertheless, these studies often suggest that shelter use is the end result of a combination of developmental affronts. This correlation does not assume, however, a life course perspective within which shelter use can be understood as a viable alternative given limited choice. The perspective it suggests can limit fuller insight into the interaction of biographical variables and socioeconomic context, as well as determine policy and interventions that may not be relevant to the problem. As both Snow and Anderson (2001) and Grossman (1993) note, contextualizing the way in which alternatives are considered is vital for understanding perceptions of social and personal reality.

Based on the life history interviews — which focused attention on the nexus of the participants' perceptions of their places within particular social structures and the effects of external chance on both their individual and collective biographies — the study rendered a rich account of temporal sequences, meanings, and motivations, for both the women as a whole and the two groups compared, i.e., those who had and had not been in placement. All participants utilized an array of precariously balanced resources to stay out of the shelter system, a finding consonant with that of Banyard (1993), The Stanford Study (1991), and Weitzman, Knickman and Shinn (1990), and then made a considered rational choice to declare themselves homeless.

The women's descriptions of their familial and social relationships addressed, among other things, issues of respect, exploitation, betrayal, mental illness, power,

dependency, unpredictability, hurtfulness, passivity, self-hate, intrusion, and misuse of relational power. Some participants also used “positive” adjectives to describe their social relationships, such as warm, humorous, wise, engaging, generous, hardworking, loving, and protective.

### *Chains of Risk*

In addition to the findings that show an uneven distribution of risk factors for all participants, the life history interviews reveal chains of risks and events over time that influenced the participants’ functioning and range of choices. A prominent event that precipitated other developmental adversity was related to physical and sexual abuse in childhood. Abused participants who lived with families had no access to protective others or alternative help and continued to be vulnerable to abuse as adults. These findings agree with those of both Browne and Bassuk (1997) and Goodman (1990a).

Women who were abused prior to entering care and received no mental health intervention at admission were more likely to endure serial placements and leave care precipitously. They were subsequently exposed to risk from living on the streets. They entered into “survival” relationships with men who often had more problems than they, and also were often burdened subsequently by the birth of a child. This sequence of events diminished women’s chances to capitalize on skills and interests acquired in placement, and limited their educational achievement and subsequent capacity for economic self sufficiency. These findings are consistent with those of Fanshel and Shinn (1978), Fanshel, Finch and Gundy (1990), Rutter and Quinton (1984), and Westat (1991).

Another salient risk was the multiple residential moves of women in care — a consequence of serial placements. They felt they had to go it alone, which resulted in protective if unrealistic autonomy. This finding is in agreement with the findings of Festinger (1983), Meier (1965), Fanshel, Finch, and Gundy (1990), Eagle(1994), Usher, Randolph and Grogan (1999), Manguine, Royse, Weihe and Neitzel (1990), and Rest and Watson (1984).

The study also provides a particularly graphic description of the survival risks and trajectories to shelter for young women who had been reunited with families without adequate assessment, preparation, or aftercare services. They were re-exposed to harm and fled to the streets to protect themselves, living at subsistence level from “hand to mouth.”

In addition, the study identified factors that mediated risk for women who had been abused. Women who were in stable placements with access to mental health services, high educational expectations, and aftercare services were more similar to those women who lived with families and who were not abused. For these mothers, the decision to use shelter involved maintaining relationships with important others as responsible adult equals. These findings reflect those from some longitudinal studies of foster care, which have identified mediating factors that affect placement outcomes of those in care. These studies indicated that a range of interventions mitigated early trauma and that development, even when trauma occurred early, was flexible (Fanshel, Finch & Gundy, 1990; Rest and Watson, 1984).

That these risks result in a poor outcome is amply demonstrated in the outcome-of-care literature. Embedding these risks and mediators within the risk-protection literature is important in understanding both precursors to shelter use, and shelter use as an experience that stopped further risk. Studies by Harris, Brown and Bifulco (1990), Rutter (1981), and Vaillant (1993), and reviews by Cohler (2001) and Saleebey (2001) indicate that adverse events tend to potentiate one another, and that the interplay of risk and protection that affect functioning must be viewed over time (Cohler, 2000; McMillan & Rideout, 1996; Rutter, 1989; Smith & Carlson, 1997). The risk/resiliency literature indicated that persistent patterns of adaption to adversity can change for the better under different circumstances (Task Force, 1996; Vaillant, 1993). The literature also stresses that periods of transition offer a chance to moderate attributes of longstanding experience of risk (Bitonti, 1990; Rutter 1981, 1987).

The study also identified events that mediated earlier harm. Women who were in a stable placement developed positive identifications with agency staff, were discharged with an independent living plan and after-care services, remained in the shelter for the shortest amount of time, and were less vulnerable to perceiving shelter use as a personal failure — a finding consistent with child welfare outcome studies of placement exits (McMillan & Tucker, 1999; Whittaker & Pfeiffer, 1994).

### *Evaluating Choices*

In general, the participants' wish for an adequate home in which to raise their families was no different from that of other mobile Americans, who move to acquire

adequate housing to meet their changing family needs (Rossi, 1980). In addition, most women understood that Tier Two Transitional shelters were just that, a transition in housing, family, and social status when other avenues to change were not available. Yet, at the time of the study the general public usually accused “the homeless” of taking advantage of taxpayer generosity, by using the shelter system to “get housing” (Bernstein, 1996) — an interpretation reminiscent of “blaming the victim.” Despite often highly negative options, the women’s choice to use the shelter was complex, as well as pragmatic. Like other marginalized groups mentioned in Gordon’s (1989) historical study, they asserted “the power of the weak” (p. 288), actively using their right to shelter to meet their survival and life course needs.

The strength of each participant’s resolve to find a home must be measured by her awareness of the stigma connected to declaring herself and her family “homeless” — which also implies being rejected by friends and family. Though aware of derogatory public attitudes, the participants viewed shelter use as part of a goal-directed plan that might provide family stability and a chance for them to give their children what they themselves missed while growing up. Even with this awareness, the women had not anticipated the degree to which shelter living might either dismantle their self-esteem or limit their agency.

### *Shelter Living and Dissonance*

The findings reveal both similarities and differences in the participants’ adaptations to shelter. Women who sought shelter for safety felt as if they had more

control over place and person than they had when living either in the street or with potential violence. Very mobile women who had never had the chance for a stable environment, in which they could consider what they needed, were relieved by the chance to ask for help.

