

# **HOMELESS MOTHERS: COPING AND ADAPTATION**

By

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## ABSTRACT OF THE DISSERTATION

### HOMELESS MOTHERS: COPING AND ADAPTATION

BY AMY GLADSTONE

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Dr. Allison Zippay

As affordable housing resources diminish in cities throughout the country, poor families increasingly join the ranks of the homeless. This study considers the question of whether there is an association between coping ability and adaptation and the conditions of homelessness for homeless mothers.

The research design involves in-person interviews with 80 homeless mothers residing at a shelter for homeless families in New York City. All were on public assistance at the time of the study, had at least one child, and had been at the shelter for no more than 4 months.

The study considers two types of coping, problem-focused, which involves active efforts to address the stressor, and emotion-focused, which involves directing attention away from the stressor through defensive mechanisms such as avoidance. This study asked whether the type of coping, problem-focused or emotion-focused, is associated

with the number of times that homeless families relocated, the total amount of time that they were homeless and the number of concurrent stressful life events they faced in the 3 years prior to the study. It also considered whether these three independent variables, number of relocations, duration of homelessness, and number of life events, were associated with adaptation to implicit and explicit shelter expectations.

Results indicate that homeless mothers who relocate four or more times utilize defensive emotion-focused coping strategies more than mothers who relocate three times or less. Additionally, homeless mothers who have experienced 20 or more stressful life events utilize more emotion-focused coping strategies than mothers who experience fewer than 20 stressful life events. Policy makers and clinicians should incorporate the results of this study as well as others documenting the detrimental effects of frequent relocations and numerous stressful life events on the coping capacity of homeless mothers in designing social policy and clinical services for this population.

## DEDICATION

In loving memory of my parents, Rose and Bernard Gladstone, for their passion for social justice, deep love, and belief in me.

And to respondent #68, who, like me, was 8 months pregnant at the time of her interview.

In anticipation of my first-born, I was thrilled. She however was quite worried. She was concerned that her baby would have a big appetite. She cried as she told me that she feared that on her meager income she would not be able to afford enough formula to feed him properly. I hope that he is thriving now and that they have a place to call home.

I also hope for a world in which a baby's healthy appetite is nothing but cause for great celebration for all mothers.

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The change in course that this dissertation took challenged everyone involved. Taking on this project mid-way, Dr. Zippay walked a fine line between supporting my original ideas and encouraging new ways of organizing and understanding my work. I benefitted greatly from her intellectual rigor, diplomacy, unfailing encouragement, and constructive guidance. I owe an immense debt of gratitude to Dr. Zippay for this project's completion. I am grateful to Dr. Farmer who set high standards and showed me how to meet them. She went beyond the call of duty in providing thorough and helpful feedback that greatly improved the quality of my work. I also want to thank Dr. Glasser who stayed on until the end even though it was a long haul. I feel deeply indebted to Dr. Strange. Her anthropology class many years ago left an indelible impression on me and from her I learned how to teach. She is the only original committee member and understands what a journey this has been.

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## CHAPTER 1

### INTRODUCTION

In New York City in the last 9 years, the rate of homelessness has risen dramatically among families. From 1998 until 2007, the number of families staying in shelters and welfare hotels more than doubled (Coalition for the Homeless, 2008a). In 2007, the average daily census of homeless families in the municipal shelter system was the highest of any year in the city's recent history: 9,413 families including 15,132 children. Currently, in New York City families with children are the largest segment of the homeless population (Coalition for the Homeless, 2008a).

For poor families homelessness is often an experience of overwhelming loss, instability, and uncertainty. Having struggled to create a home for themselves, they must leave behind many of the fruits of their labor and objects of identity, including household items, furniture, and mementos. They often give up their communities and kinship networks (Baumann, 1993; Goodman, Saxe, & Harvey, 1991). Children leave their schools, separate from their friends, and move to unfamiliar surroundings (Choi & Snyder, 1999; McNanee, Bartek, & Lynes, 1994). Many of these families take on a vagabond-like existence. Some move from one relative's home to another while they search for permanent housing. They may become the poor cousin, the burden, and the guests who overstay their welcome (Thrasher & Mowbray, 1995). Once in the shelter system, family life is governed by unfamiliar institutional rules as families await an

uncertain future, not knowing where they will make their new permanent home (Gerstel, Bogard, McConnell, & Schwartz, 1996).

In response to its dramatic escalation as a social problem, researchers became interested in family homelessness beginning in the mid-1980s (Marcuse, 1996). Early studies tended to be exploratory in nature, identifying precipitating events (Bassuk & Rosenberg, 1988; McChesney, 1986; Mills & Ota, 1989), family characteristics (Bassuk, Rubin, & Lauriat, 1986; Wood, Valdez, Hayashi, & Shen, 1990) and risk factors (Knickman & Weitzman, 1989).

By the 1990s, researchers interested in family homelessness expanded their focus and advanced their methods. They tried to understand how social service and family systems responded to homeless families as they examined; sources of social support (Goodman, 1991; McChesney, 1992; Shinn, Knickman, & Weitzman, 1991), service delivery (Gerstel, et al., 1996; Huttman & Redmond, 1992; Johnson, & Hambrick, 1993; Rossi, 1994; Stoner, 1995; Weinreb & Rossi, 1995), and the effects of homelessness on children (DiBiase & Waddell, 1995; McNanee, Bartek, & Lynes, 1994; Zima, Wells, & Freeman, 1994). Research methodologies incorporated the use of comparison groups to study differences between homeless families and poor housed families on demographics (Johnson, McChesney, Rocha, & Butterfield, 1995; McChesney, 1994) and social support (Letiecq, Anderson, & Koblinsky, 1996).

One area of interest for family homelessness researchers that emerged as the research expanded was coping. Utilizing qualitative methodologies, researchers identified coping strengths among this population including motivation and willpower (Thrasher and Mowbray, 1995); and determination and independence (Banyard, 1995). In contrast,

in their qualitative study of sheltered homeless mothers, researchers Choi and Snyder (1999) noted depression, hopelessness, and feelings of powerlessness. Two of the studies conducted on coping among homeless mothers employed quantitative methods. Utilizing a quasi-experimental design, Banyard and Graham-Bermann (1998) included a comparison group of low-income housed mothers and utilized standardized measures to study stress, coping, and depression among homeless mothers. Danesco and Holden (1998) employed cluster analysis to create typologies of homeless families. They divided families into three groups: at risk, getting by and resilient.

It was during the 1990s that family homelessness researchers explored adaptation to shelter life. Researchers studied how homeless mothers responded to the homeless shelter system and found a range of adaptive behavior from understanding expectations and following rules to resistance and acting out behavior (Choi & Snyder, 1999; Fogel, 1997; Gerstel et al, 1996; Weinreb & Rossi, 1995). Researchers also found that families adapting to shelter expectations have advantages over non-compliant families in areas such as housing placement, quality of relationships with shelter staff, and flexibility in assignment of chores (Fogel, 1997).

#### Purpose of the Study

This study examined the ways in which the coping and shelter adaptation strategies of a sample of 80 homeless mothers residing in a shelter in New York City were related to conditions of homelessness and stressful life events.

Researchers suggest that there are differences in coping and adaptation within the population of homeless families. Choi and Snyder (1999) found that some homeless mothers used “every bit of their strength,” (p. 144) while others were “utterly

despondent” (p. 144). Banyard and Graham-Bermann (1998) noted, “the existence of multiple responses and outcomes within groups of homeless families” (p. 487).

To date, research has revealed relatively little about the determinants of homeless mothers' varied coping strategies and adaptive behavior. For example, we do not know why some homeless mothers utilize constructive coping responses involving proactive behavior and perseverance while others engage in self-defeating behaviors. In addition, the factors that differentiate those homeless families who adapt to shelter expectations from those who are noncompliant are unclear.

Researchers interested in homelessness have offered several conceptualizations of homelessness that have implications for the study of coping and adaptation. Milburn and D’Ercole (1991) suggest that homelessness is a stressor and as such coping and adaptation are variables that serve a mediating function. In contrast, Goodman et al. (1991) argue that homelessness is overwhelming and constitutes a trauma. Severe limitations placed on personal control in shelter and loss of home, possessions, community, and accustomed social roles can be traumatizing because such conditions exceed coping capacity.

The present study examines the types of coping and adaptation approaches utilized by homeless mothers. Utilizing one theory of homelessness, that of Goodman et al. (1991) that homelessness is a traumatic event, it examines associations between conditions of homelessness and coping and adaptation. The following research questions guide the study:

Research Question 1: Is mothers’ duration of homelessness and number of relocations associated with their utilization of problem-focused coping?

Research Question 2: Is mothers' duration of homelessness and number of relocations associated with their utilization of emotion-focused coping?

Research Question 3: Is mothers' preponderance of concurrent life events associated with their utilization of problem-focused coping?

Research Question 4: Is mothers' preponderance of concurrent life events associated with their utilization of emotion-focused coping?

Research Question 5: Is the duration of homelessness associated with homeless mothers' adaptation to shelter expectations?

Research Question 6: Is the number of relocations associated with homeless mothers' adaptation to shelter expectations?

Research Question 7: Is the number of preponderance of life events associated with homeless mothers' adaptation to shelter expectations?

Researchers Milburn and D'Ercole (1991) and Goodman et al. (1991) have stressed the importance of developing a better understanding of coping and adaptive strengths among the homeless. As the number of homeless families increases, it is incumbent upon social work researchers and practitioners to expand our knowledge base to guide the development of social policy and clinical services that meet the needs of homeless mothers.

## CHAPTER 2

### LITERATURE REVIEW OF FAMILY HOMELESSNESS, COPING, AND ADAPTATION

This chapter defines the problem of family homelessness and discusses its scope, history, causes, policy responses, demographics, risk factors, and psychosocial consequences. In addition, it reviews the literature on coping and adaptation to shelter expectations.

#### Definition of Homelessness

The Stewart B. McKinney Act (42 U.S.C., 11301, et seq., 1994) defines a homeless person as one who:

Lacks a fixed, regular, and adequate night-time residence and; . . . has a primary night time residence that is: (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations. (B) an institution that provides a temporary residence for individuals intended to be institutionalized, or (C) a public or private place not designed for, or ordinarily used as, as regular sleeping accommodation for human beings. (National Coalition for the Homeless, 2007a, p. 2)

The McKinney Act considers the homeless to be those who do not have a permanent place to live, reside in a public shelter or institution, or live in makeshift accommodations, such as a public park or bus station.

Various researchers have provided definitions that divide the homeless into distinct categories. Alice Johnson (1995) refers to the “hidden homeless” who are not visible because they double up with friends or relatives, sleep in cars, or on the subway. Another group she labels the “episodically homeless” who are those who find housing;

lose it, find another place to stay, only to lose it as well in a pattern that continues indefinitely. Johnson divides this group of the homeless into two categories: the “situationally homeless,” who may go without housing for a few nights at a time and the “chronically homeless” who spend long periods of time without permanent shelter (Johnson, 1995). Stone (1993) delineates a category of homelessness that includes the precariously housed or “proto-homeless” (Stone, 1993). These individuals pay a disproportionately large percentage of their income for rent, sacrificing other basic needs and thus putting themselves at greater risk for homelessness.

### Scope of the Problem

According to the National Coalition for the Homeless (2007b), the most accurate and recent approximation of the number of homeless, using the definition from the McKinney Act, is from a study done in 2000 by the National Law Center on Homelessness and Poverty of the Urban Institute. It draws on estimates from the National Survey of Homeless Assistance Providers and Clients conducted by the U.S. Census Bureau. Using the Census Bureau survey data, the Urban Institute (2000) reported about 3.5 million people, 1.35 million of them children, are likely to experience homelessness in a given year.

Families with children are the fastest growing segment of the homeless population (Coalition for the Homeless, 2007c). A survey of 23 U.S. cities found that in 2007 families with children accounted for 23% of the homeless population. (U.S. Conference of Mayors, 2007). A 2005 study revealed that of the counted homeless population there were 98,452 homeless families nationwide (National Alliance to End Homelessness, 2007).

## Historical and Socio-Economic Causes of Homelessness

Homelessness becomes a widespread problem when the number of low-income people in need of housing exceeds the number of affordable housing units on the market. The current upsurge in family homelessness began in the early 1980s during the Reagan era. Three converging factors contributed to the dramatic spread of homelessness: (a) poverty rates among families (Marcuse, 1996); (b) the escalation of housing costs (Choi & Snyder, 1999; McChesney, 1990; Ringheim, 1993; Shinn & Gillespie, 1994); and (c) the federal government's cutbacks in subsidized housing (Choi & Snyder, 1999).

The segment of the poor most vulnerable to family homelessness is households headed by single mothers. From 2000 to 2004, the number of poor as well as the poverty rate rose for four consecutive years. While there was a slight decrease overall in 2006, the poverty rate for families with female heads of household was 28.3% (U.S. Bureau of the Census, 2007).

The supply of affordable housing has decreased significantly in recent years. The National Low Income Housing Coalition (2004) analyzed the 2003 American Community Survey of the U.S. Census Bureau and found that in 2003 more than 47% of renter households in every state lived in unaffordable housing, which HUD defines as rent that is more than 30% of household income. The share of renter households living in severely unaffordable housing, defined as rent of more than 50% of a household's income, is 23%. Families constitute 40% of those living in severely unaffordable housing (National Low Income Housing Coalition, 2004).

Federal and local governments historically served as an intermediary between the free rental housing market and the poor. However, since the late 1970s, government has been withdrawing its commitment to subsidized housing (Choi & Snyder, 1999). From 1976 to 2004, the federal budget for housing assistance decreased by 48%: Housing assistance made up 36% of targeted low-income program budgets in 1976, 46% in 1978, and only 8% in 2004 (Dolbeare, Basloe Saraf, & Crowley, 2005). Moreover, housing expenditures no longer target construction of new housing for the poor as they did up until the late 1970s. In 2004, the government budgeted housing monies primarily to maintain existing units (Coalition for the Homeless, 2008b).

#### *Housing Crisis in New York City*

In 1970, the number of low-cost apartments in New York City actually exceeded the number of extremely low-income renter households by more than 270,000 units. By the late 1990s, the housing picture for very low-income households had grown to be quite bleak-- there was a net shortfall of more than half a million available low-cost apartments (Coalition for the Homeless, 2008b). From 1990 to 2000, New York City lost more than 510,000 apartments with monthly gross rents under \$500, representing the loss of more than half of all low-cost units. While the affordable housing stock declined precipitously, median rents in New York City increased at nearly twice the rate of inflation in the twenty-year period preceding 2003. Over the same period, the average income of the poorest fifth of New York City households fell by 33% (Coalition for the Homeless, 2008b). In addition, during this time, New York City public housing expenditures began their decline. Throughout the 1990s, New York City produced fewer than 8,000 new

housing units each year, less than half the number of units produced per year in the late 1970s (Coalition for the Homeless, 2008b).

According to the National Coalition for the Homeless (2007c), the combination of poverty and unaffordable housing places a growing number of poor housed families at great risk of homelessness. While this is a national trend, poor families are at particular vulnerable in major cities like New York (National Coalition for the Homeless, 2007c).

#### National Demographics

McChesney (1995) reviewed the extant research on the demographics of homeless families. She evaluated eleven study's findings on a several variables including ethnicity and age. McChesney compared findings from four of the seven studies utilizing comparison groups with census data from 1990, and concluded that African-American families are significantly over-represented in two cities: New York City and Los Angeles. In nine of the studies, the average range in age of homeless mothers was between 26.8 and 29.5 years, with a mode of 28 years. Four of the studies with comparison groups found no significant differences between the ages of the homeless families and the housed poor families. However, the two studies with the largest sample sizes found significant differences in age. In one study, homeless mothers were on average 7 years younger than housed poor mothers (Knickman & Weitzman, 1989) and 8 years younger in another (Rocha et al., 1996).

Studies reveal consistent results regarding the composition of homeless families. Rocha et al. (1996) found that nationwide single-parent families are dominant in shelters for homeless families. Johnson et al. (1995) compared homeless families with a

representative sample of poor families in St. Louis and found that homeless heads of household are more likely never to have been married.

### Risk Factors

Researchers associate a number of demographic risk factors with family homelessness. These include poverty, single motherhood, pregnancy or recent childbirth, and youth (Johnson et al., 1995; Knickman & Weitzman, 1989).

In addition, researchers relate particular psychosocial factors to increased risk of family homelessness. Adult domestic violence and reports of childhood physical or sexual victimization are twice as common among homeless mothers (Bassuk & Rosenberg, 1988; Shinn et al., 1991; Wood et al., 1990). Foster care placements in childhood are more likely among homeless mothers (Wood et al., 1990), and they report three times as many traumatic childhood experiences as housed poor mothers (Shinn et al., 1991). In addition, homeless mothers are more likely than housed poor mothers to have abused drugs (Bassuk & Rosenberg, 1988; Jencks, 1994; Weitzman et al., 1992).

Researchers debate the importance of individual risk factors in precipitating and sustaining family homelessness. Some maintain that structural factors such as poverty and inadequate housing stock place all poor families at risk of homelessness while others hold that families with particular psychosocial deficits are the ones that are vulnerable to becoming and remaining homeless (Metraux & Culhane, 1999).

Shinn (1997) designed a study to address the question of whether homelessness is related primarily to housing affordability or to personal psychosocial characteristics. She utilizes the data from a 5-year longitudinal study that she and her colleagues conducted in New York City on homeless families. In the first wave, they compared a

convenience sample of 705 homeless mothers requesting emergency shelter with 519 randomly selected families on A.F.D.C. (Weitzman, Knickman, & Shinn, 1990). Three years later, they conducted a second wave of the study in which they followed up with respondents who were sheltered and relocated in permanent housing. Shinn concludes that the main factor in whether the formerly homeless families remained housed was whether they received rental assistance in the form of housing subsidies (Shinn, 1997). The odds of achieving housing stability were 20.6 times higher for those with subsidized rent than those without. Individual characteristics such as mental illness, substance abuse, poor physical health, social networks, victimization, early family separation, education, work history, and demographics other than age were not statistically significant variables after controlling for housing subsidy. Shinn concludes that while individual characteristics can contribute to homelessness initially, they do not prevent families from achieving housing stability. She argues that if homelessness were a trait, the personality or individual factors that contribute to it would prevail and prevent families from achieving housing stability and that therefore, it is primarily a state that results from environmental circumstances, “perhaps in interaction with individual characteristics” (p. 756), because it resolves itself when affordable housing opportunities are presented to homeless families.

Researchers Metraux and Culhane (1999) addressed the same research question as Shinn (1997) in a quantitative study designed to determine whether family-related psychosocial characteristics or affordable housing were associated with repeat episodes of homelessness among formerly homeless mothers. They utilized administrative data from the New York City shelter system and compared the 2,444 women who stayed in single-

adult shelter with the 8,030 women who stayed in family shelters in the year 1992 for at least 7 days. The risk factors that they studied were pregnancy, single parenthood, young children in the household, domestic violence, and family instability (i.e., having children who enter or leave the household because of foster care involvement or fluid living arrangements with relatives). They found that certain family dynamics were associated with repeat episodes of homelessness namely, family instability, having young children in the household, and domestic violence. Nevertheless, their data revealed a highly significant relationship between housing exits to affordable housing and decreased risk of shelter return. This association overwhelmed the positive effects of the covariates related to family characteristics. Metraux and Culhane drew the same conclusion as Shinn (1997) that affordable housing is the biggest factor, overriding demographic and psychosocial variables in maintaining permanent housing.

#### Psychosocial Stressors; Consequences of Homelessness

The literature consistently characterizes the experience of homelessness as deleterious to family health. Choi and Snyder (1999) conducted a qualitative study of 80 homeless mothers, selected through convenience sampling, in a transitional shelter in Buffalo, New York. They sum up their observation of the families, “Homelessness was eating away at the physical and psychological health of parents and children alike” (p. 143). Homelessness is associated various psychosocial stressors: deterioration of mental and emotional health (Bassuk, Brown & Buckner, 1996; Baumann, 1993; Choi & Snyder, 1999; Huttman & Redmond, 1992), distrust and erosion of interpersonal relationships (Banyard, 1995; Choi & Snyder, 1999; Goodman, 1991; McChesney, 1992), breakup of

family units (U.S. Conference of Mayors, 2007), and deleterious effects on children (DiBiase & Waddell, 1995; McNanee et al., 1994; Redlener & Johnson, 1999; Shinn & Weitzman, 1996; Zima et al., 1994).

*Deterioration of Mental and  
Emotional Health*

Homelessness takes a toll on emotional well being. Many of the homeless mothers that Choi and Snyder (1999) studied felt insecure and uprooted. They grieved for their former domiciled status and for what they lost. They reported feeling victimized by their circumstances, frustrated, and disillusioned. Many perceived the future as dim (Choi & Snyder, 1999). Baumann (1993) conducted a phenomenological study exploring the meaning of homelessness to 15 homeless mothers and found that many reported feeling fatigued, despairing, and negative about themselves. Homelessness represented a downward spiral in their lives. Some researchers suggest that depression is an outcome of homelessness (Blau, 1992; McChesney, 1993). In various studies, clients are described by shelter staff as clinically depressed (Lindsey, 1998), suicidal, guilt-ridden (Bassuk, et al., 1996), and fearful and angry (Huttman & Redmond, 1992).

Studies reveal that feeling a lack of control is commonplace among homeless mothers. The families that Choi and Snyder (1999) studied had repeated uncontrollable experiences when they doubled-up with relatives or friends prior to entering the shelter. They felt that they had to abide by the household rules of others and lacked control over such basic decisions as when and what they ate, when and where they went to bed, and when they came home. Thrasher and Mowbray (1995) conducted an ethnographic study of 15 sheltered homeless mothers and found that many felt that shelter staff was in control

of their families. When doubled-up, these same women felt that they were walking on eggshells as they tried to accommodate to the demands of the various households. Choi and Snyder (1999) and Goodman, et al. (1991) contend that the feelings of powerlessness that many of the homeless describe reflect the syndrome of learned helplessness.

*Distrust and Erosion of Interpersonal Relationships*

There is evidence that many homeless families feel distrustful, disappointed in others, and alone (Choi & Snyder, 1999; Goodman, et al., 1991). Dail's (1990) exploratory study of 53 homeless mothers revealed that many felt they could trust no one and could rely only upon themselves. In her qualitative study of homeless mothers' strengths, Banyard (1995) found that mothers were often mistrustful, reluctant to count on others, would rather do things on their own than ask for help, and felt there was a price to be paid for intimacy. For some, the price was too high and they severed ties with certain friends and family members.

Choi and Snyder (1999) found that doubling-up eroded the quality of the relationship between the homeless and the friends and relatives hosting them. The homeless felt they were not in a position to reciprocate the favors extended to them and this depleted these relationships. Banyard (1995), Letiecq et al. (1998), and Shinn et al. (1991) all reported that when homeless mothers were asked to leave a temporary living arrangement, they were no longer able to rely on previous support systems and had less contact with friends and relatives.

The literature on homeless mothers indicates that trust in others often erodes over time. Disruptions of interpersonal relationships due to chronic or prolonged tension and

conflict (Goodman, 1991) and depletion of another's resources or inability to reciprocate favors (Letiecq, Anderson, & Koblinsky, 1998) cumulatively drain trust from intimate relationships.

### *Breakup of Family Units*

Homelessness often precipitates the breakup of family units. Many shelter policies exclude older sons or fathers (Baumann, 1993; Choi & Synder, 1999; Kozol, 1988; McChesney, 1992; Rosenthal, 1994; Smith & North, 1994; Thrasher & Mowbray, 1995; Timmer, Eitzen, & Talley, 1994). In 56% of the 27 cities surveyed in 2004, homeless families had to break up in order to enter emergency shelters (U.S. Conference of Mayors, 2004). Cowal and colleagues conducted a longitudinal comparison study that examined parent-child separations among homeless families in New York City. They found that 44% of the homeless families had experienced a child separation, compared to only 8% of low-income never homeless families (Cowal, Shinn, Weitzman, Stojanovic & Labay, 2002). While parents sometimes choose to leave their children in the care of relatives to provide housing and educational stability (National Coalition for the Homeless, 2007c), other times, children are separated from homeless parents by the child welfare system, shelter staff, or relatives (Cowal et al., 2002). Homelessness is not only a major reason for separation between parents and children but it also makes reunification of separated families less likely. In Cowal et al.'s (2002) study, only 23% of the separated children were living with their mothers at the five-year follow-up point.

