

Reconnecting: A Grounded Theory Study of Formerly Homeless Mothers

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## Dedication and Acknowledgements

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## TABLE OF CONTENTS

	Page
ABSTRACT .....	xi
DEDICATION AND ACKNOWLEDGEMENTS .....	iii
LIST OF TABLES .....	ix
LIST OF FIGURES .....	x
Chapter	
I. INTRODUCTION .....	1
Background .....	1
The Problem of Homelessness .....	1
Homelessness Defined .....	2
Extent of Homelessness .....	2
Profile of the Homeless .....	4
Factors Contributing to Homelessness .....	8
Poverty .....	8
Unemployment and Underemployment .....	9
Changing Social Structures .....	10
Family Disintegration .....	11
Violence .....	11
Mental Illness .....	12
Substance Abuse .....	13
Catastrophes .....	13
Statement of the Problem .....	14

	Purpose of the Study .....	15
	Assumptions of the Study .....	15
II.	PHILOSOPHICAL AND THEORETICAL PERSPECTIVES .....	16
III.	REVIEW OF THE LITERATURE .....	19
	Physical Dimension .....	21
	Shelter .....	21
	Food Security .....	24
	Physical Health .....	25
	Psychosocial Dimension .....	28
	Spiritual Dimension .....	32
	Summary .....	35
IV.	METHODS .....	46
	Design .....	46
	Setting/Context .....	49
	Participants .....	50
	Inclusion and Exclusion Criteria .....	50
	Recruitment .....	50
	Description of Participants .....	51
	Procedure .....	54
	Pre-Participant Interview Preparatory Phase .....	54
	Participant Interview Phase .....	55
	Analytic Approach .....	58
	Ensuring Rigor .....	62

Ethical Considerations .....	63
Summary .....	63
V. FINDINGS .....	69
Reconnecting: Overcoming Homelessness .....	69
Connecting with Someone .....	72
Becoming Ready .....	72
Making Contact .....	73
Reaching Out for Help .....	73
Getting Connected .....	74
Revaluing of Self .....	75
Choosing to Listen .....	75
Claiming Identity .....	76
Reaffirming Self-Worth .....	76
Taking Action .....	77
Mutually Finding Solutions .....	77
Establishing Long-Term Connections .....	77
Solving Problems .....	78
Getting Practical Help .....	79
Reintegrating into Society .....	80
Finding Home .....	80
Becoming Financially Stable .....	81
Settling In .....	82
Contributing to Society .....	83

Summary .....	84
VI. DISCUSSION, LIMITATIONS, IMPLICATIONS, RECOMMENDATIONS FOR FURTHER STUDY AND CONCLUSIONS.....	85
Discussion .....	85
Related Theories in the Literature .....	90
Feminist Theory .....	90
Symbolic Interactionism .....	93
Maslow's Theory of Human Motivation .....	95
Limitations of the Study.....	97
Implications for Practice .....	100
Recommendations for Further Study .....	102
Conclusions .....	103
Poem: America by G.C. Plebe .....	104
REFERENCES .....	105
APPENDICES .....	135
A. Newspaper Advertisement .....	135
B. Recruitment Flyer .....	136
C. Letters of Support .....	137
D. Invitation Letter .....	139
E. Interview Guidelines .....	140
F. Demographic Data Sheet .....	142
G. Informed Consent Form .....	143



## LIST OF TABLES

Table	Page
1. Results of the Online Literature Search on Homelessness and Homeless Mothers....	20
2. Summary of Major Research Studies on Homelessness and Homeless Mothers from 1985 to 2005 .....	38
3. Profile of 18 Study Participants and 12 First-Hand Stories in the Literature .....	53

## LIST OF FIGURES

Figure	Page
1. Integrated Conceptualization for Research with Formerly Homeless Mothers .....	18
2. Process of Experiencing Homelessness from Disconnecting to Reconnecting .....	60
3. Conceptual Map #1: Basic Social Process of Experiencing and Overcoming Homelessness .....	65
4. Conceptual Map #2: Basic Social Process of Experiencing and Overcoming Homelessness .....	66
5. Conceptual Map #3: Basic Social Process of Experiencing and Overcoming Homelessness .....	67
6. Conceptual Map #4: Basic Social Process of Experiencing and Overcoming Homelessness .....	68
7. Process of Reconnecting to Overcome Homelessness .....	70
8. Reciprocal Causation: A Theoretical Code Linking the Process of Reconnecting ....	71

# Reconnecting: A Grounded Theory Study of Formerly Homeless Mothers

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Homelessness is a condition that adversely affects the spirit, mind, and body of an individual. Homeless mothers are the fastest growing segment of the homeless population and are a vulnerable, at-risk group. Current strategies for care of the homeless focus primarily on providing food and shelter, strategies that keep them alive, but give only temporary help. The purpose of this grounded theory study was to explore the experience of homelessness from the perspective of formerly homeless mothers and to describe and discover the process whereby they navigated the pitfalls of homelessness and got off the streets into stable housing.

The theoretical sample included 18 English-speaking women at least 18 years old and 12 first-hand stories from the literature. Data collection involved participant observations and semi-structured interviews. Constant comparative analysis of data began with open coding of the first interview and continued until themes emerged and categories were saturated. Participants had the opportunity to voice their opinions of the emerging theory, which gave the researcher confirmation of findings.

The state of homeless mothers is a complex case of limited financial resources, a fragmented social network, and a refusal to be separated from their children. For formerly homeless mothers, becoming homeless was clearly a result of disconnection from various types of support. Reconnecting is the process whereby formerly homeless mothers resolved homelessness. This process includes connecting with others, revaluing of self,

mutually finding solutions, and reintegrating into society. The theoretical code, reciprocal causation, is what links the categories of the reconnecting process. The mutuality of the connections forms an amplifying causal loop. Conclusions are that social interactions can influence the overall experience of homelessness and the ability of homeless mothers to overcome their situation, suggesting that building social networks must be included in the plan for overcoming homelessness.

Approved:



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## CHAPTER I

### INTRODUCTION

Homelessness is a widespread problem that keeps growing each day, stretching the already limited resources of shelters and service-providing agencies in the United States (US) (Whitehead, 2002). Homelessness is a condition that adversely affects the spirit, mind, and body of an individual (Golden, 1992; Seltser & Miller, 1993), causing increased vulnerability among those who experience it, especially homeless women with children (Averitt, 2003; DaCosta Nunez, 1996). Single, female-headed households are the fastest growing segment of the homeless population, but relatively little is known about this sub-group of the homeless (National Coalition for the Homeless [NCH], 2004). This chapter focuses on the problem of homelessness, including a definition of homelessness, the extent of homelessness, a profile of the homeless, and the contributing factors associated with homelessness in the US, with a particular focus on homeless mothers in Los Angeles County, California.

#### Background

##### *The Problem of Homelessness*

*Homelessness Defined.* Homelessness is a broad concept that is difficult to define. An operational definition of homelessness, proposed by the Stewart B. McKinney Homeless Assistance Act of 1987, Public Law 100-77, defines a homeless person as “an individual who lacks a fixed, regular, and adequate night-time residence or a person who resides in a shelter, welfare hotel, transitional program or place not ordinarily used as regular sleeping accommodations, such as streets, cars, movie theatres, abandoned buildings, etc.” (Weingart Center #1, 2000, p. 1). This legal definition, generally accepted

and widely utilized by researchers, serves as the operational definition of homelessness for the purpose of this paper. Not readily evident in this definition of homelessness is the temporary stay with friends or family; this type of transitional residence for the homeless is often excluded from homelessness statistics. Homeless persons, particularly homeless mothers, use this type of temporary stay as transitional housing during a crisis, because they have no stable housing; however, they are still considered homeless (Averitt, 2003). The question arises of how one becomes homeless, and how pervasive the problem of homelessness is in our world today.

*Extent of Homelessness.* A look at the historical perspective on homelessness reveals that it is not a new problem, nor is it confined to the US. The earliest reference to homelessness is biblical. Ancient biblical writings, such as the Hebrew Tanakh, have guidelines, both in the Torah with its historic (Deuteronomy 10) and prophetic (Isaiah 58) references to how the poor and disenfranchised should be treated by those who have resources (Jewish Publication Society Scholars/Translators, 1985). The early Christian church also established guidelines for care of the poor and underserved as the leaders of the churches at Corinth and in Jerusalem struggled to meet the needs of their most vulnerable people (New International Version, 1993, Acts 6).

The extent of homelessness in the US and throughout the world is not accurately known. However, it is clear that homelessness is a pervasive problem that affects most large cities in the world, particularly larger metropolitan areas like Los Angeles and New York (Institute for Children and Poverty [ICP], 1998; Los Angeles Homeless Services Authority [LAHSA], 2003; U.S. Conference of Mayors, 2001). While the US has a

significant problem with homelessness, the problem is reported worldwide (Blair, Jacobs, & Quiram, 1999).

Homelessness has been prevalent in poor countries for centuries, but in the latter part of the twentieth century, there was a rise in homelessness in more developed and wealthier countries. Reports from shelters in the United Kingdom listed approximately 500,000 homeless persons; France reported between 200,000 and 400,000 homeless persons, and Germany reported approximately 850,000 homeless persons (Blair, et al., 1999). To put this in a population perspective, a comparison of New York, with its estimated population of 7.3 million, and London, with its approximately 6.8 million, reveals that New York has close to 90,000 homeless persons each night (1.2%), and London has close to 75,000 homeless persons each night (1.1%), showing comparable percentages.

Nationally, the number of homeless is estimated at 3.5 million or 1% of the U.S. population (Urban Institute, 2001). The number of homeless in most major U.S. cities is similar. Over the course of a year, approximately 0.92% (236,400) of the Greater Los Angeles population is homeless, including men, women, and children (Weingart Center #1, 2000). A June 16, 2005 press release from the LAHSA reveals that every night there are about 91,000 homeless individuals in Los Angeles County (Netburn, 2005). This is the largest homeless population in any major city in the US. Approximately 42% of the homeless in Los Angeles report they are chronically homeless, defined as being without a fixed, regular, and adequate night-time residence for more than one year, and 55% of the chronically homeless report three or more problems or disabilities, indicating the complexity of the homelessness problem. These statistics from the Los Angeles area

parallel those of other cities and communities in the US (ICP, 1998; U.S. Conference of Mayors, 2001).

There is controversy over the actual numbers of the homeless reported around the world with opposing claims that the numbers are inflated or they are too conservative. Information on homelessness is easily available through online sources from agencies concerned with the homeless. In the past, statistics drawn from the U.S. Census were contested as to their accuracy. More recently, newer methodologies designed by reputable research organizations have attained a higher level of accuracy and have replaced former methods of collecting and analyzing census-type data (Urban Institute, 2001). For example, repeated measures, such as taking counts for several consecutive nights, and mixed methods, such as conducting both surveys and actual head counts, are being used in collecting census and gross statistical data.

For its most recent survey of the homeless in Los Angeles County, LAHSA used the newer methodology, which requires actual enumeration of the homeless (Netburn, 2005). This enumeration involves over 1,000 volunteers who count the homeless on the streets, in various types of shelters, and in voucher subsidized temporary housing for three consecutive nights covering 500 census tracts in Los Angeles County. In addition, homeless people, themselves, are employed in conducting the head counts, thus enhancing access to an often-elusive group. The use of multiple approaches enhances the reliability of research data. By using national guidelines developed for census-type data gathering, homelessness data have gained credibility as a reliable source.

*Profile of the Homeless.* During the twentieth century, homelessness in the US was seen as primarily a problem faced by men, usually single Caucasian men. This view



is a stereotype from the 1800s when western expansion in the US increased the numbers of migratory workers (Blair et al, 1999). Another stereotype came in the 1900s with the “hobos” and “tramps,” so called because of being considered misfits who were unwilling to work at a steady job or take responsibility for their lives (Baumohl, 1996). Many political and socioeconomic factors influence the profile of the homeless, but the single male, often a veteran of war, is still the predominant figure among the homeless in the US (NCH, 2004). Nationally, about one-fifth of the homeless are veterans (Blair et al, 1999); whereas, in Los Angeles County, veterans represent about 19% of all homeless, most of whom are Vietnam veterans (LAHSA, 2003).

Currently, Caucasians remain the majority of the homeless population in many areas of the nation (NCH, 2004), though the percentages of ethnic minorities and other sub-groups of the homeless population are increasing (Beatty & Haggard, 1996; ICP, 1998; U.S. Conference of Mayors, 2001). In a 2005 survey of 25 US cities, the National Health Care for the Homeless Council (NHCHC) reports that families with children account for 36% of the homeless population. In Greater Los Angeles, the percentage of the homeless families with children is closer to 25%; still, this is a significant number of extremely vulnerable members of our society on the streets (Netburn, 2005). Annually, more than 1.35 million children and youth experience life without a home, living in shelters, vehicles, and parks in Los Angeles. One out of seven of these children is under age 15 years, and many are preschoolers. Currently, two out of five homeless persons in Los Angeles are females; 30% of homeless persons are older than 45 years; 40% of homeless men are veterans, though nationwide, veterans comprise only 34% of the total adult male population; and 64% of the homeless are racial/ethnic minorities (Netburn,

2005). Among the ethnic-minority homeless population in Los Angeles, about 40% are Blacks, over 20% are Hispanics, and less than 10% are “Others.” Almost 30% of the homeless in Los Angeles are Whites.

Although men comprise 75% of the homeless single population, women are in the majority among homeless families (NCH, 2002). Homeless women, especially those with children, are increasing in numbers each year. Between 1970 and 1990, there was a 46% increase in the number of poor families headed by a single female (U.S. Bureau of Census, 1998). Female-headed families now comprise 6.6% of the total homeless population. According to the Weingart Center, families make up 40% of the U.S. homeless population. In 84% of these homeless families, a mother with 2.2 minor children under 6 years of age heads a typical family unit (Weingart #1, 2000). The most recent regional survey reveals that the percentage of homeless men and women is 69% and 30%, respectively, and women and girls comprise almost one-third of the homeless population in Los Angeles County (Netburn, 2005).

Homeless families first became evident after the Great Depression in the 1930s and emerged again as a fast growing population group in 1990s (Blair et al, 1999; Choi & Snyder, 1998). The first instance was primarily an economic backlash of the crash of the economy. The numbers of homeless families waned in the middle of the twentieth century as job programs came to the aid of the poor. In recent years, a faltering economy, with a decrease in household income, affordable housing, and public assistance to the poor has had a significant impact on the rise of homeless families (Koegel, Burnam & Baumohl, 2001). Da Costa Nunez (1996) conducted a study of homelessness in the US over a 10-year period. Findings reveal that in 1995, homeless families who have never

had their own apartment comprise 67% of the homeless family population versus 44% in 1984. A 78% decrease in the federal housing assistance budget between 1980 and 1990 as well as a 43% decrease in monthly Aid to Families with Dependent Children between 1970 and 1990 are believed to have added to the financial burden of poor families (Mishel, Bernstein, & Schmitt, 1999).

Children younger than 18 years account for 25.3% of the urban homeless population (NCH, 2002). According to the NCH, in the year 2000, 35% of homeless children and teenagers lived on the streets or in shelters, 34% lived doubled-up with family or friends, and 23% lived in motels and other locations. Twenty years ago, families with children represented a relatively small percentage of the homeless who accessed emergency shelters; currently the numbers have increased ten-fold (ICP, 1998). In New York City, there are 10,000 homeless families seeking temporary shelter on any given night (U.S. Conference of Mayors, 2001). Many teenagers are homeless because they run away from home, are abandoned by parents unable or unwilling to provide parental responsibility, or left home because of abuse issues or domestic violence (Rew, 1996; Timmer, Eitzen, & Talley, 1994; Wenzel, Leake, & Gelberg, 2001). The increasing percentage of homeless children younger than five years raises a number of issues related to the long-term effects of homelessness, such as health deficits, developmental delays, and learning problems (Choi & Snyder, 1998; Drake, 1992; Nunez, 2001; Oliviera, 2002).

Older adults who are homeless face a different set of challenges than younger homeless individuals. The socioeconomic problems of today cause the elderly, who are often on low, fixed incomes, to be at high risk for loss of housing that is safe (Keigher &

Kutza, 1991) and food insecurity (Cohen & Teresi, 1988). With the increasing fragmentation of extended families, the elderly often have no social network to rely on when difficulties arise. The limited research on homeless elders suggests that the elderly are the most vulnerable among the homeless (Stergiopoulos & Herrmann, 2003). Cultural and language barriers, lack of health care, mobility and physical limitations, dissatisfaction with services, and perceived discrimination on the part of health care providers often impede access to existing health care services for homeless elders (Crane, 1999; Doolin, 1986).

#### *Factors Contributing to Homelessness*

Many factors are associated with homelessness. In the early 1900s, the most prominent factors contributing to homelessness include the Great Depression with its economic crisis, the World Wars, and the changing character of social structures in the US (Axelson & Dail, 1988). Today, socioeconomic conditions related to unemployment and under-employment contribute to increasing poverty, which plays a key role in the rise of homelessness around the world (Blair et al, 1999; Caton, Hasin & Shrout, 2000). Homeless people of all ethnicities report economic hardship, loss of jobs, lack of public assistance for the poor, and poverty; these are the main precipitating factors for homelessness (Koegel, et al., 2001; Seltser & Miller, 1993; Timmer et al, 1994). Research by the NCH (2002) reveals that poverty and homelessness are inextricably linked.

*Poverty.* While extreme poverty does not necessarily mean homelessness, it has long been associated with homelessness (Timmer, et al., 1994; Urban Institute, 2000). Poverty is considered an antecedent to homelessness (DaCosta Nunez, 1996). The

Institute for the Study of Homelessness and Poverty report that 16.3% of people living in Los Angeles County are below the federally established poverty level as compared to the national poverty rate of 13.8% (Weingart Center #2, 2001). The U.S. Bureau of the Census (1998) reports that the threshold of poverty continues to rise each year as the gap between usable income and the cost of living widens. Research suggests that extreme poverty places individuals and families at high risk for homelessness by exacerbating the downward spiral of isolation, loss of resources, and powerlessness (Blair et al, 1999; Keifer, 2000; NCH, 2003). The risk for homelessness related to poverty is even more acute for single female-headed households. A family headed by a single young mother is seven times more likely to be poor (Da Costa Nunez, 1996).

*Unemployment and underemployment.* Unemployment and underemployment are on the rise in the US, as well as in other countries (NCH, 2002). One problem that the homeless face is that of having no point of contact when seeking employment. How can one fill out a job application when there is no address or telephone number for a callback. In addition, how can a homeless person bathe and dress in preparation for an interview. Their homeless situation makes it extremely difficult to seek and to obtain employment in an already competitive job market. Underemployment is described as the fulltime job that does not adequately support an individual or a family (Kiefer, 2000). For the homeless, low wages and an unstable economy exacerbate the existing problem of earning enough money for food and shelter. Many homeless people work, but do not have enough income to pay for housing. Housing that fits within an extremely limited budget is difficult to find. Over the last 30 years in Los Angeles County, household income has declined for

60% of the population, and the middle class has decreased from 55% to 39% (Weingart Center #5, 2003).

*Changing social structures.* In addition to the socioeconomic problems of poverty and unemployment and underemployment, the growth of homelessness in the US is also associated with the decline in available and financially accessible housing (Blair et al, 1999). Increasing rent burden has resulted from the changing structure of society (Koegel, et al., 2001). Between 1973 and 1993, 2.2 million low-rent units were demolished nationwide, made into more expensive housing units, or became unaffordable due to cost increases (Daskal, 1998). In the nation's largest cities, there is a lack of affordable housing, and the city services are often unable to meet the growing demand for low-cost housing. According to Daskal, in Los Angeles County alone, the demolition of low-cost housing in the 1980s caused an overall decrease in affordable single occupancy residences and apartment housing, adding to the risk for homelessness among the poor. Recent statistics indicates rent expense consumes 65% to 85% of a minimum wage workers' gross monthly income in Los Angeles (Weingart #5 Center, 2003).

The LAHSA reports that even if it were possible to place the homeless in stable housing, there are not enough beds or housing units in Los Angeles County for the nightly 91,000 homeless persons seeking shelter (Netburn, 2005). A study of 27 American cities found that 37% of all requests for emergency shelter could not be met due to a lack of resources (U.S. Conference of Mayors, 2001). This number is a 13% increase from the previous year. For families, the situation is even worse. Requests by homeless families for emergency shelter rose dramatically, and 52% of those families were denied, a 22% increase from the previous year.

While society claims to be enlightened and opened, old prejudices about the homeless remain, such as they are dirty, irresponsible people who are only in that situation because of their poor choices. Whitehead (2002), reporting on the socio-political climate of a number of the major cities across the US, particularly in California and Florida, cited a recent increase in local laws that specifically address issues, such as sitting or standing in public places, making it more difficult for the homeless to sleep or to find toilet facilities. Los Angeles ranks fourth in the nation for the number of laws that make homelessness a greater challenge. Laws that increase the challenge of homelessness include no loitering, no sleeping in public places, no parking for more than two hours, no use of public parks without permits, and no showering in park facilities without permits.

*Family disintegration.* Higher divorce rates play a contributing role in homelessness, especially for homeless families headed by women, who report a fragmentation of their social support (Weinreb & Bassuk, 1990). The breakdown of family is cited as the most salient cause for homelessness among women with children (Crane, 1999; Wenzel, Leake, & Gelberg, 2001). Family breakdown includes not only the disintegration of the nuclear family system, but also the extended family, that in the past, was a major contributor of social and financial support (DaCosta Nunez, 1996; Koegel, 2001). Domestic violence is another contributing factor of family disintegration (Kim, 2001; National Council Against Domestic Violence [NCADV], 2001). With growing evidence that family violence increasingly results in homicide, many women flee for their lives and end up on the streets with no resources (Russell, 1991).