Though the participants perceived that shelter use was a rational choice on their part — given the alternatives — their self-esteem was eroded by the cognitive dissonance described by Breakwell (1980) between, on the one hand, their subjective evaluation of themselves — as competent parents and people with a measure of expertise and knowledge about life tasks — and on the other hand, the negative representation of their character as needy, immature, shelter residents. Such dissonance underscores how generalized use of normative, culturally constructed definitions can lead to feelings of personal failure: for the women to use the transitional shelter, they had to declare themselves dependent and alone — and at a time when a normative, developmental schema held by society expected individuals to move toward self sufficiency and committed adult relationships (Ashford, Lecroy, & Lortie, 1997; Saleebey, 2001).

The dissonance between women's self-descriptions as competent mistresses of adversity who chose shelter as a *temporary* situation that would lead to independence often clashed with service providers' representations of them as persons who would *always* remain "dependent"— if they were not "motivated" and "changed." The women re-experienced present denigration as a reflection of personal failure. For some, compliance was humiliating, but they considered it a fair "tradeoff" for the stability, protection, and help they were receiving. Women with higher levels of self-confidence

resisted shabby treatment or expressed anger. Service providers, who had much control over the integrity of the women's families, reacted by labeling outspoken women "trouble makers" and "complainers."

It is clear that the physical environment affected women's adaptations, especially by either creating or alleviating stress, a finding consistent with other qualitative studies (Boxhill & Beatty, 1990; Dail, 1990; Fogel, 1997; Lindsey, 1997), which have described adaptations to the physical and institutional aspects of a single shelter. Data collection for the current study occurred at two different shelters, which provided an opportunity to describe how differences affected families living in each. Participants who lived in an apartment-style shelter felt more as if the space was their own. They had more control over their family lives, and could fulfill the role of homemaker, including being a cook — tasks consonant with their motivation to use shelter. Women living in the rooming-house-style shelter arrangement had less authority in establishing family routines and rituals, which lessened their capacity to fulfill accustomed and/or anticipated parts of their role.

The women's self-esteem associated with parenting was very vulnerable to social context and social control. The challenge of shelter parenting for all women was significant, in part, because of limited space and lack of privacy, as discussed in several studies (Dail, 1990; Neiman, 1988). Parents believed their behaviors with children were misinterpreted and felt diminished confidence in their capacity to parent, which is a finding consistent with other studies (Beatty & Boxhill, 1990; Dail, 1990; Hausman & Hammen, 1993; Molnar et al., 1990). The degree to which the participants in this study

perceived unsolicited advice about parenting as attacks on their parenting competence seemed determined by their investment in the social worth mothering afforded them. Participants who had limited alternative models for parenting and negative identifications with their own parents were particularly vulnerable to perceiving themselves as disrespected. They were also more liable to feel less trusting about sharing mothering with others, including using services like day care. Even women who felt confident about their parenting began to feel less effective. For some mothers, self-esteem rested on their children behaving well, and it was difficult for them to accept their children's behavior as developmentally appropriate, or even as a reaction to small spaces, noise, stresses of the shelter, or anxiety related to uncertainty about what would happen next.

The participants also were worried about being characterized as inadequate. Some felt that asking for assistance left them vulnerable to losing custody. This concern was intensified during the time of the data collection because of public sentiment, which demanded that child protection authorities become more accountable about removing children from their homes to protect them against parental abuse (Bernstein, 2001), as well as other negative social representations about persons without homes. These trends, combined with the race and class of the mothers, left them vulnerable to state intervention, especially the loss of their children, who were such an integral part of their present and future sense of social worth. Therefore, when threats of loss of custody from staff occurred, the women responded with fear, withdrawal and protective privateness.

The participants described a variety of cognitive coping strategies to mediate stress and devaluation, such as patient endurance, partializing stressors, ignoring

stressors, and taking one day at a time, which have been described in other studies (Banyard, 1995; Banyard & Graham-Bermann, 1995; Fogel, 1997). Such coping strategies also addressed the kind of threat to survival and interpersonal status described by Breakwell (1986). The shelter context and the women's prior experiences also shaped their evaluations of how to adapt and retain personal dignity.

Embedded in the women's life history interviews were stories about the ways they had managed adversity, which organized past experience to make sense of the present. This process has been described by Bruner (1990) and Cohler (1994). Some mothers sadly believed that because they had little control in the past, the same was true of the present and future. Other mothers spoke of some successes amidst the challenges, and thus could more easily take the longer and more balanced view that, perhaps, things would not always be this way. Their experience of effectiveness led them to expect a better future, a finding consonant with resiliency literature (Murphy, 1974; Felsman, 1989; Werner, 1989).

In some of the narratives, particularly those of women who had been in out-of-home placement, coping with lifelong adversity was a sign of worth in-and-of-itself; it was an experience that, in fact, differentiated their stories from the canonical, usual discourses of women with fewer challenges. In the telling, they spoke about a sense of futility that, perhaps, life would continue presenting them with challenges. They were pessimistic about finding some person who could end their loneliness and predicted they would continue to "go it alone" — a narrative in which there is little room for a less isolated future identity.

The participants' narratives revealed distinctions between fatalism ("always") and possibility ("perhaps"). Some women who had been in care and women who had been sexually abused — with no prior access to treatment — either felt they were of little importance to others or only important when they could meet the needs of others. This perspective represents an existential crisis, of having no meaning to others, except perhaps to one's children. Women who experienced multiple placements hoped the shelter would lead to stability, yet believed it was only an extension of "bouncing," or "belonging nowhere". These findings are similar to those of Meier (1965) and Bryce and Elhert (1981).

Some of the women used spirituality and religious belief as a way to ward off both despair about past defeats and present fears. They found hope in a higher power that could explain what logic could not. Faith represented a kinder value system than the one in which they felt their lives to be mired. Faith in some higher power established moral priorities for the women and helped them to retain hope that they could change — a vital ingredient that strengthens individual and family resiliency. These findings are consistent with those of McCubbin, McCubbin, Thompson, Han and Allen (1997), and Westerbrooks (1998).

Shelter living required complex social identities and self-definitions that influenced the participants' interpersonal relationships. To be part of the community of heads of households without homes, one had to be legally and socially defined as "dependent"; yet to identify with this devalued status meant that one suffered a further self-denigration. This conflict was not lost on some women in the shelter.