### *Deleterious Effects on Children*

Researchers report that a source of great angst and pain for homeless mothers is what is happening to their children (Choi & Snyder, 1999; Thrasher & Mowbray, 1995).

Choi and Snyder (1999) reported that this was the most prevalent theme of the interviews they conducted. Mothers repeatedly expressed anguish over their children's safety, emotional well-being, and education. They worried about the impact of homelessness on their children and often blamed themselves for putting their children in jeopardy by becoming homeless. Residential instability, separation from friends and family (Choi & Snyder, 1999), and witnessing their mothers' unrestrained emotionality (Thrasher & Mowbray, 1995) are all factors that contribute to stress among homeless children.

Homeless children are ill with both chronic and acute conditions more often than their housed peers are. They experience infestations of lice, physical trauma, and gastrointestinal problems in greater numbers than housed poor children (McManee, Bartek, & Lynes, 1994). They tend to suffer from conditions related to improper diet including malnutrition, anemia, and obesity (Burg, 1994). A health status report in New York City revealed that rates of asthma for homeless children are four times higher than their housed counterparts, middle ear infections are 50% more prevalent than the national average, and 61% of homeless children fail to receive proper immunization (Redlener & Johnson, 1999).

School-aged children experiencing homelessness contend with many obstacles. These include lack of clothing and school supplies, difficulty obtaining previous school records, transportation problems, and stigmatizing by schoolmates or even teachers (Choi & Snyder, 1999; Redlener & Johnson, 1999). The majority suffer from severe anxiety and depression (Shinn & Weitzman, 1996; Zima et al., 1994).

Studies demonstrate repeatedly that young children of homeless mothers display cognitive and developmental delays and behavioral problems (DiBiase & Waddell, 1995;

Shinn & Weitzman, 1996). Short attention spans, immature speech patterns, regressive behavior, and delayed motor development are pervasive among pre-school homeless children (Rafferty & Shinn, 1991).

*Sub-types of Homeless Families Based  
on Psychosocial Characteristics*

While the research shows that homelessness takes a toll on families, one study indicates that homeless families display a range of resiliency in their adaptation to homelessness. Danesco and Holden (1998) developed a typology of homeless families to characterize their resilience based on psychosocial and demographic characteristics and housing history. The researchers studied 180 homeless families in relation to life stress, parenting stress, social integration, welfare status, housing problems, and housing history. In addition, they studied family characteristics. They examined substance abuse, physical and mental health among the adults as well as developmental, educational, and mental health of the children.

Danesco and Holden (1998) devised three groups. The first they labeled, getting by. These families had the lowest percentage of previous homelessness, low life stress, and second highest parenting stress scores of the three groups. The second sub-type, labeled, at risk, had the highest number of moves, most life stress, and most parenting stress. They also had older children and more children, tended to be single parent families, and had the highest proportion of parents with physical and mental health problems. The third sub-type of homeless families was labeled, resilient. These families had the lowest number of moves of the three groups. They had the lowest parenting stress and life stress, the highest proportion of two-parent families, and the lowest proportion of

parents receiving welfare benefits. Danesco and Holden (1998) concluded that one specific cluster of homeless families, those labeled, at risk, are the most seriously affected by homelessness and poverty. These families display higher rates of emotional and behavioral problems. They stress the importance of recognizing the variability of characteristics among homeless families and designing services accordingly.

### The Experience of Homelessness

#### *Precipitating Events*

While researchers pinpoint a variety of events that precipitate family homelessness, including domestic violence and sub-standard housing, the primary one in all studies is eviction. Mills and Ota (1989) studied 87 homeless families and found that the reasons for homelessness in order of frequency included eviction (47%), domestic conflict (22%), and unsafe living conditions (21%). Choi and Snyder (1999) found the four main reasons for homelessness in order of frequency were, eviction due to non-payment of rent (21%); domestic violence (16%); family breakup such as divorce or desertion (16%); and, substandard housing (15%). In some studies, eviction occurs for homeless mothers primarily due to a change in homeless mother's financial situation, including unemployment (Choi & Snyder, 1999), a reduction in welfare benefits (Choi & Snyder, 1999; Thrasher & Mowbray, 1995), or the breakup of a relationship in which the fleeing partner was the wage earner (Choi & Snyder, 1999).

#### *Temporary Housing Arrangements*

Once homeless, families create makeshift housing arrangements involving friends, family, and the public shelter system. Shinn et al. (1991) found that more than three-quarters of the 704 homeless families they surveyed stayed with some member of their

social network once homeless while Choi and Snyder (1999) found that most of the families in their study went directly into the shelter system. Similar to Shinn et al. (1991), Thrasher and Mowbray (1995) found that homeless families use doubling-up and living intermittently with friends and relatives as a source of temporary shelter before entering the public shelter system.

The literature divides the mothers who go directly into the shelter system once homeless into three categories. The first have no one with whom they could double-up due to estrangement, geographical distance, or death of family members (McChesney, 1995). The second enter the shelter system specifically with the goal of obtaining permanent housing expeditiously. These mothers bypass long waiting lists for public or low-income housing (Choi & Snyder, 1999; Stoner, 1995). The third category includes first time, young, single mothers who have a child while living at home and enter the shelter system in order to establish an independent household (Choi & Snyder, 1999; McChesney, 1995; Stoner, 1995).

*Shelter Life: Rules, Mandated  
Services, and Community*

Subtitle C of Title IV of the 1987 McKinney Act earmarks funds for transitional housing facilities. These shelters provide social services and longer-term shelter for homeless families (National Coalition for the Homeless, 2007c). Transitional housing gives homeless families priority over housed poor families for various low-income housing programs including public housing and rent subsidies (Choi & Snyder, 1999). The philosophy that guides transitional housing is that families become homeless due to psychosocial deficits. The goal of shelter services is to help homeless families establish

life skills such as parenting and budgeting to enable them to function in the housing market and prevent subsequent homelessness (Gerstel et al., 1996; Rossi, 1994).

Various researchers have studied the role of mandated services and rules and regulations in the family shelter system. Weinreb and Rossi (1995) examined the common practices of 646 family shelters nationwide and found that nearly all programs require families to sign a service contract. Service contracts spell out numerous rules including standards of room cleanliness, food policies, mandated religious services, and mandatory childcare for pre-school children (Choi & Snyder, 1999; Gerstel et al., 1996; Weinreb & Rossi, 1995). Restrictions related to time include limitations on the amount of time residents spend away from the shelter, curfew, and requirements that residents leave the shelter at a certain time in the morning to look for housing (Gerstel et al., 1996).

Some research points to how mandated rules and regulations compromise autonomy and undermine coping skills (Gerstel et al., 1996; Weinreb & Rossi, 1995). Gerstel et al. (1996) conducted a 3-year evaluative study of 10 different shelters in Connecticut, comparing the therapeutic and institutional goals of transitional housing with the survival strategies of the homeless themselves. Gerstel et al. found that over time the experience of being in a shelter eroded the coping strengths of homeless families. Before entering the shelter, they had social networks, the ability to generate supplemental income, and generally managed their lives adequately. While in shelter clients' social networks shrunk in size and utility because of shelter policies that limited outside social contact including curfew and restricted visitation. In addition, sheltered families were no longer able to generate necessary extra income. Shelter staff identified families remaining in shelter for a long period as acting out and resistant to mandated programs. Gerstel et al.

determined that family shelters undermine the life skills and coping mechanisms families develop prior to homelessness.

The development of friendships and community among homeless mothers is an important aspect of shelter life. Huttman and Redmond (1992) found that shelter living promoted group affiliation, cooperation, and sharing. Banyard (1995) and Lindsey (1996) noted that women discussed the friends they made in the shelter and considered them sources of moral support and childcare. However, Kissman (1999), Dail (1990), and Choi and Snyder (1999) all found similar negative sentiments among their samples of homeless mothers including relying on others leads to conflict, a price has to be paid for social support, other residents are in worse mental shape than they, trust cannot be established and they can only rely on themselves.

*The Attainment of Permanent Housing:  
Adaptation and Coping*

Families exit the shelter system to different types of housing arrangements: subsidized housing, housing found by the families themselves, involuntary exits such as discharge or transfers, and unknown arrangements (Shinn, 1997; Wong, et al., 1997). Researchers measure successful permanent relocation by the rate of reentry into the shelter system (Wong et al., 1997).

Various researchers consider the role of adaptation and coping (the dependent variables in this study) in the attainment of permanent housing and successful housing outcomes. In a study of transitional housing, Fogel (1997) examined how sheltered homeless mothers use skills and resources to attain permanent housing. She found that they utilized mandated social services not to benefit from the programs themselves but to

get permanent housing expeditiously. On the other hand, some women did not adjust to the structure of the shelter or the expectations of shelter staff and did not fare well in terms of housing outcomes. According to Fogel, these women left sooner and were discharged to less adequate housing situations.

In studies of re-stabilizing homeless families and service providers, Lindsey (1996, 1998) found that homeless families managing to re-stabilize into permanent housing displayed a number of common characteristics and behaviors while sheltered. They maintained parental roles within the family; morale remained high; and they engaged in activities providing continuity and consistency, such as working, going to school, or keeping their children in school. The mothers attributed coping skills such as persistence, determination, and knowledge of the social service system to their success.

Research indicates that service providers evaluate client's coping and adaptive skills in relation to the attainment of permanent housing. Lindsey (1998) examined service providers' perceptions of the factors determining homeless families' relocation to permanent housing and found service providers ranked the mothers' attitude and motivation as most important in obtaining permanent housing. Similarly, a study conducted by the Stanford Center for the Study of Families, Children, and Youth (1991) revealed that social service providers felt that knowing how to use the social service system, being homeless for a short period, personal strengths, and motivation were important factors in a family's ability to emerge from homelessness.

### Coping

To date, five research studies have examined coping among homeless mothers, and what follows is a description and critique of these studies. At the end of the section, a

summary identifies methodological, conceptual, and empirical gaps in the literature on coping among homeless mothers. The five studies encompass varying research methodologies including ethnographic, qualitative, and quantitative methods. They can be categorized according to three theoretical frameworks.

The first theoretical framework is a strengths perspective. It posits coping as an adaptation to the adverse circumstances of homelessness. Utilizing this perspective, Thrasher and Mowbray (1995) examined the skills, strengths, and problem-solving capabilities of homeless mothers. The second framework is an ecological perspective that suggests that homelessness is a complex phenomenon characterized by the interaction between individual resources and larger social or environmental forces (Toro, Trickett, Wall, & Salem, 1991). Banyard and Graham-Bermann (1995) utilized an empowerment paradigm, which they posit within the ecological perspective, to study the strengths and goals of homeless mothers. The third framework, the transactional theory of stress and coping, identifies coping as an interaction between person and environment (Milburn & D'Ercole, 1991). It guided two studies: Banyard (1995) examined the survival strategies of homeless mothers; and Banyard and Graham-Bermann (1998) applied the transactional model of stress and coping to homeless mothers.

### *Strengths Perspective*

Thrasher and Mowbray (1995) conducted the one ethnographic study on homeless mothers. They utilized a strengths perspective to frame their research study, recognizing "the functional adaptations that homeless women with children have developed in response to the adverse conditions of homelessness" (p. 94). They focused on the survival skills, daily problem-solving attempts and coping behaviors of 15 women from 3 different

shelters in the Detroit metropolitan area. This was a self-selected purposeful sample chosen based on recommendations from shelter providers. Each subject participated in a series of ethnographic interviews with the purpose of allowing subjects to express themselves in their own language and conceptual framework. Thrasher and Mowbray found that the women showed concern for their children and made efforts to improve authors describe as undermining parental authority. They designate this characteristic as one of several personal strengths. Other strengths they found included asking for and receiving help from friends, and motivation and persistence in searching for housing.

This study's contribution lies in its in-depth examination of the lives, challenges, and responses of the subjects. The ethnographic design and the extensive nature of the interviewing process promote the discovery of indigenous data and themes. However, the major problem with this study is the interchangeability of its constructs. The authors discuss four variables: problem-solving capabilities, adaptation, strengths, and active coping, but fail to provide clear definitions. As a result, the distinctions between coping and adaptation are blurred. Other problems with the study are its limited sample size and self-selection method of respondent recruitment.

### *Ecological Perspective*

Banyard and Graham-Bermann's (1995) research agenda aligns closely with that of Thrasher and Mowbray (1995). Banyard and Graham-Bermann examined the self-reported strengths and goals of homeless mothers with children. Studying the constructs of strengths, goals, and skills, they utilized an empowerment framework that, as mentioned previously, they present as an important facet of the ecological model. The assumption that underlies their definition of empowerment is that the disenfranchised,

despite minimal resources, have skills and strengths that can emerge given the right support.

Banyard and Graham-Bermann's (1995) qualitative study was part of a larger study of homeless mothers with children under the age of 12 in 3 small Midwestern cities. Shelter staff pre-screened potential participants and the researchers assembled a purposeful sample of 64 mothers utilizing a semi-structured interview protocol to collect data. Banyard and Graham-Bermann (1995) found that the vast majority of mothers were able to articulate at least one of the following strengths: willpower and determination to overcome obstacles; good parenting skills; ability to care for significant others; independence and self-sufficiency. All but one of the subjects identified short- and long-term goals for the future that reflected their dreams of providing a better life for themselves and their children.

This study's empowerment framework makes a unique contribution to the literature by challenging the prevailing notions of pathology and deviancy stereotypically associated with the homeless. Banyard and Graham-Bermann (1995) might have served an important clinical function as well: It is possible that they bolstered subjects' self-esteem by viewing them as strong and competent. However, self-report measures are inherently biased to subjective perception and the researchers themselves point out that subjects might not have felt free to express ideas that they fear might disappoint or displease shelter staff. Additionally, as with the Thrasher and Mowbray study (1995), this study's constructs, namely strengths, goals, and skills, are not clearly defined or operationalized.

*Transactional Theory of Stress and Coping*

Banyard and Graham-Bermann (1998) utilized stress and coping theory to explore the coping efforts of homeless mothers. The researchers explicated two goals. The first was to examine the links between stress, coping, and depression using conventional measures from the literature on coping and possibly replicate other findings. The second was to compare a sample of homeless mothers with a group of housed low-income families. The researchers hypothesized that depression among homeless mothers could be partially explained by the difference in exposure to stressful life events as well as the coping strategies they used. They predicted an association between higher depression levels, greater life stress, and greater use of avoidant coping.

Banyard and Graham-Bermann's (1998) study was quasi-experimental in design. They compared 64 homeless mothers with a group of 59 housed low-income mothers using the African-American Women's Stress Scale (Watts-Jones, 1991) and the Health and Daily Living Form measuring coping skills (Moos, Cronkite, & Finney, 1984). To measure depression, they used the Center for Epidemiological Studies Depression Scale (CES-D) which is a scale developed to measure symptoms of depression in the community (Radloff, 1977; Weissmann, Sholomskas, Pottenger, Prusoff, & Locke, 1977). Intra-group data revealed that those homeless mothers who belonged to an ethnic group displayed lower rates of depression than Whites did, and that older women reported lower levels of avoidant coping than younger women. Homeless mothers experienced higher levels of stress and more depression than housed mothers did. They also exhibited higher levels of avoidant coping as well as active-cognitive coping than housed mothers. Banyard and Graham-Bermann (1998) refer to the coping literature to explain this last

finding: The coexistence of seemingly contradictory coping styles, confrontive and avoidant, indicates that increased stress precipitates an elevation in all coping efforts. Avoidant coping strategies in both groups was correlated with depressive symptoms. Considering these findings, the authors concluded homeless mothers rely on avoidant coping in particular because the magnitude of their problems leaves little room for more constructive coping strategies.

Overall, this study's contribution to the literature on homeless mothers is substantial. Its methodological strengths were its use of a comparison group, standardized measures with relatively high reliability, and a culturally sensitive measure of life stress. In addition, it replicates important findings derived from other populations, particularly that both stress and avoidant coping are related to depression.

The study's greatest strength is that it is theoretically driven. It is the only study on coping among homeless mothers that utilizes traditional and well-defined constructs from the coping and stress literature. The authors place their findings in a broad theoretical context and illuminate the applicability of their work to that of several researchers. They include Dill, Martin, Beukema, and Belle (1980) who suggest that for poor mothers the best coping strategy may not always be possible; Fondacaro and Moos (1989) who contend that cumulative stress erodes coping resources; and, Goodman et al. (1991) who hold that learned helplessness and depression result from the traumatizing conditions of homelessness.

The greatest limitation of the study is that the researchers instructed subjects to describe a significant recent stressor and their response. While allowing subjects to choose to discuss a compelling stressor has its potential advantages, it confounds the

examination of coping as a process for several reasons. It is not clear whether subjects react to all stressors in the same way, particularly homelessness. Furthermore, this method does not account for fluctuations in coping response over time. Lastly, this method is at odds with the theoretical framework of the study; transactional theory of stress and coping presumes that coping responses change across situations and contexts (Pearlin & Schooler, 1978). Additional limitations of the Banyard and Graham-Bermann (1998) study, like their previous study, were the use of self-report measures and staff pre-screening of subjects.

Banyard (1995) conducted a study utilizing qualitative methods to examine stress and coping among homeless mothers. Her study posed an alternative to traditional coping research methodology. Banyard argues that standard coping questionnaires tend to capture the experience of individuals or groups with relative power and resources and lack relevance to the lives of poor women. Her methodology allowed homeless mothers to express themselves in ways that standardized coping inventories might not otherwise capture.

The principal construct Banyard (1995) explores is what she called the "survival strategies" of homeless mothers. She documents the daily stressors as well as the coping efforts of her subjects. The researcher collected data from 64 homeless mothers utilizing semi-structured interviews designed to elicit details of stressful events in the previous week in various areas such as finances and parenting. In addition, she administered several standardized measures of stress, coping, and adjustment. The four most prevalent themes were: (a) directly confronting the problem, including taking some form of direct action, thinking about the problem and past experiences, getting more information, and

making some kind of plan of action; (b) utilizing relationships with others, including getting social support from family, friends, shelter staff, and shelter residents, identification with a religious group, and utilizing children as motivation, distraction, or diversion; (c) patiently enduring, including acceptance based on the conclusion that little could be done to control the situation, and actively focusing on other activities as a means of distraction from uncontrollable problems; and, (e) thinking positively, including reassurance through hopeful self-messages and looking at the positive side of the situation.

The study's strengths are its clearly defined constructs and its strong conceptual framework. She evaluates traditional coping theory for its relevance to homeless mothers, and attempts to identify previously undocumented coping behavior. By applying an alternative to traditional coping theory to the population of homeless mothers, Banyard builds an empirical and conceptual bridge between theories of stress and coping and the literature on homeless mothers.

However, the study suffers from methodological flaws including the lack of a control or comparison group and potential bias resulting from staff recruitment of subjects. In addition, researchers asked subjects about stress in general, not stress related to homelessness. This could confound the findings since the coping responses reported might be typical of all mothers and not just homeless mothers. Additionally, this researcher's attempt to compensate for the bias inherent in traditional coping theory against disenfranchised populations limits its scope. By framing all strategies as coping efforts and, thus, equalizing their efficacy or value, it fails to capture the self-defeating

nature of some methods of coping employed by homeless mothers such as drug use, passivity, or self-blame.

*Other Approaches to the Study of Coping*

Dail (1990) conducted the first quantitative study on homeless mothers that included coping as a variable. Its purpose is exploratory; to shed light on the effects of homelessness on families, and it does not utilize any explicit theoretical framework. Dail is particularly concerned with the question of whether homelessness is a cyclical condition in which homeless children grow up to become adults who are dependent on social resources for their survival. In addition to coping, she examined the constructs: impulse control, emotional tonality, social relationships, morality, goal orientation, psychopathology, social adjustment, and sense of fatalism or control.

Using a purposeful sample of 53, structured interviews were conducted based on the Offer Self-Image (Offer, Ostrov, & Howard, 1982). Data were collected on social functioning and overall interpersonal adjustment. Dail utilized three sub-scales from the instrument designed to measure the constructs: psychological self (impulse control and emotional tone), social self (social relationships, morality, and goals), and coping self (mastery of the external world, psychopathology, and adjustment). Dail also used the Locus and Control Scale (Nowicki & Strickland, 1973) to measure the constructs fatalism and control.

Dail found that education was negatively correlated with the presence of psychopathology and positively correlated with coping ability, social adjustment, and a sense of control. The age of the oldest child was also correlated with psychopathology and impulse control in the mother; those mothers with younger children manifested less

difficulty in these two areas than those with older children. She also found that the nearby geographical presence of a relative was correlated positively with coping ability.

Dail's study was one of the first attempts to understand the social functioning of homeless families utilizing quantitative measures. However, her study suffers from many limitations. The sample size is small and the goals overly ambitious given the methodology. For example, Dail never answers the principal research question, whether homelessness creates the conditions for future generations of homelessness; clearly, this would require a longitudinal design, not a cross-sectional one. Second, Dail examines multiple constructs related to social functioning but fails to give any of these vital constructs the theoretical or practical weight that they deserve. For example, the variable coping includes the constructs: mastery of the external world, psychopathology, and adjustment. These are all extremely broad constructs that require theoretical and operational definitions to be fully useful. Rather than providing a comprehensive view, the scope of the study results in confusion and superficiality. Despite this, Dail's study revealed some novel insights related to education, presence of a relative, and coping.

Table 1 summarizes the empirical research to date on coping among homeless mothers. For each study, it includes the research methods utilized, sampling method, sample size, theoretical orientation, and key findings. Following the table is a summary and critique of these studies including their theoretical and methodological strengths and weaknesses.

### *Summary*

Each of the above-mentioned studies adds incrementally to the literature on homeless mothers and their coping skills. The studies draw upon a wide range of

Table 1

*Studies of Coping and Homeless Mothers*

Author	Theory	N	Method	Sample	Key Findings
Dail (1990)	None	53	Quantitative	Purposeful	Education and having a relative nearby are positively correlated with coping
Thrasher & Mowbray (1995)	Strengths Perspective	15	Ethnography	Purposeful	Coping behaviors include motivation, making efforts to get housing, maintaining social networks, and improving children's well-being
Banyard & Graham-Bermann (1995)	Ecological Perspective	64	Qualitative	Purposeful	Strengths include willpower, determination, being a good mother, caring for others, and being independent. At least one strength was articulated by 98% of the sample
Banyard (1995)	Transactional Theory of Stress and Coping	64	Quantitative and Qualitative	Purposeful	Four coping themes include, directly confronting the problem, utilizing relationships, patient endurance, and thinking positively. Ninety percent utilized more than one strategy. Eight-three percent relied on a combination of emotion-focused and problem-focused coping.
Banyard & Graham-Bermann (1998)	Transactional Theory of Stress and Coping	64	Quasi-experimental	Purposeful	Homeless mothers report more stress, depression, and avoidant coping than housed mothers. Minority homeless mothers less depressed than white mothers. Older homeless mothers utilize less avoidant coping than younger ones. Avoidant coping is correlated with depression. Homeless mothers report higher levels of active-cognitive coping.

theoretical frameworks and together they provide a more expansive empirical and conceptual view of coping processes among homeless mothers than any individual study. The qualitative studies explore the strengths, goals, and coping behaviors of homeless mothers; they validate and recognize skills in a population not usually viewed as competent by society-at-large. These studies suggest how homeless mothers make efforts to deal with their situations in ways that traditional coping theorists might not fully recognize. The two quantitative studies provide the only existing empirical data on the coping responses among homeless mothers. They inform us that education, proximity of kin (Dail, 1990), and age (Banyard & Graham-Bermann, 1998) are correlates of coping behavior. The studies of Banyard (1995), Banyard, and Graham-Bermann (1998) laid the foundation for incorporating stress and coping theory into the body of literature on homeless mothers, providing a unique application of traditional coping theory to the experience of poor women.

Despite these strengths, the existing literature on coping among homeless mothers is weak in several areas. All of the studies have small non-random sample sizes and are not generalizable. In addition, all of the researchers with the exception of Dail (1990) utilized staff recruitment as their sole sampling strategy. Shelter staff selected clients as potential subjects for reasons not brought to light by the research design of these studies. Therefore, the unique characteristics of these subjects apply only to those respondents, and suggest areas for future research.