*Violence.* Both domestic and neighborhood violence are associated with homelessness. Domestic violence is usually defined as “violence against women by men

with whom they have or have previously had an intimate relationship” (Vostanis, Tischler, Cumella, & Bellerby, 2001). In 1992, nearly one-half of families reported a history of family violence, compared to one-third of families five years ago (DaCosta Nunez, 1996). Women experiencing domestic violence are often forced to make a choice between an abusive relationship and homelessness, particularly if they are poor and have limited resources (Kim, 2001; Russell, 1991). Nationally, approximately one-half of all women and children experiencing homelessness are fleeing domestic violence (NCADV, 2001). In 34% of the cities surveyed by the U.S. Conference of Mayors (1998), domestic violence is identified as the primary cause of homelessness among women and children, and one in 10 homeless women lives temporarily in a battered women’s shelter. A study by the NCH (2004) reveals that 22% of homeless women who are head-of-household left home because of domestic violence.

*Mental illness.* Mental illness is also an associated factor of homelessness (Vostanis, et al., 2001). During the 1970s and 1980s, the closing down of state-run psychiatric facilities left many clients homeless (Blair et al, 1999; Caton et al, 2000). Those who have mental health diagnoses often lose contact with health care providers and have nowhere to go when their prescription runs out, so their ability to think and to cope is decreased. As previously mentioned, war veterans, many of whom experience post-traumatic stress disorder, comprise a significant proportion of the homeless (North & Smith, 1992). They have nobody who will comfort them when their flashbacks occur or when memories bring periods of deep depression. Sadly, many of the homeless who have mental health issues are also substance abusers (Cook, 1995), a coping strategy they use when they have no medication.



*Substance abuse.* Substance abuse is believed to be both a precipitating factor and a result of homelessness (Nyamathi & Flaskerud, 1992). Some researchers report that the numbing effect of alcohol or illicit drugs is often a strategy for survival when the physical and emotional pain associated with homelessness becomes intense (Choi & Snyder, 1998). When the temperature drops, many find that alcohol helps them cope with the cold. In 2000, alcohol was the primary substance of abuse for 51% of the homeless admissions into treatment programs (Substance Abuse and Mental Health Services Administration, 2003). Homeless individuals admitted to these treatment programs are older and are more likely to be self-referred as compared to non-homeless individuals, partly because they have nowhere else to turn.

*Catastrophes.* Major catastrophes, such as war, famine, plague, earthquakes, and tsunamis may also contribute to the problem of homelessness, especially global homelessness (NHCHC, 2005). These catastrophes often result in a limited food supply and loss of housing, which contributes to homelessness, and thus, displaces people. Examples around the world include the tsunami of 2004, the 1984 to 1985 civil war in Ethiopia, and the 1994 ethnic war between the Hutu and the Tutsi in Rwanda. Closer to home, we have the aftermath of the 2005 hurricanes in the Gulf region. Hurricane Katrina has shown us the long-term effects of such natural disasters. Six months after the worst disaster in modern American history, there are still hundreds of thousands who have not recovered, many of whom remain homeless. Most major catastrophes cannot be avoided, though disaster preparedness can enhance recovery. Clearly, however, these types of events are a significant contributing factor to homelessness.

## Statement of the Problem

Over the last 20 years, there has been a rise in interest regarding homelessness. Now there is a large body of literature addressing this phenomenon, much of it explanatory and descriptive in nature, and much of it done from the perspective of providers. Many factors contribute to homelessness, such as poverty, unemployment and underemployment, changing social structures such as affordable housing, family disintegration, violence, mental illness, substance abuse, and catastrophes. The current socio-economic and socio-political climate in the US is a difficult one for homeless people that lead to the destruction of the individual and the family (Whitehead, 2002). For many, an early death is the result, as evidenced by statistics of the homeless population versus the general population (NCH #4, 2004). Unfortunately, the growing numbers of homeless persons give clear evidence that programs of assistance are not meeting their needs.

The homeless family is the most rapidly increasing group among the homeless population, with homeless single mothers being the fastest growing segment in Los Angeles County (State of the County, 2003; Weingart Center #3, 2001). Homeless families, in particular homeless single mothers, have complex needs involving multiple dimensions: physical, social, emotional, psychological, and spiritual. Yet, little is known about the needs and experiences of homeless single mothers and the strategies necessary to assist newly homeless families reintegrate into mainstream society. Limited research has been done among this rapidly growing segment of the homeless population, and almost none has been conducted from the perspective of the homeless, single mother

herself. The problem of how homeless mothers navigate through homelessness and get off the streets into stable housing is the focus of this dissertation.

### Purpose of the Study

The purpose of this dissertation is twofold: (a) to characterize homelessness from the perspective of formerly homeless mothers and (b) to present a grounded theory that describes the process of how formerly homeless mothers got off the streets and into stable housing. The research questions are

1. How did formerly homeless mothers experience homelessness and get off the streets into stable housing?
2. How did the instability of homelessness affect the needs of formerly homeless mothers?
3. What survival strategies did formerly homeless mothers use to overcome homelessness?
4. What are the benchmarks that identify the turning point of homelessness?

### Assumptions of the Study

The assumptions of this study are the homeless experience of formerly homeless mothers is a life-altering, memorable event that is easily recalled because of the impact it had on their lives; being a woman and single mother with children make the homeless experience more challenging; formerly homeless mothers will be honest when describing their experiences; and the perspective of those who have already gotten back into a stable lifestyle after experiencing homelessness is important.

## CHAPTER II

### PHILOSOPHICAL AND THEORETICAL PERSPECTIVES

Multiple theories and philosophical perspectives offer an understanding of life and society that assist with the formulation of research questions in qualitative research studies. According to Glaser (1998), grounded theory research requires the researcher to approach data analysis with no theoretical framework and no preconceived notions of the central concern of the participants. Theory may inform the early development of the research method and study design, but it should not provide a framework for the study itself or for data analysis. This chapter provides the philosophical and theoretical perspectives that influence the researcher's direction for a qualitative descriptive study using grounded theory methods to explore the concerns of formerly homeless mothers.

Prior to this study of formerly homeless mothers, the philosophical writings of Benner (1994) who focuses on caring and of Taylor (1997) who focuses on recognition practices sensitized the researcher to listen with an open heart and mind to the stories of formerly homeless mothers. In addition, the nursing models of Artinian (1997) who focuses on interactive processes and of Levine (1973) who focuses on personal, structural, and social integrity were influential in shaping the overall thinking of this researcher. A number of theoretical perspectives give insight into the design of the study as well as the specific focus on homeless motherhood. Feminist theory posits that the feminine perspective can only be truly understood and articulated by women, so homeless mothers need to tell their stories (Osmond & Thorne, 1993), which are often misunderstood or completely overlooked by men (Russell, 1991).

Meanings are essential in life. Symbolic Interactionism (Blumer, 1934), commonly associated with grounded theory, influences the focus of this study, though discovering patterns more than meanings is the goal. Maslow's Theory of Human Motivation (1943) offers some ideas about seeking to understand motivation. Maslow's model sheds little light on the design of the study because of its focus on a hierarchy of human needs. Another pertinent theoretical perspective is that of Systems Theory with its focus on reciprocal relationships between various systems (Whitchurch & Constantine, 1993). Reciprocal causality or causal consequences implies a temporal ordering (Glaser, 1978), and the question this researcher is asking has components that are time oriented.

In this grounded theory study of formerly homeless mothers, it is important to examine the findings in light of other theories after data analysis is complete and a theory has emerged. The philosophical issues of homelessness, about which Symbolic Interactionism, Feminist Theory, and the Theory of Human Motivation allow reflection and investigation, assist the researcher to examine the situatedness of a phenomenon (Gergen & Gergen, 2000) and to grapple with the truth of homelessness from the perspective of the homeless mother. As reflexivity is important to all areas of qualitative inquiry (Charmaz, 2005), the researcher engaged in recursive reflection in an effort to discover the best approach to present a clear and accurate picture of the experiences of formerly homeless mothers. See Figure 1 for the researcher's integrated conceptualization of the aforementioned philosophical and theoretical perspectives that influence her research with formerly homeless mothers.

*Symbolic Interactionism (SI)*

*Feminist Theory (FT)*

*Theory of Human Motivation (THM)*

**Life Event – Suddenly Homeless**

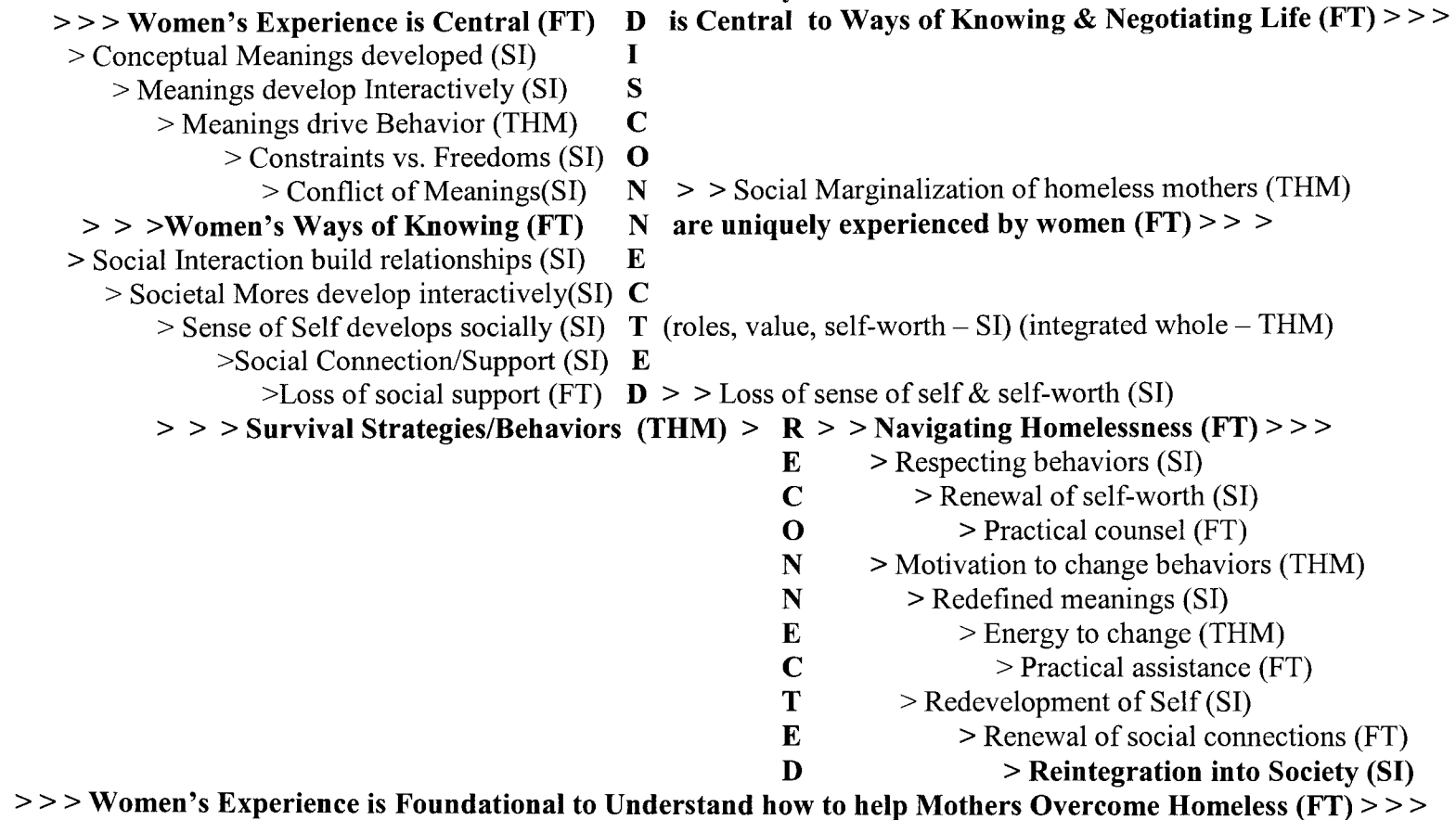


Figure 1. Integrated Conceptualization for Research with Formerly Homeless Mothers

## CHAPTER III

### REVIEW OF THE LITERATURE

Homelessness and motherhood are concepts that seem contradictory. Motherhood implies extreme protectiveness and nurture while homelessness implies extreme vulnerability. The main categories of vulnerable populations include people living in poverty, people of color, and people who are marginalized due to race, age, gender, ethnicity, immigrant status, sexual preference, or some other reason (Flaskerud, 1999). Homeless mothers often have the status as a single parent, as well as the issue of gender and other categories of vulnerability (DaCosta Nunez, 1996). According to the NCH (2001), 85% of homeless children are in a family headed by a single female, and 41% of these children are younger than five years. Being homeless affects the well-being of homeless women, their families, and even society, especially given the fact that women in most societies are responsible for the social fabric of the family and community (Seltser & Miller, 1993). Research on homeless mothers represents a relatively small percentage of the studies on the homeless. These studies are examined in this chapter.

The major data retrieval strategy used for the literature review was the online computer search, using major health, social, and allied sciences databases. The focus of the search was for studies related to homelessness, with a particular focus on homeless mothers. The key search terms were *homeless*, *homelessness*, *homeless mothers*, and *homeless women*. The search examined literature published within the last 20 years, 1985 to 2005. Results of the online literature search indicate there is a plethora of literature related to homelessness, however, there are limited studies related to homeless mothers relative to the homelessness literature (see Table 1). The studies selected for the literature

review are empirical studies, both qualitative and quantitative, that include homeless women, 18 years and older, with minor children; are published in English; and were conducted within the US. Studies that focus solely on the children of homeless mothers are excluded from the review.

Table 1. *Results of the Online Literature Search on Homelessness and Homeless Mothers*

Database	Years Covered	Homeless/ness	Women	Mothers	Research
<i>ATLA</i>	1985 - 2005	207	14	3	1
<i>CINAHL</i>	1985 - 2005	1,381	238	83	31
<i>Cochrane</i>	1800 - 2005	3,925	116	31	3
<i>CWI</i>	1985 - 2005	236	73	10	5
<i>SSA</i>	1985 - 2005	1,269	196	80	51
<i>HAPI</i>	1985 - 2005	102	31	27	20
<i>MedLine</i>	1985 - 2005	1,110	173	46	23
<i>PAIS</i>	1985 - 2005	149	10	4	3
<i>PsycInfo</i>	1985 - 2005	3,690	625	195	145
<i>SIRS</i>	1985 - 2005	61	14	2	2
<i>WilsonWeb</i>	1985 - 2005	1,393	206	56	41

*Note.* Many databases contain an overlap of articles; 75 are relevant to this study.

Much of the literature relating to the experiences of homeless women is anecdotal or addressed from the perspective of providers (Fisher, 2000; Nabors, Sumajin, Zins, Rofey, Berberich, Brown & Weist, 2003; Sachs, Sachs, Harley & DeLeon, 1999). In addition, case studies of individuals or small samples, mainly in the form of books, comprise the literature (Desjarlais, 1997; Golden, 1992; Kozol, 1988; London, 1998; Russell, 1991). Rich description gives strength to these case studies (Kozol, 1988), though from a strictly scholarly perspective, their applicability to the general population



of homeless women with children as a whole may be questioned. However, they contain heuristic relevance and add to the understanding of the problems relating to homelessness and motherhood. The research for some of these books were not done with methodological rigor, though more recent works show evidence of both ethical and methodological rigor (Averitt, 2003; Delashmutt, 2000; Gerson, 2004; Wehler, et al., 2004). For purposes of this literature review, the researcher excluded qualitative research that lacks rigor as well as quantitative research that lacks construct and statistical validity. The literature review that follows relates to homeless mothers; it is categorized into the physical, psychosocial, and spiritual dimensions.

### Physical Dimension

Physical needs, such as safe and secure shelter, food security, and optimal physical health, continue to be major challenges for homeless women and their children (Brehm, 2005; DaCosta Nunez, 1996; Desjarlais, 1997). Exposure to the elements is an environmental concern for the homeless, particularly for homeless women with children (Nair, Schuler, Black, Kettinger & Harrington, 2003). This exposure can result in respiratory problems and infections of various types (Weinreb & Bassuk, 1990). Illnesses, particularly upper respiratory infections and asthma, are higher for children of homeless families (Drennan & Stearn, 1986). The ongoing efforts to meet basic physical needs can quickly exhaust the already limited availability of resources of homeless mothers, and they can become lost in the abyss of homelessness.

#### *Shelter*

Shelter may be available, but safe and secure shelter is often extremely difficult to obtain for a homeless woman with children (Gerson, 2004). Homeless mothers perceive

transitional shelters as a way to negotiate homelessness and provide their children with stability and developmental opportunity (Banyard & Graham-Bermann, 1995). However, this is not always possible in shelters. Homeless mothers with children in shelters report the difficulties of parenting and fulfilling their roles as mothers under the public eye (Meadows-Oliver, 2005). Safety for themselves and their children is a major daily stressor. In an interpretive phenomenological study, Averitt (2003) explored the plight of 29 homeless mothers seeking safe and secure shelter by using focus group interviews. Participants confirmed the interpretation of the data. The overriding pattern of their responses is that being a homeless woman with preschool children living in a temporary shelter is very difficult. "It hurts me that I can't do anything for my child," said one of the participants. These findings are consistent with a meta-synthesis of 18 qualitative studies on homeless mothers living in shelters (Meadows-Oliver, 2003). This synthesis reveals that homeless mothers caring for their children in shelters struggle with becoming homeless; engage in protective mothering; experience loss, stress, and depression; and use survival strategies to cope with and resolve homelessness.

Many homeless mothers with children stay in temporary housing that low-cost motels offer. Others move from relative to relative and from friend to friend in an attempt to survive without wearing out their welcome with any one resource (DaCosta Nunez, 1994). They are destitute with no money and fear using services in a society that marginalizes them. Research shows that, while recognizing homelessness is a widespread and growing problem, society continues to make it a difficult condition to overcome. The state of available housing and the destitute condition of homeless single mothers magnifies the problem of homelessness.

The lack of sufficient economic resources restricts the services of shelters and service-providing agencies (Blair et al, 1999). Almost all cities with a significant homeless population lack sufficient shelter beds and social services to meet the growing homeless population (ICP, 1998). Many of the homeless in New York City report they could not locate resources to help them in a crisis (Stern, 1985). One mother explained that she, her husband, and her daughter were taking a trip when he abandoned them in the John F. Kennedy airport, taking all of their money and possessions. Another mother reported that she lost everything in a fire and that she and her children had worn the same clothes for a week. Most of the mothers Stern interviewed, as well as those in other research studies, share a similar predicament, being young and single, with nowhere to go (DaCosta Nunez, 1994).

Whitehead (2004), reporting on the socio-political climate of a number of the major cities across America, documents a recent increase in local laws that specifically address issues, such as sitting or standing in public places. He formulated a list of cities where public policies and laws have made it more difficult for the homeless to sleep or to find toilet facilities where they can get clean. This exacerbates an already negative societal view of the homeless as dirty, irresponsible people who are only in that situation because of their poor choices. According to Whitehead's statistical analysis of the laws on homelessness among major U.S. cities, Los Angeles ranks fourth in the nation for the number of laws that make homelessness a greater challenge for those experiencing it. Laws that increase the challenge of homelessness include no loitering, sleeping in public places, parking for more than two hours, use of public parks without permits, and

showering in park facilities without permits. These restrictive laws increase the challenges of homelessness and makes achieving safe and secure shelter more difficult.

The living condition in which many homeless mothers find themselves is also problematic. Many homeless mothers lose sleep because they worry about personal safety and the safety of their children (Seltser & Miller, 1993). They often find cheap housing with individually let rooms that have makeshift cooking facilities in the room. This increases the risk of accidents for children. Unsafe windows and stairs, overcrowding of apartments, inappropriate heating arrangements, and lack of safe play areas are other risk factors that increase the number of accidents among homeless children (DaCosta Nunez, 1996; Melnick & Bassuk, 2000; Vostanis & Cumella, 1999). Safety has many facets and the homeless mother must always be vigilant in order to keep her child safe from harm.

#### *Food Security*

Extreme poverty and an inability to obtain adequate healthy food is an everyday concern of homeless families because poor nutrition increases the risk for mental and physical health problems (Drake, 1992; Daly, 1999; Weingart #3, 2001). Food security is a primary concern of homeless mothers (NCH #4, 2003; Weingart Center #4, 2001). A 1999-2000 Los Angeles County Health Survey reveals that single female-headed families have a food insecurity rate of 31.4%, with almost one-third of these women living in poverty (Weingart Center #4, 2001). Hunger has adverse health and developmental consequences for children and is a significant national problem. Behavioral and early childhood developmental problems correlate with child hunger and poor nutrition.

Drake (1992) conducted a survey exploring the nutritional status of single mothers and their children living in temporary shelters. Drake found that dietary intake is

inadequate for most homeless families; low-cost foods are high in carbohydrates and fat, and low in nutrients; and protein-rich foods are expensive and difficult to prepare without a kitchen for homeless mothers and their children. This cross-sectional, single-city survey has limited generalizability, however, it provides evidence of the nutritional concerns of homeless families.

In a sample of homeless children in Los Angeles, Wood and colleagues (1990) found that developmental delays in early childhood relate to nutritional deficiencies, these children repeated grades more often, and more than one-fifth of them had too little food intake because of inadequate financial resources. More recently, Weinreb and colleagues (2002) report hunger has negative influences on homeless children's mental health. The sample consisted of 180 preschool-aged (ages 3 to 5) and 228 school-aged (ages 6 to 10) children of homeless and low-income housed mothers. Results of multivariate regression analyses indicate that after controlling for housing status and mother's distress and stressful life events, severe child hunger is associated with higher reports of anxiety and depression among school-aged children. Compared to those with no hunger (29%), school-aged children with severe hunger are more likely to be homeless (56%) and their parent-reported anxiety scores are double the scores for children with no hunger. There was no relationship between hunger and academic achievement between school-aged children who are homeless and those from poor housed families.