Within the shelter context, women utilized interpersonal coping strategies to retain self-respect and power. Strategies such as comparing themselves with others, scapegoating, and gossiping seemed designed to make them feel, albeit fleetingly, that they were better than their peers without homes. They willingly could choose to enter into or avoid relationships with others. Although several women developed friendships in the shelter, none experienced the shelter community as a “second family.” A few, however, developed connections with other parents they felt would last beyond their shelter stay.

It is possible to understand the participants’ avoidance of others as related to limitations imposed by daily survival stresses. However, some qualitative studies have described sheltered parents’ capacity to identify, cooperate with, and feel empathy toward other parents in the “same boat” (Fogel, 1997; Koch, Lewis, & Quinones, 1998; Linsay, 1997). Study participants’ strategies of disconnection from others are manifestly inconsistent with assumptions of recent theories about women’s relationships that emphasize the importance of women connecting to and caring about others as qualities that enhance their self-esteem (Baker, 1991; Bitonti, 1990; Kaplan, Klein, & Gleason, 1991). For the women in the current study, it is possible that both their then-present conflicts and gossiping kept their past trauma from rising to consciousness, as hypothesized by Koch, Lewis and Quinones (1998), and precipitated distancing from others. Participants who had been sexually abused developed extremely self-protective plans, such as intending to shield themselves with dogs or not allowing anyone to enter their future homes. Such findings regarding isolating protection arouse concerns in regard to helping women establish connections in the community.

*Envisioning the Future: Personal Meanings and Former Identities*

As a group, the participants envisioned different possible futures for themselves and their families. Their plans for the near future almost always included a new home, and they imagined what it would be like to live there. To ensure their possible futures, several women were involved in training programs they expected would lead to financial stability, while others hoped to return to school. Most often the women's possible futures represented a synthesis of social expectations regarding self-sufficiency and caretaking, combined with a personal sense of satisfaction they would derive from meeting the needs of others, undoing their past, and establishing themselves as competent adults who could provide for their family's material needs.

Such "potential identities" have been identified by Breakwell (1986) as important for changing the meaning of present, devalued social definitions, and mediating the internalization of the devalued social representations. Breakwell notes that when individuals can compare their devalued identities with a planned end-state that is superior, the power of the past is diminished. Both Saleebey (2001) and Bruner (1991) assert that subjunctive stories of a hopeful self are based on optimistic assumptions that change is possible. For the women in this study, such a future orientation served as a powerful coping strategy that enabled them to adapt rather than only react to past and present affronts to their self-esteem associated with shelter living.

Along with these hopes, many of the women expressed worries about what was to come. Aware of the economic decline in some sectors of the labor market at the time, they worried that they would be unable to find employment that would provide financial

stability. They also worried about barriers created by recent changes in public assistance policy. Several women worried about school-related issues, such as their intellectual capacities or the embarrassment they might suffer if they returned to high school or tried to get their GEDS because they were “too old.”

Above all else, however, the women’s primary future plan was to ensure that their children’s futures would be different from their own past — a hope in harmony with the general American value of improving life chances for succeeding generations. In reality, however, some participants’ cumulative stress, past identifications and trauma were barriers to their ability to meet the needs of their children. Several women were exposed to reliable alternative role models long enough to have learned what good parents do, while other lacked role models to identify with, and thus were left to “invent motherhood” on their own.

In addition, some parents showed high levels of awareness regarding what they did not know about parenting. They wanted to know more about the development of children, among other things, and several women were willing to make behavioral changes they felt were needed to become better parents. Most did not want to become like their own caretakers, and vowed that their own parenting would be the polar opposite of those who cared for them. Even when they vowed to be different, however, they exhibited a pattern described by Benedek (1959), of worrying that their children would make the same mistakes as they did, especially during difficult developmental periods such as adolescence.

## Conclusions and Implications

A major conclusion of the study is that shelter use serves as a transitional opportunity for mothers to meet life course needs. Though the shelter system was originally created to respond to a housing crisis, transitional housing can also be viewed as a system of secondary prevention that can promote positive outcomes by reducing stressors and interrupting further accumulating risk. Another major conclusion of the study is that shelter use by the participants was not based on their individual flaws. Rather, it was based primarily on sociological and demographic factors, especially race, age, gender, income, and power factors that narrowed the women's housing opportunities. Their decisions to use the shelter were also related to relational and life course issues. Most of the participants were young adults for whom life course needs were similar, in regard to negotiating an adult identity and role, and assuming full responsibility for their children. Temporary Tier Two Shelter use provided a bridge to adulthood for young women with children. The transitional time and space afforded by the shelter gave the women an opportunity to turn adversity into adaptive growth, supported by maturational thrusts of parenthood and young adulthood, and to integrate identity, enhance parenting and social skills, and augment self-esteem. Both the meaning the women made of the transition and the impact of environmental qualities on their internal experience of change affected their emerging adaptations, especially as regards their self-esteem, social skills, and parenting.

Regarding self-esteem, when women using sheltering services confront devalued and stigmatizing social representations of themselves that are in conflict with their own

perceptions, the shelter experience becomes less adaptive. In the current study, families living in shelters interacted with an array of service providers on a daily basis. For most of the mothers, feelings of unworthiness were exacerbated by service providers' failure to validate their choices or parental and adult status. Conflicting assumptions, power differentials, and minimal opportunity for the women to express their ideas and emotions exacerbated their feeling of ineffectiveness. The service structure thus reproduced power differentials experienced by the women in many of their earlier, pre-shelter relationships. Staff interventions, which were based on limited information and unexamined assumptions, therefore, posed a risk to self-esteem, and limited the potential of the transition to support positive identities related to the individual meanings of shelter use.

Regarding social skills, it is notable that women who shared physical space, similar parenting and caretaking roles, and similar status barriers were often frightened of and disconnected from one another. By holding devaluing perceptions of one another, the women limited their opportunities for the shelter to serve as a setting in which they could develop meaningful connections to others and gain interpersonal and social skills. This "negative adaptation" gives credence to many assumptions of the participants' strongest critics. The denigration also limits the women's potential access to validation and support, and prevents them from considering that they, like others in similar situations, may be worthwhile and likable.