The qualitative literature exemplified by the work of Banyard and Graham-Bermann (1995), Banyard (1995), and Thrasher and Mowbray (1995) does not paint a complete picture of the coping experience of homeless mothers. The broader literature on

homeless families indicates homelessness involves psychosocial stressors as well as consequences for family life, self-esteem, and social relations. The empowerment, coping revisionist, and strengths perspectives do not incorporate the struggles making up the essence of the experience of homelessness for many families. In an attempt to legitimize their coping efforts, these studies fail to provide much needed information about the self-defeating and self-destructive ways homeless mothers cope with life. The studies fail to address the differences in the population in relation to strengths and skills.

Lazarus and Folkman (1984) point out that measurements do not always capture the essence of the coping skills individuals use to manage a stressful situation. The quantitative studies on coping among homeless mothers suffer from a lack of variable specificity that might affect how well they capture the coping efforts of homeless mothers to the situation of homelessness. Dail's (1990) overly broad characterization of coping described above and Banyard and Graham-Bermann's (1998)'s focus on significant recent stressors fail to consider coping as a response to a particular situation rather than a personality trait. Both of the above-mentioned studies suffer from limited construct validity: Varying events illicit varying coping responses. Therefore, what is called for is a study that examines how mothers cope with the uniform condition, and stressor, of homelessness.

#### Adaptation to Shelter Expectations

Two studies in the literature address the question of homeless mothers' adaptation to shelter expectations (summarized in Table 2). Both are longitudinal in design and utilize a participant observation methodology. Fogel's (1997) study examined how homeless mothers use skills and resources to influence the process of attaining permanent

housing. She utilized two compatible theoretical frameworks to guide her research. The first, derived from environmental psychology, is the concept of “place-identity” which Fogel explains is a part of the self that operates in relationship to the current physical environment to satisfy biological, psychological, social, and cultural needs. Secondly, Fogel utilizes ecological principles to interpret the stories of the participants in the study.

Fogel (1997) functioned as a participant observer in a transitional housing facility. The relationships developed with the 12 residents functioned as the method for data collection. Subjects confided in the researcher as she assisted them with daily activities: providing transportation and accompanying them to evaluate potential housing. Fogel’s research goal was to reflect, “how the women interpreted their relationship with the service environment and their adaptation to new housing situations as they moved toward self sufficiency” (p. 118). She developed five study constructs based on either observation of the participants or their perception and articulation of their experience. The emergent constructs were place-identity, safety, adaptation, alienation, and home. Based on these themes, Fogel developed a conceptual model of the process of developing self-sufficiency.

Fogel observed that residents exhibited predictable behaviors towards social services, staff expectations, and shelter rules over time. She also found that the staff evaluated each resident's accommodation to the shelter utilizing behavioral indicators, such as cleaning up after oneself. Fogel described how some residents were skillful at displaying “role complementarity,” or the ability to interpret and accommodate themselves to the expectations associated with their role as shelter resident. For this, staff rewarded them with such things as extended shelter stays, chore readjustments,

transportation favors, and overnight permits. They stayed in the shelter longer and had better permanent housing outcomes. Fogel concludes the women adapting to the shelter rules had superior skills in place-identity.

Fogel noted that some shelter residents experienced the shelter structure and role expectations as stressful and frustrating. Those who expressed these feelings openly upon arriving at the shelter compromised their relationship with shelter staff. A feeling of mutual distrust developed as evidenced by avoidance of informal contact. Staff pressured these mothers to leave the shelter sooner and they moved to less satisfactory housing. Fogel observed that while staff did not articulate place-identity skills explicitly as a prerequisite for shelter living, there was the expectation that residents use them to accommodate to the group environment. She noted that the two factors most strongly correlated with self-sufficiency were place-identity and sense of safety acquired in prior housing experiences.

Fogel's study makes a significant contribution to the literature. The findings are integral to a segment of the family homelessness literature that barely exists, namely, how homeless mothers adapt to shelter life. Fogel's work is conceptually grounded and her careful definition and application of the study's constructs enhances content validity. However, the sample size is small and the results are not generalizable. In addition, the study fails to address the reasons for the differences between those who achieve role complementarity and those who never adjust to shelter expectations. Certainly, the methodology was sufficiently thorough to develop propositions and research questions about the etiology of the behaviors observed.

The second study to address shelter adaptation, conducted by DeOllos (1997), used an ethnographic longitudinal methodology. Over the course of 2 years, DeOllos studied 103 homeless sheltered families. The adult members of these family units attended a parenting class, which was the setting for her data collection.

The purpose of the study was to investigate changes within families as well as their performance in the shelter. Sutherland and Locke (1936) developed the conceptual framework used by DeOllos (1997) to guide the study. They postulated that the sheltered homeless gradually adapt a unique language, values, and beliefs to form and maintain affiliative bonds with other shelter residents.

DeOllos (1997) noted the homeless families went through stages of adaptation to shelter. In the first stage labeled, "I don't really belong here" (p. 125), families reacted to being in shelter with uncertainty and feelings of humiliation. During this stage, lasting about 1 week, families learned the rules of the shelter and realized how long it would take to obtain permanent housing. They were compliant with shelter rules and regulations. In the second stage, lasting about 2 weeks, "Why doesn't someone help?" (p. 125), families felt anger, frustration, and resentment. They were angry that shelter staff did not see them as different from other homeless families. They realized, in order to obtain their goals, they must follow the social-service plan laid out for them. In the third phase, "Following the steps will get me out of here" (p. 125), shelter residents felt hopeful and set goals for themselves. They participated enthusiastically in program activities and felt encouraged at seeing veteran shelter residents leave the facility for permanent housing. In the fourth phase, "No matter what I do I can't get out" (p. 125), families began to experience failure in their efforts to exit from shelter and they felt frustrated at the lack of response from

case managers. They felt rejected by shelter staff and started to lose contact with their relatives. This phase began at about 2 months into a family's shelter stay. While compliant with shelter rules and continuing to work on the service plan, families felt frustrated and resigned. The last phase, which occurred about 6 months after arrival at the shelter, DeOllos (1997) labeled "I guess this is home for now" (p. 125). During this phase, families felt hopeless and detached in reaction to their failure to reach their goals. While case managers pressured families to meet the goals of their service plans, residents tried to avoid contact with shelter staff. These remaining families grew resistant to participation in shelter activities.

DeOllos (1997) applies a stage-based model to explain the process of adaptation to shelter expectations to the shelter experience of homeless families and, as such, contributes to the literature. DeOllos' description of the shelterization process reinforces the Gerstel et al.'s (1996) findings that families comply with rules and regulations as long as compliance is a means to an end, the end being the procurement of permanent housing. Once that goal seems distant or unattainable, families in shelter became resistant.

A major flaw of the study is that some of the conclusions that DeOllos (1997) draws are not justifiable given her research methodology. For example, DeOllos suggests that there is a relationship between the stage of shelterization through which homeless families progress and their success at maintaining permanent housing. It is not clear how she substantiates this projection without gathering data about the eventual housing outcomes of the families that she is studying.

DeOllos (1997), like Fogel (1997), fails to provide an explanation for the differences she observed in the families she studied. She concludes that those who

complete the process of shelterization and are the most vulnerable to repeated shelter stays are the ones most dependent on either public services or other shelter residents. Her analysis obscures the origin of the dependency that she observes--it is not clear whether it is the shelter system, their personalities, or some combination.

Table 2 summarizes the empirical work of Fogel (1997) and DeOllos (1997) on adaptation to shelter expectations among homeless mothers. It includes the research methods utilized, sampling method, sample size, theoretical orientation, and key findings.

### *Summary*

Generally, there is a paucity of research on homeless mothers' adaptation to shelter. However, the work of Fogel (1997) and DeOllos (1997) together gives a conceptually sound and substantive picture of the process by which some homeless families adapt to shelter expectations. DeOllos looks at adaptation over time, utilizing a stage model, while Fogel observes a dichotomous split in the population of homeless mothers, some who adapt, and others who fail to do so.

An important question remains unanswered in the empirical literature on adaptation to shelter expectations: what accounts for the differences noted in both studies in a family's ability to adapt to shelter expectations? The present study attempts to address this question by examining the conditions of homelessness as they relate to adaptation to shelter expectations.

Table 2

*Adaptation to Shelter Expectations Studies*

Author	Theory	N	Method	Sample	Key Findings
Fogel (1997)	Ecological Perspective	12	Participant Observation	Purposeful	<p>Achievement of role complementarity yields rewards, including chore readjustment and preferential housing placement.</p> <p>Failure to achieve role complementarity results in poor client-staff relationships characterized by mutual mistrust.</p> <p>Homeless women who adapt to shelter rules have superior skills in place-identity.</p>
DeOllos (1997)	Shelterization Theory	103	Ethnographic Longitudinal	Purposeful	<p>There are five stages to shelterization:</p> <p>“I don’t really belong here.”</p> <p>“Why doesn’t someone help?”</p> <p>“Following the steps will get me out.”</p> <p>“No matter what I do I can’t get out.”</p> <p>“I guess this is home for now.”</p>

### Context of the Present Study

As mentioned in Chapter 1, researchers note differences in the coping style of homeless mothers and observe that some coping mechanisms are more effective and constructive than others (Banyard & Graham-Bermann, 1998; Choi and Snyder, 1999). The call in the literature is for a deeper understanding of the factors relating to a homeless mother's employment of a particular coping strategy. Milburn and D'Ercole (1991) emphasize the need to delineate the skills and resources of groups of homeless women who are resilient and Goodman et al. (1991) suggest that researchers identify the resources and unique characteristics displayed by those who react to homelessness adaptively.

This study begins to fill a void noted by researchers by investigating how the circumstances of homelessness including duration, the number of times a family relocates, and concurrent life events are related to homeless mothers' responses to their situation. The present study introduced the conditions of homelessness as a variable possibly related to the distinction noted by researchers between those homeless mothers who employ palliative strategies like avoidance and those who respond proactively.

The present study departs from previous studies on coping and shelter adaptation among homeless mothers in several ways. For one, this study examined differential responses through the lens of trauma theory. As mentioned previously, Goodman et al. (1991) suggest that homelessness is a victimizing circumstance that can be traumatic psychologically. While the strengths perspective (Thrasher & Mowbray, 1995), the ecological perspective (Toro et al., 1991), and stress and coping theory (Milburn & D'Ercole, 1991) have all been applied directly to the population of homeless mothers,

Goodman et al.'s (1991) theory, while cited widely in the literature on homeless families, is the only theoretical framework that has not been empirically tested.

Another departure from previous studies is that, in line with its theoretical framework, this study conceptualized and posited the construct coping as a dependent variable; coping is a mediating variable within the strengths perspective (Thrasher & Mowbray, 1995), the ecological perspective (Toro et al., 1991), and stress and coping theory (Milburn & D'Ercole, 1991). There is support in the work of Banyard and Graham-Bermann (1998) for coping as a dependent variable. As mentioned previously, one of the key findings of their study was that homeless mothers utilized higher levels of avoidant coping than did their poor housed counterparts. While the authors wonder whether avoidant coping is a risk factor that contributes to becoming homeless, they offer an alternative explanation for this finding. They suggest, as mentioned in the first chapter, that homelessness itself is a severe stressor that may lead to greater use of avoidant coping,

The existence of higher levels of avoidant coping among the homeless sample raises important questions about direction of effects . . . the condition of homelessness itself may lead to greater use of avoidant coping. . . . The fact that the present sample of homeless mothers reported higher levels of stress may mean that these women have to deal with more uncontrollable problems that restrict their range of coping options and force greater reliance on avoidant strategies, despite greater costs. (p. 486)

Banyard and Graham-Bermann (1998) point out that this interpretation fits Goodman et al. (1991) conceptualization that homelessness is a traumatic event and can lead to depression and learned helplessness. The present study builds on the work of Banyard and Graham-Bermann (1998) by considering homelessness a severe stressor that may be related to negative coping responses.

Another way in which this study differs from previous quantitative ones is that it focuses on the coping responses of homeless mothers to the event of homelessness. The two other studies that address coping with homelessness specifically have been ethnographic in methodology (Thrasher & Mowbray, 1995) or qualitative (Choi & Snyder, 1999). This is the only study that utilizes a standardized measure to examine how mothers cope with homelessness.

In addition, this study is one of very few that address shelter adaptation. As mentioned previously, Fogel (1997) observed that staff evaluate clients based on their behavior in shelter and that some residents were able to interpret and accommodate themselves to the expectations of their role as shelter residents. She also observes a dichotomous split in the population of homeless mothers, some who adapt, and others who fail to do so. There have been no quantitative studies or measures of the phenomenon that she calls role complementarity and no systematic inquiry discerning the correlates of this construct. This study furthers her work by attempting to examine the construct shelter adaptation quantitatively and by looking at the conditions of homelessness as a variable that distinguishes those mothers who adapt to shelter expectations from those who do not.

Methodologically, this study improves on some of the previous studies on coping and shelter adaptation. Study participants, while selected through purposeful sampling, were not screened by shelter staff. This reduces one element of sampling bias from which the other coping studies might suffer, namely respondents that are higher functioning, more articulate, or more compliant or reflect other qualities that staff might favor. Secondly, this study's variables are clearly defined and operationalized--they relate

closely to the broader theory of trauma and have construct validity. This is an advantage in an effort to contribute towards the development of a model of family homelessness.

Lastly, unlike other studies on coping, this study's design utilizes comparison groups of homeless mothers to test the hypotheses. In doing so, it moves away from the view of homeless mothers as a homogeneous group and allows for the identification of differences in coping and adaptation.

When I began the preparation for this study in 1991, the only major study on homeless families in New York City was the longitudinal study conducted by Weitzman, Knickman and Shinn (1990) mentioned above. The sample included 704 homelessness families who requested shelter at Emergency Assistance Units in Brooklyn, Manhattan, and the Bronx. The used a comparison group of 524 families randomly selected among families applying for public assistance recertification at 12 randomly selected income maintenance centers. The aim of the study was to examine the pathways to homelessness among families in New York City in the years and months before requesting emergency shelter. They divided the sample into three groups--those who had been primary tenants for more than a year before entering the shelter system, those who had been primary tenants for a year or less, and those who had never been primary tenants. In other words, for the two groups that were primary tenants at some point, the researchers used a year as the dividing point between them. I followed the study design that Weitzman, et al (1990) employed which was to compare groups of homeless mothers based on their experience of homelessness.

Since the Weitzman, et al. (1990) study, researchers Danseco and Holden (1998), mentioned above, developed a typology that provides an empirical basis for their

categorization of homeless families into three types. Two of the variables considered in their study were number of relocations and number of life events. They used standardized instruments and conducted a cluster analysis to answer the research question, “Are there are different types of homeless families?” They found that in cluster 2 which they labeled “at risk,” respondents had the highest life events scores and the greatest number of relocations. In cluster 3, which they labeled “resilient,” respondents had the lowest life events scores.

The Weitzman, et al (1990) and the Danesco and Holden (1998) studies set a precedent in the literature for grouping homeless families based on their circumstances of homelessness. My hope was to contribute to the literature by examining whether such groupings could be utilized to understand coping and adaptation.

The main disadvantage of this study’s design is that it examines only one point in time in the experience of homeless mothers, namely within 4 months of when they enter the shelter system, and there is no pre-test of coping characteristics. A longitudinal study would perhaps yield data that captures a trajectory of coping and adaptation as it relates to the conditions of homelessness. It is possible, for example, that at 12 months time, the homelessness stressors that mothers face no longer have the impact on coping and adaptation that they might have had previously.

A second disadvantage of this study is its exclusive use of self-report measures. A variety of methods including participant observation and staff interviews would have provided additional perspectives on subjects’ behavior within the shelter related to coping and adaptation. In addition, the non-probability sample is not generalizable. These and other study limitations will be discussed in further detail in the final chapter.



## CHAPTER 3

### CONCEPTUAL FRAMEWORK

#### Introduction

This chapter presents the theoretical foundation for this study. I discuss trauma theory, and contextualize homelessness as a traumatic stressor based on Goodman et al.'s (1991) conceptualization. Following this is a review of coping theory including the alternative "coping revisionist" theory, a discussion of the intersection between coping theory and trauma theory and a definition of the construct of coping. The study construct of adaptation to shelter expectations is next described, and two alternative models of homelessness are reviewed. I then discuss the treatment of the study's constructs, coping and adaptation, and compare the two models of homelessness with one another and with Goodman et al.'s model. The study hypotheses are then delineated.

#### Trauma Theory and Homelessness

##### *Definition of Trauma*

Judith Herman (1997), a noted trauma researcher and theoretician, defines psychological trauma as:

. . . an affliction of the powerless. At the moment of trauma, the victim is rendered helpless by overwhelming force . . . Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning. (p. 33)

Helplessness, powerless, and threats to one's survival are the core elements of trauma (Herman, 1997; McFarlane & De Girolamo, 1996). Herman posits that events that are uncontrollable and unresponsive to the change efforts of the victim evoke traumatic reactions. The human system of coping becomes overwhelmed and fragmented when resistance, evasion, or retreat is not possible. Herman further notes that trauma disrupts or destroys one's sense of self, purpose, and order in the world. Janoff-Bulman (1992) asserts that trauma shatters expectations of safety, consistency, and predictability and dismantles the framework that people use to know their own reactions, as well as the reactions of others, including those on whom they depend.

Life stressors are problems that are manageable and responsive to ordinary coping strategies (Lazarus, 1966). In contrast, traumatic stressors "overwhelm the ordinary human adaptations to life" (Herman, 1997, p. 33). McFarlane and De Girolamo (1996) contend that what distinguishes traumatic stressors is that they demand more than adaptation and coping because they involve a confrontation with mutilation, death, or helplessness.

### *Core Experience of Trauma*

Judith Herman (1997) designates two features that characterize traumatic responses: disconnection from others and disempowerment. Traumatic conditions call into question basic relationships and attachments to others and leave victims feeling out of control and helpless in the face of overwhelming threat (Herman, 1997).

Trauma erodes trust in others and the community at large (Herman, 1997; Macias, Young, & Barreira, 2000; Titchener, 1986; van der Kolk, 1996). In the aftermath of trauma, victims tend to process human relationships through a lens of mistrust (van der

Kolk, 1996). According to James Titchener (1986), trauma alters one's universal perspective from trust to distrust and victims alternate between states of deep suspicion of others and profound neediness.

Basic trust is acquired very early in life in the context of an attuned, caring parent-child bond. The world is given meaning, people become understandable, and the self is held in high regard when interpersonal trust is the foundation of childhood (Bowlby, 1969). Herman (1997) explains that when people are terrified, they spontaneously seek soothing from their original source of comfort. She invokes the images of wounded soldiers and raped women crying for their mothers. These cries are to no avail and victims may feel despairing, abandoned, and alienated. Herman (1997) maintains that victims sometimes generalize these feelings to friends, family, and to the world at large who failed to provide comfort in the moment of terror and need.

Traumatic events render victims powerless and central to the experience is the feeling of losing control. Theoreticians utilize the theory of learned helplessness to explain how trauma erodes self-efficacy (Figley & McCubbin, 1983). Learned helplessness is the result of repeated uncontrollable experiences. Individuals who continually confront uncontrollable outcomes become passive, unmotivated, and depressed; over time, they display impairment of active problem-solving abilities (Seligman, 1972).

Wortman and Brehm (1975) examined the role of expectation when faced with an uncontrollable outcome. They theorize that the belief that control is possible produces an invigorated response initially, often aggression. However, with repeated unsuccessful

attempts to change a situation, expectations of control diminish, and continued exposure results in lowered motivation and passivity.

Learned helplessness is most likely to occur under particular circumstances: when people hold themselves responsible for their plight, when the impact of the event is long term, and when situations are caused by random and global events rather than specific, explainable ones (Garber & Seligman, 1980). Wortman and Brehm (1975) have noted that the conditions that create learned helplessness often apply to traumatic situations.

Herman (1997) disputes the application of learned helplessness to victims of chronic trauma. She argues that efforts to resist are either useless or met with severe penalties. The apparent defeatist or apathetic response of victims to chronic, uncontrollable traumatic events obscures a complicated and active internal coping struggle. What appears to be passivity might be an appropriate response to threatening environmental cues the victim senses through hypervigilance (Herman, 1997).

### *Reactions to Trauma*

Posttraumatic stress disorder (PTSD) is a condition that incorporates and describes the symptoms that some develop when confronted with uncontrollable, life threatening events. A post-traumatic response involves alternation between intrusive and recurrent life-like memories on the one hand and numbing and avoidance on the other. Symptoms of the condition include persistent reliving of the event through dreams, memories or dissociative states, limited range of affect or diminished interest in activities, and increased arousal, such as irritability, angry outbursts, sleep disturbance, and hypervigilance (American Psychiatric Association, 2000).

The DSM IV–TR includes an additional trauma diagnosis called Acute Stress Disorder. This is a transient response lasting from 2 days to 4 weeks that is characterized by dissociative, intrusive, avoidant, anxious, and hypervigilant responses (American Psychiatric Association, 2000).

Depression is a likely outcome of exposure to trauma. The disorder often co-exists with PTSD (Ursano, Grieger, & McCarroll, 1996). Davidson and Foa (1993) suggest that there is a subtype of major depression resulting exclusively from exposure to trauma that they call traumatic depression. Victims of disasters are particularly prone to depression. Those at highest risk are the ones who experience intrusive thoughts and avoidant coping in the first week after a disaster, who have been affected by death, who have tenuous social support, and who have long-lasting ties to the affected community (Fullerton, Ursano, Kao, & Bhartiya, 1992).

### *Housing Loss as Trauma*

The spectrum of traumatic experiences goes from a single overwhelming event to chronic and repeated victimization (Herman, 1997). McFarlane and De Girolamo (1996) divide traumatic stressors into three categories. There are those that are acute, in which the trauma is unexpected and high intensity in nature. Sequential stressors, unlike singular ones, have a cumulative effect over time. Finally, chronic exposure that is threatening evokes on-going feelings of powerlessness and uncertainty.

Theorists recognize that housing loss can be a traumatic event (Gerrity & Steinglass, 1994; Koopman, Classen, & Spiegel, 1997; Solomon & Canino, 1990). Depending on the circumstances of initial home loss and subsequent homelessness, it can span the three categories mentioned above. It involves an acute event, the loss of home;

sequential stressors, such as the loss of community, possessions, or breakup of family; and chronic exposure, or the on-going lack of control over housing arrangements and environment.

Various studies in the trauma literature have addressed home loss as a potential trauma. Koopman et al. (1997) examined the Oakland/Berkeley firestorm of 1991 to ascertain the impact of home loss. They were interested in whether the loss of home during this disaster resulted in further resource loss. Subsequent stressors that were found to be statistically related to losing a home included: major change in financial situation, change in residence, major change in living conditions, major business readjustment, taking out a mortgage or loan, major change in family gatherings, and revision of personal habits. In addition, among those who experienced home loss there was a lower likelihood of an outstanding personal achievement, a greater likelihood of committing minor violations of the law, and greater drug and alcohol use. Koopman et al. (1997) concluded that the loss of a home resulted in a pattern of stressful and possibly overwhelming events lasting beyond the initial loss. Solomon and Canino (1990) studied the development of PTSD among flood victims in St. Louis. Interestingly, exposure to flood by itself was not a significant factor but home loss due to flood exposure was highly correlated with traumatic symptomatology.

The Conservation of Resources Model (Hobfoll, 1989) provides an explanation for the relationship between loss and trauma noted in the Koopman et al. (1997) study. Hobfoll (1989) proposed this model to explain the reactions of victims to natural and technological disasters. Its premise is that personal and social resources are necessary for psychological well-being because they can be summoned and utilized to achieve desired

states. Resources are defined as anything that people value and are motivated to retain, obtain, or protect and can be divided into four categories: objects (car or house), personal characteristics (sense of mastery or self-esteem), conditions (marriage or social roles), and energies (owed favors and money).

According to this model, the primary factor influencing psychological adjustment in the face of a disaster is the magnitude of resource loss. Numerous and significant losses deplete coping resources; this brings about further losses, instigating a loss cycle. An individual's ability to reverse it through effective utilization of internal and external resources determines his or her psychological adjustment to the disaster (Benight, Swift, Sanger, Smith, & Zeppelin, 1999).