### *Physical Health*

Poor physical health is a major factor associated with homelessness, however, morbidity and mortality rates are difficult to determine. In a national study of homeless persons, 13% of them report poor physical health as a major factor in their becoming

homeless (NCH #1, 1999). The nomadic life that results from homelessness negatively influences the health of homeless mothers and children. Homeless mothers are less likely to receive good nutrition, proper hygiene, and adequate sleep (Meadows-Oliver, 2003). They tend to age more quickly and are more susceptible to illness than the average mother (Brehm, 2004). Homeless families receive sporadic care, usually in the emergency room or a clinic, and they receive almost no preventive care (Brehm, 2005).

Access to care is usually more difficult among the homeless as compared to other groups (Flaskerud, 1999). There are a number of reasons for this, the major one being affordability (Hatton, 2001). Another reason for limited access to care for the homeless is transportation. The few health care providers that serve the poor and homeless are far from shelters and affordable temporary housing (Gills & Singer, 1997). Health records from previous health care providers are difficult to obtain when one has no mailing address. Transportation issues increase the need for walking, but homeless women are often hampered due to having very young children who cannot walk long distances.

Wright (1990) examined the records of 1,028 homeless persons who received care in the Robert Wood Johnson Health Care for the Homeless programs in 16 cities. Study findings reveal those who experience homelessness are exposed to conditions that can cause the deterioration of health, particularly of existing chronic health conditions. The rates of illness and injury are two to six times higher among the homeless than for people who have permanent housing. Lack of safety and security related to life on the streets has a positive correlation to trauma. The three most common categories of physical health conditions among the homeless include upper respiratory tract infections (colds, influenza, pneumonia, and pleurisy), trauma (lacerations, wounds, sprains, contusions,

fractures, burns, etc.), and skin ailments (sunburn, contact dermatitis, psoriasis, corns, and calluses). Upper respiratory tract infections have a rate of 42% among the homeless as opposed to the national sample of 22%. Exposure to the elements, crowded shelter conditions, lack of good nutrition, lack of hygiene facilities, and improper footwear are among the causes cited for physical health conditions among the homeless. Many of the problems could be treated at home with over-the-counter medications, bed-rest, and good nutrition, but these resources are inaccessible to those without homes.

Mortality rates are difficult to establish, but some early research reports indicate homeless people age more quickly, get sick more easily, and die. Barrow and colleagues (1999) examined the rates and predictors of mortality among homeless men and women living in New York City shelters in 1987 and compared them to national records on mortality for 1987 through 1994, using standardized mortality ratios. Using logistic regression analyses, the age-adjusted death rates of homeless men and women were four times that of the general U.S. population and two to three times that of the general population of New York City. Chronic homelessness compounds the high risk of death associated with disease and disability, particularly for homeless shelter users. This study does not claim causality between homelessness and higher mortality; however, statistical conclusion validity is evident.

Wojtusik and White (1998) used interview data to assess perceived health status, health conditions, and access and barriers to care among 128 homeless adults in San Francisco. Analysis of data reveals that 21.1% of these adults were women, 38% were Whites, 30% were African Americans, 17% were Latinos, and 15% were Asian/Pacific Islanders, Native American/Alaskans, or of mixed ethnicity. Forty-nine percent of them

rated health as poor, and as compared to women, men were four times as likely to report health status as excellent or good. Persons of color were more likely to report unmet needs for shelter, regular meals, employment, and job skills/training, indicating that marginalized individuals may be in the poorest health among the homeless population.

### Psychosocial Dimension

Recent reports indicate homeless mothers and children have an increased incidence of depression, anxiety, demoralization, low self-esteem, helplessness, and hopelessness as compared to the general U.S. population. In one study, 39% of homeless mothers and 22% of their children report major psychosocial problems (O'Brien, 1999). Tischler and colleagues (2002) also found high rates of mental health needs among homeless mothers and children; however, if homeless children receive mental health services, their mental health improves significantly, unlike homeless mothers whose mental health does not seem to improve with mental health services (Lanzi, Pascoe, Keltner, & Ramey, 1999).

Choi and colleagues (1999) interviewed 50 homeless mothers in three homeless shelters in two large cities. They found that homeless mothers living in shelters with their children experience great parental pain that involves frustration, guilt, and confusion. Nystrom and Axelsson (2002) examined the influence of separation anxiety on homeless mothers. In this phenomenological-hermeneutical study, they interviewed eight homeless mothers who were separated from infants placed in the newborn intensive care unit for several days. Analysis of audio-recorded interviews indicates that these mothers experienced emotional strain, anxiety, powerlessness, despair, and disappointment. Hausman and Hammen (1993), in their review of research studies on homeless families,



found that homelessness and childrearing form a double crisis for homeless mothers. They report that “virtually all the high risk conditions that have been studied for their negative impact on mothers and children come together in the situation of homelessness” (p. 365).

Women living in poverty are at a high risk for victimization, and they “experience much higher rates of frequent, uncontrollable and threatening life events than the general population” (Browne, 1993, p. 3). Homeless women are at an especially high risk for violence, with rapes and beatings occurring frequently (Wenzel et al, 2001). Homeless women report repeated stranger and spousal abuse and sexual and physical abuse over their lifetime, including childhood (Browne, 1993). Browne found that emotional and mental health issues usually feature strongly in the trauma stories of homeless women fleeing domestic violence, often without little social support. Dr. Roseanna Means (2000), an internist from Wellesley, Massachusetts, reports that 100% of the homeless women that she serves report rape or abuse and many have post-traumatic stress disorder.

Page and Nooe (2002) compared the life experiences and vulnerabilities to stress and victimization between a group of 22 homeless mothers who had minor children with them in shelters and 46 homeless mothers who did not have children with them in shelters. Findings indicate that regardless of whether homeless mothers have their young children with them in shelters, chronic homelessness, mental health problems, substance abuse problems, and crime victimization tend to cluster together. There is a positive correlation between children’s stress level and certain risk factors of their mother. Poor levels of public benefits and aid increase stress level and risk factors. Study limitations

include a sample that is representative of only one geographic area and comparisons made between unequal sized groups.

Substance abuse forms another sub-group of the homeless population. Many homeless persons who abuse alcohol and illicit drugs also have mental health issues (Breakey et al., 1989; Susser et al., 1997). The August 2003 Drug and Alcohol Services Information System report reveals that alcohol was the primary substance of abuse for 51% of the homeless admissions into treatment programs in 2000 (SAMHSA, 2003). Nair and colleagues (2003) found that parenting stress and child abuse potential were higher for homeless substance abusing women with children in a longitudinal, randomized-controlled clinical trial where the sample size was 161. Nyamathi and colleagues (2001) found that cocaine was the drug of choice for 1,339 homeless women living in shelters and transitional housing.

Substance abuse is believed to be both a precipitating factor and a result of homelessness (Brehm, 2004; Geisler, Bormann, Kwiatkowski, Braught, & Reichardt, 1995; Zlotnik, Robertson, & Tam, 1995). Cook (1995) believes that knowing and understanding the issues that surround the use of substances for emotional pain is an important part of strategizing to assist homeless women with their life situation. A meta-analysis of the research literature on substance abuse among the homeless reveals that the numbing effect of alcohol or illicit drugs is often a strategy for survival when the physical and emotional pain associated with homelessness becomes intense (Zerger, 2002).

Social support is a significant factor in overcoming homelessness. Both homeless mothers and low-income housed mothers are in need of a strong social support network in order to avoid homelessness and/or overcome it, unfortunately, they have limited or no

social support (Letiecq, Anderson, & Koblinsky, 1996). Researchers report the importance of social networks to single homeless women with children, however, social networks are often inaccessible; and yet, homeless mothers who have no reliable network of support will establish temporary networks to assist them in negotiating their homeless state (Toohey, Shinn, & Seitzman, 2004). Contrary to previous research, inadequate social networks are not the major problem. The problem is that re-housed homeless families often relocate far from their support networks, and thus, those networks are inaccessible. Social isolation exacerbates the emotional devastation that mothers experience during homelessness.

Zugazaga (2002) conducted structured interviews and administered a standardized social support instrument to a homeless sample of 162 single men, single women, and mothers. Findings reveal significant differences in the number of stressful life experiences and support sources contacted among the sample. Interestingly, single women have significantly more stressful life events than either men or women with children. Single women and women with children have significantly more contacts with support sources than single men did. Additional data analysis reveals a significant inverse relationship between the number of social support contacts and the number of homeless episodes for the entire sample: higher number of social support contacts correlates with fewer number of homeless episodes. There was no relationship between the number of stressful life events and the number of social support contacts. Because of some unexpected findings, further study for research on the relationship between homelessness and social support and between stressful life events and social support is recommended.

In today's impersonal environment, the difficult social and environmental circumstances of homelessness can cause separateness from the larger society and a loss of stability in personal and family life (Jezewsky, 1995). Homeless mothers' value as wives and mothers is questioned when they are without a permanent home. According to homeless women living on the streets, their homeless situation results in negative self-attitudes and they fear remaining homeless (Golden, 1992). This state of mind may contribute to the inability of the homeless mother to be a proactive parent. A great deal of energy is expended on survival and coping with the constantly changing demands of homelessness. There is tremendous stress and previously effective coping mechanisms simply fail in the face of the challenges of life as a homeless mother, even though the need to care for their children is what gives them courage to continue in spite of their situation in life (DaCosta Nunez, 1996; Golden 1992). Mothers have more at stake than single homeless people who only address their own needs. Single women with children face a particularly difficult challenge when there is no social support network to assist them (Meadows-Oliver, 2003).

### Spiritual Dimension

Homelessness is a condition that adversely affects the body, mind, and spirit, causing increased vulnerability among those, especially mothers, who experience it. The Institute for Children and Poverty (1997) reports that 70% of homeless mothers experience physical, emotional, or sexual abuse, all of which, over time, negatively affects one's spirit. Existential needs, such as spiritual needs, are often seen as of lesser importance when dealing with life situations, such as homelessness (Brehm, 2004; Laukhuf & Werner, 1998), in spite of research that shows strengthening the spirit has a

positive impact on an individual's self-concept, self-esteem, worth, dignity, and overall well-being (Cone, 1997; O'Brien, 1999; Rojas, 1996; Walsh, 1999).

The spiritual dimension is different from both the physical and psychological dimensions; it refers to a sense of balance and positive feelings or an ability to make sense of your world (Nyamathi, 1993). Spirituality is "the way in which a person understands and lives life in view of her or his ultimate meaning, beliefs, and values...[it is the] interpretive lens through which the person sees the world. It is the basis for community for it is in spirituality that we experience our co-participation in the shared human condition" (Fowler & Peterson, 1997, p. 47). Spirituality is not religiosity, although it may be expressed through religion, but rather, it is the unifying and integrating aspect of an individual's life.

The focus on food, shelter, safety, and security as the primary needs of the homeless is based on the premise that physical needs are the most basic and critical of human needs. Maslow's Hierarchy of Basic Human Needs (1970) supports this premise where such priorities are the most important needs that must be met in order to survive. Unfortunately, proponents of this view fail to take into consideration the fact that the human spirit has an impact on survival (Bowlby, 1977; Ruddick, 1980). It is the attitude of the spirit that enables a person to go on in spite of what is happening in life, such as homelessness.

Homeless people often reflect on the transcendent. In a dissertation research study of the older homeless, McKenna (2002) found that every day life centers on the belief that not only is God present, but is intimately involved in people's lives, and whether one continues to be homeless is according to God's will. This research was a

phenomenological study based on Van Manen's methodology and analyzed along the thinking of Husserl. Study findings indicate that while food and shelter are important, it is not enough. Homeless people need spiritual connections just as others do, and having this spirit often makes the homeless situation bearable, especially among older homeless persons.

Spirituality and self-transcendence have a positive influence on homeless mothers' reintegration into society. DeLashmutter (2000) examined the spiritual issues among mothers raising children while homeless. This qualitative, dissertation research study included participants from different sized and typed shelters in four cities: a large city shelter, a faith-based shelter in a small town, a large town transitional housing shelter, and a shelter in a small rural city. This variation in sites enhances heterogeneity and representation of the sample. Data collection methods included field notes, participant observations, focus group interviews, and essays written by participants. Participants provided feedback throughout the analysis process. Salient spiritual issues for homeless mothers across the four sites include connectedness, faith, hope, forgiveness, esteem, trust, prayer, and meditation.

In a study of 61 homeless men and women in two shelters, spirituality and self-transcendence correlated positively with health and well-being (Rundquist, 2002). Kennard (2002) found that religious and spiritual coping and support assist single homeless women to negotiate homelessness in public emergency shelters. Study findings are based on open-ended semi-structured interviews, participant observations, and informal conversations with 26 homeless women and 5 staff members of the shelter. Pulido (2001) surveyed 50 homeless adults in a shelter in Southern California about the

use of religion and spirituality as coping mechanisms to improve personal well-being. Analysis of the responses to the self-administered questionnaire indicates that a majority of the sample held religious and spiritual beliefs and used these beliefs to cope with homelessness. Those who self-identified as Latinos and Catholics scored the highest on a standardized religious coping scale as compared to other ethnic groups and religious denominations. There was no statistically significant gender difference on the use of religious and spiritual coping.

Literature related to the spiritual dimension of homelessness indicates that the spirit is as important as the body and the mind, although addressing the spirit needs of the homeless is often the missing link in the delivery of care (DeLashmutt, 2000; Laukhuf & Werner, 1998; Pulido, 2001; Rundquist, 2002; Snow & Anderson, 1993). These research findings suggest that it should not be assumed that the spiritual needs of the homeless are unimportant to them. Furthermore, the intersection of spirituality or religiosity and health is especially important for ethnic minorities and can make a difference in their health care experience and contribute to positive health outcomes (Musgrave, Allen, & Allen, 2002).

### Summary

Body, mind, and spirit are important dimensions of homelessness, especially for homeless mothers. Overall, a significant amount of the research literature on the needs of homeless women with children focuses on physical needs such as food, shelter, and physical health. Psychosocial concerns focus on mental illnesses, substance abuse, violence, and social support. Among low-income families, single female-headed households have the least social support and are at the highest risk for homelessness. The least represented dimension of homelessness is the spiritual dimension.

A summary of 75 empirical studies conducted with homeless mothers over the last 20 years is presented in Table 2. Among these studies, 41 are quantitative studies and 35 are qualitative studies. A variety of methodologies, alone and in combination, were used to conduct both retrospective and longitudinal studies. Sites were wherever the homeless are, both on the streets and in shelters of various types. Procedural and ethical rigors were maintained throughout the studies, as was methodological congruence. A majority of the quantitative studies were comparison, randomized-controlled, or case-controlled studies that utilized standardized instruments that are valid and reliable with demographically diverse samples that ranged in size. Findings were mostly descriptive. Researchers found significant correlations, but none of them established causality. Major limitations of the quantitative studies relate to generalization, external and internal validity, reliability, measurement at one point in time, and recall.

Qualitative research studies varied with almost every method of qualitative inquiry used as a study design: case study, epistemology, ethnography, grounded theory, narrative, naturalistic, and phenomenology. The primary purpose of most of this research was to clarify issues and understand the meaning of various aspects of homelessness and motherhood: life in a shelter, pain of homelessness, and spiritual issues of raising children while homeless. In these studies, research questions were open-ended and intentionally broad so that participants could provide detail and thick description. Selection of participants was adequate for data saturation. In qualitative research, sample size is not usually an issue if data saturation is reached during analysis. Most of the study findings hold consistency and heuristic relevance as well as applicability to the domain.



Homeless mothers are the fastest growing segment of the homeless population. While existing research studies further the knowledge and understanding of homelessness as it relates to women with children, much remains to be explored and understood. It is this gap in the literature that is the motivation for this grounded theory study of formerly homeless mothers, who are often marginalized because of their homeless status.

Table 2. *Summary of Major Research Studies on Homelessness and Homeless Mothers from 1985 to 2005*

Citation	Method and Design	Sample	Purpose/Aims/ Research Questions/ Hypotheses	Instruments and Concepts/Variables	Findings and Conclusions	Strengths and Limitations
<b>PHYSICAL NEEDS</b>						
<b>Averitt, SS (2003).</b> "Homelessness is not a choice!" The plight of homeless women with preschool children living in temporary shelters. <i>Journal of Family Nursing</i>	-Qualitative -Interpretive Phenomenology	Data from previous study of 6 family focus groups with 29 homeless mothers as participants	Understand the self-perceptions of homeless mothers as they seek to meet the needs of themselves and their children	Interview in groups	Themes were identified using reflective interpretation Innovative interventions at this shelter promote health & welfare of families	-Group validated data & findings were validated by group evaluation -Small sample size
<b>Barrow, SM; Herman, DB; Cordova, P; &amp; Struening, EL (1999).</b> Mortality among homeless shelter residents in New York City. <i>American Journal of Public Health</i>	-Quantitative -Survey	Representative sample of 4 NY shelters	Examine the rates and predictors of mortality among shelter residents in NY City	Records matched against national rates	Homeless men and women 4 times more likely to get sick & die sooner than the national norm	Logistic regression analysis
<b>Drake, M (1992).</b> The nutritional status and dietary adequacy of single women and their children in shelters. <i>Public Health Report</i>	-Qualitative -Survey	Convenience sample of shelter families	Explore the nutritional status of homeless women with children	Structured interviews with survey	Dietary intake is inadequate, nutrition is deficient	-Good data collection & analysis -One-time survey
<b>Gerson, J (2004).</b> Hope springs maternal: A study of the meaning of shelter use among two groups of mothers. <i>Dissertation Abstracts International</i>	-Qualitative -Exploratory	-12 Homeless mothers -12 in transitional housing	Compare the two groups & see if they ascribe similar meaning to shelter	Structured Interviews	Salient differences were found between groups	-Data collection & analysis were sound -Small sample

Citation	Method and Design	Sample	Purpose/Aims/ Research Questions/ Hypotheses	Instruments and Concepts/Variables	Findings and Conclusions	Strengths and Limitations
<b>Hibbs, JR; Benner, L; Klugman, L; Spencer, R; Macchia, I; Mellinger, A; &amp; Fife, DK (1994).</b> Mortality in a cohort of homeless adults in Philadelphia. <i>New England Journal of Medicine</i>	-Quantitative -Database survey	Data from previous databases	Explore the correlation between homelessness and rates of illnesses	Data review Demographics and incidences of illness	Homeless people get sick easier, age more quickly, & die sooner than the regular population	Secondary data analysis
<b>Hwang, SW; Orav, EJ; O'Connell, JJ; Lebow, JM; &amp; Brennan, TA (1997).</b> Causes of death in homeless adults in Boston. <i>Annals of Internal Medicine</i>	-Quantitative -Database survey	Use of previous database as convenience sample	Discover morbidity & mortality rates among the homeless of Boston	Demographic & health statistics	Homeless get sick more easily, have more ER visits, and die more quickly than comparison to national statistics	Methodological rigor, multivariate analysis good
<b>Oliviera, NL. (2002).</b> The nutrition status of women and children who are homeless. <i>Nutrition Today</i>	-Quantitative -Descriptive	Shelter survey for homeless mothers	Explore the nutritional status of homeless mothers	Interviews Demographic sheets Standard questionnaire	Findings indicate that women with children have lower food intake than their counterparts, and children experience developmental delays	Needs to be repeated, maybe the same people.
<b>Weinreb, LF; Wehler, C; Perloff, J; Scott, R; Hosmer, D; Sagor, L; &amp; Gundersen, C. (2002).</b> Hunger: Its impact on children's health and mental health. <i>Pediatrics</i>	-Quantitative -Descriptive	180 preschool children 228 school-aged children homeless & low-income housed	Examine the influence of child hunger on physical and mental health & academic performance	Interviews with standard tools: CBCL & CDI MHQ	Findings show homeless are more hungry & more anxious & depressed. Preschool children are developmentally delayed	Multivariate regression analysis
<b>Wojtusik, L; &amp; White, MC. (1998).</b> Health status, needs, and barriers among the homeless. <i>Journal of Health Care for the Poor and Underserved</i>	-Qualitative -Descriptive	128 homeless in SF	Identify the things that help & hinder access to care for the homeless	Semi-structured Interviews	Health is worse with the poor, persons of color have unmet needs	Good study, procedural & ethical rigor,

Citation	Method and Design	Sample	Purpose/Aims/ Research Questions/ Hypotheses	Instruments and Concepts/Variables	Findings and Conclusions	Strengths and Limitations
<b>PSYCHOLOGICAL</b>						
<b>Toohy, SM; Shinn B; &amp; Weitzman, BC. (2004).</b> Social networks and homelessness among women heads of household. <i>American Journal of Community Psychology</i>	-Quantitative -Repeated measures	251 homeless mothers in a shelter	Explore the impact of social workers as a part of a social network being established for homeless mothers	Possible relation between mothers & social workers	Findings refute previous research	-Repeated measures compared well & is a strong design -Meaning should also be explored through qualitative approaches
<b>Banyard, VL &amp; Graham-Berman, SA. (1998).</b> Surviving poverty: stress and coping in the lives of housed and homeless mothers. <i>American Journal of Ortho-Psychiatry</i>	-Quantitative -Regression analysis & within group analysis	59 low-income housed mothers & 64 homeless mothers	Explore the differences between stress & coping behaviors & strategies of homeless mothers & low-income housed mothers	Database sample with standard questions	Database used to compare groups & responses	-Comparison & analysis is sound -Small sample; repeat study
<b>Browne, A &amp; Bassuk, SS. (1997).</b> Intimate violence in the lives of homeless and poor housed women: prevalence and patterns in an ethnically diverse sample. <i>American Journal of Ortho-Psychiatry</i>	-Quantitative -Descriptive	220 homeless mothers & 216 low-income housed mothers in Worcester, MA	To discover the prevalence and patterns of violence in the lives of homeless & poor housed mothers	Database of families explored using standard tools	Examined impact of violence on different ethnic groups	Differences overshadowed by extent of injuries
<b>Browne, A. (1993).</b> Homeless women: Trauma histories. <i>American Journal of Orthopsychiatry</i>	-Qualitative -Narrative	8 homeless women	Understand the trauma history of homeless women	Standard tools, Interview with minimal structure	Childhood abuse or trauma correlated with risk for injury, danger of assault is highest with current partner	-Standard tool, -Language barrier
<b>Cone, P. (2004).</b> A pilot study among formerly homeless mothers. <i>National Council for Family Research Workshop session</i>	-Qualitative -Grounded Theory	7 formerly homeless mothers in stable housing	Explore their stories of overcoming homelessness	In-depth interviews, tape-recorded, Constant comparative analysis	Findings revealed a basic social process of connecting	-Methodological congruence -Sample is small