Regarding parenting, because parenthood represents a life course transition that encompasses many opportunities for personal growth, including a maturational thrust associated with adult status and the responsibilities of caring for another, this role

complex was a significant source of self-esteem for the participants. That parents in the study retained much hope that they could do better for their children represents a significant, progressive, and self-righting opportunity for them, both to undo their own earlier experience and to enhance their sense of competency. This source of and motivation for change was often overlooked by others' generalized assumptions that, if families were sheltered, they might be deficient caretakers.

Some participants found it challenging to try to become the parents they wanted to be and perform the tasks of empathetically attending to the psychological and developmental needs of their children. Although some parents wanted to do better, fear of loss of custody — associated in some cases with their own placement and in other cases with then-current public discourse — kept the parents either from accessing help to solve parenting-child problems or from understanding that such problems may be related to stressors, including those that are a natural part of family development. Often, the participants doubted whether they could live up to their own and society's expectations about their competency as parents.

### *Practice Implications*

Direct service workers must refrain from expressing their personal assumptions about the choices women have made, and listen as clients discuss their points of view, experiences, and hopes. Such an inclusive dialogue creates an amicable, collaborative relationship in which autonomous positive development is most likely to occur. Validation and support of strengths and self-righting capacities promote “potential

identities” that are different from, and represent a more accurate reflection of, their abilities than those of the past.

A sufficient number of well trained workers is needed to realize the possibilities of integrating the identities of shelter residents and enhancing their parenting and social skills. Inspiring change in workers’ values, knowledge and skills is an arduous but productive endeavor. Training workers in assessment based on a life course perspective sensitizes workers to clients’ personal resources and needs at a particular life stage. Strengths-based assessment that recognizes the expertise and adaptive strategies women have used in confronting stressors also identifies the psychosocial barriers that challenge their growth. Learning to use these assessment tools, including a trauma protocol, will help professionals focus on developing realistic service goals involved in new family formation. Also, such information will help shelter workers understand trauma-related behavior so they can develop appropriate interventions that encourage women to talk about their experiences and begin to heal.

A new hypothesis based on this study’s findings is that conflict and misunderstandings shielded both service providers and parents from recognizing a range of painful feelings and experiences, albeit at the cost of helping the women find new ways of coping with their feelings. Supportive, knowledgeable supervision can help workers recognize the difficulties involved with both tolerating and addressing painful feelings that are part of their daily work.

Unfortunately, transitional housing budgets often do not provide funding for either the professional or in-service training that workers need to enhance their assessment and

intervention skills or to retain seasoned workers. However, worker support groups and group supervision are cost-effective ways to provide new knowledge, foster exchange of information, build cohesion, and model validating relationships.

A second alternative is to develop community service training consortiums that involve schools of social work and allied professional disciplines (e.g., nursing, early childhood education) in partnerships with shelter operators. Such interdisciplinary training could build on service workers' experiential knowledge while providing shelter staff with more structured learning on site. Financial incentives, such as loan forgiveness and educational stipends, could help individuals access professional education that could meet the critical need for skilled, direct workers and supervisors.

Since groups help individuals develop social skills, the shelter is a natural setting for the implementation of group projects, such as planning for holiday events, which create a sense of common purpose. In general, completing projects supports confidence. In the shelter, the controlled intimacy provided by the group facilitator can reduce anxiety that many women have about gossip, confidentiality, boundaries, and connection to others. Group processes enhance self-esteem, offer new experiences with social relationships, and provide for new sources of positive identity.

Because the arrangement of physical space in the shelter significantly affected the women's adaptation to parenting, it is thus important to provide parents living in rooming-house-style shelters with opportunities to *be* parents. Allowing them to cook meals together on special occasions, for example, or to install a microwave oven so that they can prepare snacks and light meals, would help parents, in part, fulfill the role of

nurturer. Common areas equipped for mother-child interactions remind parents of what they have in common. Such a setting also provides a neutral, larger space both for parents to interact with their children and for children to interact with other adults and children.

While it important to acknowledge and sustain hope in the self-righting capacities of parenthood, it is also important to assess the psychosocial barriers that reduce hope. The permeable family boundaries inherent in shelter living both expose parents to increased scrutiny and offer staff an opportunity to observe patterns of problematic parent-child interaction over time. Such observations can be framed in a non-judgmental, credible way. Sensitive exploration of the meaning of behavior that appears harmful is compatible with the client's goals to become adequate parents. Such attention to clients' perceptions and purpose preserves the hope that parents can, indeed, make a difference in the lives of their children. A collaborative relationship with shelter workers, based on mutual trust and respect, allows the workers, simultaneously, to take on the difficult dual roles of controlling the effect of past experience on present parenting and supporting realistic hopes for the future. Because parenting issues for sheltered parents are, paradoxically, similar to those of all parents and unique to the shelter environment, both sets of concerns can be addressed by inviting experts in child development to speak to families about their expressed issues and worries. This conversational format is non-threatening and relevant to the expressed needs of individuals, and more appropriate to individual and collective concerns, the writer believes, than curriculum driven generalized "parenting classes."

*Social Policy Implications: Supporting Potential Identities*

For participants in this study, having an accessible, affordable home, in which family life could develop, was the primary need they felt to meet the larger social goals of being a respected American citizen. Housing initiatives should include a range of options for low income individuals and families, including SROs (single room occupancy) for single individuals on their own; group living; and most of all, production of safe affordable housing for families. Subsidies (Section 8, EARP) for poor families have proven to be the most useful form of stabilizing housing for poor and low income families (Rog, 1995). Programs to prevent shelter use for those who are precariously housed (e.g., doubled- or tripled-up, or in unsafe housing) have been under- and de-funded. New York State must continue to fund the Jiggetts program, which provides subsidies to help low income families who reside in stable housing to meet market rents.

It is vital to provide a range of opportunity structures appropriate to goals and needs of mothers who want to become contributing citizens but must overcome much adversity in a wide range of personal, relational, and social domains to meet this goal. When parents make an investment in parenting and identify with socially sanctioned goals that promote the optimal development of their children, then society must reciprocate and support parental capacity to be physically and emotionally responsive to children. Should families and communities be unable to provide the needed opportunity structures that support transitions and endorse life course purposes, such as family formation, then various alternative supports must be made available. These include a range of income supports and services that are provided for other families with less

adversity. Residual services stigmatize parenthood, which then undermines individual motivation for role performance. Universal services such as childcare, adequate income supports, tax credits, and accessible housing are needed to ensure positive family development. Services that support family life demonstrate respect for parents and family, no matter what the form. When services are delivered by trained, humanistic service providers, the process conveys respect for the purpose of parenting.