### *Trauma of Homelessness*

Goodman et al. (1991) characterize homelessness as a traumatic stressor. They argue that it is an extraordinary, personally uncontrollable, and emotionally overwhelming event; as such, it can produce symptoms of psychological trauma and overwhelm an individual's coping capacity.

Goodman et al. (1991) provide three reasons to classify homelessness as a traumatic event. First, it involves multiple losses including neighbors, routines, possessions, and accustomed social roles. Every episode of homelessness augments the uncontrollable and overwhelming nature of the experience and involves chronic smaller scale losses. These include uncertainty about where the family will spend the night; intense interpersonal conflict with those upon whom the families are dependent for shelter; and most likely as a single parent, caring for children who are extremely upset by the constant change in their surroundings.

Second, they note that the ongoing conditions of homelessness, including shelter life, can be traumatic. Unfamiliar surroundings, rules, and regulations limiting personal control, and possible loss of safety are unsettling and they maintain that these living conditions are not only distressing, but can undermine coping capacities. Third, Goodman et al. (1991) point to the high incidence of previous victimization among the homeless and argue that homelessness may trigger memories of these previous experiences.

Goodman et al. (1991) apply the two basic features of trauma that appear in the trauma literature (Herman, 1997) to the homeless. They argue that homelessness creates social disaffiliation: the loss of feelings of safety, meaning, and connection that result when social ties are severed or strained. Homeless people often lose the social roles such as neighbor, spouse, worker, or friend that give their lives meaning. They lose faith in their ability to care for themselves as well as the willingness of others to help them. Citing empirical studies, Goodman, et al. point out that interpersonal distrust and social isolation are particularly prevalent among homeless families.

According to Goodman, et al., repeated experiences of powerlessness over daily living precipitates the second feature of trauma among the homeless, learned helplessness. The homeless must depend on others for the fulfillment of basic survival needs like obtaining food, providing shelter, and managing childcare. The daily assault on their sense of personal control heightens the risk of depression among the homeless.

Goodman et al. (1991) describe the symptoms of traumatic depression in the homeless:

The ongoing experience of helplessness may lead to an apparent unwillingness on the part of some homeless people to fight for themselves or to utilize the often meager services available to them. Some may come to view their daily difficulties with apparent indifference, as if they do not expect to move into better circumstances, whereas others may become overly dependent on social service or

mental health professionals. In either case, as the stressors inherent in being homeless persist and the feelings of helplessness and passivity these feelings engender can become entrenched and pervasive. (p. 1222)

### *Trauma Summary*

Goodman et al. (1991) demonstrated that the situation of homelessness embodies the principal features of a traumatic stressor. It involves resource loss (Choi & Snyder, 1999; Huttman & Redmond, 1992; Milburn & D'Ercole, 1991), the threat to survival (Choi & Snyder, 1999), the disruption of a sense of self, purpose, and order (Choi & Snyder, 1999; Milburn & D'Ercole, 1991), and the shattering of a feeling of safety (Baumann, 1993; Choi & Snyder, 1999).

The two features characterizing trauma (social disaffiliation and lack of control) are replete in the lives of homeless mothers. Relationships are disrupted by tension and conflict when families double-up (Thrasher & Mowbray, 1995), by the depletion of the resources of those within a homeless family's kinship network (Choi & Snyder, 1999), by mandatory shelter policies that exclude family members (Weinreb & Rossi, 1995), and by strained social relations within the shelter (Kissman, 1999). This leaves homeless mothers feeling distrustful, disappointed in others, betrayed, and alone (Banyard, 1995; Choi & Snyder, 1999; Goodman, 1991; Letiecq et al., 1998). Homeless mothers have repeated uncontrollable experiences related to interpersonal dynamics and housing (Choi & Snyder, 1999; Thrasher & Mowbray, 1995) resulting in a preponderance of depression, hopelessness, and feelings of powerlessness (Blau, 1992; Choi & Snyder, 1999; Goodman et al., 1991; McChesney, 1993), all part of the syndrome of learned helplessness.

Resource loss is a major factor Goodman et al. (1991) consider in their characterization of homelessness as a trauma. The Conservation of Resources Model could apply to homelessness as evidenced by the preponderance of subsequent losses cited in the literature. These include routines (Goodman et al., 1991); accustomed social roles such as neighbor, spouse, worker, and friend (Goodman, et al., 1991; Milburn & D'Ercole, 1991); pride (Choi & Snyder, 1999; Milburn & D'Ercole, 1991); supplemental income (Gerstel et al., 1996); autonomy (Choi & Snyder, 1999; Gerstel et al., 1996; Huttman & Redmond, 1992; Thrasher & Mowbray, 1995; Weinreb & Rossi, 1995); kinship networks (Banyard, 1995; Choi & Snyder, 1999; McChesney, 1992); and housing support among previously reliable relatives (Shinn et al., 1991). These losses span all four of Hobfoll's (1989) categories--objects, personal characteristics, conditions, and energies.

The trauma literature frames Goodman et al.'s (1991) argument conceptually while the homelessness literature supports it empirically. As mentioned previously, the human system of coping becomes overwhelmed and fragmented when resistance, evasion, or retreat from uncontrollable or unresponsive situations are not possible (Herman, 1997). This study heeds Goodman et al.'s plea and addresses the theoretical question of whether the conditions of homelessness exceed coping capacity.

### Coping With Homelessness as a Trauma

This section examines coping as a variable for study and describes the transactional model of coping (Lazarus & Folkman, 1984). It then presents a critique made by Dill et al. (1980) of the formulation of coping processes expounded by Lazarus, Averill, and Opton (1974). Dill et al. (1980) examined the relevance of this model to the

lives of poor women and developed a revised theory of coping. The similarities between coping revisionist theory and trauma theory are illustrated. The section then reviews how trauma researchers have conceptualized and studied the construct of coping. Finally, the construct coping is synthesized and discussed in the context of this study.

### *Transactional Model of Coping*

Richard Lazarus (1966) states that coping is a process of “ongoing efforts in thought and action to manage specific demands appraised as taxing or overwhelming” (p. 8). Coping encompasses all of an individual's reactions to stressful life events. It involves conscious and unconscious forces, affect, cognition, and intellect (Lazarus & Folkman, 1984).

The transactional model of coping posits that stress is not a solitary phenomenon but a relationship. The relationship is dialectical in that people and their environments modify and influence each other continuously (Lazarus & Folkman, 1984). Constant realignment between the individual and the stressor necessitate shifts in coping responses (Lazarus & Folkman, 1984).

Lazarus and Folkman (1984) contend that whether individuals feel in control of the stressor determines where they focus their coping efforts. When they perceive the stressor to be amenable to their change efforts, they try to exercise control over the source of the stressor and when they perceive the stressor to be out of their control, they concentrate on alleviating the consequent feelings of distress. The first type of coping, problem-focused coping, encompasses efforts to alter or gain mastery over the event by changing the self, the environment, or the interaction between the two. Problem-focused coping can be divided two categories. The first is confrontative and aggressive and it

incorporates attitudes like "stood my ground and fought for what I wanted" and "tried to get the person responsible to change his or her mind." The second is rational and planned problem solving. Developing and following a plan of action would be an example of this strategy (Lazarus & Folkman, 1991).

The second type of coping, in response to stressors perceived as uncontrollable, is emotion-focused coping. It involves efforts to regulate or manage the negative feelings engendered by the stressful life event. Emotion-focused coping mechanisms manage distress in one of two ways. The first is by directing attention away from the source of the stressor and the second is by altering the subjective meaning of a situation (Lazarus & Folkman, 1984). Diverting attention is commonly known as avoidance. Lazarus and Folkman (1991) make a distinction between avoidant and escape-avoidant strategies. The former, such as vacations and hobbies, neutralize emotional discomfort. The latter refers to efforts to escape through wishful thinking, excessive sleeping, or addiction. Individuals alter subjective meaning in a variety of ways ranging from denial and distortion to emphasizing the positive aspects of a situation or making positive comparisons (Lazarus & Folkman, 1984).

Central to this model is the role of appraisal which Lazarus and Folkman consider the mediator of experience. Appraisal is the subjective assessment that the individual makes of the meaning of a life event. Situational and contextual cues are noted, integrated, and assigned meaning selectively based on the personality of the individual. Situations are assessed for such things effects as harm, loss, threat, challenge, and control (Lazarus & Folkman, 1984). Lazarus and Folkman (1991) discuss two forms of appraisal: primary and secondary. In the former, the person evaluates the meaning of the stressor.

The primary question asked is, "What do I have at stake in this encounter?" Answers to this question could range from a loss of self-esteem to loss of life, yielding a variety of reactions, including shame, anger, worry, or sadness. Secondary appraisal addresses the question of control. An individual asks, "What can I do? How can I change what is happening to me? What options do I have?" If a stressor is appraised as amenable to change, then problem-focused method, those aimed at the environment, are more likely to be employed. If, on the other hand, a stressor is deemed unchangeable, emotion-focused coping will prevail (Lazarus & Folkman, 1991).

In the transactional model of coping, there are two "fits" upon which effective coping rests. The first is the fit between reality and appraisal. Threats can be minimized, resulting in inadequate mobilization, or they can be exaggerated, which can divert and deplete necessary coping resources. Conversely, an inflated assessment of coping resources could lead to frustration and disappointment while underestimating one's abilities could restrict coping efforts. The second "fit" that Lazarus and Folkman (1991) describe is between an individual's assessment of the controllability of the stressor and his or her coping strategy. Attempting to alter the course of an uncontrollable situation results in frustration and increased distress and, on the other hand, resignation in the face of an alterable stressor results in missed opportunities to take action and resolve the problem.

### *Coping Critique*

Dill et al. (1980) critique the model of coping developed by Lazarus and Folkman (1984) for its lack of relevance to the lives of poor women. Dill et al. contend that low-income women cope with numerous life stressors simultaneously that emanate from the environment. Environmental stressors tend to be ongoing conditions over which poor

women have little control. Dill et al. theorize, therefore, that for poor women, unlike more advantaged segments of the population, environment is the primary consideration in coping processes, not appraisal.

Dill et al. (1980) drew their conceptual inferences from a study that they conducted of 43 mothers in the Boston area who were living considerably below federal poverty lines. Researchers assessed the mothers for possible relationships between life circumstances, mental health, and maternal behavior. To ascertain coping behavior, researchers asked women about a stressful experience--specifically the strain it placed on them, their management of the situation, and what they learned.

Dill et al. (1980) describe the lives of these women as fraught with environmental stressors including deaths, illnesses, school-related problems, victimization, sudden drops in income, and financial concerns. The mean number of life events in this sample in the 2 years prior to the study was 14.1 as compared with one or 2 events a year in most community samples.

Based on their findings, Dill et al. (1980) challenge the relevance of the construct appraisal for low-income women. While personality factors are influential in the selection of situational cues, the *primary* determinant of appraisal or individual perception and evaluation, for poor women is the environment. Life situations and histories shape the meaning and level of stress associated with life events. Dill et al. cite the example of an unwanted pregnancy for a single working mother of school-aged children for whom, if she has to leave her job or hire someone to watch a new baby, resultant financial stress could be severe and disastrous. In contrast, a childless young woman, undervalued and

exploited at a minimum-wage menial job might welcome the opportunity to extract the satisfaction and pleasure that caring for a baby affords.

Dill et al. (1980) place the concept of secondary appraisal, the search for a means of mastering threats to one's well-being, in a social context. They point out that poor women have limited options for mastering threats and managing stress. Coping strategies often become complicated as costs often outweigh benefits. For example, a poor woman, married to an employed alcoholic, makes a difficult choice: staying with him and having a means of financial support or single parenthood, poverty, and sub-standard housing.

Dill et al. (1980) suggest that severe and chronic life events require forms of coping dissimilar to those used to deal with problems that are discrete and more manageable. Those mechanisms might be more passive and less related to reality. Long-term stress evokes defensive coping strategies that are less successful in reducing threat.

Dill et al. contend that the environment is often an arbiter of success or failure of coping efforts for poor women. They point out that the bureaucratic social institutions upon which poor women depend so heavily are often hostile to their attempts to achieve mastery. With repeated experiences where efforts at mastery are discouraged and even sabotaged, a poor woman will start to perceive herself as ineffectual and incompetent and internalize feelings of helplessness.

Dill et al. (1980) summarize the conceptual inferences that they have drawn about the coping process among poor women as follows: severe and chronic threats compromise coping ability; the environmental context is influential in the meaning and appraisal of life events; environments limit the scope of options that they provide, often making effective coping impossible; and, environments can negate coping efforts.

*Dill's Work and Trauma Theory*

There is common ground between Dill et al.'s (1980) work and the work of Judith Herman (1997). Both acknowledge the constrictive nature of particular events and environments. Both maintain that environmental circumstances can limit coping options and hamper attempts at mastery.

As mentioned previously, Herman (1997) contends that uncontrollable events evoke traumatic reactions. Dill et al. (1980) recognize this phenomenon in the lives of poor women,

Attempts to alter situations directly were met with resistance or resulted in little, if any, improvement, with the unfortunate result that women felt that they had little control over the forces and policies which determined their lives and the lives of their children. (p. 76)

Herman (1997) also maintains that a defining characteristic of a traumatic event is that it is unresponsive to the change efforts of the victim. Dill et al. (1980) observe the futility of the change efforts of poor women, “. . . persistent, energetic, imaginative, and versatile strategies were used in efforts to alter threatening situations. These strategies were ineffective, not because they were deficient, but because institutions simply would not respond” (p. 77).

According to Herman (1997), trauma disrupts or destroys one's sense of self, purpose, and order in the world. Similarly, Dill et al. (1980) observe that the life events and life conditions that poor women face pose a threat to their sense of well-being. These researchers contend that,

If coping efforts are continually ineffective, regardless of the essential adequacy of the strategies chosen, a woman will perceive herself as ineffectual and incompetent in those spheres. We must wonder to what extent these experiences will generalize to her overall self-esteem. (p. 77)

The conditions of poverty are often uncontrollable, unresponsive to change efforts, overwhelm coping efforts, and erode self-esteem. Dill et al.'s (1980) work on coping and Herman's (1997) work on trauma lay the foundation for the suggestion that for some women who struggle with poverty, the environment can be victimizing and can limit coping options.

Dill et al. (1980) make the case that the degree of threat in the environment determines the coping response. They argue that environments may differ in the nature and frequency of threats posed to the individual, with deleterious effects on coping ability the result of severe and chronic threat. Similarly, the trauma literature addresses the impact of the extent of a trauma, or stressor intensity, on coping responses.

Green, Lindy, and Grace (1985) state, "the nature and intensity of the stressor is the primary etiological factor in individual differences in response to stress" (p. 47).

Judith Herman (1997) takes a similar position,

There is a simple, direct relationship between the severity of the trauma and its psychological impact, whether that impact is measured in terms of the number of people affected or the intensity and duration of harm. (p. 57)

March (1993) discusses the generic characteristics that have been proposed in the trauma literature as measures of stressor intensity. They include magnitude, rate of change, duration, unpredictability, lack of preparedness, and lack of prior experience. March reviewed empirical trauma related studies to assess whether stressors demonstrate what he calls a dose-response effect. He found that 16 of the 19 studies that addressed stressor intensity endorsed this relationship. This was across a variety of situations including natural disaster, combat, prisoner of war experiences, criminal victimization, and accidents. March (1993) says, "The dominant conclusion to be drawn from these

studies is that stressor magnitude is directly proportional to the subsequent risk of developing PTSD” (p. 40).

As mentioned previously, Dill et al. (1980) point out that the coping strategies that low-income women utilize to deal with chronic or extreme adversity are often defensive in nature and less effective in reducing threat than proactive ones. Likewise, trauma studies show that there are more and less adaptive ways of coping with trauma. The literature suggests that forms of coping that are avoidant in nature are correlated with increased symptoms of distress (Bryant & Harvey, 1995; Chung, Easthope, Chung, & Clark-Carter, 2001; Hampton & Frombach, 2000; Jeavons, Horne, & Greenwood, 2000; Wolfe, Keane, Kaloupek, Mora, & Wine, 1993) and that, confrontive or problem-focused coping is associated with greater emotional stability and adaptation (Blake, Cook, & Keane, 1992; Clements & Sawhney, 2000; Wolfe et al., 1993).

#### *Coping as a Study Construct*

This study views coping through a lens that incorporates three theories: transactional coping theory, coping revisionist theory, and trauma theory. Based on the work of Lazarus and Folkman (1984), the present study divides coping into two basic categories, problem-focused and emotion-focused. However, its theoretical framework departs from transactional coping theory in three ways. The first is the treatment of the construct appraisal. This study supports the work of Dill et al. (1980) who underscore the primacy of the environment over appraisal in the lives of poor women. The second, as mentioned previously, is that the present study positions coping as a dependent variable. This is consistent with Dill et al.’s (1980) conceptualization that chronic environmental threats have deleterious effects on coping ability and with trauma theory’s notion that

trauma impacts directly, without any modifier of experience. The third departure from traditional coping theory is the hypothesized relationship between stressor intensity, or the degree of the severity of the trauma, and coping. This study utilizes the notion from the trauma literature that there is a dose-response effect that is operative in the case of trauma--the greater the magnitude of the experience, the greater the impact on the individual. The magnitude of the experience of homelessness is what this study tested to determine its relationship to coping response.

In sum, trauma theory and the work of Dill et al. (1980) explain the positioning of coping as a dependent variable. They also justify the exclusion of appraisal as a variable for study. Trauma theory provides the theoretical support for the selection of this study's independent variables, duration of homelessness, number of relocations, and concurrent life events. These three variables together encompass the magnitude of the experience of homelessness and thus constitute the construct, stressor intensity.

#### Adaptation to Shelter Expectations

Adaptation is a response-based paradigm postulating that individuals react directly to stressful situations, unmediated by perception or appraisal (Selye, 1956). According to Milburn and D'Ercole (1991), adaptation theory informs our understanding of psychological trauma. As such, it is the theory that underlies the view of homelessness as a traumatic event.

The general adaptation syndrome developed by Selye (1956) describes the process of accommodation to life stress. When faced with stress individuals re-establish equilibrium by incorporating information about their environment and responding through psychological accommodation (Selye, 1956).

According to ecological theory, adaptation concerns itself with both the person and their environment. On a personal level, adaptation is the manner in which an individual accommodates to the adaptive requirements of a situation and to the opportunities that it provides. The environment encompasses multiple levels including social norms, policies relating to access to services, availability of supportive structures, neighborhood attitudes, economic trends, and cultural beliefs (Toro et al., 1991).

The two studies mentioned previously concerning adaptation to shelter expectations both utilize the construct adaptation. Fogel (1997) analyzes how shelter residents utilize skills and resources to obtain housing outcomes. She employed a conception of adaptation that concerns physical surroundings and equates the notion of shelterization in which individuals adapt to the helping environment with a construct from the field of environmental psychology called “place-identity” (p. 124). She describes this as a feature of personal identity, derived from the integration of all of an individual’s past experiences of their physical surroundings including memories, ideas, feelings, attitudes, values, preferences, meanings, and conceptions of behavior.

Adaptation requires three place identity skills. The first, environmental understanding, involves knowing a physical setting, being sensitive to changes in it, and grasping what has to be done to change it. The second, environmental competence implies the development of an understanding of what to do and how to behave in a particular setting that is based on knowledge of that setting. The third, the skill of environmental control, refers to the ability to effect change in one’s setting, in the behavior of others, or in one’s own behavior.

At the heart of DeOllos' (1997) notion of shelterization is the construct adaptation, defined within the ecological framework as the fit between a person and their environment. Shelterization implies that within an institution residents share a language and particular values and beliefs. This concept refers to the changes in identity that the sheltered experience because of their association with fellow homeless persons and their isolation from others. DeOllos (1997) contends that homeless families go through stages of shelterization and identify with one another based on their isolation from extended family and the general population. According to DeOllos (1997), shelterization among homeless families sets in motion a process that culminates in increased dependency on shelter residents and staff to a point where homeless families are unable to function independently. She considers strong identification with the culture of homelessness to be detrimental.

*Adaptation to Shelter Expectations  
as a Study Construct*

To conceptualize homeless mothers' adaptation to shelter expectations, the present study draws on the work of Toro et al. (1991) for a general definition of adaptation that emphasizes the coping and behavioral responses of the individual to the adaptive requirements of the environment. This study utilizes Fogel's (1997) concept of place-identity and the skills that it requires to formulate operational definitions of the construct adaptation to shelter expectations. These skills include environmental understanding, environmental competence, and environmental control. Drawing from DeOllos's (1997) concept of shelterization, this study incorporates the notion of reliance on others into the construct adaptation to shelter expectations. Unlike DeOllos' negative

connotation, the present study viewed affiliation with others as a neutral measure of adaptation.

### Comparison of the Conceptual Models of Homelessness

#### *Transactional Stress Paradigm*

An alternative to the Goodman et al. (1991) conceptualization of homelessness as a traumatic event is Milburn and D'Ercole's (1991) formulation that homelessness is a stressful life event. It is based on the transactional stress paradigm, which stipulates that a stressor is not a solitary phenomenon, but a relationship between the threatening situation and the psychological, emotional, and social resources that an individual garners in reaction (Dohrenwend & Dohrenwend, 1974; Lazarus & Folkman, 1984; Lin & Ensel, 1989; Taylor, 1990). Milburn and D'Ercole (1991) believe that the transactional stress paradigm captures the circumstances of homelessness for women because it is a model that considers multiple stressors as well as variation in coping resources and responses.

The first component of the transactional stress model concerns the concurrence of acute and chronic stressors and the interaction between them. Milburn and D'Ercole (1991) reviewed the empirical literature and delineated four sources of chronic stress for homeless women: housing instability, whereby women cycle in and out of homelessness; poverty, which involves daily hassles such as taking unreliable public transportation or spending significant amounts of time in high crime areas; work, which involves unemployment, termination or often demeaning or menial labor; and victimization, either current in the form of domestic violence or prior like child abuse which can result in protracted symptoms of PTSD.

*Coping and Adaptation*

The second component of the transactional stress model concerns the personal and social resources that function as mediators of stress. Milburn and D'Ercole (1991) view coping as a mediating resource in the experience of homelessness for women. It serves the function of modifying stressors either through subjective interpretation, which lessens their impact, or effective management.

Milburn and D'Ercole (1991) stress the importance of appraisal in the coping process. They contend that it allows for an examination of subjective experience, which serves to modify the impact of the variables associated with homelessness such as social support, poverty, and residential instability. They instruct researchers to assess homeless women's appraisal of their situation in terms of threat, controllability, potential harm, and possible damage to family and other community supports.

Milburn and D'Ercole (1991) allude to the construct adaptation in a comment on the effectiveness of coping strategies. They stress the need for research that distinguishes between the short- and long-term consequences of appraisal and reaction. They point out that short-term palliative coping strategies that involve self-medication, avoidance, and denial might be successful in the short run but are ultimately ineffectual: they detract from the problem-solving skills necessary to find permanent housing and can have devastating long-term consequences.

Milburn and D'Ercole (1991) suggest that their model provides researchers with a framework to examine individual differences among homeless women. By viewing them as active participants in their lives, it highlights the strengths that homeless women bring to stressful situations.

### *Ecological Perspective*

An alternative to both the victimology and transactional models of homelessness is the ecological perspective. Several empirical studies in the field utilized this framework, yielding important findings related to resilience (Danesco & Holden, 1998) and shelter adaptation (Fogel, 1997).

The ecological model views homelessness as an interactional system involving homeless individuals and families, and their social, economic, and systemic resources. Toro et al. (1991) apply the four principles of the ecological perspective to the situation of homelessness: adaptation, cycling of resources, interdependence, and succession.

The principle of adaptation focuses on the relationship between individuals and their social context. This context, or the ecological environment, includes social norms, social policies, and availability of social structures, neighborhood attitudes, economic trends, and cultural beliefs. The individual adapts based on the opportunities and the requirements of the ecological environment. In applying the adaptation principle to homelessness, Toro et al. (1991) consider the social context of homelessness to consist of socio-cultural influences like demographic trends, which make some areas of the country more prone to homelessness than others, public opinion, and local influences like shelters and housing alternatives for the homeless. Toro et al. contend that the way in which individuals fit into the social context of homelessness varies according to the particular circumstances of homelessness. They mention such factors as the proximity of the support network, the duration of homelessness, and racial differences, which might influence perceptions of the reliability of service providers.