Citation	Method and Design	Sample	Purpose/Aims/ Research Questions/ Hypotheses	Instruments and Concepts/Variables	Findings and Conclusions	Strengths and Limitations
<b>Choi, NG &amp; Snyder L. (1998).</b> Voices of homeless parents: the pain of homelessness and shelter life. <i>Journal of Human Behavior in the Social Environment</i>	-Qualitative -Descriptive	50 homeless families in 3 shelters in 2 large cities	Give voice to the pain of homeless parents	In-depth interviews and analysis	Findings show themes of frustrations, guilt, confusion, & hope	-In-depth interviews & analysis -Repeat in another setting
<b>Hanrahan, P; McCoy ML; Cloninger, L; Dincin, J; Zeitz MA; Simpatico TA, &amp; Luchins DJ. (2005).</b> The mothers' project for homeless mothers with mental illnesses and their children. <i>Psychiatric Rehabilitation Journal</i>	-Quantitative -Retrospective Study	24 homeless mothers in a housing project	Develop a model for successful interventions with mothers who have mental illnesses	Statistics from intake and one year later	The model developed shows how to be successful when serving this population	-Empirical data is accurate -Only one setting -Small sample size
<b>Letiecq, BL; Anderson, EA &amp; Koblinsky, SA. (1998).</b> Social support of homeless and housed mothers: A comparison of temporary and permanent housing arrangements. <i>Family Relations</i>	-Quantitative -Descriptive	115 low-income housed mothers & 92 homeless mothers	Evaluate the social network & support of homeless & housed low-income mothers	Interview & Social support tool	Social support of family is lower among homeless families; Findings confirm previous studies	Small sample of homeless
<b>Lindsey, EW. (1997).</b> The process of restabilization for mother-headed homeless families. <i>Journal of Family Social Work</i>	-Qualitative -Grounded Theory	10 formerly homeless mother-headed households	Discover the process for restabilization of homeless families	Semi-structured interviews with demo-graphics & standard tools	Findings show a 3-stage process of restabilization: meeting immediate family needs, creating a new home, & maintaining family stability	-Data collection & analysis are sound -Sample is small
<b>Lindsey, EW. (1998).</b> Impact of homelessness and shelter life on family relationships. <i>Family Relations</i>	-Quantitative -Comparison study	Two directors of Shelter programs for homeless mothers	Explore the perceptions about homeless mothers of health care providers	Interview & survey	Some findings similar & others differ from previous studies	Small sample

Citation	Method and Design	Sample	Purpose/Aims/ Research Questions/ Hypotheses	Instruments and Concepts/Variables	Findings and Conclusions	Strengths and Limitations
<b>Menke, EM &amp; Wagner, JD. (1997).</b> The experience of homeless female-headed households. <i>Issues in Mental Health Nursing</i>	-Qualitative -Naturalistic Inquiry	16 homeless women in female-headed families	Give voice to the experience of female-headed homeless families	Unstructured interviews with developing questions	Findings revealed themes of losing freedom, being different, feeling down, surviving motherhood, and living under pressure	-Tape-recorded data collection was good -Study needs to be repeated
<b>Rivera, L. (2003).</b> Changing Women: An Ethnographic Study of homeless mothers and popular education. <i>Violence Against Women</i>	-Qualitative -Ethnographic study	50 homeless & formerly homeless mothers	Explore the best methods for meeting the needs of homeless mothers across time and changing situations	Interview Participant observation	Popular education can best address needs of very poor women	-Multiple methods & long term involvement provides rich data -One site sample
<b>Page, T &amp; Nooe, RM. (2002).</b> Life experiences and vulnerabilities of homeless women. <i>Journal of Social Distress &amp; the Homeless</i>	-Quantitative -Comparison study	2 groups of homeless women – 22 with children & 46 with no children	Compare the experiences of victimization between homeless women who have children and those who do not have children	Histories & standard measures	Family status has no correlation to crime victimization Significant associations found between child stress & mother's risk factors	-Statistical analysis is sound -Sample size is small for number of variables -Unexpected findings should be explored in further studies
<b>Zugazaga, CB. (2002).</b> Pathways to homelessness and social support among homeless single men, single women, and women with children. <i>Dissertation Abstracts International</i>	-Quantitative -Descriptive	162 homeless single men, single women, & women with children staying in emergency shelters	Identify the causes of or risks for homelessness	Standard instruments & statistical analysis ANOVA	Findings revealed significant differences between groups, with single men having least support & single women having most stressful events	-Multiple measures & statistical analyses are strong -Unexpected findings need to be validated

Citation	Method and Design	Sample	Purpose/Aims/ Research Questions/ Hypotheses	Instruments and Concepts/Variables	Findings and Conclusions	Strengths and Limitations
<b>Vostanis P; Tischler, V; &amp; Cumella S. (2001).</b> Mental health problems and social supports among homeless mothers and children victims of domestic and community violence. <i>The International Journal of Social Psychiatry</i>	-Quantitative -Comparison study	-48 domestic violence homeless families -14 neighborhood violence homeless families -31 other homeless families	Identify connections between various types of violence and the mental health problems that homeless mothers and children experience	-Database survey for prevalence statistics, -Semi-structured interviews with standard instruments on health, mental health, & family status	Domestic violence increases psych risk BUT neighbor-hood violence increases it even more; Mental health interventions should be integrated into all programs	-Statistical analyses are sound -Sample groups are small -Questionnaire answers are self-reported
<b>Wenzel, SL; Leake, BD; &amp; Gelberg, L. (2001).</b> Risk factors for major violence among homeless women. <i>Journal of Interpersonal Violence</i>	-Quantitative -Exploratory	974 homeless women in LA county Probability sample	Discover possible predictors to major episodes of violence	Survey, self-report in interview	Major violence occurred before homeless, predictors include severity of homelessness, life activities, & substance use	Well designed & executed
<b>HEALTH CARE &amp; SOCIAL SERVICES</b>						
<b>Culhane, JF; Webb, D; Grim, S; Metraux, S; &amp; Culhane, D. (2003).</b> Prevalence of child welfare services involvement among homeless and low-income mothers. <i>Journal of Sociology and Social Welfare</i>	-Quantitative -5-yr birth cohort study	Population based on birth cohort of homeless & low-income housed mothers from a large US city	Discover how many low-income and homeless mothers use child welfare services and the extent to which those services are used	Standard measures, repeat measures, Multivariate logistic regression	Findings reveal mothers with one or more homeless episodes have higher risk of child welfare involvement	-Correlation and descriptive statistics are sound -One site study
<b>Zlotnick, C; Robert-son, MJ; &amp; Tam, T. (2003).</b> Substance use and separation of homeless mothers from their children. <i>Addictive Behaviors</i>	-Quantitative -Longitudinal study	104 Homeless women with children	Explore the impact on family of substance abusing mothers whose children have been separated from them	Database survey & statistical analysis	-Inconclusive findings -Confounding issues negate impact of hypothesis testing	-Long term study -Small size for number of variables

Citation	Method and Design	Sample	Purpose/Aims/ Research Questions/ Hypotheses	Instruments and Concepts/Variables	Findings and Conclusions	Strengths and Limitations
<b>Belcher, JR; Greene, JA; McAlpine, C &amp; Ball, K. (2001).</b> Considering pathways into homelessness: Mothers, addictions, & trauma. <i>Journal of Addictions Nursing</i>	-Qualitative -Grounded Theory	Small number of homeless with addiction and domestic violence issues	Discover the process whereby mothers become homeless	Interviews with Constant comparative analysis	Themes emerge from data relating to control of life events & recurrence of homelessness	-Analysis method is good -Sample size is to small
<b>Killion, CM &amp; Wang, CC. (2000).</b> Linking African American mothers across life stage and station through photo-voice. <i>Journal of Health Care for the Poor and Under-served</i>	-Qualitative -Longitudinal Case Study	5 women & inter-generational contacts	Make connections between generations of African American mothers by using photographs that tell stories	Interviews & photo sessions	Discussed photographs as a means of connecting between generations & mutual respect was engendered	-Rich description -Small sample
<b>Jezewski, MA. (1995).</b> Staying connected: The core of facilitating health care for homeless persons. <i>Public Health Nursing</i>	-Qualitative -Grounded Theory	11 female health care providers	Explore the process for facilitating care for homeless persons	-Semi-structured interviews -Constant comparative analysis	Basic social process of connecting found	Well designed, ethical & procedural rigor
<b>McCormack, D; MacIntosh, J. (2002).</b> Research with homeless people uncovers a model of health. <i>Western Journal of Nursing Research</i>	-Qualitative -Grounded Theory	11 homeless persons	Uncover a model for healthcare among the homeless	Semi-structured interviews Constant comparative analysis	Mediating factors – beliefs & values of both self & society influence access to health care Model for health emerged	Methodological congruence
<b>SPIRITUAL</b>						
<b>Kennard, K.A. (2002)</b> Renewal of the spirit: Exploring the religious and spiritual coping strategies of the homeless. <i>Dissertation Abstracts International</i>	-Qualitative -Mixed Methods	26 homeless women and 5 staff	Explore the religious and spiritual coping strategies of homeless women in shelters	Open-ended Semi-structured interviews	Tremendous significance of religious & spiritual coping mechanisms in negotiating homelessness; spiritual needs are still unmet	-Good data collection and analysis -Sample size of homeless is good, sample size of staff is small



Citation	Method and Design	Sample	Purpose/Aims/ Research Questions/ Hypotheses	Instruments and Concepts/Variables	Findings and Conclusions	Strengths and Limitations
<b>DeLashmutt, MB. (2000).</b> Spiritual needs of mothers raising children while homeless. <i>Dissertation Abstracts International</i>	-Qualitative -Descriptive	Homeless mothers from 4 sites in a large city	Understand the spiritual needs of homeless mothers raising children on the streets	Interviews & observation	Themes of connectedness trust, & esteem dominated all four sites	-Comparison of 4 sites -Small sample
<b>McKenna, SY. (2002).</b> In a wilderness of mirrors: Experiences of aging among homeless older adults. <i>Dissertation Abstracts International</i>	-Qualitative -Phenomenology	13 homeless people purposive sample	Have homeless what it is like to be old and homeless	Semi-structured interviews, Repeat visits	Alone yet living with hope and expectation was the core Descriptive findings	Interpretive analysis sound & procedural rigor maintained
<b>Pulido, C. (2001).</b> The use of religion and spirituality as coping mechanisms for the homeless. <i>Masters Abstracts International</i>	-Quantitative -Descriptive	50 homeless adults in Orange County area	Survey homeless adults use of religion and spirituality as coping mechanisms	Self-administered questionnaires	High percent of sample population hold religious & spiritual beliefs, Catholics & Latinos had highest coping scale	-Good analysis -Repeat with larger sample
<b>Rundquist, JJ. (2001).</b> Spirituality, self-transcendence, fatigue, and health status as correlates of well-being in sheltered homeless persons. <i>Masters Abstracts International</i>	-Quantitative -Descriptive	61 homeless men & women in 2 shelters	Find relationships of well-being, spirituality, self-transcendence, to health status & fatigue	Structured interviews with standard instruments	Multiple significant correlations found, transcendence and health status were significant predictors to well-being	-Internal & construct validity present -Multiple regressions completed

## CHAPTER IV

### METHODS

This chapter presents the methodology for a grounded theory study of formerly homeless mothers who live in the Greater Los Angeles area. Qualitative methodologies include various approaches that seek to uncover processes of life from the perspective of those experiencing a particular phenomenon. According to Charmaz (2005), there are many permutations of grounded theory and many scholars develop their own application of the grounded theory method based on their philosophical background, nature of the phenomenon, and personal experience (McCallin, 2003; Piantanida, Tananis, & Grubs, 2004; Stern, 1994). However, many of these approaches stray from the early understanding of the method (Glaser & Strauss, 1967) by which the researcher discovers the main concern of the participants and the manner in which they resolve it (Glaser, 1998). The Glaserian approach to grounded theory using the theoretical code of basic social processes (Glaser, 1996) is the basis for the study.

#### Design

The design of this grounded theory study is descriptive and qualitative. The purposes of the study are to discover and understand the process of how homeless mothers experience homelessness and get off the streets into stable housing, how the instability of homelessness affect their needs, what survival strategies they use to overcome homelessness, and what benchmarks they identify as the turning point of homelessness.

The grounded theory approach helps the researcher to explore, describe, understand, and explain inductively a social process while pursuing the meaning

surrounding the phenomenon (Audiss & Roth, 1999). One of the theoretical underpinnings of grounded theory is Symbolic Interactionism (Blumer, 1969), which includes the concepts of society and the uniquely human sense of self that is situated in interaction with the social world (Jeon, 2004). Understanding the meaning of behaviors, interactions, and interconnections among actions is essential. The purpose of using grounded theory is to generate new theory regarding the phenomenon. Because of its inductive nature, the researcher immerses in the data in order to identify concepts and their meanings, to define and explain relationships and patterns, and to develop theory that emerges from the data (Charmaz, 2005; Glaser & Strauss, 1967; McCallin, 2003). What emerges is a new way of explaining the phenomenon, one that has ‘grab’ and makes sense to those experiencing it. In the grounded theory methodology, data collection and analysis proceed simultaneously.

One type of theoretical code for the core category, or variable as Glaser sometimes calls it, is the basic social process uncovered through analysis of data (Glaser, 1996). In using grounded theory methodology to identify the core category, it is important for the researcher to realize that the explanation does not describe the data from which it emerges, rather it explains the preponderance of behavior that continuously resolves the participants’ main concern (Glaser, 2001). This understanding of emergence from versus forcing of data is consistent with Artinian’s (1986) explanation that the discovery mode breaks through the analysis and allows the researcher to “identify the core variable or the process that describes the characteristics of a particular social world” (p. 17), namely the world of the formerly homeless mother. How to describe and explain the homelessness process for formerly homeless mothers without imposing the

researcher's preconceived notions on the data is a serious consideration; and, while it is not possible to completely disregard any preconceptions, values, and beliefs, it is important during the analytic process to keep these from influencing the interpretation (Cutcliffe, 2000).

Glaser (1978) advocates using a homogeneous sample during data collection. It is important, especially for the novice researcher, to stay with one group until the emerging theory is understood before going to another group or setting. It must emerge as a concept or have patterns that show connections. A spontaneous rather than proscribed approach to analysis allows concepts and categories to emerge through reflexive interaction between data and the researcher rather than using preconceived conditions and dimensions to interpret data relating to the phenomenon (Heath & Cowley, 2003). A category only gets into the theory when it shows its relevance and prevalence. Demographic data would not be included unless they emerge as relevant to the sub-categories or the core category. Reflexive reasoning enables the researcher ascertain the relevance of various data to a particular category in the developing theory. Categories can be modified as constant comparative analysis brings new understanding that refines the concepts and themes within the category as well as the category itself.

Memo writing, reading, and sorting, or organizing according to emerging category patterns, is required to explore, conceptualize, and hypothesize about the themes or to answer questions about the data and the fit of the themes that have emerged (Jeon, 2004). Some themes may not be part of the emerging theory, but rather a sidebar or part of another related category. Sorting memos and writing new hypotheses about the relationships between categories and of concepts to the core category are an essential part

of the grounded theory method (Glaser, 1978). Category development includes discovering, building, and linking categories as well as identifying the core category (Chenitz & Swanson, 1986). The use of induction followed by deduction facilitates the refinement of categories, and memos enable the researcher to track this process.

A core category is one that integrates all other categories and provides the most explanatory power for the phenomenon under study. It may stand alone or reflect part of a theory, while a basic social process reflects all the stages through which the core category moves over time (Glaser & Strauss, 1967). Once discovered, the core category rarely changes, but the themes under it may need expanding and further exploration until there is saturation of the category and sub-categories. Theoretical sampling is sometimes necessary to explore a theme or category that is out of the pattern or seems to be unclear. Ideas or themes are tested until the researcher feels that saturation has occurred. Saturation of a category occurs when there are no new concepts, ideas, or themes found in data analysis. Sometimes, saturation occurs in the data and sometimes in the researcher; thus, pacing oneself can avoid the latter.

#### Setting/Context

Data gathering occurred in a variety of settings, primarily with formerly homeless mothers in the Greater Los Angeles area. Part of the consent process included allowing the participants to choose the location of the interview. Some data were gathered at homeless shelters and post-transitional housing. Several participants were interviewed, at their own request, in the privacy of their homes. Others asked to meet in public areas, such as restaurants. Of the 18 women interviewed, two asked to meet in a restaurant, one in a transitional housing apartment, one in a home for homeless mothers of which she

was the house mother, two in a home of a recruiter, six in the public area of a post transitional housing subsidized apartment complex, and six in their own homes. Other than the six who were in the subsidized housing, none of the participants knew each other. Eight participants were recruited in another large city in Southwestern USA.

## Participants

### *Inclusion and Exclusion Criteria*

Participant criteria were based on concerns for vulnerable populations (Flaskerud, 1999). Inclusion criteria include women at least 18 years old, speak and understand English, had children at the time of their homeless experience, and who self-identify as formerly homeless, defined as being homeless for more than 3 weeks and have been off the streets into stable housing for more than 6 weeks. These durations are based on the literature review. Having their children with them on the streets was not an inclusion requirement. Women's children were not interviewed.

### *Recruitment*

Vulnerable populations, such as the homeless, are often difficult to access for research. Multiple channels and tools were used for recruitment with the assistance of a research assistant. Participants were sought through advertisements placed in local papers and posted in areas where homeless people tend to gather (see Appendix A). Flyers were placed in homeless shelters to access shelter workers who may have been previously homeless as well as in areas frequented by homeless and formerly homeless people (see Appendix B). Gatekeepers in various organizations working with the homeless helped facilitate entrée to formerly homeless mothers via a support letter (see Appendix C). In addition, recruitment fliers (see Appendix B) and invitation letters (see Appendix D)

were provided to the gatekeepers for distribution to the target population. Seven participants were recruited through the gatekeepers. Personal contacts made by this researcher produced two participants. Nine participants resulted from the efforts of two research assistants who joined the research team as recruiters. As only those who contacted the researcher were asked to participate, there is no record of formerly homeless mothers who refused to participate. Three women had brief preliminary conversations that revealed a failure to meet eligibility requirements, so they were not interviewed.

### *Description of Participants*

Theoretical and purposive sampling strategies were used to select participants and determine saturation or clarification of theoretical categories during the data collection and analysis phases, which occur simultaneously in a grounded theory study (Egan, 2002). Burns and Grove (1997) advocate continuing data collection until saturation occurs, a process that requires trusting the data and the emergent categories rather than preconceived notions. Theoretical saturation was achieved with 18 participants. Data collection and analysis occurred over three waves of participant interviews: 7 in the first wave, 3 in the second wave, and 8 in the third wave.

The sample is homogenous in that they are all mothers who have experienced homelessness; three women have experienced homelessness at least twice in their life. Although not by design, the sample is ethnically diverse. It includes 9 Whites (50%), 5 Blacks (28%), and 4 Hispanics (22%). The average age of the women is 45.22 years. She has 2.7 children. The average age when homeless is 33.83 years. Most of them are divorced (39%) with 17% being single, work fulltime (44%), and have lived in all types

of places when they were homeless (61%). Twenty-two percent of them lived in shelters when they were homeless. The average time homeless is 5.2 years. The length of time stable is 6.8 years (see Table 3).

In addition to participant interviews, 12 first-hand stories from the literature that fit the study parameters are examined in relation to the study sample. This sample includes 6 Whites (50%), 5 Blacks (42%), and 1 Hispanics (8%). The average age of the women is 37.75 years. She has 2.5 children. The average age when homeless is 28.75 years. Most of them are equally single (33%) and married (33%) and equally divorced (17%) and married (17%), work part-time (67%), and have lived in shelters when they were homeless (75%). The average time homeless is 3.8 years. The length of time stable is 2.5 years (see Table 3). The comparison literature sample is significantly younger than the study participant sample. Otherwise, both groups have comparable sociodemographic characteristics and reflect the general demographics of the homeless in the 2005 Los Angeles Homeless Services Authority report (Netburn, 2005). The names listed in the table are pseudonyms.