#### *Transitional Services and Services in the Community*

One key to supporting “potential identities” is services that support new roles. To the extent that the shelter experience is a time to learn more about adult roles and enhance self esteem, then it is important to consolidate these accomplishments as parents become members of a community. All the participants envisioned the move to permanent housing as one that would lead to stability and safety. For most participants, this would be the first time they had lived on their own, and thus they would be taking almost full control of their lives. The experience of “having their own” while “being on their own” was both exciting and frightening to them. For women who had been in placement, their new apartment could become the first permanent place in which they might feel as if they belonged.

A full dialogue between worker and client about the future move is vital to helping each client find services based on the daily realities she expects, including an accurate worker assessment of need and a worker-client agreement related to accessing appropriate services, as the client moves into the community. In the current study, some

participants who retained community and social connections needed few aftercare services. However, many participants worried about safety and loss of familiar surroundings when moving to new neighborhoods; they also worried about loneliness. Without the support of extended family and community, a mother is deprived of a facilitating environment, which is vital to being not only a good-enough mother but also the mother she wants to be. Referrals by workers to community-based programs that meet expressed and identified needs are, therefore, vital. Non-stigmatizing referral to local Y's and community centers, or local religious institutions that service a range of families, will normalize service use, offer opportunities for women to experience being members of a community, and introduce them to others who know the community better than they do. In addition, knowing they can return to meet with helpful shelter staff creates a safety net for the women to lessen their loneliness.

Transitional services should also help women assess and remedy risks associated with living on their own in poor neighborhoods. Many of the apartments into which women move have been rehabilitated quickly and, therefore, the quality of repairs is sometimes inadequate. Alerting women to both risks and rights regarding housing problems is therefore important. Providing parents with resources and information about how to obtain repairs, contact the landlord, access legal and regulatory remedies, and procure basic police, fire and sanitation services are vitally important.

For mothers at high risk before entering the shelter, protective factors in the family and community that mediate specific risk should be identified. Planning for service use should be given extensive and timely discussion prior to women leaving

shelter. Where women are at risk for reoccurrence of violence, co-ordination among the parent, shelter case workers, and a local domestic violence service provider should begin before women exit the shelter. The same thoughtful planning and effort must occur for women with mental health risks. Such careful approaches may help prevent shelter re-entry, a problem recently identified by Homeless Services Administration (Kaufman, 2003).

Of particular concern are women who have established an “on my own” identity. While such an adaptation can protect families from exploitation and stress related to the burdens of others, isolation deprives families of the major benefits of living in a community. For this reason, if workers identify community activities grounded in parents’ interests, talents, and concerns, they will both be performing a needed service and communicating their perspicacity in acknowledging parents’ needs. Outreach to women from neighborhood community agencies and phone calls from shelter staff to whom women relate will communicate that they have not been forgotten or “fallen through the cracks.” Local schools or day care personnel can also invite parents to participate in programs, which will further support maternal status.

Often, mothers for whom a parenting support service could be the most helpful are the most vulnerable and threatened. They are prone to see a referral to a preventive program, which they readily associate with child protection, as stigmatizing and critical. Women with infants or very young children, however, benefit from home visiting programs that provide a range of educational and preventive health services. These programs tend to lessen isolation, strengthen parental motivation, and slowly develop

mothers' interest in using a broader array of community services. For these reasons, it is recommended that home visiting services be fully utilized, especially to assist young mothers and their children.

#### Limitations of the Study and Suggestions for Further Research

This study had several limitations, which can be addressed by further research. The first is that the methodology focused, simultaneously, on participants' narratives about a remembered past, actual present, and subjunctive future. A prospective longitudinal study that followed women into the community would provide a lens through which to view how participants change as they move on from shelter living. It could allow one to answer the research question, "Did transitional living in the shelter serve as the bridge to residential life the women hoped it would be?"

Longitudinal research could also address another important issue germane to this study. As previously discussed, the risk to women of continuing isolation as they move from the shelter into the community is of great concern, because support networks are crucial for poor women to sustain taking care of themselves and their families.

Longitudinal research focusing on the qualities of social support networks for women who become community residents, therefore, could help workers and transitional shelter staff to build in environmental opportunities that support women's acquisition of social skills, to help them make the transition from shelter to autonomous residential life and better plan for their futures.

Another limitation of the study was the use of a convenience sample and the

small sample size. These sample-related factors mean that caution should be used in embracing the findings. However, other researchers have developed implications consonant with this study regarding, e.g., the shelter system as an accessible institutional route to garner resources (Berlin & Macillister, 1995; Gerstel, Bogard, & McConnell, 1996). A larger and more heterogeneous sample, in terms of socio-demographic variables, would provide a higher degree of confidence in some of the findings, and enable researchers to better document the meaning of individuals' use of shelter systems over a wider span of life course needs. These data, in turn, would enable planners to better predict how structural pressures impact life course transitions and vulnerabilities, and to answer questions such as, "Do families, as they grow, use the shelter system to gain access to more needed space?"

A third limitation of the study was the iterative nature and intensity of the interview protocol. This factor may have excluded women burdened by substance abuse, mental health difficulties, and/or histories of recent abuse. While it may be possible to minimize this factor in future research, any interview study of shelter mothers must necessarily rely on the voluntary participation of individuals; and because of this fact, it would seem that any sample will be biased towards those respondents who are more articulate, motivated, with fewer mental health problems, and more desirous of wanting others to know their stories. For these reasons, this potential source of respondent bias should be acknowledged by researchers, as has been done in this study, and minimized to the extent possible in future studies. The women who participated in this study not only wanted to speak about their experiences, they also wanted other women and, especially,

staff members who affect their daily lives and professionals who develop policy to know what they knew; and they hoped their experiences would be of help to others, especially to other parents without homes and women living in substitute care. It may well be that participants in this study represent a resilient sector of mothers with a demonstrated sense of agency. The very fact that they chose to use social institutions to meet their needs when they had few other options, and sought to protect themselves and their families rather than accumulate more risk, is a tribute to their resourcefulness and persistence.