The "cycling of resources" principle focuses on how the resources within a system are utilized, defined, and optimized. These include personal resources such as job skills, intelligence, and coping style, interpersonal resources like social networks, and macro-level resources, such as, social services and local government. The cycling of resources principle considers homelessness resources as; the competency and skills that the homeless display in their ability to survive, and their social networks and sources of support, which, the homeless who double-up might rely upon. Within this context, Toro et al. (1991) espouse the view that coping is a personal resource that facilitates adaptation.

Interdependent component parts that operate in a state of relative equilibrium make up an ecological system. An imbalance in the system, or change, reverberates and creates instability in all component parts. The interdependence principle focuses on the arrangement of the person-environment interdependencies and the impact of life changes. It draws attention to the changes in the component parts of the ecological system and how homeless people, policies, and services influence one another. Toro et al. (1991) point out how becoming homeless creates "ripples in the life space" (p. 1212) involving changes in family roles, self-concept, social networks, and health status.

The principle of succession suggests that ecological systems are in a constant state of flux. It maintains that events occur in an historical context that by nature renders them transitory. According to Toro et al. (1991), the succession principle when applied to homelessness suggests a few directions including the consideration of the role of change in a community in shaping homelessness and an analysis of the current relevance of

homelessness services in the midst of changing needs. They also call for a historical review of homelessness, as well as longitudinal studies that track changes over time.

### *Coping and Adaptation*

Like the stress paradigm, the ecological perspective emphasizes the importance of appraisal in the coping process. Toro et al. (1991) states that coping involves “an active approach to dealing with one’s situation and is based on an appraisal of the demands, opportunities, threats and expectations in the social context” (p. 1210). In the ecological perspective, coping style serves to moderate adaptation. As mentioned above, coping style is one of the personal resources that facilitate environmental adaptation.

Adaptation, in the ecological perspective is “a function of the interaction of a particular set of personal characteristics and a particular set of environmental characteristics” (Toro et al., 1991, p. 1210). As mentioned above, one of the personal characteristics is coping style. In this view, adaptation refers to the homeostatic state in an ecological system. The component parts of system include the person who has a particular coping style and their environment. These parts are in constant transaction and the measure of adaptation is the quality of balance achieved in the system.

### *Comparison and Rationale for Victimology Perspective*

Both the ecological (Toro et al., 1991) and the transactional stress perspectives (Milburn & D’Ercole, 1991) on homelessness are systems models. As such, they emphasize interaction and balance. All parts of the system affect one another equally; there is no designated starting point in the feedback loop.

In these models, appraisal is the mechanism that functions as a lens through which an individual construes the meaning of an event and chooses a coping response.

Maladaptive coping is the result of a disturbance in the system. The component parts fail to fit together properly.

Gutierrez (1994) critiques systems models for their failure to recognize the primacy of the environment in the coping process,

The coping perspective is primarily individually focused and considers the proximal and distal social environment only to the extent that it affects the ability to achieve homeostasis. Based on a systems analysis, the desired outcome of dealing with stress is to return to an effective level of social functioning. (p.206)

Trauma theory, on the other hand, postulates direct, unfiltered, or unmediated reactions to events (Milburn & D'Ercole, 1991). Individual subjectivity functions in direct response to objective circumstances so that interpretation does not determine emotional and psychological impact. Individuals restructure their internal response to accommodate the traumatic event. Simply put, traumatic events make people feel traumatized.

The construct adaptation appears in both the ecological perspective and the trauma perspective on homelessness. In the former, it implies that the system has achieved homeostasis through individual adaptation to the requirements of the situation of homelessness (Toro et al., 1991). In the latter, it speaks to quality of functioning and mental health, most often the absence of psychological distress (Goodman et al., 1991). The implication of the trauma model is that there are better and worse responses to stressors. It is a model that values effective functioning and good mental health. In contrast, in the ecological perspective, an individual may adjust to systemic requirements

at the expense of their mental health, yet the system is considered balanced. Such is the case with homeless families who remain in the Emergency Assistance Unit awaiting placement in a shelter, sleeping on chairs for numerous days without complaint.

There are a number of reasons that this study utilizes a trauma framework and not either of the two models described above. For one, as mentioned previously, it is widely cited in the literature, yet it is the only untested model of the three conceptualizations of homelessness. Secondly, a trauma perspective is one that forces us to examine the psychological ramifications of homelessness as a social problem. It is not viewed as a neutral phenomenon that requires adaptation among those affected. A trauma model acknowledges that homelessness is detrimental to family functioning and mental health and, therefore, is a perspective that calls for a social solution rather than individual adaptation. Third, a trauma framework offers the opportunity to narrow the focus of study to the impact of the event. As models that focus on the interaction between multiple factors, the ecological and the transactional stress paradigms dictate a multivariate study design. The assumption that traumatic events are overwhelming, uncontrollable, and extraordinary places these events at the top of the hierarchy of impact over other variables. The strength of the victimology framework for the scope of this study is its simplicity.

### Research Questions and Hypotheses

This study of homeless mothers residing in a shelter poses seven guiding research questions and related hypotheses, which were developed after reviewing the extant research literature.

**Research Question 1: Is mothers' duration of homelessness and number of relocations associated with their utilization of problem-focused coping?**

Hypothesis 1: Mothers who have been homeless for more than a year will have lower problem-focused coping scores than mothers who have been homeless for a year or less.

Hypothesis 2: Mothers who have relocated four or more times will have lower problem-focused coping scores than mothers who have relocated between three or fewer times.

Hypothesis 3: There will be an interaction effect on the utilization of problem-focused coping between mothers' duration of homelessness and mothers' number of relocations such that mothers who have been homeless for more than a year and who have relocated 4 or more times will have lower problem-focused coping scores than mothers who have been homeless for a year or less and have relocated 3 or fewer times.

**Research Question 2: Is mothers' duration of homelessness and number of relocations associated with their utilization of emotion-focused coping?**

Hypothesis 4: Mothers who have been homeless for more than a year will have higher emotion-focused coping scores than mothers who have been homeless for a year or less.

Hypothesis 5: Mothers who have relocated four or more times will have higher emotion-focused coping scores than mothers who have relocated three or fewer times.

Hypothesis 6: There will be an interaction effect on the utilization of emotion-focused coping between mothers' duration of homelessness and mothers' number of relocations such that mothers who have been homeless for more than a year and who have relocated four or more times will have higher emotion-focused coping scores than mothers who have been homeless for a year or less and have relocated three or fewer times.

**Research Question 3: Is mothers' preponderance of concurrent life events associated with their utilization of problem-focused coping?**

Hypothesis 7: Mothers who have 20 or more concurrent life events will have lower problem-focused coping scores than mothers who have fewer than 20 concurrent life events.

**Research Question 4: Is mothers' preponderance of concurrent life events associated with their utilization of emotion-focused coping?**

Hypothesis 8: Mothers who have 20 or more concurrent life events will have higher emotion-focused coping scores than mothers who have fewer than 20 concurrent life events.

**Research Question 5: Is the duration of homelessness associated with homeless mothers' adaptation to shelter expectations?**

Hypothesis 9: Mothers who have been homeless for more than a year will have poorer shelter adaptation than mothers who have been homeless for a year or less.

*Hypothesis 9a*: Mothers who have been homeless for more than a year are less likely to be integrated into the shelter community than mothers who have been homeless for a year or less.

*Hypothesis 9b*: Mothers who have been homeless for more than a year are less likely to have knowledge about the formal procedures for obtaining housing than mothers who have been homeless for a year or less.

*Hypothesis 9c*: Mothers who have been homeless for more than a year are less likely to know about the housing resources and programs available to them than mothers who have been homeless for a year or less.

*Hypothesis 9d*: Mothers who have been homeless for more than a year are less likely to actively obtain information about housing than mothers who have been homeless for a year or less.

*Hypothesis 9e*: Mothers who have been homeless for more than a year are less likely to develop a vision of the type of apartment they want than mothers who have been homeless for a year or less.

*Hypothesis 9f*: Mothers who have been homeless for more than a year are less likely to know about informal shelter criteria used to obtain better housing than mothers who have been homeless for a year or less.

**Research Question 6: Is the number of relocations associated with homeless mothers' adaptation to shelter expectations?**

Hypothesis 10: Mothers who have moved more than four or more times since being homeless will have poorer shelter adaptation than mothers who have moved less than four times.

*Hypothesis 10a:* Mothers who have been moved four or more times are less likely to be integrated into the shelter community than mothers who have moved three times or less.

*Hypothesis 10b:* Mothers who have moved four or more times are less likely to have knowledge about the formal procedures for obtaining housing than mothers who have moved three times or less.

*Hypothesis 10c:* Mothers who have moved four or more times are less likely to know about the housing resources and programs available to them than mothers who have moved three times or less.

*Hypothesis 10d:* Mothers who have moved four or more times are less likely to actively obtain information about housing than mothers who have moved three times or less.

*Hypothesis 10e:* Mothers who have moved four or more times are less likely to develop a vision of the type of apartment they want than mothers who have moved three times or less.

*Hypothesis 10f:* Mothers who have moved four or more times are less likely to know about informal shelter criteria used to obtain better housing than mothers who have moved three times or less.

**Research Question 7: Is the number of preponderance of life events associated with homeless mothers' adaptation to shelter expectations?**

Hypothesis 11: Mothers who have experienced 20 or more life events will have poorer shelter adaptation than mothers who have experienced 19 or fewer than life events.

*Hypothesis 11a:* Mothers who have experienced 20 or more life events are less likely to be integrated into the shelter community than mothers who have experienced 19 or fewer than life events.

*Hypothesis 11b:* Mothers who have experienced 20 or more life events are less likely to have knowledge about the formal procedures for obtaining housing than mothers who have experienced 19 or fewer than life events.

*Hypothesis 11c:* Mothers who have experienced 20 or more life events are less likely to know about the housing resources and programs available to them than mothers who have experienced 19 or fewer than life events.

*Hypothesis 11d:* Mothers who have experienced 20 or more life events are less likely to actively obtain information about housing than mothers who have experienced 19 or fewer than life events.

*Hypothesis 11e:* Mothers who have experienced 20 or more life events are less likely to develop a vision of the type of apartment they want than mothers who have experienced 19 or fewer than life events.

*Hypothesis 11f:* Mothers who have experienced 20 or more life events are less likely to know about informal shelter criteria used to obtain better housing than mothers who have experienced 19 or fewer than life events.

## CHAPTER 4

### METHODOLOGY

This chapter presents the study design, the study sample, the setting in which the data were collected, and sampling method. It describes the data collection procedures, the operational definitions of the independent and dependent variables, and the data analysis techniques.

#### Study Design

This study utilizes a descriptive cross-sectional survey research design involving in-person interviews with 80 women in a family shelter in New York City. The cross-sectional nature of the design allowed the collection of information from women at different stages of homelessness.

The study is also exploratory and seeks to discover unforeseen or unexpected patterns in the data to gain new understanding and insights into the lives of homeless mothers, and relationships among intensity of homelessness, coping, and adaptation to shelter expectations. Quantitative survey data were collected to investigate the relationships between variables related to coping and adaptation and the circumstances of homelessness. Qualitative questions were utilized for interviewing shelter staff to explore, illustrate, develop, and validate quantitative data. This study utilized structured in-person interviews as the primary data-collection method. These in-person interviews

have allowed the interviewer to observe the participant during the interview and check for participant understanding of the survey items. Advantages of using this in-person survey method included less missing data and interviewer control of the phrasing and sequencing of questions (Ary, Jacobs, & Razavieh, 2002). Disadvantages may have included both interviewer and social desirability bias where the respondent wants to please the interviewer by giving socially acceptable responses they would not give on an anonymous questionnaire (Ary et al., 2002).

### Study Participants

#### *Sample*

The women in the study's sample and their families were residents in a transitional housing facility by the name of HELP1 and had been at this particular shelter between 1 and 16 weeks. It is in the East New York section of Brooklyn and at the time of data collection, the shelter was one of three facilities for homeless families administered by the American Red Cross. A purposeful sampling method, described in more detail below, was used to select 80 women for in-person interviews.

#### *The Setting*

A centralized facility called the Emergency Assistance Unit (EAU) deploys homeless families to transitional housing shelters like HELP1. At the EAU families can wait anywhere from one to 7 nights to be assigned a room in a New York City family shelter. Shelter assignment, barring specific admission criteria of individual shelters, is based on room availability and family size.

HELP1 resembles a motel in structure, consisting of five elongated two-story buildings. There are no hallways and the rooms are adjacent to each other along a

walkway. There is a large courtyard with playgrounds for children, and families are sheltered in individual units consisting of two rooms. One room is a bedroom and the second room functions as a living room, kitchen, dining room, and extra bedroom. Additionally, each unit has an individual bathroom.

Upon entering a Red Cross facility, residents are given a packet of information including a manual. The manual (*Facility Rules, Resident Obligations and Resident Rights*) (American Red Cross, 1993) delineates and documents the explicit expectations placed upon clients. The rules and regulations include policies relating to visitors at the facility, accountability (residents must sign in and sign out of the shelter, they are not allowed to be away from the facility overnight, and they must abide by a curfew), supervision of children, restrictions on babysitting arrangements between residents, mandatory health screening, spot checks on rooms, prohibition of cooking or storage of food in the rooms, and respectful behavior between residents (such as, no shouting or playing radios loudly at bedtime).

The manual also explains the role of the caseworker and the function of the family service plan (FSP). Residents are expected to meet with their caseworkers once every 2 weeks and develop an FSP designating psychosocial goals for the family. Goals might include job-training, enrollment of children in daycare, or attendance at life skills workshops at the facility (conflict resolution or parenting). In addition, the manual informs residents that there is a housing specialist on-site and that they must meet him no later than 10 days after entering the shelter. After the initial meeting, residents are expected to meet with the housing specialist once a month. Together, they develop a housing contract or a plan to procure permanent housing. In addition to what is stated in

the manual, residents are required to attend an on-site program entitled, "Housing Empowerment Workshop Series." This is a psycho-educational group focusing on the legal rights of tenants, strategies for self-advocacy, and skills for interviews with potential landlords. There are also monthly community meetings in which staff addresses resident's grievances and questions.

From the shelter, residents are deployed to permanent housing. The American Red Cross shelters have various housing resources at their disposal. The New York City Housing Authority allocates a certain number of apartments to homeless families every year. There are rent subsidies that are provided federally, through the Section 8 Program, and locally through the E.A.R.P. and S.I.P. Programs. The Department of Preservation and Development provides apartments for fire victims. At the time of this study, a very limited number of Mitchell-Lama apartments were available to homeless families. These are federally subsidized apartments in middle-class housing developments. In addition to these resources, the American Red Cross has established relationships with private real estate agents and brokers who offer apartments to homeless families.

While demographics like family size or the length of shelter stays are the determining factors in the allocation of many apartments, in other cases shelter staff match the quality of the housing to the client's level of "life skills." This is most evident in the allocation of Mitchell-Lama housing. These apartments are considered the cream of the crop. They are generally in safe, resource-rich, middle-class neighborhoods and are well maintained, roomy, and attractive. A team that includes the casework supervisor, the assistant director of social services, and the housing specialist makes the decision about which clients to refer to this type of housing.

### *Sampling Method*

HELP1 housed 190 homeless families. At the time of the study, residents remained at HELP1 an average of 8 months before obtaining a permanent apartment. Tenure at the shelter ranged from newly arrived residents who had not yet met their caseworkers to veteran residents of a year who were preparing to move into their own apartments. The purposeful sample in this study was 80 women who had been residing at HELP1 for 4 months or less. The purpose of limiting the study to women who fell within this time frame was to capture the first phase of coping and adaptation to life in the shelter.

The rationale for including 80 women in the study was based on a number of factors. The entire shelter population consisted of 190 families, and there were only about 100 families at any given time over the course of the period of data collection who met the criteria for participation in the study. Second, according to tables for determining sample sizes and statistical power Isaac & William's (1995), a population of 100 should have a sample size of 80 for a 95% level of confidence with  $p$  value .05. Third, the relationship between variables, the design, and effect sizes were considered (Cohen, 1992). For a study using  $p \leq .05$ , the sample size for a large effect size and power = .80 would be 18 per group for a four group (the 2 x 2 factorial used in this study). For a medium effect size, the groups should have 45 subjects per group, and for a small effect size, the sample would have been 274 for a 4 group comparison. Cohen (1992) assumes equal groups and this study did not have equal groups nor were the subjects randomly selected.

This study used a purposive judgmental sample of women with children in one

shelter who met the residency focus of 4 months or less, and who were willing to participate in the study. This study might have benefited from a larger sample size but there were insufficient numbers of women who met the study's criteria in the shelter.

The process of gaining access to the shelter began in March of 1990. The Assistant Director of Homeless Services for the American Red Cross was contacted and permission was requested to use their homeless family shelters as this study's source of participants. The researcher knew the Assistant Director professionally and correspondence was exchanged over the next few months to work out a plan for gaining access to participants (see Appendix A). The Assistant Director felt data collection should be limited to one site. The rationale was that it would be easier to build relationships with staff upon which subject recruitment depended at a single facility. The largest of the three sites was selected to maximize the potential number of respondents.

The researcher first met with the Director of HELP1 to explain the study and to request assistance in pre-testing the study protocol and help in obtaining staff support for the project. After meeting with the shelter Director, the Director of Social Services was contacted, the project discussed, and together a plan for subject recruitment was developed. With the Director of Social Services in attendance, the researcher met with casework staff to discuss the study, review the data collection plan, and request their assistance and cooperation (see Appendix A-C). Throughout subject recruitment, pre-testing, and data collection, 2 days a week was spent at the shelter and staff generously provided the use of a desk and a phone. An updated shelter roster was provided each week listing newly admitted clients. Subjects were recruited both directly and through their caseworkers.

Four methods of recruitment were utilized. The first method involved casework staff. After screening for length of time at the shelter as the only criteria, caseworkers discussed the study with eligible clients. Theoretically, all clients who were at the shelter for 4 months or less were approached by their caseworker. Exceptions might have been in cases of individual caseworker discretion— where the caseworker might not have remembered or chose not to inform a client. Those who were interested signed an appointment sheet designating specific interview times and received written confirmation of their interview time. The day before the scheduled appointment, reminders were placed in participants' mailboxes. Each day the appointment sheet was collected and individuals were contacted by phone to confirm interest and appointment time and to screen for English language fluency.

The second method of subject recruitment was direct solicitation. Potential subjects were called by phone, asked their length of time at the shelter, and screened for English proficiency. Interview times were set up at the convenience of both the researcher and participant. Appointments were confirmed by phone twice, the day before, and the morning of the interview. The third strategy utilized to recruit subjects was hanging flyers at the shelter describing the study and instructing interested clients to contact their caseworkers (see Appendix D).

A fourth unexpected method of recruitment was self-selection. Two clients approached the researcher after hearing of the study from other participants and appointments were set up with them later in the day. Four participants left word with other respondents indicating they would like to participate in the study. Again, clients were contacted, appointments set up, and confirmed prior to meeting with the

participants. Of the 80 subjects participating in this study, 28 (35%) were recruited through their caseworkers or the flyer, 46 (58%) were recruited by phone, and 6 (7%) participating via self-selection. Of the 48 direct requests for study participation, only two refused due to lack of time.

## Procedures

### *Data Collection Process*

Data were collected over a period of 8 months from March until November. In-person interviews lasting approximately 1 hour and 30 minutes were conducted in the housing units of the subjects and the researcher conducted all interviews to ensure consistency of survey administration. For 64 (80%) out of the 80 interviews, children were not present. Interviews were conducted at a time of day when school-aged children were not present, and the facility had a childcare program that mothers were encouraged to use.

Subjects were first presented with a letter of informed consent, which was read to them by the researcher. The informed consent explained the purpose of the study, provided an overview of the questionnaire items, informed respondents that their participation was voluntary, and they were free to decline or withdraw their participation at any time without any negative consequences (see Appendix E). Questionnaires were administered verbally to all study participants to incorporate the range of literacy among subjects and for the benefit of those who were not native English speakers. Answer cards to remind respondents of the five possible responses to scale items on the coping scales were distributed. All responses were recorded by hand and not tape-recorded and each participant was paid \$10.00 for their time and effort.

As an interesting side note, the researcher was pregnant at the time of the interviews and this seemed to bridge a gap in ethnicity and life circumstances between some homeless mothers and the researcher. Many of the participants offered advice, predictions of gender, general warmth, and good wishes. This common bond between women was perceived to help to establish rapport with the homeless women that might have otherwise been difficult to accomplish.

### *Data Collection Instrument*

Data were collected through questionnaires that contained primarily close-ended questions and quantitative measures. The survey instrument consisted of a coping scale (35 items), a life stressor index (40 items), demographic items (age, number of children, age of children, ethnicity, marital status, education and employment history) (16 items), questions about housing history (4 items), and housing questions which were repeated for each relocation (2 items). In addition, there were 11 questions about adaptation to shelter expectations.

In addition to the quantitative items, five open-ended questions were included. Subjects were asked to describe what it was like for them to be homeless, how they had dealt with their feelings, whether they felt themselves or their children to have changed, their goals for the future, and their understanding of the reasons they were homeless. Ultimately, while this data were gathered, they were not analyzed. For the survey instrument, see Appendix F.

### *Questionnaire Pre-Testing*

The instrument was pre-tested using five subjects selected by the shelter director in consultation with the Director of Social Services. They selected families with whom

they had interacted personally and who met the study's criteria for residence. It is likely the pre-tested families were distinctive in some way since shelter administrative staff knew them. For example, they may have been more articulate, or more troubled than most of the families at the shelter. The pre-test interviews were conducted in a room in the shelter located near the staff offices that functioned as a staff/client meeting room. The pre-test interviews lasted about 1 hour and 30 minutes.

Pre-testing resulted in numerous changes in the measurement instrument. Demographic questions were clarified to increase their specificity and open-ended questions were modified to give subjects more latitude in their responses. In addition, several questions about the history of the respondents' homelessness were added. These questions addressed the number of relocations prior to the shelter, prior permanent housing status, and the duration of the respondent's stay at the Emergency Assistance Unit.

Modifications to the Problematic Life Events Scale included wording of items, division of items, and number of items. The wording of some items was changed for the sake of simplicity of language (e.g., excessive alcohol consumption was changed to alcoholism). Some items were divided into separate items for clarity and specificity. For example, for the item "loss of job or unemployment," all pre-test subjects responded affirmatively to the original item. However, further inquiry revealed that four out of five experienced one of these events but not both and the item was divided into two parts, "loss of job," and "unemployment." In addition, several items were deleted because they were not relevant to the lives of the subjects, such as, "trouble at work or with job conditions" (all mothers interviewed were on public assistance and were not working), or

because they were not considered to be problematic life events, such as cigarette consumption.

Items on the coping scales were changed to increase respondents' understanding of the items as well as to make the items more compatible with their self-perception and experience. For example, most pre-tested respondents did not identify with the word “spouse” either because they had none or because it was unfamiliar to them. As a result, the word “spouse” in the item “talked with a spouse or relative about having nowhere to stay” was eliminated. For further detailed information on the modification to the survey instrument, see Appendix G.

### Study Variables

This section provides the operational definitions of this study's constructs and discusses the instruments used to measure them. It defines duration of homelessness, number of relocations, life events, emotion- and problem-focused coping, and adaptation to shelter expectations. For each construct, a description is provided of the derivation of the instrument utilized for its measurement as well as the procedure used for scoring.

#### *Independent Variables*

The three independent variables in the study were duration of homelessness, number of relocations, and life events.

#### *Duration of Homelessness*

As mentioned previously, the Stewart B. McKinney Act (42 U.S.C., 11301, et seq., 1994) defines the homeless as those who do not have a permanent and adequate place to live, who reside in public shelter, or live in make shift accommodations (National Coalition for the Homeless, 2007a).