Table 3

*Profile of the 18 Study Participants and 12 First-Hand Stories in the Literature*

Fictitious Name	Age now	Age as home-less	Marital Status	Work Status	Race/Ethnicity	# of Kids	Time Home-less	Living place	Time Stable
WAVE 1 PARTICIPANT INTERVIEWS									
Nell	50	46	Divorced	None	Hispanic	3	6 mo	Shelter	3 ½ yrs
Diva	46	25	Divorced	None	Black	4	11 yrs	All types	10 yrs
Precious	35	19	Single	Full-Time	Black	4	10 yrs	All types	5 yrs
Brenda	49	28	Divorced	Part-Time	Hispanic	4	5 yrs	All types	7 yrs
Sarah Clooney	29	25	Single	Part-Time	Black	1	1 year	Shelter	3 yrs
Cinderella	33	12, 19, 23	Widowed	Part-Time	White	6	9 yrs total	Shelter	5 yrs
LostBoys	35	25	Divorced	Full-Time	White	3	5 yrs	All types	4 ½ yrs
WAVE 2 PARTICIPANT INTERVIEWS									
Bettyboop	42	22	Widowed	Full-Time	White	2	5 mo	Camp	20 yrs
Serenity	49	45	Widowed	Full-Time	Black	1	2 yrs	Car/Motel	2 yrs
Candy	45	42	Divorced	Full-Time	Black	5	2 yrs	All types	1 yr
WAVE 3 PARTICIPANT INTERVIEWS									
Cuchy	56	42, 53	Divorced	Full-Time	White	3	3 yrs total	All types	2 yrs
Lucky	56	45	Married	Retired	White	1	7 mo	Shelter	10 yrs
Ruth	53	45	Married	Part-Time	White	3	5 yrs	All types	3 ½ yrs
Emerald Lady	48	43	Divorced	Home	White	1	5 yrs	All types	3 mo
Giggles	53	37, 48	Widowed	None	White	1	11 yrs total	All types	1 ½ yr
Fun	35	21	Married	Full-Time	Hispanic	3	2 yrs	Trailer	12 yrs
Mari	42	18	Single	None	Hispanic	2	20 yrs	All types	3 yrs
Chris	58	32	Widowed	Full-Time	White	1	2 yrs	All types	25 yrs
FIRST-HAND STORIES IN THE LITERATURE									
Suzy	46	37	Widowed	Full-Time	White	5	18 mo	Car/Motel	9 yrs
Marya	33	31	Married	Part-Time	White	4	1 year	All types	1 yr
TJ	50	46	Divorced	Part-Time	Hispanic	2	3 yrs	All types	1 yr
Babs	25	14	Divorced	None	Black	3	4 yrs	Shelter	2 yrs
Sally	22	16	Single	Part-Time	Black	2	4 yrs	All types	2 yrs
Dani	24	21	Single	Part-Time	Black	1	1 year	Shelter	2 yrs
Mona	22	15	Married	Part-Time	White	3	2 yrs	Shelter	5 yrs
Brownie	37	35	Married	Part-Time	Black	2	2 yrs	Shelter	1 yr
Rosa	61	60	Widowed	None	White	1	6 mo	Shelter	6 mo
Dolly	50	41	Divorced	None	White	5	8 yrs	Shelter	1 yr
Sunny	23	20	Single	Part-Time	Black	2	1 year	Shelter	2 yrs
Charlie	21	20	Single	Part-Time	White	1	6 mo	Shelter	6 mo

## Procedure

### *Pre-Participant Interview Preparatory Phase*

During the pre-participant interview, preparatory phase, the researcher observed the milieu of homeless shelters that serviced homeless mothers. In addition, the researcher had informal conversations with several staff, who voluntarily offered to be interviewed. Many of the staff were previously homeless and wanted to share their stories. These individuals were vital to the process of recruitment of study participants and their unsolicited interviews provided early insights that helped the researcher formulate questions for the interview guide and demographic sheet that were used to interview participants. One health care provider offered to do a practice interview and share stories that she had heard over her years of serving as a nurse. Some of the lessons learned during this practice interview relate to procedures, technical issues, and how probes can be used to direct follow-up on interesting points. This was an important part of the researcher's preparation for interviews with study participants.

Another preparatory experience involved role-play with a volunteer staff who offered to be interviewed as a formerly homeless mother whom she had served while working as a nurse. She chose an all-night restaurant where we could meet for dessert and coffee after her evening shift, and where, since it was neutral ground, it would be possible for her to terminate or extend the interview at her own discretion. When the purpose of the interview was explained to the server, a relatively deserted side-room was indicated. The first thing of note was that, even though the equipment was prepared for recording, there were no batteries and no visible power source. The volunteer arrived as the server returned from checking with the manager about a request to use an electrical outlet. This

could have been problematic; details like batteries and electrical power need to be resolved before each interview. We were virtually alone in a quiet area where there was no traffic other than the server coming with our order. The participant was impressed with the special consideration we were shown, so we began with a positive atmosphere.

After this interview, it became standard procedure to turn on the audio-recorder after the participant chose a pseudonym to enhance confidentiality and before demographic data were collected because interesting details of the story were revealed during this time. The last two items on the demographic data sheet are “How long were you homeless?” and “What type of living situation did you experience while homeless?” These questions led to stories before actually beginning to use the interview guide. These questions brought about a natural transition to the questions on the interview guide. In addition, the time-oriented question on the demographic data sheet led the researcher to ponder, “Is there a time oriented issue that would help to determine if the participant has truly overcome homelessness or is it a natural transition in time? Is this an important piece of information? These were concerns to ponder before conducting interviews with study participants, and memos were helpful for exploring these issues.

### *Participant Interview Phase*

Data collection occurred between November 2003 and March 2006 using a semi-structured interview guide (see Appendix E), a standard demographic questionnaire (see Appendix F), and informed consent form (see Appendix G). Persons who contacted the researcher as a result of recruitment efforts were given an overview of the study and screened for eligibility. A face-to-face consent and interview meeting was scheduled for persons who expressed an interest in participating in the study and who met the eligibility

criteria. A telephone reminder was made the week of the scheduled appointment. During this conversation, the researcher reminded the participant about the purpose of the study, date and time of the meeting, assurance of confidentiality, and that the interview would be audio-recorded. The gatekeeper who scheduled six of the interviews in the first wave gave this information to those interested in participating in the study. This kept private their telephone numbers and resulted in the gatekeeper doing the prescreening for eligibility.

The face-to-face, one-on-one personal interviews were conducted primarily in participants' homes or in a common room of the participants' apartment building. Each interview lasted approximately 45 minutes to 2 hours. No follow-up interviews were necessary. During the interview, the researcher and participant faced each other. The audiorecorder usually sat centered on a table. Each interview began with an introduction. Then, the researcher described the study, explained the participant's research rights, allowed the participant to read the informed consent, reviewed the content of the informed consent, and then, invited the participant to participate in the study after signed consent was given. Each participant received a copy of the informed consent. Each participant was told that her responses would remain confidential. Voluntary, written permission was given by all of the participants. After informed consent was obtained, pseudonyms were used in adherence to HIPAA regulations to ensure confidentiality. The audiorecorder was then turned on with explicit consent of the participant. All of the participants agreed to being audiorecorded. While audiorecorded interviews are considered beneficial, Glaser (2001) advocates the use of post-interview field notes when a vulnerable population, such as the homeless, is participating in a study. Such notes

become a part of the dataset. Identifying forms are secure in separate locked file cabinets from the interview audiotapes and transcribed data.

Each interview was conducted in an open-ended fashion and began with a grand tour question, giving each participant the opportunity to articulate fully her story of homelessness. Participants were encouraged to describe in as full detail as possible their perceptions and experiences in relation to homelessness. Spending time listening to the women's stories in the way that they wanted to tell them was an essential strategy to begin building rapport and trust in this vulnerable group. A set of more detailed questions were then asked: how do women with children experience becoming homeless? What are the felt needs of homeless mothers? How did you prioritize these needs? What strategies did you employ to meet these needs? How did the process change over the course of the homeless experience? How did you manage to get off the streets? Who or what helped you to get into stable housing? What made you feel no longer homeless? At various times during the interview, the researcher refocused the discussion, and pinpointed and validated salient issues. No difficulties were encountered and none of the participants became upset during the interview. The interview ended with a summary and a "you told me..." sentence. Participants were allowed to validate or correct the researcher's understanding of her experiences. While no financial reward can adequately compensate for the open sharing of painful stories, the participants agreed to accept \$20 in remuneration for participating in the study.

During data collection, the researcher scanned the current literature for stories of formerly homeless mothers who fit the parameters of the study and matched demographically with the participants who were interviewed. The researcher chose

stories for analysis that detailed some level of change during the homeless experience. In addition, data were collected through participant observations, informal conversations, and face-to-face, personal interviews, which helped to understand the views of participants and verify study findings. Notes about the settings and interactions with family members were made after each interview and after all visits to areas where the homeless are given assistance. Regular interactions with the homeless population also occurred before interviews were conducted. In this way trust was established with many among the homeless population and initial contacts with gatekeepers were made.

### Analytical Approach

With 18 verbatim-transcribed participant interviews and 12 literature-based stories, there are 30 cases available for data analysis. The grounded theory analytical approach uses the constant comparative method of data analysis. Both traditional and contemporary methods of data analysis were employed. Data analysis began with open coding of the first interview and continued until themes emerged, and categories were identified and saturated. As data were analyzed, the researcher asked the data topical questions regarding homelessness. What do homeless women identify as primary needs or concerns when homeless? What structures are there for meeting needs? What themes emerge from the data? How does the process of perceiving and meeting needs unfold? What are the benchmarks of the process? What key structures or persons assisted them in overcoming homelessness? These questions were particularly helpful when analyzing the first hand accounts from the literature. They also provided the researcher with evidence of the fit of the emerging theory.

Memos written about the process, the codes, and the identification of categories became a part of the database as well. These memos reflect the early hunches or tentative hypotheses of the researcher relative to the emerging categories. Selective coding refined the process of category identification, and theoretical coding finalized this portion of the analysis. Conceptual maps assisted with placement of themes into categories and the linking of those categories. The qualitative software, N-Vivo 7, was used to manage the data, and the program provided an audit trail for the researcher's thinking and analysis relating to the identification and finalization of categories. Saturation of the categories indicated the closure of data gathering.

Theoretical sampling helped to clarify questions raised by early findings about the differing pathways through homelessness of some participants and the ease or difficulty with which the participants overcame their homeless situation. Conceptual mapping gave a picture of the emerging codes and process. These maps changed over time, giving evidence of the researcher's analytical process. The four permutations of the conceptual maps are located at the end of the chapter (see Figures 3 to 6).

While Glaser (1998) believes that conceptual mapping is not good for the emergence of theory, this researcher found that the diagram actually provided clarity to the analytical process through the picture presented by the first diagram. This was a "bow" diagram in which reconnecting was at the center. The researcher suddenly had a clear understanding that there were two processes emerging, that of experiencing homelessness and of overcoming it. This was very important because the overcoming is what resolved the main concern of getting out of homelessness. Experiencing was what occurred before they resolved their desire to get off the streets into stable housing.

Initially, the process of experiencing homelessness was found to encompass three stages with several themes in each. This process changes over time. The three stages are (a) becoming homeless (disconnection), (b) navigating homelessness (survival), and (c) overcoming homelessness (reconnection). The themes are losing financial resources, experiencing a crisis, losing social supports, searching for food and safe shelter, facing hardships, learning coping and survival strategies, reconnecting with someone, revaluing of self, realizing solutions, and reintegrating into society (see Figure 2).

PROCESS OF EXPERIENCING HOMELESSNESS		
<i>Disconnecting:</i>	<i>Surviving:</i>	<i>Reconnecting:</i>
<i>Becoming Homeless</i>	<i>Navigating Homelessness</i>	<i>Overcoming Homelessness</i>
<ul style="list-style-type: none"> <li>• Losing financial stability</li> <li>• Experiencing a crisis</li> <li>• Losing social supports</li> </ul>	<ul style="list-style-type: none"> <li>• Searching for food and safe shelter</li> <li>• Facing hardships</li> <li>• Learning coping and survival strategies</li> </ul>	<ul style="list-style-type: none"> <li>• Reconnecting with someone</li> <li>• Revaluing of self</li> <li>• Realizing solutions</li> <li>• Reintegrating into society</li> </ul>
<b>Context:</b> Homeless motherhood <b>Conditions:</b> Living on the streets or in other temporary situations		<b>Context:</b> Formerly homeless motherhood <b>Conditions:</b> No longer living on the streets or in other temporary situations

Figure 2. Process of Experiencing Homelessness from Disconnecting to Reconnecting

The process of becoming disconnected and homeless is complex, involving multiple factors, including poverty, a crisis of some sort, and a fragile social network. Eviction from home or losing one's home for any reason is a crisis that could potentially precipitate homelessness, especially for those who are already financially unstable and without adequate social networks. All of the participants report that they disconnected from family and other social supports prior to becoming homeless; pre-homeless



disconnection appears to be a predisposing factor to becoming homeless. Navigating homelessness, the second stage of experiencing homelessness begins when an individual is on the streets. At one point the researcher thought the category was negotiating homelessness; but the mutuality implied in that concept did not fit the themes, and navigating emerged as the participants discussed the pitfalls and shoals of homelessness as they tried to survive in “the jungle” of homelessness. The benchmarks of this stage are a sense of aloneness and the need to meet basic needs, such as food and shelter. Mothers had a motivational factor, that of caring for their children, that drove their activities of survival. Navigating homelessness is a survival strategy that is both instinctive and learned. The final stage, overcoming homelessness, was initially seen as a part of the process of experiencing homelessness; but the visual evidence of the conceptual map revealed it to be a separate process, that of reconnecting to overcome homelessness. This led to reanalysis and comparing of all data to ensure that the process of reconnecting incorporated only those themes that helped resolve the main concern of getting off the streets. This process is discussed in detail in chapter five.

Participants who indicated a willingness to be contacted again were given the opportunity to voice their opinions of the emerging theory, and they affirmed the direction of the early findings. This procedure gave the researcher clarification and verification of the study findings. Analysis of formerly homeless mothers’ stories reveals the multiplicity of needs that homeless mothers face during homelessness and the emergence of the process of reconnecting to overcome homelessness, which is discussed in the next chapter. In addition, participants emphasized the importance of receiving professional support from social workers and case managers to help them overcome

homelessness and move toward independence and self-reliance. They were motivated to get off the streets and overcome homelessness by a desire to keep their family unit intact or to re-establish their family unit that had been fragmented by crisis.

### *Ensuring Rigor*

Qualitative research findings must demonstrate rigor in every step of the research process. According to Streubert-Speziale and Carpenter (2003), rigor in qualitative research concerns the fidelity of the work to the spirit of qualitative methodology. The credibility, dependability, confirmability, and transferability of the findings give evidence of rigor in qualitative research (Lincoln & Guba, 1985). With grounded theory the fit, work, relevance, and modifiability of the findings support the reliability and validity of the research design and the findings. Glaser (1998, 2001) states that fit relates to the credibility and dependability of the conceptualization of the emergent theory; it is thus a parallel concept to validity; work relates to usability and confirmability; and relevance is about the impact and importance of the findings. Modifiability relates to the flexibility of the emergent theory to incorporate changes as needed (Stern, 1994).

The fit, work, and relevance of the emergent theory or basic social process rest in the trust that the researcher has in the grounded theory process. Grounded theory is free of time, person, and place, so it “can be trusted temporally” (Glaser, 1998, p. 238). Collaboration is a natural part of the grounded theory method; collegial trust is seen as fellow researchers confirm the “grab” and emergent fit of the new theory. Affirmation of the knowledgeable person, defined as any of the original participants, when the grounded theorist is able to discuss the conceptualized patterns, categories, and processes, gives evidence of the usefulness and trust of the research product. In this study, the researcher

was able to discuss the findings and emergent process with several of the participants. When shown the findings, they affirmed that the emergent process, with its themes, categories, and stages, accurately expressed their experiences, and they gave several insightful comments that clarified the order of the steps within each stage of the process.

### Ethical Considerations

The University of California, San Francisco Committee on Human Research approved the study. All of the participants gave written informed consent. Data were obtained specifically for research purposes and kept locked and confidential, without linked information. All participants were given a pseudonym in order to protect confidentiality. A transcriptionist was employed for transcription purposes only and did not have access to the identities of participants. Any identifying information was removed from participant quotes. The researcher, with the help of the dissertation advisor and chair, monitored the progress of the study. None of the participants reported risks or harms and no adverse events occurred. There were no costs to participants for participating in the study. Participants were given a \$20 gift in thanks for their participation.

### Summary

According to Glaser (2001), the grounded theory perspective is particularly suited to understanding a process that occurs over time. The choice of Glaserian grounded theory as the appropriate methodology was based on the researcher's wish to understand how homeless mothers experience homelessness and how they manage to get off the streets and into stable housing from their perspective. Analysis of formerly homeless mothers' stories reveals the multiplicity of needs that homeless mother face during homelessness and the emergence of the process of reconnecting to overcome

homelessness. It is a process that occurs over time, moving from assistance to independence and self-reliance.

## Experiencing Homelessness

## Overcoming Homelessness

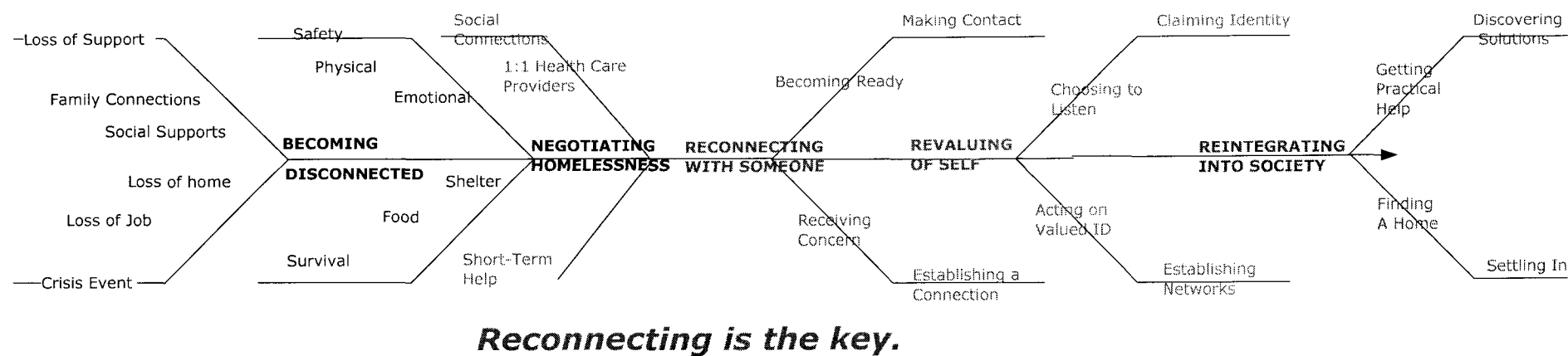


Figure 3. Conceptual Map #1: Basic Social Processes of Experiencing and Overcoming Homelessness

## **EXPERIENCING HOMELESSNESS**

### **1-Becoming Homeless**

**normally**

**Getting disconnected**

**Losing social supports**

**(Family>Friends>Community)**

**Going through a crisis**

**(Losing a job>finances>home)**

### **2-Negotiating Homelessness**

**Choosing shelter type**

**Learning to survive**

**(Food>Shelter>Healthcare)**

**Keeping safe in the abyss**

**(watch/worry>collaborate/be a loner)**

### **3-Getting out of Homelessness**

**Making a caring contact**

**(Social worker/case manager/volunteer)**

**Accepting practical help**

**Getting off the streets**

## **OVERCOMING HOMELESSNESS**

**\*\*\*Feeling free to live**

**Contributing to Society**

**Settling in to homefulness**

**Becoming financially stable**

### **4-Reintegrating into society**

**Finding a place to call home**

**Getting practical help**

**Establishing Social Networks**

### **3-Reviewing the solutions**

**Acting on newly valued ID**

**Claming positive self-identity**

**Choosing to change self view**

### **2-Revaluing of Self**

**Establishing a connection**

**Reaching out for help**

**Becoming ready to move on**

### **1-Reconnecting with someone**

**\*\*\*RECONNECTION IS THE KEY\*\*\***

*Figure 4. Conceptual Map #2: Basic Social Processes of Experiencing and Overcoming Homelessness*

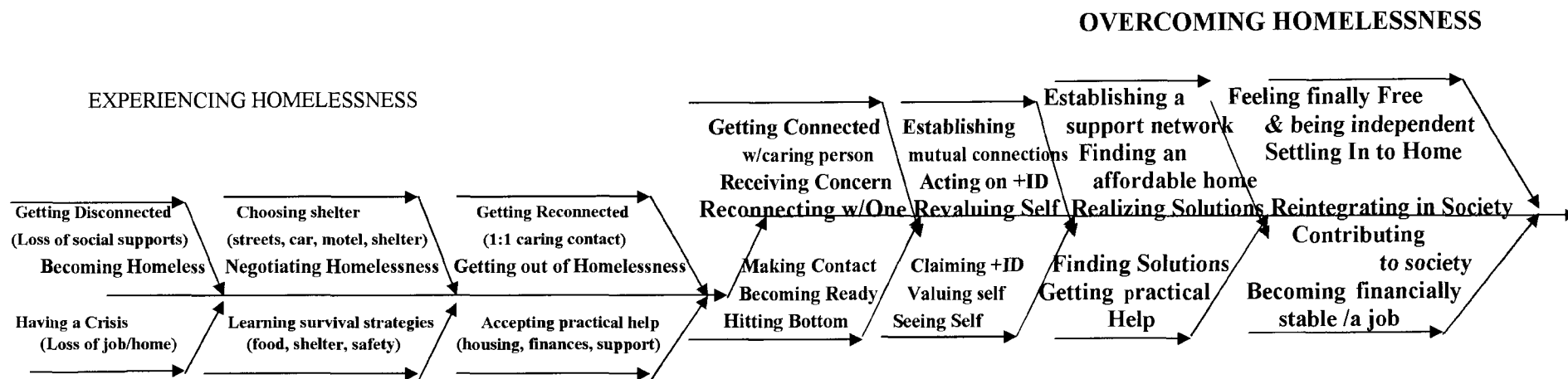


Figure 5. Conceptual Map #3: Basic Social Processes of Experiencing and Overcoming Homelessness