## APPENDIX I

## BASIC INTERVIEW GUIDE

*First, I would like to learn about is your present circumstances — what your life is like now and what it was like just before you came to [name of shelter].*

**1. WHAT LIFE IS LIKE NOW**

a. Demographics: How long have you and your family lived at this shelter? Who is living here with you (date of birth, gender, relationship to you)? Are there family members who are not here with you now? Where do they live? How long have you lived away from one another? What caused the separation?

b. What has life been like here for you? What are the things that you do each day, today for instance? What about during a typical week? With whom do you spend time while you are here? Would you show me around the apartment or room?

c. What is it that you want from this experience? In what ways has the experience met your expectations? What are the disappointments? Who and what has helped meet your expectations? What sorts of obstacles have occurred? What has been the most positive part of this experience?

**2. WHAT LIFE WAS LIKE BEFORE YOU CAME HERE**

Can you tell me about where you were living just before coming to the shelter? Who were you living with? What was that like (describe your days and nights there)? What did you expect when you began living there? Who were the people you could count

on? what sort of obstacles and problems came up when you were living there? When problems came up, what did you do? How did you take care of your needs at this time? How did you manage with the children then? Tell me about your leaving this last place. What did you think would happen when you left? What did happen? As you remember this, what were the good things about this situation? What were the worst things?

*This next part is about your past life. The areas I am particularly interested in are the different places you have lived; the people who were important to you at particular periods in your life; what you were doing and what you expected of yourself and others. I'd also like to know about what you wanted for yourself and from others at these times. What were the supports and the obstacles?*

*As we will be talking about many years, I have a calendar that might help track what happened in some areas. The calendar is one way to recall what was happening at particular points in your life and in particular places that you lived. It may help identify how events in your life may have influenced one another and your actions at that time.*

### **3. PLACES YOU HAVE LIVED**

*The purpose of this section is to talk about previous living arrangements and how you experienced them. I'd like to know as much as you can remember about the important events that occurred at these places. Let's look at the calendar.*

How did you experience the places you lived? (use the calendar flexibly from here on; follow the conversation and fill in the missing time periods last). What do you most remember about each place? What did you expect to happen when you were living with/at (the specific person or place]? Which was your favorite place? What made this your

favorite? Did any of these places feel like “home?” What were your expectations when you left one place and moved to the next? What was the reason for each change? Would you talk about who was the most important to you at each place? Did any place feel like a good place to grow up and work on your goals for yourself? What was particularly troublesome- at each place?

#### **4. FAMILY, FRIENDS, RELATIONSHIPS**

*We may have covered some of this in the last section.*

In what kind of family did you grow up? Can you describe or just tell me about the members of your family — parents, siblings? Would you talk about your friends at different times in your life (school friends, friends when you were a teenager and now)? Would you describe how important relationships usually go for you (beginning/ middle/ ending)? Who are the most important people to you now? Could you say why they are important? What are your expectations of them, and what are their expectations of you? What were your hopes for yourself at different times? How did you see your future at different times? Who were your role models? What was it about these persons that made you want to be like them? What dreams did you have for yourself as you were growing up? What happened to those dreams? Who helped you achieve your goals and dreams as a child, as an adolescent and now? What obstacles did you encounter in *obtaining* those goals?

#### **5. EDUCATION, EMPLOYMENT, INCOME**

**Education:** How far did you go in school? What stopped you then? What were the

things you liked in school? In what subjects did you do the best? What did you want from the years you spent in school? What academic expectations did the important people in your life have for you? What academic expectations did you have for yourself? What was the most pleasurable part of school for you? What were the most difficult parts or times?

**Financial Support and Employment:** What sorts of jobs have you had? What was the pay like? Was the pay enough to support yourself? How did you make ends meet? How were you treated by your boss? Your peers? How did you solve work conflicts? How were you able to fight for yourself? What would be the ideal job for you? Do you see any problems in reaching your goal?

*In this next part, I'd like you to describe your ideas about yourself, your family and your future. I am also interested in what the words "home" and "family" mean to you.*

## **6. WHAT IS IMPORTANT TO YOU**

What are the most important things in your life? What are your hobbies and interests? What would you say have been the most important influences in your life? Where did they come from? How did these ideas or people influence you? What are the things you feel make you who you are? What are your hopes and dreams for yourself and your family? What will help in reaching these goals or dreams? What would stop them from happening? What should be done differently so that you can reach these goals?

## **7. THE MEANING OF "HOME"**

What does the word "home" mean to you? (For instance, does home mean love,

acceptance, being cared for, a place of your own?) What kinds of relationships have you wanted with people who have lived in homes with you? What effect has not having a home had on your life and the lives of your children? what would be your ideal home? What would it look like? Who would live there with you? Who and what will help you in obtaining that kind of home?

### **8. THE MEANING OF “FAMILY”**

What does the word “family” mean to you? What would be your idea of an ideal parent/family? What do family members expect of one another? What do they do for one another? Would you tell me about how you thought it would be to become a mother? After [name of child (ren)] was born, did your feelings about yourself or about being a parent change? How? Did being a parent live up to your expectations? What helped to get you to become the kind of parent you wanted to be? If you weren't the mother of [name of child (ren)] now, what would be doing? What advice could you give to other parents who might find themselves without a home?

### **9. CLOSING**

How do you feel about our conversation? Are there other things you would like to add to what you have said? What was the best part of these interviews for you? The most difficult? Are there questions you would like me to answer? Is there anything you would like to say or talk about, anything we have missed?

Thank you very much for spending your time speaking with me.

## APPENDIX II

INTERVIEW GUIDE FOR WOMEN WHO HAVE  
EXPERIENCED OUT-OF-HOME PLACEMENT

*This part is about your experience in out-of-home placement.*

**Out-of-Home Experience**

What sort of experiences did you have in foster care? How would you describe the care you received and the people that provided that care? What did you like about each situation? What were the most difficult times? Could you tell me about your hopes in each new situation? What sort of relationship did you want with the people you lived with in each place? What feelings do you remember having when important events occurred (birthdays, holidays, important milestones — confirmation, death of family members, graduation — or particularly critical times when you were having tough times in school or with friends)? What was the most consistent feeling you had about yourself as you were growing up? Would you discuss people who were important to you while you were in placement? What were the most important influences at each place you lived? What about the situation or person made this influence so important? How did you think of your future? Did your feelings about your future change over time? How? What was adolescence like for you — friends, family, school? How did foster care prepare you for becoming a parent? What could have been done differently?