This study defined homelessness operationally as the lack of a permanent home. A family was considered homeless from the time that they lost primary entitlement to a dwelling. Typically, this meant moving in with another family, losing a lease, or being evicted. This definition also included doubled-up and sheltered families. As mentioned in Chapter 2, some homeless families enter the shelter system directly from their primary dwelling. For example, a teenage mother is likely to continue to live with her family of origin after the birth of her child and use the shelter system as a means to establish an independent household. For the purposes of this study, family units such as these were considered homeless once they entered the shelter system.

The conceptual framework of this study supports this operational definition of homelessness. The previous chapter makes the theoretical argument that homelessness satisfies the criteria for a traumatic event. As mentioned previously, homelessness involves multiple losses over a prolonged period including loss of control (Goodman et al., 1991). This justifies the designation of the first major loss, the loss of one's home, as the beginning of the experience. In this framework, each subsequent move (i.e., from one relative's home to another) does not represent an independent experience of homelessness, but intensifies the initial loss.

Duration of homelessness is defined in this study as the total amount of time between a family's loss of a dwelling and their entrance into the shelter system. Open-ended questions created for this study measured this construct. The purpose was to determine the total amount of time between becoming homeless and entering the shelter system as well as the duration of each relocation. The study considered the duration of homelessness as the sum total of each relocation since initially becoming homeless.

Respondents were asked the question, “When was the last time that you had your own place where your name was on the lease?” For each relocation, respondents were asked, “How long did you stay there?” Duration of homelessness and each relocation were calculated in months.

### *Number of Relocations*

The construct, number of relocations, was operationally defined as the number of moves made in the 3 years prior to the study. Questions were designed to ascertain how many times families had relocated, where they went, and what events precipitated the moves. Respondents were asked, “What would you say is the reason that you left the place that you were staying?” and “Where did you end up staying?” Possible responses to these questions were pre-determined based on categories derived from the research literature, interviews with shelter staff, and pre-testing. The question was presented to respondents as open-ended and their response was matched with one of the pre-determined categories. Possible answers to the question “What would you say is the reason that you left the place that you were staying?” included interpersonal conflict, sexual abuse, physical abuse, fire, drug/alcohol problems, crime, building condemnation, substandard conditions, no rent money or eviction, overcrowded conditions, and other. Possible responses to the question “Where did you end up staying” included with a parent, sibling, friend, relative other than a parent or sibling, in a hospital, church, the street, a shelter, or other place. Each move was counted as one relocation, and for each relocation, the same questions were repeated. Answers pertaining both to the duration of homelessness and the number of relocations were recorded on a grid.

### *Life Events*

For the purposes of this study, the operational definition of life event was derived from the conceptual work of Thoits (1995). According to Thoits, life events are objective experiences that interfere with or threaten to disrupt routine activities and require significant readjustment in an individual's behavior. Life events measured in this study included difficulties with the educational, criminal justice, or social service systems as well as problems with employment and finances. Health problems, accidents, deaths, and relationship discord were also examined. Those life events occurring in the 3 years prior to the interview were included.

The Problematic Life Events Scale (PLES) measured life events. This scale is based on the Schedule of Recent Experience (SRE) (Holmes & Rahe, 1967) and the Social Readjustment Rating Scale (SRRS) (Rahe, Meyer, Smith, Kjaer, & Holmes, 1964). The SRE consists of 43 items addressing common life events. The SRRS expanded upon the SRE by ranking the events according to how easy or difficult it is to adjust to the event. The instrument used in this study, the Problematic Life Events Scale (PLES) (Rogler, 1985), expands upon previous work by including material relevant to minority groups, particularly Hispanics. PLES is available in Spanish and includes items on racial discrimination with an emphasis on family and neighborhood interpersonal relations.

The PLES utilizes a summative scale and a person was given one point for every life event such as the death of a loved one, unemployment, hospitalization, court involvement, incarceration, etc. In all, there were 39 life events on the list. The reliability on the life events scale for this study was  $\alpha = .85$ . Possible scores could range from 0 to 39, with high scores indicating more life events. The independent variable was the

summed score on the life events scale. For the analyses, the scores on life events were grouped into two. The groupings were derived by splitting the total number of items on the instrument, 39, in half. Those with between 1 and 19 life events were placed in the fewer life events group and those with 20 or more life events were placed in the more life events group.

### *Dependent Variables*

The three dependent variables included in the study were problem-focused coping, emotion-focused coping, and adaptation to shelter expectations. The two coping variables will be addressed in the same section followed by a discussion of adaptation to shelter expectations.

#### *Coping*

The construct coping encompasses problem-focused coping and emotion-focused coping. Problem-focused coping consists of efforts to alter or gain mastery over the stressor by changing self, environment, or interaction between the two (Lazarus & Folkman, 1984; Moos & Billings, 1982). Emotion-focused coping can be defined as managing distress by directing attention away from the source of the stressor or by altering the subjective meaning of the situation (Lazarus & Folkman, 1991).

Emotion-focused coping, as defined for this study, included the defense mechanisms avoidance, denial, wishful thinking, and displacement. In line with its conceptual framework, this study considers emotion-focused coping as a psychological defense. The focus on homelessness as a trauma (Goodman et al., 1991) as well as the work of Dill et al. (1980) emphasizes self-destructive consequences of avoidant coping for poor populations such as learned helplessness and erosion of self-esteem. The

empirical literature supports this view of coping in that it links avoidance with depression among homeless mothers (Banyard & Graham-Bermann, 1998).

Problem-focused coping as defined for this study included three dimensions: seeking social support, rational planning, and taking action. This operational definition is derived from two sources. The first is the empirical literature discussed in Chapter 2, which reveals the importance of maintaining social networks for homeless families (Letiecq et al., 1996). The second is the definition provided by Lazarus and Folkman (1984) of problem-focused coping. As delineated in Chapter 3, they divide the construct into two categories, confrontive and rational problem solving.

The construct of coping was measured by using a combination of different items from three different coping instruments: the Revised Ways of Coping Checklist (Vitaliano et al., 1985), the Coping Responses Scale developed by Billings and Moos (1981), and a Coping Scale (CS) developed by Professor Ryan of the University of Michigan. The rationale for combining three different scales was that no one validated instrument measured the four defensive aspects of emotion-focused coping designated above.

The Revised Ways of Coping Checklist (WCCL) is adapted from Folkman and Lazarus (1980) Ways of Coping Checklist (WCCL). Vitalino et al (1985) revised the WCCL to improve reliability, validity, and detect bias. The WCCL (Folkman & Lazarus, 1980) is a self-report scale containing 68 items, with a calculated Cronbach alpha of between .80 and .83. WCCL measures the predominant coping strategies employed in reaction to a particular situation and uses a 5-point Likert response scale of *not appropriate, never used, rarely used, sometimes used, or regularly used*. The seven

coping strategy subscales measured by the WCCL are: problem-focused, wishful thinking, growth, minimize threat, seeks social support, blamed self, and a mixed scale that blends avoidance, and help seeking strategies. The last six strategies are all considered by the authors to be emotion-focused coping strategies. The subscales of the RWCCCL were categorized into problem-focused and emotion-focused coping.

Construct validity was determined by comparing the RWCCCL with scores for anxiety and depression, two types of psychological distress (Vitaliano et al., 1985). The scales used in these comparisons were the SCL-90 Anxiety Scale (Derogatis, 1977), the Beck Depression Inventory (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961), and the Hamilton Depression Scale (Hamilton, 1960). The construct validity of the RWCCCL was examined using a sample of medical students. The results indicated that depression was positively correlated with the coping subscale wishful thinking and negatively correlated with the problem-focused subscale. Anxiety was positively correlated with the subscale seeks social support. These findings were replicated with two other samples— psychiatric outpatients and spouses of patients with senile dementia. Criterion related validity was measured utilizing the same medical student sample utilized to test construct validity. Students who sought therapy had significantly higher scale scores than those who did not (Vitaliano et al., 1985).

The problem-focused coping subscales included in the coping instrument used in this study from the Revised Ways of Coping Checklist were problem-focused and seeks social support. The emotion-focused subscales were avoidance and wishful thinking.

The second scale adapted for the purposes of this study was the Coping Responses scale (CRS) developed by Billings and Moos (1981). The scale is based on a preliminary

study conducted by Sidle, Moos, Adams, and Cady (1969) in an effort to develop a coping inventory. Sidle et al. (1969) began development of a coping instrument concentrating on transitional rather than catastrophic life events. Narrative stories were developed and college students were asked to respond to the questions: How could the distress be relieved? How can a sense of personal worth be maintained? How can a rewarding continuity of interpersonal relationships be maintained? And, how can the requirements of the stressful task be met, or opportunities utilized? (Sidle et al., 1969). Sidle et al. (1969) also administered a series of other instruments (such as, the Marlowe-Crowne Social Desirability Scale, the Zuckerman Adjective Checklist, etc.) to assess the relationship of social desirability based on coping strategy preference. Ten strategies were identified and represented relatively independent ways of coping. These 10 strategies were then used as the basis of further development with the CRS (Billings & Moos, 1981) being the result.

CRS is a 19-item scale exploring how people deal with specific stressful events. Respondents are asked to indicate whether they engage in specific behaviors, thoughts, or have specific feelings in response to a stressful event they have identified. Billings and Moos (1981) used cluster analysis to derive three primary coping responses: active-cognitive, active-behavioral, and avoidance.

Billings and Moos (1981) reported on the psychometric properties of CRS in their study of coping strategies and social support. They compared randomly selected families within a specified census tract in the San Francisco Bay Area with families of alcoholic patients in treatment. In testing their scale for reliability, they found the Cronbach alpha for the subscales to be .72 for active-cognitive coping, .80 for active-behavioral coping,

and .44 for avoidance. The inter-correlations among the three coping responses were low, indicating a relative independence among them. The Cronbach alpha for the entire coping scale was .62, exhibiting a moderate degree of internal reliability.

For the purposes of this study, items from all three subscales of the CRS were used in the coping measures. Active-cognitive (referred to as rational planning in this study) and active-behavioral (referred to as taking action in this study) were considered to be problem-focused coping responses while avoidance was categorized as an emotion-focused coping response.

The third scale incorporated in this study to measure problem-focused and emotion-focused coping was the Coping Scale (CCS) developed by J. M. Ryan. The CS is a 65-item scale examining people's generalized responses to stress. It was designed for women on public assistance. Respondents are asked to gauge how frequently they have a particular feeling and engage in certain behaviors and thought patterns.

For this study, items were extracted from this scale to create subscales measuring displacement and denial as emotion-focused strategies

Combining the R-WCCL, the CRS, and the CS resulted in an 11-item problem-focused coping scale and a 16-item emotion-focused coping scale. As mentioned above, the items in the problem focused scale consisted of three subscales--seeking social support, rational planning, and taking action. The questions were constructed to ascertain whether a respondent employed strategies such as confiding in others, planning, and taking a proactive stance in relation to their situation. Responses were rated on a 5-point Likert scale, where 1 = *never used the problem-focused coping strategy*; 2 = *used it a little*; 3 = *sometimes used it*; 4 = *used it a lot*, and 5 = *used it all of the time*. Total

summative scores could range from 11 to 55 with higher scores indicating more use of problem-focused coping.

The items in the emotion-focused scale consisted of four subscales--wishful thinking, avoidance, denial, and displacement. The questions were designed to determine whether respondents employed defensive strategies including fantasizing, avoiding thoughts and feelings about their predicament, denying their present reality or displacing feelings generated from being homeless onto significant relationships. For a table delineating the operational definitions of the sub-scales of problem-focused coping and emotion-focused coping and the items that correspond to them in the questionnaire, see Appendix H. As with the problem-focused scale, responses on the emotion-focused scale were rated on a 5-point Likert scale, where 1 = *never used the emotion-focused coping strategy*; 2 = *used it a little*; 3 = *sometimes used it*; 4 = *used it a lot*, and 5 = *used it all of the time*. The summative score could range from 16 to 80 with higher scores indicating more use of emotion-focused coping.

#### *Adaptation to Shelter Expectations*

The construct, adaptation to shelter expectations, was defined and operationalized based on the empirical literature on homelessness as well as on shelter staff interviews. As indicated previously, several studies have revealed that clients utilizing particular coping behaviors fare better in shelters (Choi & Snyder, 1999; Fogel, 1997; Gerstel et al., 1996). These coping behaviors include complying with shelter rules and regulations (Fogel, 1997; Gerstel et al., 1996), developing knowledge of the social service system (The Stanford Center for the Study of Families, Children, and Youth, 1991), and participating in shelter programs (Choi & Snyder, 1999). The rewards incurred by shelter

residents who display the ability to interpret and accommodate themselves to the expectations of the shelter include expeditious and preferential housing placement and better relations with shelter staff (Fogel, 1997).

Interviews were conducted with two shelter staff to verify the operational definition of the construct, adaptation to shelter expectations. These staff members were responsible for implementing Red Cross shelter policy regarding shelter rules, services, and relocation to permanent housing. Shelter staff were asked open-ended questions designed to elicit criteria and standards used to evaluate clients.

Based on the literature and staff interviews, six criteria were utilized to operationalize the variable adaptation to shelter expectations. They included integration into the shelter community, knowledge of the formal procedures for obtaining housing, knowledge of available housing resources and programs, obtaining information about housing, development of a housing plan, and knowledge of informal shelter criteria to obtain better housing.

The first criterion assessed integration into the shelter community, which involved seeking social support (the degree to which homeless mothers related to and relied on other homeless mothers). Four questions measured this criterion. They addressed the number of friends respondents had at the shelter, how many they could rely on, and what they relied on them for (i.e., borrowing money, shared childcare, or passing along information), and obstacles to reliance on other shelter residents. If they said that they had no friends, they were asked if there were people at the shelter they could rely on.

The second criterion was knowledge of the formal procedures for obtaining housing, and included activities such as enlisting the support of the housing specialist at

the shelter and filling out housing applications. Knowledge of such procedures was measured by the question, “How do you get a permanent apartment from here?”

The third criterion, knowledge of available housing resources, was operationalized as knowing about such programs as Section Eight and subsidized public housing. This criterion was measured by the question, “What kinds of different apartments are available to you through the shelter?”

The fourth criterion of shelter adaptation was obtaining information about housing, and it was demonstrated by the degree to which homeless mothers sought information about housing procedures and options through friends, shelter literature, shelter staff, and other sources. This criterion was assessed by a question, “How did you find that out?” referring to information about permanent apartment placement.

The fifth criterion was developing a housing plan, and it was measured by how respondents thought about their future housing needs and desires including location, size, and the proximity of neighborhood services. To measure this criterion, respondents were asked, “What kind of apartment and neighborhood are you looking for?”

The sixth criterion, knowledge of informal shelter criteria to obtain better housing, assessed whether respondents knew about the importance of behaviors such as attending activities, keeping one's room clean, and avoiding conflict with other residents. To measure this criterion, respondents were asked, “Is there anything that people can do at the shelter to get better housing?”

This resulted in an index of nine items. Possible responses to these questions were pre-determined based on categories derived from the research literature, interviews with shelter staff, and pre-testing. The question was presented to respondents as open-ended

and their answer was matched with one of the pre-determined responses. Since each of the shelter adaptation items had a different response scale (see Appendix F for survey), responses could not be combined to compute a total adaptation to shelter. Hence, all items were analyzed separately.

### *Data Analysis*

Descriptive and bivariate analyses were conducted using Statistical Analysis Systems v 9.1.3 (SAS, 2003). Descriptive analyses were performed to determine the number of cases, mean, median, standard deviation, and minimum and maximum scores, and to inspect the nominal and interval level data as appropriate for the level of measurement. Interval level data were also inspected for outliers, normality, skewness, and kurtosis to ensure the data were appropriate for the proposed analysis. All item non-responses and skipped items were treated as missing data.

The bivariate correlations between the study variables were assessed using Pearson's Product Moment correlation. It was particularly important to test the correlation between emotion and problem-focused coping because they are two constructs of the same theoretical construct, coping. In such a case, with two dependent variables that are conceptually related, a multivariate analysis of variance would be the appropriate statistical test. Bivariate correlations were conducted to assess whether the dependent variables met the underlying assumptions for MANOVA, which include a low to moderate level of statistically significant correlation. Either multicollinearity or a lack of statistical correlation would make this test inappropriate for this study (Mertler & Vannatta, 2005).

The Cronbach alpha reliability coefficient was used to assess the reliability or

internal consistency of the problem and emotion focused- coping subscales. The Statistical Package for the Social Science (SPSS) was utilized for this procedure.

Initially, a 2 x 2 factorial multivariate (MANOVA) analysis was going to be used to test Hypotheses 1 to 6; however, the results of the bivariate analysis indicated that the problem-focused and emotional-focused variables were not correlated. Hence, a 2 x 2 factorial analysis was used. For a more detailed discussion of the analysis employed, refer to the results section. A probability level of .05 or less was used to determine if the null hypothesis would be rejected or accepted. SAS 9.3.1 was used to carry out the above-mentioned analysis.

Hypotheses 7 and 8 were tested separately using two one-tailed t-tests to assess the effects of the preponderance of concurrent life events on problem-focused coping and on emotion-focused coping. A probability level of .05 or less was used to determine if the null hypothesis would be rejected or accepted. SAS 9.3.1 was used to carry out the above-mentioned analysis.

Hypotheses 9 through 11 were tested using a series of Chi-square tests were used to determine the degree of association between duration of homelessness and adaptation to shelter expectations, number of relocations and adaptation to shelter expectations, and life events and adaptation to shelter expectations. As with the previous hypotheses, a probability level of .05 or less was used to accept or reject the null hypotheses. Depending upon the number of participants in each cell, a Yates correction was used to account for small cell size.

## CHAPTER 5

### FINDINGS

This chapter begins with a description of the demographic characteristics of the sample and information on the respondents' experiences with homelessness. The results of univariate and bivariate analyses of all the study variables and the reliability of the dependent variables are presented, as are the results of hypothesis testing.

#### Demographic Characteristics of the Sample

The demographic characteristics of the sample of 80 homeless mothers are presented in Table 3. Almost half of the women participating in the study ( $n = 38$ , 48%) were married or living with a partner, and most of those who were married were staying with their husbands at the shelter. The majority of the respondents were African-American or Latina ( $n = 73$ , 91%), and most were aged 30 or older. The number of children ranged from 1 to 13, with a median of 2. The median age of the oldest child in the household was 6 and median age for the youngest child was 1.8 years. Most of the respondents were not high school graduates ( $n = 54$ , 67%), while 11% ( $n = 9$ ) had attended some college. While all were on public assistance at the time of the study, the majority ( $n = 74$ , 92%) had been employed at some time. The median number of years since their last job was 2.2. Most were employed in either service sector (58%) or clerical (28%) jobs.

Table 3

*Demographic Characteristics of Sample (N = 80)*

	Number	Percent
Marital Status		
Single	31	39%
Married	24	30%
Living With Partner	14	18%
Divorce	5	6%
Separated	4	5%
Widowed	2	2%
Total	80	100%
Husband's Residence		
Husband Also Living at Shelter	20	83%
Husband Not Living at Shelter	4	17%
Total	24	100%
Ethnicity		
African American	53	66%
Latino	20	25%
White	3	4%
Native American	1	1%
Other	3	4%
Total	80	100%
Age		
18-20	11	14%
21-25	25	31%
26-30	22	28%
31-35	17	21%
Over 35	5	6%
Total	80	100%
Range = 18-48		
Median Age = 27		

Table 3 (continued)

	Number	Percent
Number of Children		
One	18	22%
Two	34	43%
Three	15	19%
Four	8	10%
Five	4	5%
Thirteen	1	1%
Total	80	100%
Median = 2.0 children		
Age of Oldest Child		
1 year or less	11	14%
2 years	11	14%
3-5 years	14	17%
6-10 years	20	25%
11-15 years	16	20%
16-20 years	5	6%
21 and over	3	4%
Total	80	100%
Median Age = 6.0		
Range = Under a year to 28 years		
Age of Youngest Child		
6 months or less	16	20%
7 months to 11 months	12	15%
1 year	12	15%
2 years	13	16%
3-5 years	13	16%
6-10 years	10	13%
Over 10 years	4	5%
Total	80	100%
Median = 1.8 Years of Age		

Table 3 (continued)

	Number	Percent
Last Grade Completed in School		
Eighth Grade	2	3%
9-11 Grade	51	64%
High School Graduate	10	12%
G.E.D.	6	8%
Technical/Vocational	1	1%
Some College	9	11%
College Graduate	0	0%
Graduate School	1	1%
Total	80	100%
History of Employment		
Previously Employed	74	92%
Never Employed	6	8%
Total	80	100%
When Last Job Was Held		
6 months ago or less	10	13%
8-11 months ago	5	7%
1 year – under 2 years	15	20%
2 years – under 3 years ago	13	18%
3 years – under 4 years ago	7	9%
4-10 years ago	19	26%
10 years of more	5	7%
Total	74	100%
Median = 2.2 years		
Last Job Held		
Clerical Work	21	28%
Factory Work	6	8%
Service Sector Job	43	58%
Professional Job	3	4%
Other	1	1%
Total	74	

To summarize, the modal family in this study was one headed by an African-American single mother under age 30, who had 2 children and a partner. Typically, the mother had not graduated high school, had not worked in the past 2 years, but had been employed at some time in a service sector job.

#### Homelessness

The data on homelessness in this sample are summarized in Table 4. The range in the number of relocations for this sample was 1 to 13 ( $M = 4$ ,  $SD = 2.61$ ). The total duration of homelessness ranged from 1 to 96 months ( $M = 17$  months,  $SD = 19$ ).

Most respondents (63%) had lived in their own apartments at one time or another. The median amount of time since tenancy was 1 year and 4 months. Just over a third of the sample (37%) had never had their own apartments and went directly into shelter from their childhood homes. The most prevalent reason for leaving a residence was overcrowding (58%). Other reasons, in order of frequency, included interpersonal conflict (35%), eviction (24%), substandard conditions (21%), crime (10%), drug or alcohol problems (6%), building condemnation (6%), fire (5%), and domestic violence (3%). The places that respondents stayed prior to coming to the shelter in order of frequency included the home or apartment of a relative (34%), a friend (31%), a parent (16%), a sibling (15%), in the street (3%) and in a church (1%). Thus, 96% had stayed with a relative or friend while only 3% stayed on the street.

Table 4

*Respondents Experiences with Homelessness*

	Number	Percent
Length of Time at Shelter		
One or two weeks	6	7%
One month	22	28%
Two months	21	26%
Three months	29	36%
Four months	2	3%
Total	80	100%
Mean = 2.0 months		
Mode = 3.0 months		
Times Homelessness in Last 3 Years		
One	7	9%
Two	15	19%
Three	16	20%
Four	7	9%
Five	12	15%
6-10	18	23%
Over 10	3	4%
Total	78*	
Mean = 4.2		
Median = 3.5		
Range = 1-13		
*Missing 2 cases		
Amount of Time Homeless in Last 3 Years		
Three months or less	17	21%
4 months to 1 year	23	29%
Over 1 year to 2 years	20	25%
More than 2 years	20	25%
Total	80	100%

Table 4(continued)

	Number	Percent
Mean = 1 year and 5 months		
Median = 1 year		
Range = 1 month to 8 years		
Standard Deviation = 1.5 years		
Ever Had Own Apartment		
Yes	49	63%
No	29	37%
Total	78*	100%
* Missing 2 cases		
Time Since Had Own Apartment		
0 (never had own apartment)	27	35%
1-6 months	16	21%
7-11 months	5	6%
1 year – under 2 years	15	19%
2 years – under 3 years	3	4%
3 years or more	12	15%
Total	78*	100%
Median = 4.5 months		
* Missing 2 cases		
Reasons for Leaving a Place		
Overcrowding	46	58%
Interpersonal conflict	28	35%
Evicted	19	24%
Substandard conditions	17	21%
Crime	8	10%
Drug/alcohol problems	5	6%
Building condemnation	5	6%
Fire	4	5%
Domestic Violence	2	3%

Table 4(continued)

	Number	Percent
Where Person Ended Up Staying		
In a shelter	79	99%
With a relative	27	34%
With a friend	25	31%
With a parent	13	16%
With a sibling	12	15%
In the street	2	3%
In a church	1	1%

#### Descriptive Statistics on Study Variables

The following section presents the descriptive statistics for the independent and dependent variables, the results of the intercorrelations among these variables, and the reliability statistics for the dependent variables.