## RECONNECTING to OVERCOME HOMELESSNESS

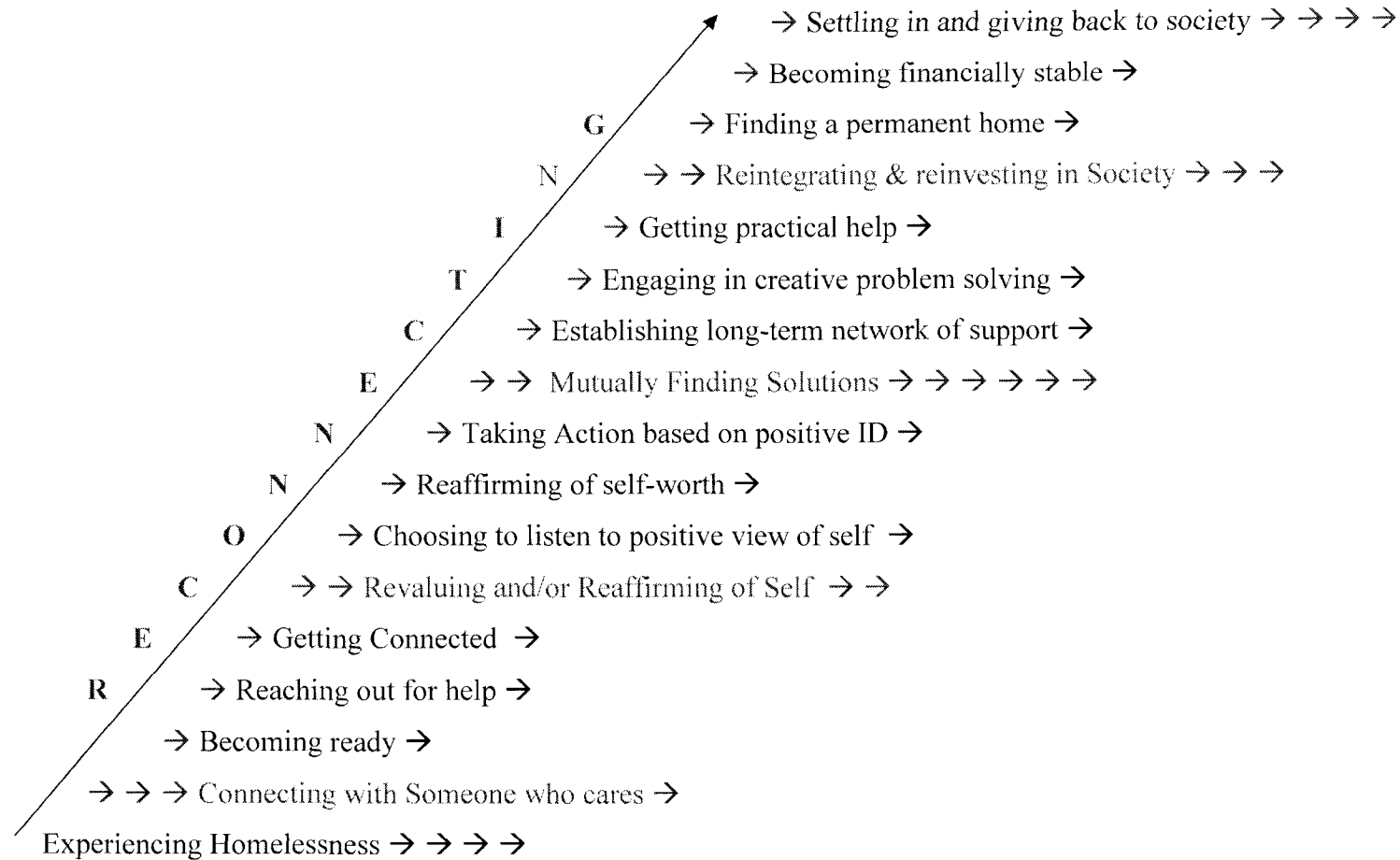


Figure 6. Conceptual Map #4: Basic Social Process of Reconnecting to Overcome Homelessness



## CHAPTER V

### FINDINGS

Constant comparative analysis of the stories of formerly homeless mothers reveals the multiplicity and complexity of the needs that they faced during homelessness, the process of *experiencing homelessness*, and the emergence of the process, *reconnecting to overcome homelessness*, to get off the streets and into stable housing. These processes were seen in both the stories of study participants and of the cases extracted from the literature, although the course through the processes proceeded at a different pace for each formerly homeless mother. While experiencing homelessness is important to understand, it is overcoming homelessness that was discovered to be the main concern of the participants. Keeping true to grounded theory means leaving the discussion of experiencing homelessness to another study and focusing on what enables these mothers to resolve their main concern. The discovery of the basic social process of reconnecting to overcome homelessness was serendipitous and is the focus of this chapter.

#### Reconnecting: Overcoming Homelessness

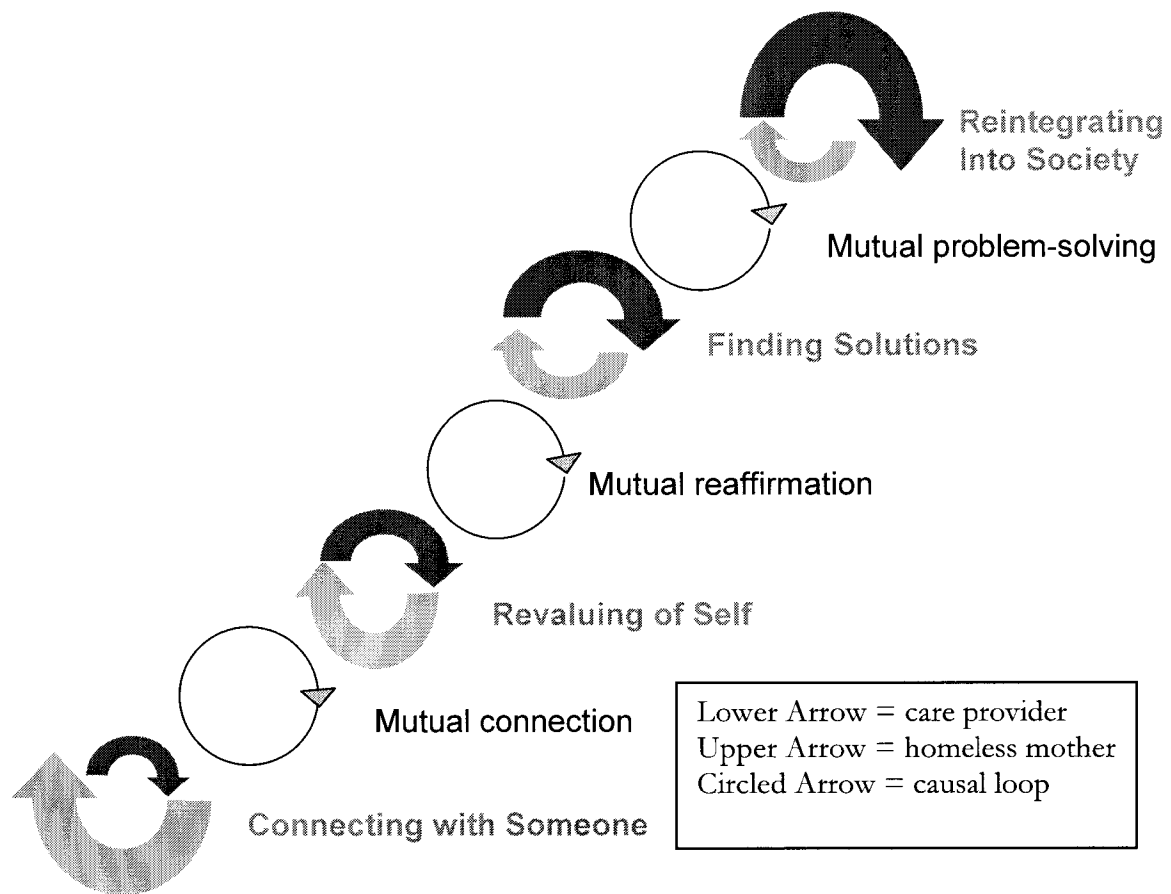
Reconnecting to overcome homelessness is the last stage of experiencing homelessness. Its importance became clearer as formerly homeless mothers told their stories. Reconnection is the key to overcoming homelessness. As theoretical sampling, data collection, and data analysis proceeded, it became evident that each stage, in particular the reconnecting stage, is a process in and of itself, although it is the final stage in the overall process of experiencing homelessness. Connecting with someone, revaluing of self, mutually finding solutions, and reintegrating into society are the themes of the “reconnecting to overcome homelessness” process (see Figure 7). The theoretical code,

reciprocal causation, is what links the categories of the reconnecting process (see Figure 8). The mutuality of the connections forms an amplifying causal loop.

#### PROCESS OF RECONNECTING TO OVERCOME HOMELESSNESS

<i>Connecting with Someone</i> →	<i>Revaluing and Reaffirming of Self</i> →	<i>Mutually Finding Solutions</i> →	<i>Reintegrating into Society</i>
<ul style="list-style-type: none"> <li>• Becoming ready</li> <li>• Making contact</li> <li>• Reaching out for help</li> <li>• Getting connected</li> </ul>	<ul style="list-style-type: none"> <li>• Choosing to listen</li> <li>• Claiming identity</li> <li>• Reaffirming self-worth</li> <li>• Taking action</li> </ul>	<ul style="list-style-type: none"> <li>• Establishing long-term support</li> <li>• Solving problems</li> <li>• Envisioning possibilities</li> <li>• Getting practical help</li> </ul>	<ul style="list-style-type: none"> <li>• Finding a home</li> <li>• Becoming financially stable</li> <li>• Settling in</li> <li>• Contributing to society</li> </ul>
<b>Context:</b> Homeless motherhood <b>Condition:</b> Living in some sort of temporary situation <b>Outcome:</b> Getting and staying off the streets after obtaining stable housing			

*Figure 7. Process of Reconnecting to Overcome Homelessness*



*Figure 8. Reciprocal Causation: A Theoretical Code Linking the Process of Reconnecting*

There was no difference in this stage between participants who viewed their social support as positive and those who viewed their social support as negative prior to the homeless experience. This stage was negotiated differently by each participant and was based primarily on past experience and an ability to envision the attainment of a normal lifestyle. Compared to participants who lived unstable lives before homelessness, participants who lived a stable life before homelessness had a greater ability to envision “homefulness” after experiencing homelessness. The steps were the same for all of the participants, but the course through the stages proceeded at a different pace.

#### *Connecting with Someone*

Connections have two sides, and the process of reconnecting must involve both. Connecting with someone begins when caring individuals in mainstream society become involved in providing assistance to the homeless. Initial contact may not result in a true connection; care providers often report making several contacts before the homeless person responds to them. The actual connection results from homeless mothers’ readiness to overcome homelessness by reaching out for help and establishing mutual social connections.

*Becoming ready.* Measuring and evaluating whether someone is ready to make a change is difficult and not uniform. Many report that “hitting bottom” preceded their sense of becoming ready. Participants reported feeling at the end of their rope:

I got no family; nobody helped me and my baby. We just had ourselves, and nobody cared about us.

I ended up sleeping, ended up living with people. You know, staying here, trying to stay there. I have no education, I had no job, I had nowhere else to go. No family, no friends...

A recurrent theme among participants is no one can make you change; you have to change for yourself. One formerly homeless mother explains,

It's like hittin' bottom. When you hit bottom, there's only one way to go—up. So you gotta be ready to change. Nobody gonna do it for you. You gotta decide for yourself that you wanna change and have a better life.

Readiness to change is an important step in this process of connecting. A number of participants described the experience of hitting bottom and of wanting to change their lifestyle to get off the streets.

You have to be ready to change, to get help, in order for it to work” because “others can't do it for you. You have to want it for yourself.

Becoming ready is crucial to the establishment of connections. If the homeless mother is not ready to move on, then contacts are only fleeting. Many women have histories of violence or of loss through divorce, death, or abandonment, and they are hesitant to reach out for help. In essence, their readiness is a step of faith in themselves and in others.

*Making contact.* It was interesting to note that receiving temporary help, such as motel vouchers, is not seen as making a connection. The human kindness element is an important part of a connection being formed. Finding someone, often just one individual, who genuinely cares and wants to help, appears to be a key factor for formerly homeless mothers to reconnect to overcome homelessness. Most of the individuals who reach out to the homeless mothers are social workers, case managers, and volunteers from non-profit organizations. A participant states,

A lady...said when you get out [of jail], she was lookin' for me to call her 'cause she had an excellent program that I would benefit from. And I said ok, so, I'm off. So, I got out. I did call this lady, she did hook me up with this program called AB-2034...the case manager, he put me in a sober living home. And, I was going to meetings. I was doing everything I was supposed to be doing. I registered as a known drug offender. I was on probation. I reported to probation. I moved to a

place called the Rochester House which is a recovery program for men and women. And they accepted me and I was pregnant, and they accepted me.

Participants view this outreach effort as caring, an expression of dignity and respect, and it motivates them to strategize about how to overcome homelessness, regardless of their availability of social support prior to the homeless experience. This contact becomes a source of hope to them.

*Reaching out for help.* Although a provider or other caring individual often makes the first reach-out effort, the homeless mother has to receive that concern in order for the connection to be fruitful. In fact, at some point the mother must reach out herself for the help that is being offered. Many participants report that they were approached a number of times before they accepted the idea that someone cares for them and wants to help them. Too often, these homeless mothers have been the brunt of uncaring and/or cruel actions and attitudes; the caring attitudes often went unnoticed or unappreciated until some trust and rapport developed. This requires consistency and genuineness on the part of the person offering help. One participant explains,

She just kept telling me that I could make it if I got into a program she knew about. She put my name in, and I said ok.

*Getting connected.* Once rapport is established and a sense of trust is developing, the connection is made. Though it is tentative at first, repeated contacts continue to strengthen the bond. One woman said that a nun from the nearby church saw that she was hurting and started helping her out with just a hot meal and some conversation and kindness. Eventually, that connection enabled her to get off the streets. Another participant said that regular bible studies and church services brought to the jail where she was serving time made it possible for her to connect with the leadership of the

*Church on the Street* program so that she had a place to go when she was released from jail. Establishing mutual and long-term connections with social supports is important at this stage. Many participants reconnected with someone through churches, support groups, and other social services. Others said they had a personal connection with God: “He’s watchin’ out for you. I always knew He was takin’ care of us.”

### *Revaluing of Self*

Only two participants retained a strong sense of self through the homeless experience. Successfully reconnecting with someone was a reaffirmation of self-worth for many of the participants. This feeling of self-worth is essential to the process of overcoming homelessness.

*Choosing to listen.* After being marginalized in many ways by society, these homeless mothers began to feel very negatively about themselves. Many of them reported feeling like they must be bad mothers to be out on the streets. The slumped posture and dejected affect evidenced by many homeless mothers is an outward indication of their inward feelings. Again, it takes a step of faith to begin to listen to the views of people who are a part of the very society that disenfranchised them. One participant says,

I didn’t know people like that existed. I had to see it to believe it. But I did. I know they cared and I was worth it....helping me with the little things made me see that people really cared.

Several of the participants said that it took awhile for them to really listen and to believe that they had value. The quote below is representative of many participants’ sentiment that reconnecting with someone helps to begin the process of revalue of self.

The most helpful was the social worker there. She helped me quite a bit. She sent me on a, to participate on a, like a day program called the Shields for families. I went there for support and then she made referrals to places like this. This is how I got here to this building. She sent my name here. And put me on a waiting list

here. And that was very motivating. After being in a place like that for a while, that really inspired me. It made me feel really good.

*Claiming identity.* Value clarification happens with these women as they listen to others who show that they genuinely care. The homeless mothers discover that they are worthwhile human beings and can be part of society, living in community with others. Though some of the participants claim a positive identity almost as soon as a connection is made with a caring individual, this is not always the case. Such understanding comes slowly for those who have been devalued for a long time. Many of these women have had a poor sense of self for most of their lives, and they begin to believe in their own worth with a certain amount of difficulty. One participant gave an example of how she came to see herself positively after feeling marginalized by being homeless.

I met a person, took me to a social security office, and I filled out the papers and stuff. Uh, he took me to the general relief. And I didn't have an address so, they gave me, uh, they didn't give cash. They gave me, uh, food stamps and a voucher for a hotel. They told me to go to the Fred Jordan Mission. I found it. And, uh, talked to a social worker, and she told me they had a bed open in, it's called transition housing at that time... They have case managers [at the transition housing]. And while I was livin' over there, they was buildin' this place, and she put my name on the list... So these people that bought this building and built it. They're precious to me. Very precious. And that's why I call myself Precious. 'Cause I'm precious too.

*Reaffirming self-worth.* Once a sense of trust and of hope is communicated to these mothers, their sense of self-worth is reinforced or established. It is quite fragile at first, but the connection with kind and caring people serves to strengthen this revaluing of self and reaffirming of self-worth. One mother explains,

I was feeling really down, but I knew that we didn't deserve to be homeless. My Ex was really at fault for treating us so badly, but I had to stop and think about it. Anyway, we needed a little more money to get a motel and we needed a bath so bad. So I was in a parking lot and I saw a man getting out of his car. And I went over and told him that I needed some help, anything that he could spare for me and my daughter to have enough to stay a night in a motel instead of the car. So



he pulled out his wallet, and then he called out to some other people getting into their cars and all. And he said, 'Hey folks, this lady needs some help! We need to help her out! Come on everybody, let's all give a little help here!' And you know, they just started coming one right after the other. Some drove by and others walked over, and they all gave me some money. And he gathered up over \$200 for us that day when I was just hoping for \$20. I just knew that there are some good, kind people out there. And I knew we were gonna make it and we deserved to make it!

*Taking action.* Participants' seeing themselves in a positive light resulted in their taking action to overcome homelessness, symbolic of a newly revalued self. Taking action means making a move, emotionally and physically toward a future hope of homefulness. This hope instilled through the revaluing process is the basis for change. The revaluing or reaffirming process occurs through connections by which others validate their self-worth. Although reflection and action involve an enormous amount of energy, the step is worth it says participants. What gives them energy to turn around is the sense that someone values them. It is interesting that spiritual values of faith, hope, and love are essential to the process of reconnecting to overcome homelessness.

#### *Mutually finding solutions*

There is a sense of mutuality that is implicit in the notion of connection and reconnection. While many work out solutions on their own, it is often the case that "two heads are better than one" as the old saying goes. For homeless mothers, the connection is important partly because of the emotional support that these women need, but also because of their lack of resources and lack of knowledge of how to overcome their situation.

*Establishing long-term connections.* Connecting with someone for a short period of time helps with short-term problems such as food and shelter. The long-term connections are important for the long process of reintegrating into society. For many of

these mothers, the crisis that precipitated them into homelessness left them unprepared to find creative ways of overcoming their situation. They usually need help to figure out what the next step is and how to accomplish their goal of getting back into a home of their own. The establishment of long-term connections is crucial to this process. One participant explained that the church that had helped her throughout her difficult experience was her family since she had no other family. Many indicated that the support groups, care programs, and church groups become family to them and provide them with a sense of security. These connections assist with figuring out solutions to the unique and individual problems that each homeless mother faces.

*Solving problems.* While problem solving is a challenge for many people, being homeless makes solving problems more complex and even more challenging. Overcoming homelessness requires creative problem-solving, such as establish support. Making long-term connections is an important part of rebuilding and sustaining a support network over time. Some support networks are available through various specific-focused support groups, such as drug abuse programs and programs for victims of domestic violence. Other programs focus on the mentally ill. For people who do not fit these specific support groups, they must find and build other networks and relationships through other social, civic, and religious organizations.

Some organizations have systems that help women problem-solve to overcome homelessness, such as job assistance, resume building, or training. A participant reports that she wrote a letter to the director of an agency that helps homeless mothers. This person discussed the letter with other members of the organization, and then they offered

her a job as a housemother of a home for homeless women. This was a creative way to solve multiple problems: finding a job, earning an income, and having a place to stay.

It is interesting that many organizations have programs based on patriarchal or male-dominated thinking and planning. Many programs for the homeless fail to meet the needs of homeless mothers because of this type of program planning. One other concern relating to problem solving is that many care providers make plans without asking the homeless mothers for their input. In addition to being an issue of loss of dignity, this simply leads to inadequate or ineffective programs of assistance. According to one,

I tried working being homeless from the day labor places. The biggest problem was there was no place to get a shower and to get cleaned up. And then you had to be at those places so early in the morning that sometimes you didn't get any sleep. And being a woman on the street I was always having to move around for safety and protection...

*Getting practical help.* Asking for help and making decision about moving on helps participants to realize solutions to overcome homelessness. The practical help is most effective after careful evaluation of each situation has taken place and brainstorming for creative solutions is done. The key, though, to effective problem solving and getting the most effective assistance is the mutuality of the connection between the care provider and the homeless individual. A kind and caring attitude goes a long way to helping these mothers out of homelessness and into a stable living situation. One participant said,

Shelters have showed me there's different attitudes, there's different people comin' from different types of lifestyles. And I got to meet a lot of different types of interesting people, and you know. The drug shelter, they taught me about self respect, self-esteem, how to hold my head up and not have it down...taught me a lot of responsibilities. When things go wrong you just don't give up. You don't stop. You keep goin' 'cause it's gonna get worse and then its gonna get better...and when that storm hits, it will pass. I owe Shields for Families a lot. I owe Fred Jordan Mission a lot. Um...those two shelters really, really helped me out a lot 'cause they really care about folks. And I'm grateful to them. But, to all

those homeless women, children, hang in there 'cause God's watching and He knows everybody's heart.

### *Reintegrating into Society*

The process of reintegrating into society involves finding a place, becoming financially stable, settling in, and reinvesting in community life by giving back in some way. Getting off the streets into stable housing is a major challenge in overcoming homelessness and reintegrating into society. Overcoming homelessness requires finding a place to call home.