### **Meaning of Home and Family**

How do you think out-of-home placement has affected your idea of what a family is or should be? How do you think the experience of -out-of-home placement prepared you to become a parent?

## APPENDIX III

## DEMOGRAPHIC AND BACKGROUND INSTRUMENT

Date \_\_\_\_\_ 1/96 Client ID \_\_\_\_\_

Q1. Demographics: AGE-(parent) \_\_\_\_\_

Ethnicity \_\_\_\_\_

Children, living with parent

Gender \_\_\_\_\_ Age \_\_\_\_\_

1.

2.

3.

4.

Children, not living with parent.

Where, how long, why, relationship

How long in shelter? (Abraham) others?

1.b. Life Now (day? With whom spend time? Show?)

**Before you came to shelter system, what would your day be like? Changes. What did you bring with you when you cam into the system? What did you leave behind?**

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c. Expectations of this experience? (Who and what will help you do this? Positive part? Obstacles? **Have you noticed a difference in the way people you know treat you? Do people treat you differently here? Do you feel different?**

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2. LIFE BEFORE YOU CAME HERE (What happened? Who? Day? Obstacles? Count on?)

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(Take care of kids? Needs? Leaving the last place, as you remember this what = worst, any good?)

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*This next part is about your past life. In this section the topics I would like you to talk about are the places you lived, what was happening in your life when you lived in those places. Another topic is people who were important to you at particular periods in your life. (Like school years or during your adolescence). I'd also like to know about what you wanted for yourself and from other at important times. What were the supports and problems in your getting what you wanted?*

*Since we'll be talking about many years, there is a calendar that you can fill out or we can fill out together. It may help you recall what was happening at particular points in your life, at particular places you were living, and the people and events that happened. It may help us discover how events, opportunities, and people may have influenced each other and your actions.*

*Calendar*

3. PLACES (How experience? What remember most? What did you expect to happen here?) (What was favorite place? What made it favorite? Feel like "home?" expectations when went from one place to another? Any place like a particularly good place to grow up? Goals at any place? Troublesome at each place?

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4. FAMILY, FRIENDS, AND RELATIONSHIPS

(what kind of family? Genogram? Changes in family over the years?)

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Friends at different points in life? (School, teenager, now?)

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How do important relationships go for you? (Beginning/middle/end, mutual expectations)

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Role models (what about them made you want to be like them?)

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## 5. EDUCATION, EMPLOYMENT, INCOME

a. Education: (How far in school? What stopped you then? What like in school? Best and hardest subjects? What want from your education? Expectations of important people in life about school? Your own expectations of yourself)

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b. Employment: (What sort? How long? Pay? Boss? Peers? Work conflicts? Fight for yourself? Ideal job? Problems in getting to ideal?)

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c. How did you make ends meet? Sources of financial support? (Spells on public assistance? Help from friends and family? Other work?)

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6. WHAT IS IMPORTANT TO YOU? (Being independent, friends, good job, watching children grow up? Having a man who will care for you? A roof over your head? Things and people? Interests/hobbies? Most important influences? How did they influence you? What have been the most important things at different points in your life? (Child, school, adolescence, young adult, now?)

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7. HOME (Love, acceptance, care for? Place of own? Security? What sort of relationships do people who live in home together have? What kind of relationship have you wanted with those who have lived in homes with you? What effect has not having a home had on your life? Your children? Ideal home? What would it look like? Who would live there? Help obtaining a home?)

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8. FAMILY

a. What does word mean to you? Ideal parent/family? What do family members expect from one another? Do for one another?

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b. BEING A PARENT (Feelings about self change after child born? Parent live up to your expectations? What helped you become parent you wanted to be? If not mother now, what doing? What advise to parent without home?)

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CLOSING (How feel about time spent together? Not covered?)

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Appendix iv  
LIFE HISTORY CALENDAR

Agas:	0-4	5-9	10-14	15-18	19-22	23-26	27-30	31-34	35-38	39-41	42-
Places/ Home											
Family											
Friends											
Children											
Educa- tion											
Employ- ment											
Finan- cial Status											
Goals & Hopes											

APPENDIX V  
STAFF INTERVIEW GUIDE

*LET'S START BY TALKING ABOUT THE WORK THAT YOU DO HERE.*

1. Would you describe the kind of work you do here?

Probes: Describe what you do on a day-to-day basis. Would you describe your contacts with women for whom you are the caseworker? Would you describe more casual interaction you may have with the families living here? What kind of services are offered and used? Could you describe some of the ways families react to your interventions? What is the most gratifying part of your job? The most difficult part of your job? What do you consider helpful or not helpful about the services in the shelter and the services you offer to clients? Describe the relationships you have developed with the women with whom you work. What differences have you noticed between women who have spent time living away from their families and those women who have not had this experience?

*NOW I'D LIKE TO SPEAK WITH YOU ABOUT YOUR IDEAS OF THE MEANING OF HOME AND FAMILY TO THE WOMEN WITH WHOM YOU HAVE WORKED.*

2. Would you talk about your views about homelessness?

Probes: How would you describe the impact of homelessness on the lives of the women you have worked with here? How would you describe the kinds of problems encountered by the women who come into the shelter system? What are your thoughts about the causes of homelessness?

3. I'd like to talk with you about what you think the meaning of being homeless (living without a permanent place) might be to women you work with.

Probes: How do you think the women feel about the experience of being homeless?

What do you think the effect of homelessness has been on the feelings women have about themselves? How do you think it might have changed their lives and the lives of their families? Their future hopes and dreams?

4. What do you think the meaning of "home" might be for the women with whom you work?

Probes: Could you put yourself in the place of the women you work with and tell me how you would describe the meaning of the word and symbol of home? Would you describe the meaning of home from the point of view of women who have been in foster care or group homes and women who grew up living with their parents? What are your thoughts about the relationship between living separated from family as women grow up and homelessness in adult life? Do you have an opinion about how living apart from family may have changed the course of their lives? What impact do you think living in out-of-home placement has had on the way women feel about themselves and their future?