#### *Descriptive Statistics of Study Variables*

Examination of the descriptive statistics of the independent variables (see Table 5) revealed that the independent variable number of relocations within the sample ranged from 1 to 13 with a mean of 4 relocations ( $SD = 2.61$ ). The range for duration of homelessness was 1 to 96 months with a mean of 17 months ( $SD = 18.84$ ). For life events, scores ranged from 4 to 37. The mean score was 18 life events ( $SD = 7.3$ ).

Skewness is a quantitative measure of the degree of symmetry of a distribution about the mean and kurtosis is a quantitative measure of the degree of peakedness of a distribution (Mertler & Vannatta, 2005). The skewness (.92) and kurtosis (.61) for number of relocations was within an acceptable range. However, the independent

variable, duration of homelessness, was both skewed (2.19) and kurtotic (6.40).

For the variable number of relocations respondents appear to be divided into two groups, with nearly half (48%) having three or fewer relocations while almost an equal number (52%) relocated four to thirteen times. The data were divided into two groups for analysis with one group relocating between one and three times and the second group relocating between four or more times. This created groups with approximately equal numbers. Mothers relocating between one and three times were coded as fewer relocation mothers and mothers relocating 4 times or more were noted as frequent relocation mothers.

As with the variable number of relocations, on the variable duration of homelessness, respondents appear to divide into two groups, half ( $n = 40$ ) had been homeless for 12 months or less and half ( $n = 40$ ) had been homeless for 13 months or more. The data were divided into two categories based on the median of the sample. Persons who were homeless for 12 months or less were noted as shorter duration mothers ( $n = 40$ , 50%) and persons who were homeless for 13 months or more were noted as longer duration mothers ( $n = 40$ , 50%).

Table 5 presents a summary of the descriptive analysis of the dichotomized independent variables of number of relocations, duration of homelessness, and life events, as well as the descriptive analysis of the dependent variables of problem- and emotion-focused coping. The table also contains descriptive information on each variable prior to separating both duration of homelessness and number of times homeless into two groups to serve as independent variables (IV) in further analysis.

Table 5					
<i>Descriptive Data on Independent and Dependent Variables</i>					
Variable	N	Mean	SD	Skew	Kurtosis
Relocations	80	4.36	2.61	.92	.61
Duration	80	17.36	18.64	2.18	6.39
Life Events	80	17.72	7.27	.292	-.213
Problem	80	52.31	7.96	-.12	-.13
Emotion	80	43.12	10.48	-.28	-.62

Once the variable duration of homelessness was dichotomized, the longer duration group was still skewed (2.20) and kurtotic (5.64). The Kolmogorov-Smirnov test for normality was significant (.20,  $p < .01$ ) indicating that the independent grouping variable was not normally distributed. However, dichotomizing the variable did improve the skewness and kurtosis overall.

Robustness refers to the relative sensitivity of a statistical test to violations of the underlying inferential assumptions or the degree to which a statistical test is still appropriate to apply when some of its assumptions are not met (Mertler & Vannatta, 2005). This study utilized a factorial ANOVA to test the effect of the independent variables, duration of homelessness, and number of relocations on the dependent variables of emotion-focused coping and problem-focused coping. Generally, analysis of variance is robust to violations of the normality assumption. Deviations from normality will not have much effect on the interpretation of results (Glass & Hopkins, 1996; Mertler & Vannatta, 2005).

Multivariate normality refers to the extent to which all observations in the sample for all combinations of variables are distributed normally on the dependent variable

(Mertler & Vannatta, 2005). As can be seen in Table 5, when the dependent variables were inspected for each of the dichotomous independent variables, the skewness, kurtosis, and normality were within acceptable ranges.

### *Bivariate Analysis of Study Variables*

As can be seen in Table 6, the variable number of relocations was positively correlated with duration of homelessness ( $r = .45, p < .001$ ), number of life events ( $r = .40, p < .001$ ), and emotion-focused coping ( $r = .52, p < .001$ ). Therefore, the more someone relocated, the longer they were homeless, the more life events they experienced, and the more emotion-focused coping strategies they utilized. Duration of homelessness was positively correlated with emotion-focused coping ( $r = .24, p < .05$ ). In other words, the longer someone was homeless, the more emotion-focused coping strategies they utilized. In addition, there was a positive correlation between number of life events and emotion-focused coping ( $r = .39, p < .001$ ) such that the greater the number of life events, the more emotion-focused coping strategies utilized. An unexpected finding, mentioned in Chapter 4, was that the emotion-focused and problem-focused coping measures were not correlated ( $r = .20, p = .07$ ). Therefore, the data did not meet one of the underlying assumptions for the statistical procedure MANOVA, which is a low to moderate correlation between the dependent variables (Mertler & Vannatta, 2005). Given this, the factorial MANOVA was not appropriate and a factorial ANOVA was used to test the hypotheses using emotion-focused coping and problem-focused coping in separate analyses.

Table 6

*Pearson Correlations Between Five Study Variables*

Measure	1	2	3	4	5
1. Relocations	1.00--				
2. Duration	.45**	1.00--			
3. Life Stress	.40**	.18	1.00--		
4. Emotion	.52**	.24*	.39**	1.00--	
5. Problem	.09	.02	.09	.20	1.00--

\*  $p < .05$ , \*\*  $p < .001$

### Reliability

The Cronbach alpha for the problem-focused scale consisting of 11 items for respondents in this study was .72. Examining the reliability results indicated that the removal of any item would have decreased the reliability of the measure; therefore, all items were maintained. The 16-item emotion-focused coping scale had an alpha coefficient of .79 and a split half reliability coefficient of .66, indicating good reliability.

### Results of Hypothesis Testing

The results of the data analysis and tests of hypotheses are reported below.

- RQ1: Is mothers' duration of homelessness and number of relocations associated with their utilization of problem-focused coping?
- HO1: Mothers who have been homeless for 13 months or more will have lower problem-focused coping scores than mothers who have been homeless for 12 months or less.
- HO2: Mothers who have relocated four or more times will have lower problem-focused coping scores than mothers who have relocated 3 times or less.
- HO3: There will be an interaction between mothers' duration of homelessness and mothers' number of relocations such that mothers who have been

homeless for 13 months or more and who have relocated 4 or more times will have lower problem-focused coping scores than mothers who have been homeless for 12 months or less and have relocated 3 times or less.

A 2 x 2 multi-factor analysis of variance was used to test the hypothesis for main effects and an interaction with a probability level of  $p = .05$  being used to determine significance. The null Hypothesis 1 was retained and the alternative rejected as there were no statistically significant differences in the problem-focused coping scores for homeless mothers based on the duration of homelessness ( $p = .4945$ ). The null Hypothesis 2 was retained and the alternative rejected as there were no statistically significant differences in the emotion-focused coping scores for homeless mothers based on the duration of homelessness ( $p = .9059$ ). There was no statistically significant interaction and null Hypothesis 3 was retained and the alternative hypothesis was rejected ( $p = .1319$ ). Table 7 presents the findings of the factorial ANOVA main effects and interaction. Table 8 presents the means and standard deviations for these analyses.

Table 7

*Results of Factorial ANOVA for Problem-Focused Scale by Number of Relocations and Duration*

Source	<i>df</i>	<i>F</i>	<i>p</i>
Relocations	1	0.47	.4945
Duration	1	0.01	.9059
Relocations x Duration	1	2.32	.1319
Error	72	(4752.42)	

Table 8

*Means and Standard Deviations for Number of Relocations and Duration of*

*Homelessness for Problem-Focused Coping*

	N	M	SD
Relocations (1-3)	36	51.58	6.87
Relocations (4+)	40	52.97	8.85
Duration (1-12)	38	52.18	7.45
Duration (13+)	38	52.45	8.53
Relocations (1-3) Duration (1-12)	27	50.85	6.76
Relocations (1-3) Duration (13+)	9	53.78	7.12
Relocations (4+) Duration (1-12)	11	55.45	8.35
Relocations (4+) Duration (13+)	29	52.03	9.00

- RQ2: Is mothers' duration of homelessness and number of relocations associated with their utilization of emotion-focused coping?
- HO4: Mothers who have been homeless for 13 months or more will have higher emotion-focused coping scores than mothers who have been homeless for 12 months or less.
- HO5: Mothers who have relocated four or more times will have higher emotion-focused coping scores than mothers who have relocated three times or less.
- HO6: There will be an interaction between mothers' duration of homelessness and mothers' number of relocations such that mothers who have been homeless for 13 months or more and who have relocated 4 or more times will have higher emotion-focused coping scores than mothers who have been homeless for 12 months or less and have relocated 3 or fewer times.

A 2 x 2 factorial analysis of variance was used to test these hypotheses employing a probability level of  $p = .05$  to determine significance. Despite differences in the mean scores, there was no statistical difference between shorter duration mothers and longer duration mothers in relation to emotion-focused coping. The null hypothesis was retained and the alternative Hypothesis 4 was rejected ( $p = .8826$ ). Using the emotion-focused scale summed scores, there was a significant main effect on the emotion-focused scale for the respondents based on the number of relocations [ $F(1, 73) = 21.10, p < .001$ ]. Respondents with fewer relocations (1-3 times) had significantly lower scores indicating more use of the *Not at all* or *A little* responses ( $M = 37.39, SD = 1.10$ ) on the emotion-focused scale than did respondents with frequent (4 or more) relocations ( $M = 49.17, SD = 7.99$ ). As a result, the null hypothesis was rejected and the alternative Hypothesis 5 was retained. Testing of this hypothesis found there were no statistically significant interactions between the number of relocations and the duration of homelessness in relation to the dependent variable, emotion-focused coping. The null hypothesis was retained and the alternative Hypothesis 6 was rejected ( $p = .7940$ ). Table 9 presents the results of the 2 x 2 factorial ANOVA and Table 10 presents the means and standard deviations for the number of relocations and duration groups for the emotion-focused scale.

Table 9

*Results of Factorial ANOVA for Emotion-Focused Scale by Number of Relocations*

*and Duration*

Source	<i>df</i>	<i>F</i>	<i>p</i>
Relocations	1	21.10	< .001
Duration	1	0.02	.8826
Relocations x Duration	1	0.07	.7940
Error	76	(8354.70)	

Table 10

*Means and Standard Deviations for Number of Relocations and Duration for Emotion-*

*Focused Coping*

	N	M	SD
Relocations (1-3)	36	37.89	10.10
Relocations (4+)	41	48.17	7.99
Duration (1-12)	38	40.63	9.57
Duration (13+)	39	45.56	10.87
Relocations (1-3) Duration (1-12)	26	37.46	9.47
Relocations (1-3) Duration (13+)	10	37.20	12.155
Relocations (4+) Duration (1-12)	12	47.50	5.38
Relocations (4+) Duration (13+)	29	48.44	8.91

RQ3: Is homeless mothers' preponderance of life events associated with their utilization of problem-focused coping?

HO7: Mothers who have 20 or more life events will have lower problem-focused coping scores than mothers who have 19 events or less.

Results of the independent samples  $t$  test conducted to test the effects of fewer and more life events on problem-focused coping revealed homeless mothers with 1 to 19 life events had a slightly lower mean ( $M = 49.64$ ,  $SD = 7.44$ ) than did homeless mothers with 20 or more life events ( $M = 49.78$ ,  $SD = 8.88$ ). Although there were differences in the direction predicted, the differences were not statistically significant ( $t(74) = -0.80$ ,  $p = .43$ ). Hence, this hypothesis was not supported.

RQ4: Is homeless mothers' preponderance of life events associated with their utilization of emotion-focused coping?

HO8: Mothers who have 20 or more life events will have higher emotion-focused coping scores than mothers who have 19 events or fewer.

Results of the independent samples  $t$ -test used to test the effects of fewer and more life events on emotion-focused coping revealed homeless mothers with more life events (20+) had higher mean scores on the emotion-focused scale ( $M = 45.34$ ,  $SD = 8.32$ ) than homeless mothers with fewer life events (19 or less) ( $M = 37.04$ ,  $SD = 10.39$ ). The differences between these two groups were statistically significant ( $t(75) = -3.72$ ,  $p < .004$ ). Table 11 presents the results of the  $t$ -test for problem and emotion-focused coping for mothers with fewer life events and mothers with more life events.

Table 11

*Use of Emotion and Problem-Focused Coping by More Life Events and Fewer Life*

<i>Events</i>						
Coping	More Life Events		Fewer Life Events		$df$	$t$
	M	SD	M	SD		
Problem	49.78	8.88	49.64	7.44	74	0.80
Emotion	45.35	8.32	37.04	10.39	75	3.72*

\*  $p < .001$

RQ5: Is the duration of homelessness associated with homeless mothers' adaptation to shelter expectations?

HO9: Mothers who have been homeless for 13 months or more will have poorer shelter adaptation than mothers who have been homeless for 12 months or less.

As mentioned in Chapter 4, the construct adaptation to shelter expectations consisted of six criteria including integration into the shelter community, knowledge about the formal procedures for obtaining housing, knowledge of available housing resources and programs, obtaining information about housing, developing a housing plan, and knowledge of informal shelter criteria to obtain better housing. Each response was considered and analyzed using Pearson Chi-square to test for differences between shorter duration mothers and longer duration mothers in relation to adaptation to shelter expectations. Where there was an insufficient number in a cell rather than the Pearson Chi-square, the Yates corrected Chi-square was used.

HO9a: Mothers who have been homeless for 13 months or more are less likely to be integrated into the shelter community than mothers who have been homeless 12 months or less.

The first dimension of integration into the shelter community was number of friends at the shelter. Mothers with a shorter duration of homelessness reported between one and seven residents as friends, and mothers with a greater duration of homelessness reported between one and five friends at the shelter. However, the majority of both groups of mothers reported only one friend at the shelter.

The second dimension of integration into the shelter community was the number of friends relied on. Of the shorter duration mothers, 60% reported no one, and 60% of the longer duration mothers reported no one. Only about one-quarter of both groups (23%

of shorter duration mothers and 25% of longer duration mothers) reported relying on one friend. The other three-quarters in both groups said that they had no friend at the shelter that they relied on. The differences between shorter and longer duration mothers did not reach statistical significance in relation to number of friends relied on, a dimension of integration into the shelter community.

The third dimension of integration into the shelter community related to how friends at the shelter were relied upon. The results of the Chi-square indicated that shorter duration mothers were more likely to borrow food from their friends in the shelter than longer duration mothers (Yates Corrected  $X^2(1) = 4.71, p < .05$ ). There were no other significant differences between the groups. However, both groups listed the same priorities in terms of relying on friends. The top three answers for both groups were talking about their problems (shorter duration, 28%; longer duration, 40%), babysitting (shorter duration, 25%; longer duration, 33%), and borrowing money or food stamps (shorter duration, 15%; longer duration, 13%). In other words, homeless mothers who had been homeless for 13 months or more were less likely to borrow food from friends than those who had been homeless for 12 months or less. Table 12 presents the frequencies for the ways in which shorter and longer duration mothers rely on others at the shelter.

The fourth dimension of integration into the shelter community related to obstacles to reliance on others. Shelter residents were asked why they did not rely on more people at the shelter. The most common reason cited for at least half of the respondents was that they could not trust people (shorter duration, 50%; longer duration, 55%). The second most common reason was the potential for conflict. More than a quarter of the shorter duration mothers (28%) felt that if they got close to people they

Table 12

*Integration Into Shelter Community (How Residents Rely on Others at the Shelter) by Duration*

	Shorter Duration				Longer Duration				$X^2$	$df$	$p$
	No		Yes		No		Yes				
	N	%	N	%	N	%	N	%			
Babysitting	30	75%	10	25%	27	67%	13	33%	.55	1	.460
Borrow money/food stamps	34	85%	6	15%	35	87%	5	13%	.11	1	.746
Borrow clothes	39	98%	1	2%	39	98%	1	2%	.00	1	1.000
Borrow food	30	75%	10	25%	37	93%	3	7%	4.71	1	.034
Get information	39	98%	1	2%	39	98%	1	2%	.00	1	1.000
Talk about my problems	29	72%	11	28%	24	60%	16	40%	1.40	1	.237

would want to borrow things and it would lead to conflict. The percentage of longer duration mothers who felt this way was higher, more than one-third (37%). None of the mothers cited not being at the shelter long enough to meet other people as a reason for not relying on others at the shelter. Despite the above findings, the Chi-square analyses used to assess for differences between these groups indicated no statistically significant differences. Table 13 presents the frequencies for the obstacles to reliance on others for shorter and longer duration mothers.

HO9b: Mothers who have been homeless for 13 months or more are less likely to have knowledge of the formal procedures for obtaining housing than mothers who have been homeless for 12 months or less.

The second criterion for the construct adaptation to shelter expectations was knowledge of formal procedures for obtaining housing. Mothers were asked how they find a permanent apartment from the shelter. Nearly all of the homeless mothers for both groups gave the response that they fill out housing applications (shorter duration, 88%; longer duration, 93%). The second most common answer was that they talk to the housing specialist employed by the shelter. About one-third of the shorter duration mothers (32%) and nearly half of the longer duration mothers (45%) gave this response. The third most prevalent response given by one-quarter of shorter duration mothers and 38% of longer duration mothers was that they go out and look. It is interesting to note that relatively few respondents (shorter duration, 17%; longer duration, 10%) cited the weekly van runs sponsored by the homeless shelter as a method of finding an apartment. This was a service in which the housing specialist accompanied shelter residents to look at available apartments that the shelter staff located. It is notable that while 38% of longer duration mothers cited looking for an apartment on their own, only 10% thought to rely

Table 13

*Integration Into Shelter Community (Obstacles to Reliance on Others) by Duration*

	Shorter Duration				Longer Duration				$X^2$	$df$	$p$
	No		Yes		No		Yes				
	N	%	N	%	N	%	N	%			
You can't trust people	20	50%	20	50%	18	45%	22	55%	.20	1	.653
I can't meet anyone here	39	97%	1	3%	38	95%	2	5%	.35	1	.556
People always want to borrow things and it leads to conflict	29	72%	11	28%	25	62%	15	37%	.92	1	.338
I haven't been here long enough	40	100%	0	0%	40	100%	0	0%	N/as---	---	--- ---
I'm different than everyone else here	38	95%	2	5%	38	95%	2	5%	N.000/ as .0000	1	1.000

on these van runs. Despite the above findings, the Chi square analysis did not reveal statistically significant results. Table 14 presents the results of the analysis for shorter and longer duration mothers' knowledge of formal procedures for obtaining housing.

HO9c: Mothers who have been homeless for 13 months or more are less likely to have knowledge of available housing resources than mothers who have been homeless for 12 months or less.

The third criterion for the construct adaptation to shelter expectations was knowledge of available housing resources. Mothers were asked what they knew about the types of apartments that were available to them through the shelter. The longer duration mothers (72%) and shorter duration mothers (80%) indicated they were aware of E.A.R.P. apartments and about three-quarters of the respondents knew about Housing Authority buildings or projects (shorter duration, 75%; longer duration, 80%). For both groups, 80% knew about other types of apartments. It is interesting to note that while the mothers in the sample had a good sense of most subsidized housing programs that were available to them, only 10% of shorter duration mothers and 15% of longer duration mothers knew about Mitchell-Lama housing, which, as mentioned previously, is considered the cream of the housing crop. None of the Chi-square tests indicated statistically significant differences. Table 15 presents the results for the analysis of shorter and longer duration mothers' knowledge of available housing resources.

HO9d: Mothers who have been homeless for 13 months or more are less likely to obtain information about housing than mothers who have been homeless for 12 months or less.

Table 14

*Knowledge of Formal Procedures for Obtaining Housing by Duration*

	Shorter Duration				Longer Duration				$X^2$	$df$	$p$
	No		Yes		No		Yes				
	N	%	N	%	N	%	N	%			
You stay here and they find you one	37	93%	3	7%	34	85%	6	15%	.50	1	.479
You go out and look	30	75%	10	25%	25	62%	15	38%	1.46	1	.228
You fill out housing applications	5	12%	35	88%	3	7%	37	93%	.14	1	.709
You talk to the housing specialist	27	68%	13	32%	22	55%	18	45%	1.32	1	.251
You get agencies to help you	40	100%	0	0%	39	98%	1	2%	.00	1	1.000
You go on the van runs to look at apartments	33	83%	7	17%	36	90%	4	10%	.42	1	.510
I don't know	39	98%	1	2%	40	100%	0	0%	.00	1	1.000

Table 15

*Knowledge of Available Housing Resources by Duration*

	Shorter Duration				Longer Duration				$X^2$	$df$	$p$
	No		Yes		No		Yes				
	N	%	N	%	N	%	N	%			
E.A.R.P.	8	20%	32	80%	11	28%	29	72%	.62	1	.431
S.I.P.	24	60%	16	40%	21	53%	19	47%	.48	1	.499
Housing Authority	10	25%	30	75%	8	20%	32	80%	.29	1	.592
Mitchell-Lama	36	90%	4	10%	34	85%	6	15%	.11	1	.735
City Owned Buildings	33	83%	7	17%	26	70%	12	30%	1.73	1	.189
Other	8	20%	32	80%	8	20%	32	80%	.00	1	1.000
I don't know	39	97%	1	3%	38	95%	2	5%	.35	1	.556

The fourth criterion for the construct adaptation to shelter expectations was obtaining information about housing. When asked about the source of their information regarding available apartments, shelter staff were perceived to be a source of information for more than half of all mothers, 24 shorter duration mothers (60%) and 25 of the longer duration mothers (63%). The second most common response was friends (shorter duration, 27%; longer duration, 17%) and then through the orientation provided by the shelter (shorter duration, 25%; longer duration, 17%). None of the Chi-square tests showed statistically significant differences between the two groups. Table 16 presents the results of the analysis for shorter and longer duration mothers' means of obtaining information about housing.

HO9e: Mothers who have been homeless for 13 months or more are less likely to develop a housing plan than mothers who have been homeless for 12 months or less.

The fifth criterion for the construct adaptation to shelter expectations was developing a housing plan. When asked, "What type of apartment are you looking for?" the most frequent response, given by about 90% of the sample was an apartment in a safe neighborhood. The condition of the apartment was important to more than half of the sample (shorter duration, 53%; longer duration, 63%) and spaciousness was important to more than a third of the mothers (shorter duration, 37%; longer duration, 43%). Services in the area were important to 25% of longer duration mothers and only 3% of shorter duration mothers. The results of the Chi-square analysis indicated that this response reached statistical significance (Yates  $X^2 = .5379, p < .05$ ). In other words, mothers who had been homeless for 13 months or more are more likely to develop a housing plan that includes an apartment with services in the area than mothers who were homeless for 12

Table 16

*Obtaining Information About Housing by Duration*

	Shorter Duration				Longer Duration				$X^2$	$df$	$p$
	No		Yes		No		Yes				
	N	%	N	%	N	%	N	%			
Orientation	30	75%	10	25%	33	83%	7	17%	.67	1	.412
Friends	29	73%	11	27%	33	83%	7	17%	1.15	1	.284
Shelter staff	16	40%	24	60%	15	37%	29	63%	.05	1	.819
Shelter literature	39	97%	1	3%	39	97%	1	2%	.00	1	1.000
Other shelters stayed in	38	2%	2	5%	35	87%	5	13%	.63	1	.429
Other	38	95%	2	5%	38	95%	2	5%	.00	1	1.000

months or less. Table 17 presents the results of the analysis for shorter and longer duration mothers' development of a housing plan.

- HO9f: Mothers who have been homeless for 13 months or more are less likely to know about informal shelter criteria used to obtain better housing than mothers who have been homeless for 12 months or less.

The sixth criterion for the construct adaptation to shelter expectations was knowledge of informal shelter criteria used to obtain better housing. Mothers were asked what they could do to get better housing. Filling out the right applications and waiting were the most prevalent responses, perceived as important by 22 of the shorter duration (56%) and 15 of the longer duration mothers (38%), followed by following shelter rules (shorter duration, 48%; longer duration, 33%). The third most common response was keeping your room clean (shorter duration, 26%; longer duration, 33%). Slightly fewer, about one-quarter of the sample, felt that attending activities would help get better housing (shorter duration, 23%; longer duration, 28%). Interestingly, having a good relationship with shelter staff was felt to bring about better housing by only 18% of the total sample (shorter duration, 10%; longer duration, 8%). Despite the above analysis, the Chi-square analyses did not reveal statistically significant results. Results of the analyses of shorter and longer durations mothers' knowledge of informal shelter criteria used to obtain better housing are presented in Table 18.