*Finding a home.* The step of finding a home and moving in is a very difficult one for many of these homeless mothers. Many of the participants had jobs, but needed help getting into an apartment. Those who have an eviction record usually cannot rent an apartment without a co-signer, something that is very difficult to do. Even those with no eviction history have trouble saving the security deposit and fees.

Participants identify the ability to pay rent on a regular, consistent basis as a benchmark of financial stability; however, many of them have no savings for the security deposit and the first and last months' rent. Many relied on transitional housing programs to assist them with this rent requirement. This program automatically saves a portion of the rent for this purpose. Other programs provide the down payment for rent with the understanding that it will be repaid to help others. One participant says she worked several part-time jobs in order to afford an apartment.

Partnership with those who are stable or with an organization that can either subsidize the initial housing costs or provide housing without those fees is one way to meet this challenge. Several participants received help in finding a home and a job from the church they attended. One participant reported that her church family got together to

help her get into an apartment with her daughter. Everyone helped a little, and together they succeeded. Again, the connection is crucial to this step in the process.

*Becoming financially stable.* Finding a job or earning an income is a challenge and requires advance planning. Many participants report that they would like to work, but either do not have the skills or they have no childcare during a job interview. Without a place for proper hygiene, they cannot look their best or provide an address or phone number to potential employers. Transportation is often important in obtaining employment. The job assistance programs often fail to consider how a homeless person can prepare for an interview or for a job when there is no way to place ready for work. Another problem is transportation to and from work. One participant discussed the helpful solution her caring helper provided,

And so one day this lady approached me and she asked me “would you be interested in a job?” and I said yes. I said my biggest problem is transportation. I have no way of getting there or getting back except my two feet. She said, “Well, it’s taking care of an elderly lady and if you would be interested, we can help you until you get your first paycheck. We can help you with transportation.” So she did, and that’s how I got started and I’ve been doing it ever since.

Financial instability is one of the precipitating factors of homelessness, so it must be overcome to overcome homelessness; however, it takes time to amass enough resources to be financially stable. Even when the participant had a good job, financial stability was slow in coming. One woman became homeless after losing her husband to cancer. After overcoming homelessness, she still had many bills from his treatment with which to contend. This precarious state of finances is a major factor in repeat homelessness. Another participant explains,

I’ve always lived sort of on the edge. And being homeless was a full time job. Just getting enough food and a place to sleep took all day. So I can’t sit around. I have to have something to do! Anyway, I keep busy. I work at the shelter several times a week. I know there lots of people need help.

*Settling in.* Once the mother moves into her own place and found a job or another source of income, such as government aid to the poor, she began to settle in to a sense of homefulness. Some of the women report they felt a sense of home when they received the key to their apartment, while others say they felt a sense of home when they paid the first bill. One was shopping and found herself buying a plant for the first time in years, and she realized that she was finally settling in to her home.

Many of the participants have established social networks that include informal and formal social support systems. They check in with each other on a regular basis. This is one way many participants give back to the community, in addition to volunteering for organizations that serve the homeless. Establishing a balance of interdependence and autonomy is critical to their ability to overcome homelessness and reintegrate into mainstream society. One participant said that the people she connected with while she was homeless are still “there for me...a little bit of a safety net” so that she does not have to worry about falling back into homelessness. They have stayed connected for years.

Reintegration into mainstream society gives these women a sense of “homefulness,” but participants do not experience it in the same manner. One mother reports that even though she and her daughter are no longer homeless and they live in an apartment, she is still not “free” of the homeless scene. She wants to live in another part of town where there are no reminders of their homeless experience. Another mother reports that she still does not feel “free” because she is still too dependent on financial assistance. Her plan is to become a certified nursing assistant so that she can earn a better income than she does as a home health aide. The quote below is from the participant who bought a plant for her home and who feels free of her homeless experience.

I knew I was finally free of the fear, free of the worry of becoming homeless again, I knew when I was shopping and I bought a plant. Because a plant means permanency, you know. It means you're gonna be there to water it and take care of it. It's a sign of stability; it's a sign that you're not goin' anywhere except to work. I knew then that we were okay!

*Contributing to society.* An interesting result of the homeless experience is the heightened awareness of the plight of homeless families and an increased involvement in helping the poor and needy. Most of the participants give back to society in some way. A few have difficulty with their memories of homelessness and choose to serve in other ways, but most participants have some contact with and serve the homeless, often homeless mothers. One said,

Yeah, I think all it takes is just a helping hand from somebody... So I don't know, I've always felt like helping others myself. That's why I got involved in helping that church with their homeless program. And I got into the coalition for the homeless. And they are always asking me questions about what it's like to be homeless and what we can do. They're trying to put together their summer plan for the homeless to try and get them out of the heat...

One woman was so concerned about the homeless that, while she and her children were homeless themselves she worked at getting food for the food bank that served the homeless shelters. She and her children would go around and gather food and share with other homeless people. She was so good at this that the organization hired her for the food bank, and eventually it became a full-time job that enabled her to support herself and her five children. Probably the most compelling story of this them of giving back was the woman who had been a housemother immediately after getting out of homelessness, and she formed strong bonds with the homeless mothers under her care. She shared stories of these women and their successes. She discussed a few who fell back into homelessness and reported that she is still in touch with them encouraging them to try again to overcome their lifestyle issues that make it hard to remain stable. She said,

I stay connected... I stayed in contact with her the whole time faithfully. Every week I would send her a card saying we can do whatever...So she said that she was going to get an apartment, a job, collect her social security, and hopefully she'll make it this time...I still have my Phoenix phone number to stay in touch. A lot of the girls from Phoenix still contact me and I don't want to change my phone number because that's the only way they can get a hold of me. I call them sometimes...they call me all the time...So they know that they can reach me at all times... It's still, for me to be around to ask for prayer and ask for support. So I'm not changing my phone number...I had a girl...she's now in Virginia, and this past Sunday I got a call from her. And she travels around with her husband driving a truck...and Sunday out of the clear blue,...there was my friend calling, you know. Hi, I'm calling to see how you're doing. You know I'm doing okay... So I'm still a support for a lot of women...

### Summary

The process of "reconnecting to overcome homelessness" emerged as the core category in this study. It described, from the perspective of formerly homeless mothers, the manner in which their main concern of getting out of homelessness was resolved. This basic social process (BSP) occurs over time and the pace at which it occurs varies depending on the individual. According to Glaser (1996), a basic social process is only one type of theoretical code and is a lower level of conceptualization. However, this BSP did resolve the main concern of the participants and is, therefore, extremely relevant to the problem of homelessness. Reconnecting is the key to overcoming of homelessness, which results primarily from being disconnected financially, socially, and personally. Reconnecting involves connecting with someone, revaluing of self, mutually finding solutions, and reintegrating into society.



## CHAPTER VI

### DISCUSSION, LIMITATIONS, IMPLICATIONS, RECOMMENDATIONS FOR FURTHER STUDY, AND CONCLUSIONS

#### Discussion

“Not since the Great Depression have so many mothers and children been homeless. Most homeless families are headed by a single mother with two children under age 6. She may have lost her job or her home, become injured or ill, or be fleeing from domestic violence. After teetering on the edge of homelessness for weeks or months, a single crisis may have plunged her into the abyss. Suddenly, she is completely alone with children to feed, shelter, nurture, and protect” reports the National Center on Family Homelessness (NCFH, 2004, p.1).

This quote captures the essence of the problem that became the driving force behind this research project among formerly homeless mothers. For all of the women interviewed in this study, their homeless experience was unexpected and traumatic. The experience prior to homelessness is a key factor to overcoming homelessness. The plight of these families is tragic; it is an anathema to this researcher. American policies that make life even more difficult for the poor and disenfranchised of our nation need to be revised, and programs of lasting assistance need to be developed. This dissertation project was conceived with the long-term goal of informing the practice of those who serve the homeless.

Open coding of the initial data revealed a number of initial themes in the first phase of this study. These themes included losing family support, losing social support, losing financial resources, becoming disconnected, experiencing a crisis event, making choices to survive, feeling marginalized, making an initial contact, becoming self-motivated to change, reaching out for help, making new connections, accessing

resources, finding a place to live, and getting out of homelessness. As various themes were analyzed and compared, it became evident that there was a process, a basic social process, experienced by these homeless mothers and their children. While this process has similar findings to those of other research studies among the homeless (Kozol, 1988; Meadows-Oliver, 2003; Menke & Wagner, 1997b; Munhall, 1994), it is the process of *reconnecting to overcome homelessness* that is of interest. It was clearly a process with movement from dependence through interdependence toward independence. This process changed over time and moved toward resolution of the main problem of homelessness, that of getting off the streets into stable housing.

In this study, *reconnecting to overcome homelessness* is the process that formerly homelessness women went through to return to a stable living situation. This process was evident in the initial phase of the study, and it became clarified and refined as category saturation occurred. There is evidence in the literature of findings that resonate with those of this study, and a discussion of these follows. It is interesting to note that the women in this study did not fit the current stereotype of homelessness. For the most part, they hated being homeless and having no stability for their families. This motivational factor made it possible for them to work toward the goal of homefulness rather than staying out on the streets. Most of them had a sense of what “normal living” should look like, and they did not want to remain homeless. In fact, they refused to learn the survival strategies that often result in marginalization of homeless women, because they did not see themselves as part of the “typical homeless” population.

In the work done by Grigsby and Baumann (1988), there were differing paths through homelessness based in part on the individual’s willingness or ability to move on.

In this study, the actual time spent homeless is different in the case of each mother, and her prior stability, or lack of it, had an affect on the trajectory through and out of homelessness. Most of the women were anxious to get out of homelessness in order to have a safe and stable environment for their children. In this study, motherhood and the need to care for their children were motivating factors to overcome the adverse circumstances of homelessness. The placement of their children in safe environments through family or social services temporarily removed that motivating factor; however, they wanted to reunify the family, so that served as a motivator.

Parallel to findings in this study, the work of other researchers, who explored the pathways to homelessness, found that poverty and the housing crisis were predisposing factors (Falk & Allebeck, 2002; Hartley, 1998; Timmer, Eitzen, & Talley, 1994). These issues affect the ability of homeless mothers and others in the extreme poverty bracket to get out of homelessness. DaCosta Nunez (1994), who worked with the homeless in New York City, reports that the common thread among all the homeless families with different social and emotional factors leading to homelessness is poverty. In the Los Angeles area, extreme poverty has also been identified as a predisposing factor to homelessness (Weingart Center # 5, 2003).

The process of reconnecting includes connecting with someone, revaluing of self, mutually finding solutions, and reintegrating into society. Connecting begins with becoming ready to change. Change theory suggests that change is dependent on the context and on the perception of the problem (Wright & Leahey, 2005). While understanding alone will not lead to change, a readiness to change will have a positive effect on the process (Watzlawick, Weakland, & Fisch, 1974). Connections with those

who have resources have been seen as effective in other studies as well (Hatton, 2001; Letiecq, Anderson & Koblinsky, 1996). In another study, Jezewski (1995) discovered the basic social process of staying connected, which was the core of facilitating health care for homeless people. The process she discovered is very similar to the findings of this study.

In addition to this, some studies of relationships make a case for social connections and the importance of support networks. A dissertation study by Zurzaga (2002) explored the pathways to homelessness and the impact of social support on homeless men, women, and families. The loss of social support was seen as one of the major contributing factors to homelessness, a parallel finding to that of this study. Weyerhaeuser (2001) did a study among homeless older persons and discovered that stability in housing after periods of homelessness was connected to supports. It was crucial to establish support networks in order for them to stay off the streets. Literature on the importance of social support, family, friends, community, and organizations, in overcoming homelessness abounds (Grisby & Bauman, 1988). Interestingly, loss of family support seems to precede loss of other types of social support. This is a finding in this study, as well.

Connections require some amount of interdependence, and homeless mothers go through a stage of working with someone to figure out solutions. This requires listening on the part of the care provider as well as a willingness to be open on the part of the homeless mother. Their needs are unique and require creative problem solving. Mutuality is important, as women tend to need social networks even when there is no crisis or instability in life. Lindsey's 1997 study among single female-headed households reveal

that restabilization after homelessness requires a social support network that is accessible to formerly homeless mothers. Meadows-Oliver (2005) also discovered the importance of social support for formerly homeless mothers. The ability to envision the possibilities of homefulness happens in conjunction with a sense of belonging and community. The theme of mutuality in problem solving is pervasive in the homelessness literature. In another study, Wuest (2000) discovered a basic social process entitled, *negotiating with helping systems: an example of evolving through emergent fit*, a similar concept found in the second and third stages of the process of *reconnecting to overcome homelessness* discovered in this study.

Lindsey (1997) conducted several studies among homeless women; in one, she discovered a process that she called restabilization after homelessness, where the role of health care providers, particularly social workers, was demonstrated to be a crucial one in assisting these women with children to a stable life after the instability of homelessness. Unfortunately, the planning of the programs she reviewed did not take into account the accessibility of resources in the long-term, and many of the women experienced instability and were at risk for repeat homelessness. This maintenance of social networks and support are crucial for long-term success. Other researchers addressed issues of change among different populations of women. One study among new mothers who were re-entering their careers revealed themes, such as questioning, resisting then acquiescing to change, and balancing (Miller, 1996). These themes are similar to those found among homeless women who are trying to re-enter mainstream society (Seltzer & Miller, 1993).

Social interactions influence the overall experience of homelessness and the ability of homeless mothers to overcome their situation. Many experiences are negative,

causing frustration and pain as they attempt to navigate the pitfalls of homelessness.

Those who overcome homelessness indicate that social support is critical to their success and to their ability to take their place in the social world as a mother. “What is particularly crucial here is the social dimension of this need to see ourselves as worthy and responsible human beings” (Seltser & Miller, 1993, p.106).

#### Related Theories in the Literature

A commitment to reflexivity, where research must be historically, culturally, and personally situated, supports the premise that a discussion of women, women’s roles, and women’s ways of knowing and experiencing homelessness would be best understood from the feminist perspective (Gergen & Gergen, 2000). While there is a definite need to explore meanings and interactions, the underpinnings of research among homeless mothers must be based on a perspective that accounts for the ready marginalization of these women. Nurse researcher and biographer Cathy Appleton, in her phenomenological study of women’s lives, found that there is a “disparity between women’s experience and the social construction of reality” (Munhall, 1994, p. 23). It is often the case that caring and mothering are contextually grounded in competition, a social construction that is “gender-based” (p. 36) and one that predisposes the mother to tension and stress, placing her at risk for violence.

#### *Feminist Theory*

According to feminist theory, many current policies actually weaken households headed by women (Osmond & Thorne, 1993). In the face of current research evidence that female-headed families are the fastest growing segment of the homeless population (Weingart Center #3, 2004), this is an area where change in the social structure needs to

take place. In fact, some policies and laws reinforce the privileges of men and contribute to the opportunity for victimization of women. For example, many shelters have insurance policies that do not apply if women or children are present. Rarely do shelters have enough security personnel to ensure that young women are safe from sexual harassment or abuse. In several cases, the participants experienced domestic violence as the precipitating factor to homelessness. North, Smith, and Spitznagel (1994) report that violence in the homeless setting is at an epidemic level. Women are especially vulnerable to violent crimes. Often a woman escapes the domestic violence of her home only to become the victim of violence on the streets.

An increasingly hostile attitude toward the homeless is evident in America today. In Milwaukee, a church has been declared a public nuisance for feeding homeless people and allowing them to sleep there; while in Gainesville, police threatened the University of Florida students with arrest if they did not stop serving meals to homeless people in a public park (Whitehead, 2004). In addition to these problems, homeless women report being devalued, oppressed, and often victimized, while men remain largely unaware of the problem. Russell (1991) addressed this issue in his work *Silent Sisters* as he listened to the stories of women who were mistreated or overlooked, who remained silent in the face of various types of abuse, expecting the current social structure to mistreat them because of their gender and life situation. This unworkable and unjust state of affairs is one of the sustaining factors of the feminist movement, and feminists have made extensive efforts to change societal patterns of injustice and inequality.

When filtered through a lens that acknowledges the dominant social structure of today's society, the homeless mother's perspective is better understood. Instead of

devaluing mothers who are homeless, the feminist perspective affirms their value as mothers who are experiencing oppression and in need of social change. The understanding of identities and roles can be readily explored through Feminist Theory. In addition, the impact of the dominance of our patriarchal society on homeless mothers can be well addressed from a feminist perspective. Feminists have conducted many studies on mothers in a variety of living situations; what is uniquely feminist about them is the attention to the perspectives of women and their gender-related experiences within societal contexts of power. One such study revealed that the feminine self of women “is embedded in connections with others (which leads women to seek the relational experience of mothering)” (Osmond & Thorne, 1993, p. 614).

Lorber (1998) writes that gender inequalities have a major impact on female-headed households, causing the already fragile fabric of society to become weak at strategic points. Homeless mothers seem to have a different self-meaning than homeless women who have no children because their identity is partially constructed by their role as mothers. In a study by Seltser and Miller (1993), one homeless mother said these words:

I have this daughter of mine, I can't even have a roof over her head. I should just give her up to somebody else that can take care of her, because it makes me feel inadequate. It feels like I'm not doing a good enough job being mom (p. 107).

Seltser and Miller believe that the need to see ourselves as worthy and responsible human beings is a vital part of our social dimension, and homelessness makes it impossible for a woman with children to take her place in the social world as a mother. Charles Taylor (1997) explains that “common understandings” (p. 139) exist within a social unit or a societal group; thus the meaning of motherhood is more than a role, it is an identity that is



seen as a social good. Roles refer to the system of meanings that enable people to maintain social interactions, and they require both individual thoughts as well as collectively negotiated meanings based in part on meanings and language (Taylor, 1997). Mothers who become homeless are in a uniquely different situation than the typical homeless person of the past (Da Costa Nunez, 1996; NCH #2, 2001).

A mother has certain expectations, such as providing food and shelter for her children and keeping them safe, that, if left unfulfilled, affect how society views and interacts with that mother (DeLashmutt, 2000; Meadows-Oliver, 2003). These social interactions are based on “broad shared symbols and actively create the specific meanings of self, others, and situations” (LaRossa & Reitzes, 1993, p.149). In other words, both the homeless mother and others in society have a mutual understanding of the meaning of motherhood and the expectations attached to that role, so the negative impact on the homeless mother’s self-esteem and self-identity is due partially to her own meanings and partially to those of society.

### *Symbolic Interactionism*

The deep impact of the homeless state on the sense of self among homeless mothers is seen more clearly in light of social interactions and interpersonal connections defined by Symbolic Interactionism, which addresses the social structures that are in place and assists in understanding the social norms of today. Homeless mothers must negotiate the social structures that are in place as well as the meanings that are attached. Philosopher and phenomenologist Martin Heidegger (1962) sees this socially constructed self as being time and place oriented, a critical concept when dealing with homeless mothers. Even the language related to the homeless situation has an impact on how the

woman with children who has no home views herself. This is a consideration when working with homeless mothers because the restoration of self is a big step in the process of overcoming difficult life situations (Kohut, 1977). Philosopher Charles Taylor (1997) writes that “our identity is partly shaped by recognition or its absence” (p. 225). The failure of society to see and understand the individual identity of a homeless person can cause real harm to homeless people, diminishing their already low self-esteem and increasing their suffering.

Symbolic Interactionism focuses on the interaction between symbols and their meanings (White & Klein, 2002). The word “home” has personal and societal meaning, as do the words “homeless” and “mother.” Symbolic Interactionism provides a psychosocial avenue to explore the meanings attached to the various aspects of homelessness and motherhood. The interaction between individuals and communities has a tremendous impact on meanings. “The making and sustaining of our identity, in the absence of a heroic effort to break out of ordinary existence, remains dialogical throughout our lives” (Taylor, 1997, p. 231). Homeless mothers are especially at risk for loss of meaning due to the combination of the negative societal meaning of homelessness and the positive meaning of motherhood. Seltser and Miller, in their 1993 study of homelessness, report that with homeless women,

The greatest damage....may be an undermining of the sense that they are competent and worthwhile parents...the present intervening chaos is thus revealed as a challenge not merely to comfort or happiness but to the story of their lives...to their self-worth as human beings. Particularly for so many of the women we interviewed, whose sense of self was intimately tied up with their children or marriages, failures in these arenas represented a deeper failure in life” (p.106).

The term 'homeless mother' is almost an oxymoron from the symbolic interactionist perspective because of the meanings attached to homelessness and to motherhood. "Home" has a strong shared meaning that conjures up feelings of love, belonging, safety, and security. It is a well-established place. While motherhood implies home, somehow, that shared meaning generally applied to homelessness does not fit the picture. The well-established and well-protected place provided by "mother" is missing. This paradox of "home but homeless" results in an extreme lowering of self-esteem among homeless mothers as they receive negative feedback from their social interactions and begin to feel as though they are "bad mothers." This loss of self-esteem contributes to the marginalization and victimization of these women. For some, this paradox serves as a positive force; and their desire to find a stable home for their children becomes a strong motivation for change (Cone, 2004). For others it leads to a loss of hope (Golden, 1992).

#### *Maslow's Theory of Human Motivation*

Maslow's (1943) theory has both a theory that logically explains how ideas and concepts about human motivation are related to each other and a model that guides practice. The theory of human motivation proposes that human beings are driven by basic, unconscious motivations that are understood through the meeting or satisfying of basic needs. The question of motivation is important to consider when exploring the process of overcoming homelessness. The motivation of the mothers in this study was a key element in their readiness for change.

Maslow views human motivation as a driving force for all human actions. While the conscious motivations are more easily identified and articulated, homeless mothers are driven by needs and desires based on deeply held beliefs about which they may be

unaware. Some mothers will go to great lengths to keep their families together while others “work the system” to have their children placed somewhere they view as safer than the streets. These mothers often cannot articulate the reasons behind their actions, but they express deep love for their children (Russell, 1991). Many behaviors have more than one motivation, some conscious, and some unconscious, and that is certainly true in regards to the activities of homeless mothers, but Maslow placed these in a hierarchy.