5. How would you portray the importance and the meaning of family to the women with whom you work?

Probes: How would you describe parents with their families and other people who are important to them? Would you talk about the kinds of interactions they have with their

children? What do you think the experience of becoming a parent means to the women you have worked with? What differences have you noticed between women who have been in placement and women who grew up living with their families in the way they see themselves and their families?

6. Would you describe how living in this shelter has affected the women with whom you work?

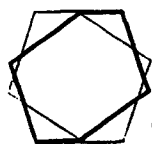
Probes: How would you describe their reaction to living in a shelter when they first came to live here? What changes did you see as they continued to live here? Could you describe responses you noticed just before families moved into permanent housing? Do you have any predictions about how shelter living may affect their future? What sorts of differences to shelter living have you noticed between women who have grown up away from their families and those who have not?

7. Are there other reflections you would like to add? Are there other questions which I might answer?

I want to thank you for spending this time with me. The information you have provided has added important data to the study and has given me a great deal to think about.

## APPENDIX VI

## INFORMED CONSENT



**The Graduate School and University Center**  
The City University of New York

Doctor of Social Welfare Program  
School of Social Work, Hunter College, 129 East 79 Street, New York, N.Y. 10021  
212 452-7048

Researcher:  
Jill Gerson, CSW

(212)645-3474

## INFORMED CONSENT

My name is Jill Gerson, and I am asking you to participate in my research project which is about the experience of homelessness and the meaning of home and family to women who experienced out-of-home placement and/or homelessness as important events in their lives. The purpose of this project is to understand the meaning of home and family from the perspective of several groups of women: some are living in Tier 2 (transitional shelters), some have endured placement away from families of origin, and some will be living in permanent housing or are still in placement. I am especially interested in understanding your life history(ies). I believe that in collecting life histories and comparing similarities and differences in experiences, I will be able to develop an in-depth understanding of the circumstances, people and processes that have been important in your lives and have influenced your interests, feelings and actions. The objective of this study is to use what you say and translate these perceptions into ideas and recommendations that will improve programs for children who are placed in temporary care and for women and their children who now and in the future will use

sheltering services.

Since this is a study about your life, your feelings and the way you see things, there are no right or wrong answers. I would like the opportunity to get to know you and learn as much about your life as you are willing to tell me. The topics I would like you to discuss are:

1. Your current situation and how you feel about it — what it is like to live where you now are.
2. Places you have lived and people you have lived with previously.
3. How you felt about the different places you lived while you were growing up.
4. How you feel and felt about your friends, family and relatives — what it was like for you growing up, as well as now.
5. Your education, employment and financial situation.
6. Being a parent and the meaning of family.
7. The meaning of home.
8. What is important to you — your hopes and dreams about the future.

I believe that the process may take eight to twelve hours to complete. Each interview may last for one to two hours and therefore we may meet anywhere between four and six times. However, we may need more or less time than this. I realize this is a large commitment of time, and hope that you will be willing to become a participant. Your time and knowledge are very important to this study. A small stipend will be offered for your participation. You will be paid \$10 for the first meeting, \$15 for subsequent meetings, and \$20 at our last meeting (or \$100 in total). We can arrange the interviews at

times that are convenient for you. This can be at the shelter or outside the shelter, should this be easier or more comfortable for you.

We can try to arrange for someone to take care of [name(s) of child(ren)], or your children can remain with us while we talk. Your participation is completely voluntary. If at any time you wish to stop, or just take a break, let me know. If you do not wish to talk about a particular subject, you need not. Your participation in this project is voluntary and you may stop the interview at any time. Participation will in no way interfere with any services or benefits that you or your family are receiving. Withdrawal from this study at any time, or unwillingness to discuss a particular topic, will not affect your status in any way.

I would like permission to tape record our time together so I can remember exactly what you have said about your experiences in your own words. At the beginning, this may make you uncomfortable, but I hope that as we continue you will feel more relaxed about taping. The tapes will not be used for any purpose other than this particular work. If you do not wish me to use a tape recorder, I will jot down important words and phrases as we talk.

One part of this study will include a review of records and other documents. Reviewing these will offer an additional source of information. This will increase the accuracy of information about common problems and trends encountered by mothers in transitional shelters and mothers who have experienced out-of-home placement. I would like your permission to review records and other relevant documents. Not wishing to have documents reviewed will be not effect consideration for inclusion in this study. A

separate consent form is provided to review documents. Your name and other identifying information will be carefully disguised in this process and finished product. I will be using codes for each participant.

I want to let you know that there are some limits on confidentiality. *Information* related to potential harm to yourself or your children, such as hurting your children or selling drugs, cannot be kept confidential as it affects your well-being as well as that of your family and others in the shelter. If you tell me about these things in the course of our conversations, I will discuss them with you and, if I believe it necessary, will discuss these dangers with the shelter staff so that you and others can be as safe as possible. With this knowledge about what the limits are, I hope you will, nevertheless, speak to me about your life as openly as you can.

I volunteer to participate in the research under the supervision of Jill Gerson C.S.W. I understand that

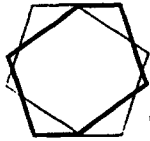
- I will be paid the sum of \$100 for my participation.
- My participation is voluntary. I may choose not to answer questions and may end the interview at any time.
- All information is confidential and will be fully disguised in the final report.
- There are limits to the researcher's confidentiality related to potential harm to myself, my children or others.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## APPENDIX VII

## CONSENT TO REVIEW DOCUMENTS



**The Graduate School and University Center**  
The City University of New York

Researcher:  
Jill Gerson, CSW

(212)645-3474

Doctor of Social Welfare Program  
School of Social Work, Hunter College, 129 East 79 Street, New York, N.Y. 10021  
212 452-7048

One part of this study will include looking at information that is in case records. This will help me to get richer information and will save your having to repeat basic information such as dates and years. Reading these documents will provide additional information about what difficulties you encountered before you came here, while you have been living here, and the kinds of changes you have made. It will also give a different point of view which will deepen my understanding of common problems encountered by all women who come into transitional shelter and help me determine whether there are particular problems encountered by mothers who experienced out-of-home placement. It will thus provide information about how the people who work in programs see such problems and will aid in identifying strengths and problems in programs. No identifying information will be used. In order to read your record, I will need your written consent. Not providing this consent will not be held against you nor will it change your ability to be included in the study.

I give Jill Gerson permission to read my case record.

Name \_\_\_\_\_ Date \_\_\_\_\_

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