Maslow discussed the hierarchy of human needs with physiological needs being the most pre-potent, safety needs being second, followed by love and belonging needs, esteem needs, self-actualization needs, needs or desires to know and understand, and aesthetic needs (Barnum, 2003). This loosely serial ordering of needs is what eventually developed into his model that is used so widely to guide research and practice. While his position on the hierarchy is not a fixed or rigid one and the degree of fixity depends on the individual, Maslow contends that there is a “tremendous mass of evidence, which indicates the crucial importance of unconscious motivations” (Maslow, 1943, p. 385) and that they generally fall in the order listed. Many of the homeless mothers did not articulate an awareness of their motivation for change, they simply said that their children did not deserve to be homeless and so they tried to overcome it.

There has been no attempt to be exhaustive in the exploration of research that is similar to the work done by this researcher, but it is evident that there is an increasing amount of scholarly work being conducted among the homeless. Some of it applies to the population under study, and some of it does not. The findings have some similarities and some differences, most of which can be explained by the perspective of the formerly homeless mother as distinctive from that of other homeless people and of those who serve

them. There is much to be done in the area of research among homeless families, and homeless mothers in particular.

### Limitations of the Study

Limitations of qualitative research, and of grounded theory approaches in particular, include the fact that the researcher's perspective and ways of thinking and understanding are a major factor in data analysis. This means that there is a subjective element inherent in the analysis. It is interesting to note that qualitative researchers have a variety of questions and a variety of ways to answer those questions. While one method is usually most efficient in answering the main question, other methods offer valuable insight as well. The main question of this study was how formerly homeless mothers experienced homelessness and how they overcame it. The main concern of these women was discovered to be that of getting off the streets into stable living. The question was answered through the basic social process of reconnecting, though more can be learned through further analysis of the data.

Some researchers see grounded theory as a qualitative modeling process. In fact, every grounded theory is unique in that it addresses the main concern of whatever the participant in a particular setting and condition. Not every grounded theory is a basic social process, though there is evidence in the literature of many gerund grounded theories that are reported as basic social processes. According to Glaser (2005), a basic social process is only one of many theoretical codes, and one should "gain facility using other theoretical codes to analyze data" (p. 122). Unfortunately, the attempt to force stages in a theory can dilute its fit, work, and relevance. Inexperience with the use of

theoretical codes and time constraints for the university program may have made analysis of this data incomplete.

It is the hope of this researcher that the study will be continued in order to more fully understand some of the theoretical codes, such as identity change, reciprocal causation, and the underlying causal loop that seems to be emerging from the memos. Because of these limitations, this study is more descriptive than conceptual and is at the first level of conceptualization (Glaser, 1996). Glaser writes that theoretical coding is the least understood aspect of generating a grounded theory. The basic social process theoretical code works for this study because it can capture action and movement through time. The core category of reconnecting is modeled by the basic social process, as shown in the stages of the conceptual map, by which it resolves the main concern. The conceptual theory, or basic social process, can be modified since it is not concerned with the descriptive accuracy of qualitative descriptive analysis. Preconscious processing on the part of the researcher was reflected on in memos so that the emerging insight was not lost. This theory is grounded as best possible through substantive coding, the use of a full memo bank with methodological and theoretical memos, sorting of memos using the emergent theoretical code of basic social process to integrate the theory, and the linking of categories and the interactions between substantive and theoretical codes.

Another limitation of the study is the gender issue, as only women were interviewed. On the other hand, it is the perspective of the homeless mother that is of interest to the researcher, so that limitation is a necessary one. Another limitation is related to recruitment of participants. With such a vulnerable population, gaining entrée and enrolling enough participants is often a serious challenge. Fortunately, this researcher

was able to build rapport with a number of gatekeepers over time spent working in homeless shelters and clinics. This enabled the researcher to gain access to formerly homeless mothers with relative ease. In addition, two research assistants who have a passion for work among the homeless were used to facilitate the recruitment process. Consequently, there were sufficient participants found in a timely manner.

Other limitations relate to the participants themselves. Some women with histories of substance abuse or diagnoses of mental illness were among the participants. These women needed an additional step on the road out of homelessness. They needed a recovery program before they could go into transitional housing. It became clear that those without severe mental illness or recurring substance abuse issues would need different programs of assistance. These groups of women have actually received more attention in the research arena than those whose homeless experience was precipitated by poverty, job loss, or a crisis event such as illness or death of a spouse. This last group “fell through the cracks” as one formerly mother put it.

One further limitation is the focus on process rather than detail. This was not a problem for this researcher as the question of interest was a desire to see the experience over time and to identify elements of change during this process. The focus on process was necessary to understand the overcoming aspect of the experience. Not only was a core category found in this dissertation, but also a basic social process was identified. While theoretical frameworks are not used in grounded theory data analysis, Glaser (2005) writes that one needs a good background in theories so that when such themes emerge from the data the researcher will recognize them.

Every research study has advantages and disadvantages to the method chosen. Grounded theory has the advantage of having theory development as its focus. While the emergence of theory is the primary goal, a disadvantage to this method is that not every grounded theory study results in theory development. This can be very frustrating for the researcher. Often, it is difficult to determine significance and generalizability, as one can with quantitative studies. On the other hand, it is rewarding to discover a process that truly explains a particular phenomenon, such as homeless mothers overcoming their situation. Homeless mothers have many complex challenges as they navigate their life situation and try to overcome it. Grounded theory from their perspective offers a means of understanding how homeless women with children reconnect as a means to overcome their homelessness.

#### Implications for Practice

The current socio-political environment causes a sense of separateness from the larger society and a loss of personal and family stability for homeless families. The prevailing negative attitude of society toward the homeless starts the demoralization process and increases the sense of helplessness that a homeless mother experiences. Even those services that are supposed to help people who have limited financial resources are fraught with difficulty and often end up causing humiliation (Seltser & Miller, 1993). In today's already fragmented and disconnected society, those who do not fit the social patterns or common understandings of families and mothers are marginalized and disempowered (Taylor, 1997; Walsh, 1999). It is crucial that researchers explore the perspective of the mothers who have experienced homelessness in order to develop programs that will assist them in overcoming their homeless situation. This in turn can



inform the practice of providers who serve the homeless. It can also influence program development as well as policy and procedure modification.

Strategies that have proved to be successful include such programs as “Homes for the Homeless” in New York City (DaCosta Nunez, 1994), as well as Bridges for the Homeless in Austin, Texas (Johnson, 2005). What these programs have in common is their focus on a broad range of services and extended support through the time these families self-identify as ready to be independent. Programs for homeless families need to be flexible and multi-faceted. They need to be based on the continuing input of the families they serve. In addition, they need to encourage establishment of mutual support networks that mend the torn fabric of societal connections for these families. Family homelessness can be overcome, as these formerly homeless mothers have demonstrated. It is up to society’s leaders, such as health care providers, to work with homeless families to help them to avoid becoming another homeless statistic by reintegration into mainstream society.

“Give a man fish, you feed him for a day; teach a man to fish, you feed him for a lifetime” is an old adage that, while couched in gender-based terms to which feminists might object, holds true for the situation of homeless mothers today. Programs that provide food and temporary shelter do indeed feed and house these women and children for a day, but they do nothing to get them off the streets and into a stable home environment. In a social climate and social structure that at the moment fosters the oppression and marginalization of these mothers and children, an integrated theoretical approach that underpins the qualitative methodology for exploring this issue is extremely useful in deepening our understanding in order to discover effective strategies for change.

## Recommendations for Further Study

In order to explore fully the issues that surround homelessness and motherhood, further research, qualitative, quantitative, and mixed methodologies, must be done. Various methodologies would produce rich data and a deeper understanding of the many aspects of this phenomenon. From a qualitative perspective, phenomenology could be used to gain more descriptive detail about the experiences of mothers while homeless. Ethnographic studies would be extremely valuable in exploring the differences between shelters as described by several participants. In addition, further grounded theory studies with other sample populations, on certain populations such as those with disabled children, and on specific areas of the country such as warm versus cold weather zones. Grounded theory studies can also identify other themes, patterns, and processes related to homelessness, based on the question asked by the researcher.

Quantitative research is also needed among this population. Many funding agencies want statistical evidence of various issues and concerns relating to helping the homeless. Program evaluation research would be helpful in discovering which programs actually work and are viewed by the recipients of care as effective programs of assistance. Action research could move an intervention into testing, and the participants would work with researchers to discover the best ways of implementing change in programs, policies, and procedures.

## Conclusions

Homelessness is a condition that adversely affects the spirit, mind, and body of persons, causing increased vulnerability among those who experience it, especially women with children. The state of homeless mothers is a complex case of limited

financial resources, a fragmented social network, and a refusal to be separated from their children. For formerly homeless mothers, becoming homeless was clearly a result of disconnection from various types of support. The fragmentation of family and social networks was a primary predisposing factor to homelessness.

Reconnecting is the process whereby formerly homeless mothers resolved homelessness. Current care strategies focus primarily on providing food and shelter, both important in keeping women and children alive, but fraught with difficulties that prevent homeless families from receiving more than temporary help. Social interactions can influence the overall experience of homelessness and the ability of homeless mothers to overcome their situation, suggesting that building social networks must be included in the plan for overcoming homelessness.

***America***

*It is cold at night  
But worst at dawn  
That dawn's early light  
When the flag is  
Still there  
Waving in the faces of Americans  
Sleeping  
In the streets  
Cold  
Hungry  
Forgotten by their government  
Ignored by mankind  
But living  
In  
America the beautiful*

By G.C. Plebe, homeless in San Francisco (1998)

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APPENDICES

**Appendix A**

**Newspaper Advertisement**

**UNIVERSITY OF CALIFORNIA, SAN FRANCISCO**

**A RESEARCH PROJECT**

**Formerly Homeless Mothers' Strategies for Overcoming Homelessness**

Were you ever a homeless mother? You may be eligible to be part of a being conducted by the University of California, San Francisco. Researchers are trying to learn how homeless mothers get off the streets and back into mainstream society. If you are willing to share your story about what helped you overcome homelessness, please contact us at [REDACTED] or [REDACTED]

## Appendix B

### Recruitment Flyer

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

#### A RESEARCH PROJECT

## *Formerly Homeless Mothers' Strategies for Getting off the Streets*

Were you ever a homeless mother? You may be eligible to be part of a being conducted by the University of California, San Francisco!

Researchers are trying to learn how women with children get off the streets after being homeless.

To be in this you must be:

- At least 18 years old
- English speaking
- A mother
- No longer homeless

If you participate in this ,

- You will be asked to share your story of the experience of homelessness and how you managed to get off the streets into a home of your own.
- You will be asked to identify your needs and concerns at the time that you were homeless as well as any supports that you had or discovered.
- You will be asked to tell us what helped you to get off the streets.

If you choose to participate,

- The interview will take about an hour.
- You will receive \$20 in cash at the end of the interview.

If you are willing to participate in this ,

- Please contact us! Pamela Cone [REDACTED] or [REDACTED]

If you are a formerly homeless mother, we need your help!!!

## **Appendix C**

### **Letter of Support - 1**

#### **East San Gabriel Valley Coalition for the Homeless – A Winter Shelter Program**

November 10, 2005

Pamela Cone PhD(c), RN, CNS  
Azusa Pacific University  
[REDACTED]  
Azusa, CA [REDACTED]

Dear Mrs. Cone:

As director of the **East San Gabriel Valley Coalition for the Homeless**, it is my pleasure to respond to your request for help with research on homelessness. The purpose of this letter is to lend our enthusiastic support for your project, "Understanding Formerly Homeless Mothers' Experiences of Getting out of Homelessness." The **ESGVCH** is happy to participate in this important research by posting fliers and making the information available to formerly homeless mothers with whom we have contact.

We are aware of a number of strategies for managing homelessness, many of which we implement in our efforts to serve the homeless of our area. Research that helps us to better understand how to enhance our effectiveness in helping homeless mothers and their children is certainly needed.

We look forward to participating in your project.

Sincerely,

Irene Kubo  
Director, East San Gabriel Valley Coalition for the Homelessness  
[REDACTED]

## Letter of Support - 2

### Homelessness Clinic & Project Achieve – A project of aid to the homeless

October 31, 2003

Pamela Cone PhD(c), RN, CNS  
Azusa Pacific University  
[REDACTED]  
Azusa, CA [REDACTED]

Dear Mrs. Cone:

As director of the *Homeless Clinic* for the *East San Gabriel Valley Coalition for the Homeless – Winter Shelter*, it is my pleasure to respond to your request for help with your research on homelessness. The purpose of this letter is to lend support for your project, “Understanding Formerly Homeless Mothers’ Experiences of Getting out of Homelessness.” The clinic nurses are happy to assist you in any way that we can with this important research.

We are aware of a number of strategies for managing homelessness. Research that helps us to better understand how to enhance our effectiveness in helping homeless mothers and their children is certainly needed.

We look forward to assisting with your project.

Sincerely,

Dr. Connie Brehm  
Director of the Nurse Practitioner run Homeless Clinic  
[REDACTED]

## **Appendix D**

### **Invitation Letter**

#### **UNIVERSITY OF CALIFORNIA, SAN FRANCISCO**

#### **A RESEARCH PROJECT**

#### *Formerly Homeless Mothers' Strategies for Overcoming Homelessness*

Recruitment letter to be sent to homeless shelter workers and/or volunteers:

To Whom It May Concern:

My name is Pamela Cone, and I am a doctoral student in the Department of Community Health at the University of California, San Francisco and a faculty member at the Azusa Pacific University School of Nursing. Do you or anyone you know have a story to tell about what it is like to be homeless? Are there things you've learned about being a homeless woman with children that need to be said? I am interested in understanding how homeless mothers manage to overcome homelessness. I hope to learn from them the strategies that were helpful in getting off the streets and back into a home of their own. In this way, programs can be developed that will be more effective in helping other homeless mothers and their children to become reintegrated into mainstream society.

I invite anyone who was formerly a homeless mother to participate in this research . If you choose to participate,

- I would set up a time that is convenient for you at a location of your choice.
- You will be given information about the study and a consent form to sign.
- The interview would last about an hour as you share your story.
- The conversation will be audio taped, if you agree; otherwise, I will take notes.
- I will take every precaution I can to keep all information confidential and private.
- You will be given \$20 in cash at the end of the interview.

Please feel free to call and discuss participation in this . You may contact me by phone at [REDACTED] or by email at [REDACTED] You may also contact my faculty advisor and co-principal investigator, Dr. Catherine Waters, at [REDACTED]

Sincerely,

Pamela Cone PhD(c), RN, CNS

## Appendix E

### Interview Guidelines

#### **“Formerly Homeless Mothers’ Strategies for Overcoming Homelessness”**

**Research Question: What is the process whereby formerly homeless mothers are reintegrated into mainstream society?**

**Researcher/Doctoral student:** Pamela Cone PhD(c), RN, CNS

**Principal Investigator/Assistant Professor:** Catherine Waters PhD, RN

#### I. What to record:

A. Information about the participant – see Demographic Data sheet ID #\_\_\_\_\_

B. Information about former homelessness: This uses an interview guide with open-ended questions that allows for the participants to share their own experiences and perspectives.

1. Thank you for your willingness to participate in this . Please tell me your story about when you and your children were homeless.
  - How long ago did all this happen?
  - What was life like before you were homeless?
  - How did it all start, that is, how did you become homeless?
  - What do you think led up to your becoming homeless?
  - How old were you and your children when all this happened?
  - What were your thoughts and feelings at that time?
  - How did your children react to homelessness?
2. What were your main worries and needs during your time of homelessness?
  - What was your homeless situation?
  - Where did you sleep, and where did you stay during the day?
  - What was a typical day like while your were homeless?
  - How were your needs and those of your children different?
  - What worried you the most?
  - How did this change over your time as a homeless family?
  - Give me some example of that.
3. What resources or strategies did you have to help you?
  - What contacts or supports did you have to help in your crisis?
  - Give me some example of that.
  - Who helped meet your needs and those of your children?
  - What type of help did you receive during your time homeless?
  - How did this assist you?
  - What was most helpful for your survival on the streets?



4. How did you get off the streets and out of homelessness?
  - Who do you think was most influential in helping you overcome your homeless situation?
  - What was most helpful in getting you off the streets?
  - How long did this process take?
  - What are your thoughts and feelings about that process?
5. Try to think of an experience that would help describe how you got off the streets and into a more regular way of living.
  - Give me some example of that.
  - Tell me more about this.
6. Is there anything you would like to add that would help describe how you overcame homelessness?

## II. How to record:

- A. Request permission to tape-record the interview (include in informed consent).
- B. If not possible, then write field notes immediately following and attempt to record the conversation verbatim. Request permission to check back with the participant for accuracy of field notes.
- C. Immediately following the interview, record all impressions of the interaction, the setting, and all non-verbal cues to the participant's conversation. Include all the interviewer's thoughts & feelings during the interview as well as any issues that may need to be explored more fully.
- D. Keep track of data! Set up the method of storing and managing data so that they are secure and kept confidential.

## Appendix F

### Demographic Data Sheet

#### **“Formerly Homeless Mothers’ Strategies for Overcoming Homelessness”**

1. ID (fictitious name): \_\_\_\_\_ ID # \_\_\_\_\_
2. Date: \_\_\_\_\_
3. Location of interview **to be selected based on participant preference:**  
**(office, home, public building, coffee shop, etc., or telephone interview)**  
\_\_\_\_\_
4. Age: \_\_\_\_\_
5. Age at time of homelessness: \_\_\_\_\_
6. Marital status: \_\_\_\_\_
7. Work status: \_\_\_\_\_
8. Ethnicity: \_\_\_\_\_
9. Children gender & ages:
  - a. At time of homelessness \_\_\_\_\_  
\_\_\_\_\_
  - b. Currently: \_\_\_\_\_  
\_\_\_\_\_
10. When were you homeless?  
\_\_\_\_\_
11. How long were you homeless?  
\_\_\_\_\_
12. Homeless living situation: **(street, car, motel, camp site, etc.)**  
\_\_\_\_\_
13. How long have you lived in stable housing?  
\_\_\_\_\_

## **Appendix G**

### **Informed Consent Form**

#### **UNIVERSITY OF CALIFORNIA, SAN FRANCISCO CONSENT TO BE A RESEARCH SUBJECT**

*Formerly Homeless Mothers' Experiences of Homelessness & Getting off the Streets*  
CHR approval # H9243-23689-02 on 1/18/2006

#### **A. PURPOSE AND BACKGROUND**

Catherine Waters PhD, RN, Professor, and Pamela Cone PhD(c), RN, CNS, a doctoral student at the University of California San Francisco, along with Barbara Artinian RN, PhD, Professor Emeritus at Azusa Pacific University, are conducting a research study on how mothers who were homeless got off the streets and into stable housing. They are interested in talking with formerly homeless women with children. They want to hear your story about getting back into your own home after being homeless. You are being asked to participate in this because you were once a homeless mother with children.

#### **B. PROCEDURES**

If you agree to be in the , the following will occur:

1. You will be interviewed by Pamela Cone about your experience of getting out of homelessness. You will be asked to tell your story and describe the strategies you used to help you and your children get off the streets into a home of your own. The interview will take one hour. The interview will be audio-taped; if you do not agree, notes will be taken.
2. The interview will take place at your convenience in a location of your choice. You will be asked to fill out an information sheet that will ask about your age, ethnicity, marital status, and number of children as well as when and how long you were homeless. You may refrain from answering any of the questions on that sheet. You may also withdraw from the study at any time.
3. You will be asked for contact information so that the researcher can clarify issues in your discussion, if needed. You may choose not to have this follow-up contact.

#### **C. RISKS/DISCOMFORTS**

1. Confidentiality: Participation in research will involve a loss of privacy, but information about you will be handled as confidentially as possible. In order to minimize the risk for a loss of privacy, the interview tapes, personal information, and transcriptions will be coded with a number, and only the research team will have access to the original contact information. Your name will not be used in any published reports about this . All information will be kept in locked files that can only be accessed by personnel, and tapes will be destroyed after the is completed.

2. Some of the questions may make you feel uncomfortable or sad. You are free to not answer any questions you do not wish to answer, to stop the interview and continue at a later time, or to withdraw from the at any time.

## **D. BENEFITS**

There will be no direct benefit to you from participating in this ; however, you will get to tell your story and share some of your experiences that you might not have felt comfortable talking about before. In addition, the information that you provide may help health professionals better understand how to help homeless mothers to get out of homelessness.

## **E. COSTS**

Other than your time, there will be no costs to you as a result of taking part in this .

## **F. PAYMENT**

You will be paid \$20 cash for your participation at the end of the interview. If you only partially complete the interview, you will be paid \$5.

## **G. QUESTIONS**

You have talked to Pamela Cone about this and have had your questions answered. If you have further questions, you may call her at ( ), or call Dr. Waters at ( ). If you have any concerns about participation in this study, please first talk with the researchers. If for some reason you do not wish to do this, you may contact the Committee on Human Research, which is concerned with the protection of volunteers in research projects. You may reach the committee office between 8:00 and 5:00, Monday through Friday, by calling ( ), or by writing: Committee on Human Research, Box 0962, University of California, San Francisco/San Francisco, CA 94143.

## **H. CONSENT**

**PARTICIPATION IN RESEARCH IS VOLUNTARY.** You are free to decline to be in this , or to withdraw from it at any point. Your decision as to whether or not to participate in this will have no influence on your present or future status as a patient in any health care organization or as a worker or volunteer at homeless shelters.

If you agree to participate, please sign below; you will receive a copy of the consent form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Obtaining Consent