- RQ6: Are the number of relocations associated with homeless mothers' adaptation to shelter expectations?

- HO10 Mothers who have relocated four or more times will have poorer shelter adaptation than mothers who have relocated three times or less.

Table 17

*Developing a Housing Plan by Duration*

	Shorter Duration				Longer Duration				$X^2$	$df$	$p$
	No		Yes		No		Yes				
	N	%	N	%	N	%	N	%			
Reasonable rent	35	87%	5	13%	38	95%	2	5%	.63	1	.429
A safe neighborhood	4	10%	6	90%	5	13%	5	87%	.13	1	.724
An apartment in good condition	19	47%	21	53%	15	37%	25	63%	.82	8	.366
An apartment with services in the area	39	97%	1	3%	30	75%	10	25%	.54	1	.004
A neighborhood with good schools	32	80%	8	20%	36	90%	4	10%	.89	1	.348
Spacious	25	63%	15	37%	33	57%	17	43%	.21	1	.648
One of the types of apartments listed above	9	23%	31	77%	10	25%	30	75%	.07	1	.793
I don't know	40	100%	0	0%	40	100%	0	0%	-----	1	----
It doesn't matter	38	95%	2	5%	39	97%	1	3%	.00	1	1.000
Other	18	45%	22	55%	16	38%	25	63%	.46	1	.496

Table 18

*Knowledge of Informal Shelter Criteria to Obtain Better Housing by Duration*

	Shorter Duration				Longer Duration				$X^2$	$df$	$p$
	No		Yes		No		Yes				
	N	%	N	%	N	%	N	%			
Attend activities	30	77%	9	23%	28	72%	11	28%	.26	1	.604
Keep your room clean	29	74%	10	26%	26	67%	13	33%	.56	1	.456
Follow the rules at the shelter	20	51%	19	49%	26	67%	12	33%	1.91	1	.167
Have a good relationship with shelter staff	35	90%	4	10%	36	92%	3	8%	.00	1	1.000
By having agencies advocate for you	37	97%	1	3%	38	97%	1	3%	.00	1	1.000
By being cooperative	33	87%	5	13%	27	69%	12	31%	2.52	1	.112
By filling out the right application	17	44%	22	56%	24	62%	15	38%	2.52	1	.113
I don't think I have any control	38	100%	0	0%	36	92%	3	8%	1.33	1	.248
I don't know	36	95%	2	5%	36	92%	3	8%	.00	1	1.000
Other	27	69%	12	31%	19	49%	20	51%	3.39	1	.066

The data were analyzed to determine whether the number of times a mother relocated since becoming homeless had an effect on her adaptation to shelter expectations. As mentioned in the beginning of this chapter, the mothers were divided into two groups for the purpose of this analysis. The first group consisted of mothers who had relocated three times or less, fewer relocation mothers, and the second group consisted of mothers who had relocated four times or more, frequent relocation mothers. All responses were analyzed using Chi-square. Where there was an insufficient number in a cell rather than the Pearson chi-square, the Yates corrected chi-square was used.

HO10a: Mothers who have been relocated four times or more are less likely to be integrated into the shelter community than mothers who have relocated three times or less.

The first dimension of integration into the shelter community was number of friends at the shelter. Fewer relocation mothers reported a range of between one and seven friends at the shelter, while frequent relocation mothers reported a range of between one and five friends at the shelter. The majority of both groups reported having only one friend in the shelter.

The second dimension of integration into the shelter community was reliance on others. Twenty-six of the fewer relocation mothers reported they did not rely on any of these friends, while the other 12 mothers in this group had between 1 and 3 friends they relied on. Twenty-two of the frequent relocation mothers had no one in the shelter they felt they could rely on and the other 20 in this group had between 1 and 3 friends they could rely on. None of these differences reached statistical significance.

When asked how this shelter friend was relied on, the third dimension of integration into the shelter community, the top two answers for both groups were talking

about their problems (fewer relocation, 34%; frequent relocation, 33%) and babysitting (fewer relocation, 26%; frequent relocation, 31%). For fewer relocation mothers, the third most common response was borrowing food (18%). For frequent relocation mothers, it was borrowing money or food stamps (17%). None of the Chi square tests was significant. Table 19 presents the results of the analysis for ways in which fewer relocation and frequent relocation mothers rely on others.

When asked, “Why do you not have more friends here or people you can rely on,” 7 of the fewer relocation mothers thought that people always wanted to borrow things, which led to conflict, while 19 of the frequent relocation mothers stated the same. The differences between the two groups reached statistical significance (Pearson  $X^2(1) = 6.54$ ,  $p = .01$ ). Consistent with Hypothesis 10a, mothers who relocated more than four times were more likely to be less integrated into the shelter community in one aspect, feeling that borrowing things leads to conflict, than mothers who were homeless three times or less. Table 20 presents the results of the analysis for fewer relocation and frequent relocation mothers’ obstacles to relying on others.

HO10b: Mothers who have relocated four or more times are less likely to have knowledge about the formal procedures for obtaining housing than mothers who have relocated three times or less.

The next adaptation to shelter expectations was knowledge of the formal procedures for obtaining housing. In response to the question, “How do you get a permanent apartment? nearly all of the homeless mothers in both groups gave the response that they fill out housing applications (fewer relocation, 95%; frequent relocation, 86%). For the fewer relocation mothers, the second most common response was that they talk to the housing specialist (42%). For frequent relocation mothers, the

Table 19

*Integration Into Shelter Community (How Shelter Residents Rely on Others) by Number of Relocations*

	Fewer Relocations				Frequent Relocations				$X^2$	$df$	$p$
	No		Yes		No		Yes				
	N	%	N	%	N	%	N	%			
Babysitting	30	74%	10	26%	29	69%	13	31%	.21	1	.647
Borrow money/food stamps	34	89%	4	11%	35	83%	7	17%	.22	1	.423
Borrow clothes	37	97%	1	3%	41	98%	1	2%	.01	1	1.000
Borrow food	31	62%	7	18%	36	86%	6	14%	.25	1	.617
Get information	37	97%	1	3%	41	98%	1	2%	.01	1	.943
Talk about my problems	25	66%	13	34%	28	67%	14	33%	.01	1	.934

Table 20

*Integration Into Shelter Community (Obstacles to Relying Others) by Number of Relocations*

	Fewer Relocations				Frequent Relocations				$X^2$	$df$	$p$
	No		Yes		No		Yes				
	N	%	N	%	N	%	N	%			
You can't trust people	18	47%	20	53%	20	48%	22	52%	.00	1	.982
I can't meet anyone here	37	97%	3	3%	40	95%	2	5%	.00	1	1.000
People always want to borrow things and it leads to conflict	31	82%	7	18%	23	55%	19	45%	6.54	1	.011
I haven't been here long enough	38	100%	0	0%	42	100%	0	0%			
I'm different than everyone else here	36	100%	0	0%	38	90%	4	10%	2.07	1	.151
Other	23	61%	15	39%	19	45%	23	55%	1.87	1	.172

second most common answer was that they go out and look themselves (45%). Only 16% of the fewer relocation mothers who relocated between gave this response. The difference between the two groups reached statistical significance (Yates  $X^2(1) = 8.05, p < .01$ ). In other words, mothers who relocated four or more times were more likely to report knowing about one aspect of the formal procedures for obtaining housing, going out and looking for an apartment on their own, than mothers who relocated between one and three times. Table 21 presents the frequencies for the analysis for fewer relocation and frequent relocation mothers' knowledge of formal procedures for obtaining housing.

HO10c: Mothers who have relocated four or more times are less likely to have knowledge of available housing resources than mothers who have relocated three times or less.

Mothers were asked about their knowledge of the types of apartments available to them. The top three responses were E.A.R.P (fewer relocation, 76%; frequent relocation, 76%), housing authority (fewer relocation, 76%; frequent relocation, 79%), and other apartments (fewer relocation, 74%; frequent relocation, 86%), which are similar to the results obtained when duration of homelessness was used as the independent variable. None of the Chi-square tests was significant for this set of questions. Table 22 presents results of the analysis of fewer relocation and frequent relocation mothers' knowledge of available housing resources.

HO10d: Mothers who have relocated four or more times are less likely to obtain information about housing than mothers who have relocated three times or less.

Table 21

*Knowledge of Formal Procedures for Obtaining Housing by Number of Relocations*

	Fewer Relocations				Frequent Relocations				$X^2$	$df$	$p$
	No		Yes		No		Yes				
	N	%	N	%	N	%	N	%			
You stay here and they find you one	36	95%	2	5%	35	83%	7	7%	1.58	1	.209
You go out and look	32	84%	6	16%	23	55%	19	45%	8.05	1	.005
You fill out housing applications	2	5%	36	95%	6	14%	36	86%	1.81	1	.179
You talk to the housing specialist	22	58%	16	42%	27	64%	15	36%	.34	1	.558
You get agencies to help you	38	100%	0	0%	41	98%	1	2%	.92	1	.339
You go on the van runs to look at apartments	31	82%	7	18%	38	90%	4	10%	.00	1	1.000
I don't know	37	97%	1	3%	42	100%	0	0%	.00	1	.960
Other	34	89%	4	11%	38	90%	4	10%	.00	1	1.000

Table 22

*Knowledge of Available Housing Resources by Number of Relocations*

	Fewer Relocations				Frequent Relocations				$X^2$	$df$	$p$
	No		Yes		No		Yes				
	N	%	N	%	N	%	N	%			
E.A.R.P.	30	24%	29	76%	10	24%	32	76%	.00	1	.990
S.I.P.	22	58%	16	42%	23	55%	19	45%	.08	1	.778
Housing Authority	8	21%	30	79%	10	24%	32	76%	.09	1	.768
Mitchell-Lama	33	87%	5	13%	37	88%	5	12%	.03	1	.866
City Owned Buildings	28	74%	10	26%	33	79%	9	21%	.26	1	.608
I don't know	37	97%	1	3%	40	95%	2	5%	.00	1	1.000
Other	10	26%	28	74%	6	14%	36	86%	1.13	1	.288

Mothers were asked how they found out about the ways they could get an apartment. The top responses were through shelter staff (fewer relocation, 66%; frequent relocation, 57%), through friends (fewer relocation, 24%; frequent relocation, 21%), and at orientation (fewer relocation, 21%; frequent relocation, 21%). None of the Chi-square tests was statistically significant. Table 23 presents the results of the analyses for fewer relocation and frequent relocation mothers' means of obtaining information about housing.

HO10e: Mothers who have relocated four or more times are less likely to develop a housing plan than mothers who have relocated three times or less.

When asked what kind of apartment they wanted, the top response from both groups of mothers was a safe neighborhood (fewer relocation, 87%; frequent relocation, 90%). More than half of the mothers in both groups wanted an apartment in good condition (few relocation, 58%; frequent relocation, 57%). An apartment with good schools in the neighborhood was important to 24% of the fewer relocation mothers and important to only 7% of the frequent relocation mothers. None of the Chi-square tests was significant. Table 24 presents the results of the analysis for fewer relocation and frequent relocation mothers' development of a housing plan.

HO10f: Mothers who have relocated four or more times are less likely to have knowledge of informal shelter criteria used to obtain better housing than mothers who have relocated three times or less.

Shelter mothers were asked whether there was anything they thought they could do at the shelter to get better housing. The most prevalent answer that fewer relocation

Table 23

*Obtaining Information About Housing by Number of Relocations*

	Fewer Relocations				Frequent Relocations				$X^2$	$df$	$p$
	No		Yes		No		Yes				
	N	%	N	%	N	%	N	%			
At orientation	30	79%	8	21%	33	79%	9	21%	.00	1	.967
Through friends	29	76%	9	24%	33	79%	9	21%	.06	1	.809
Through shelter staff	13	34%	25	66%	18	43%	24	57%	.63	1	.428
Through shelter literature	38	100%	0	0%	40	95%	2	5%	.42	1	.519
Through other shelters I stayed in	37	97%	1	3%	36	86%	6	14%	2.10	1	.148
Other	36	95%	2	5%	40	95%	2	5%	.00	1	1.000

Table 24

*Development of a Housing Plan by Number of Relocations*

	Fewer Relocations				Frequent Relocations				$X^2$	$df$	$p$
	No		Yes		No		Yes				
	N	%	N	%	N	%	N	%			
Reasonable rent	35	92%	3	8%	38	90%	4	10%	.00	1	1.000
A safe neighborhood	5	13%	33	87%	4	10%	38	90%	.03	1	.873
An apartment in good condition	16	42%	22	58%	18	43%	24	57%	.01	1	.946
An apartment with services in the area	33	86%	4	15%	26	86%	6	14%	.00	1	1.000
A neighborhood with good schools	29	76%	9	24%	39	93%	3	7%	4.28	1	.079
Spacious	21	55%	17	45%	27	64%	15	36%	.68	1	.411
One of the types of apartments listed above	11	29%	27	71%	8	19%	34	81%	1.08	1	.299
I don't know	38	100%	0	0%	42	100%	0	0%			
It doesn't matter	36	95%	2	5%	41	98%	1	2%	.01	1	.930
Other	17	45%	21	55%	16	38%	26	62%	.36	1	.547

mothers gave was to follow the rules at the shelter (53%). Of the frequent relocation mothers, 31% gave this response. The difference between the two groups of mothers reached statistical significance (Pearson  $X^2(1) = 3.81, p = .05$ ). Consistent with  $H_{O10f}$ , mothers who relocated four or more times were less likely to know about one aspect of the informal criteria used to obtain housing, following the rules the shelter, than mothers who relocated three times or less. The most prevalent response for frequent relocation mothers was that the way to get better housing was to fill out the right housing applications (50%). Table 25 presents the results of the analysis for fewer relocation and frequent relocation mothers' knowledge of informal criteria to obtain better housing.

RQ7: Is the number of life events associated with homeless mothers' adaptation to shelter expectations?

$H_{O11}$ : Mothers who have 20 or more life events will have poorer shelter adaptation than mothers who have 19 events or fewer.

The Life Events Scale was used for this analysis and, as mentioned in Chapter 4, mothers were divided into two groups, those with 19 or fewer life events, noted as fewer life events mothers; and those with 20 or more life events, noted as more life events mothers. All responses were analyzed using Chi-square. As with the other variables, where there was an insufficient number in a cell rather than the Pearson Chi-square, the Yates corrected chi-square was used.

$H_{O11a}$ : Mothers who have experienced 20 or more life events are less likely to be integrated into the shelter community than mothers who have experienced 19 or fewer than life events.

Fewer life events mothers had between 1 and 7 friends. The majority of these mothers ( $n = 40, 71\%$ ) indicated that they felt they had only one friend at the shelter.

More life events mothers had between one and four friends at the shelter, with the

Table 25

*Knowledge of Informal Shelter Criteria to Obtain Better Housing by Number of Relocations*

	Fewer Relocations				Frequent Relocations				$X^2$	$df$	$p$
	No		Yes		No		Yes				
	N	%	N	%	N	%	N	%			
Attend activities	30	69%	11	31%	33	79%	9	21%	.85	1	.357
Keep your room clean	26	72%	10	28%	29	69%	13	31%	.09	1	.759
Follow the rules at the shelter	17	47%	19	53%	29	69%	13	31%	3.81	1	.051
Have a good relationship with shelter staff	32	89%	4	11%	39	93%	3	7%	.49	1	.831
By having agencies advocate for you	35	100%	0	0%	40	95%	2	5%	.35	1	.556
By being cooperative	28	80%	7	20%	32	76%	10	24%	.16	1	.688
By filling out the right application	20	56%	16	44%	21	50%	21	50%	.24	1	.624
I don't think I have any control	34	97%	1	3%	40	96%	2	5%	.00	1	1.000
I don't know	35	100%	0	0%	37	88%	5	12%	2.71	1	.069
Other	21	58%	15	42%	25	60%	17	40%	.01	1	.915

majority having one friend ( $n = 18$ , 75%). When mothers were asked how many friends they could rely on, 36 (64%) of the fewer life events mothers and 12 (50%) of the more life events mothers indicated there was no one they could rely on at the shelter.

When asked how they rely on these friends or others at the shelter, the three most prevalent answers for both groups of mothers was to talk about my problems (fewer life events, 32%; more life events, 38%), secondly, babysitting (fewer life events, 29%; more life events, 29%), and thirdly, to borrow food (fewer life events, 18%; more life events, 12%). None of the differences between the two groups reached statistical significance. Table 26 presents the analysis of more life events and fewer life events mothers' reliance on others.

When asked why they did not rely on more people at the shelter, as with the variables duration of homelessness and number of relocations, about half of the sample said that they could not trust people (fewer life events 54%; more life events 50%). The next most prevalent reason was that people want to borrow things and it leads to conflict (fewer life events, 32%; more life events, 33%). There were no statistically significant differences between the two groups. Table 27 presents the findings from the analysis of fewer life events and more life events mothers' obstacles to reliance on others.

HO11b: Mothers who have experienced 20 or more life events are less likely to have knowledge of the formal procedures for obtaining housing than mothers who have experienced 19 or fewer than life events.

When asked how they could get a permanent apartment from the shelter, the most prevalent response for both groups, given by the majority of both groups, was that they fill out housing applications (fewer life events 93%; more life events 83%). For more life events mothers, the second most common response was that they go out and look on their

Table 26

*Integration Into Shelter Community (How Shelter Residents Rely on Others) by Life Events*

	Fewer Life Events				More Life Events				$X^2$	$df$	$p$
	No		Yes		No		Yes				
	N	%	N	%	N	%	N	%			
Babysitting	40	71%	16	29%	17	71%	7	29%	.00	1	.957
Borrow money/food stamps	50	89%	6	11%	19	79%	5	21%	1.45	1	.226
Borrow clothes	55	98%	1	.2%	23	96%	1	1%	.00	1	1.000
Borrow food	46	82%	10	18%	21	88%	3	12%	.35	1	.552
Get information	54	96%	2	4%	24	100%	0	0%	.02	1	.876
Talk about my problems	38	68%	18	32%	15	62%	9	38%	.22	1	.642

Table 27

*Integration Into the Shelter Community (Obstacles to Relying on Others) by Life Events*

	Fewer Life Events				More Life Events				$X^2$	$df$	$p$
	No		Yes		No		Yes				
	N	%	N	%	N	%	N	%			
You can't trust people	26	46%	30	54%	12	50%	12	50%	.09	1	.769
I can't meet anyone here	53	95%	3	5%	24	100%	0	0%	.26	1	.248
People always want to borrow things and it leads to conflict	38	68%	18	32%	16	67%	8	33%	.01	1	.917
I haven't been here long enough	56	100%	0	0%	24	100%	0	0%	----	----	----
I'm different than everyone else here	55	98%	1	2%	21	87%	3	13%	2.01	1	.146
Other	30	54%	26	46%	12	50%	12	50%	.09	1	.769

own (46%). Talking to the housing specialist was the second most prevalent response for fewer life events mothers (41%) and the third for more life events mothers (33%). The third most common response for fewer life events mothers was going out and looking on their own (25%). Chi-square tests indicated no significant differences. Table 28 presents the findings of the analysis for fewer life events and more life events mothers' knowledge of the formal procedures for obtaining housing.

HO11c: Mothers who have experienced 20 or more life events are less likely to know about the housing resources available to them than mothers who have experienced 19 or fewer life events.

Mothers were asked what kinds of apartments were available to them. For fewer life events mothers, the three most common responses were the housing authority projects (80%), other apartments than the ones mentioned (80%), and E.A.R.P. apartments (71%). For more life events mothers, the top three responses were E.A.R.P. apartments (88%), other apartments than the ones mentioned (79%), and housing authority projects (71%). None of the analysis reached statistical significance. Table 29 presents the results of the analysis for fewer life events and more life events mothers' knowledge of housing resources.

HO11d: Mothers who have experienced 20 or more life events are less likely to obtain information about housing than mothers who have experienced 19 or fewer life events.

Mothers were asked how they found out about the ways they could get an apartment. The most common response for both groups, more than half of the sample, was through shelter staff (fewer life events, 62%; more life events, 58%). The second most prevalent response, given by about a quarter of the sample, differed for the two groups. For fewer life events mothers, it was through orientation (25%) and, for more life

Table 28

*Knowledge of the Formal Procedures for Obtaining Housing by Life Events*

	Fewer Life Events				More Life Events				$X^2$	$df$	$p$
	No		Yes		No		Yes				
	N	%	N	%	N	%	N	%			
You stay here and they find you one	51	91%	5	9%	20	83%	4	17%	.38	1	.332
You go out and look	42	75%	14	25%	13	54%	11	46%	3.39	1	.065
You fill out housing applications	4	7%	52	93%	4	17%	20	83%	.80	1	.371
You talk to the housing specialist	33	59%	23	41%	16	67%	8	33%	.42	1	.515
You get agencies to help you	56	100%	0	0%	23	96%	1	4%	.19	1	.681
You go on the van runs to look at apartments	46	82%	10	18%	23	96%	1	4%	1.63	1	.202
I don't know	55	98%	1	2%	24	100%	0	0%	.00	1	1.000
Other	50	89%	6	11%	22	92%	2	8%	.00	1	1.000

Table 29

*Knowledge of Housing Resources by Life Events*

	Fewer Life Events				More Life Events				$X^2$	$df$	$p$
	No		Yes		No		Yes				
	N	%	N	%	N	%	N	%			
E.A.R.P.	16	29%	40	71%	3	12%	21	88%	1.59	1	.207
S.I.P.	33	59%	23	41%	12	50%	12	50%	.54	1	.461
Housing Authority	11	20%	45	80%	7	29%	17	71%	.87	1	.350
Mitchell-Lama	50	89%	6	11%	20	83%	4	17%	.14	1	.712
City Owned Buildings	44	70%	12	21%	17	71%	7	29%	.56	1	.456
I don't know	53	95%	3	5%	24	100%	0	0%	.28	1	.608
Other	11	20%	45	80%	5	21%	19	79%	.02	1	.903

events mothers, it was through friends (21%). For the fewer life events mothers, the third most common response was through friends (23%) and, for more life events mothers, an equal number responded through other shelters (13%) and at orientation (13%). The Chi-square tests did not reach statistical significance. Table 30 presents the results of the analysis for fewer life events and more life events mothers' means of obtaining information about housing.

HO11e: Mothers who have experienced 20 or more life events are less likely to develop a housing plan than mothers who have experienced 19 or fewer life events.

Mothers were also asked about what sort of an apartment they would like to have. Safety was the most prevalent response for fewer life events mothers (84%). It is notable that all more life events mothers (100%) gave safety as a criterion. The difference between the two groups reached statistical significance (Yates corrected  $X^2(1) = 4.3461$ ,  $p < .05$ ). In other words, mothers who experienced 20 life events or more were more likely to include safety in their housing plan than mothers who experienced 19 or fewer life events. The second most common response, given by about three-quarters of the sample, was a publicly subsidized apartment for homeless families (fewer life events, 79%; more life events, 71%) and, the third most common response, given by about half of the sample, was an apartment in good condition (fewer life events, 59%; more life events, 54%). Table 31 presents the results of the analysis for fewer life events and more life events mothers' development of a housing plan.

HO11f: Mothers who have experienced 20 or more life events are less likely to know about informal shelter criteria used to obtain better housing than mothers who have experienced 19 or fewer life events.

Table 30

*Obtain Information About Housing by Life Events*

	Fewer Life Events				More Life Events				$X^2$	$df$	$p$
	No		Yes		No		Yes				
	N	%	N	%	N	%	N	%			
At orientation	42	75%	14	25%	21	87%	3	13	.91	1	.340
Through friends	43	77%	13	23%	19	79%	5	21%	.06	1	.815
Through shelter staff	21	38%	35	62%	10	42%	14	58%	.12	1	.726
Through shelter literature	56	98%	1	2%	23	96%	1	4%	.00	1	1.000
Through other shelters I stayed in	52	93%	4	7%	21	87%	3	13%	.12	1	.729
Other	53	95%	3	5%	23	96%	1	4%	.00	1	1.000

Table 31

*Frequency of Responses Regarding Shelter Residents' Development of a Housing Plan by Life Events*

	Fewer Life Events				Move Life Events				$X^2$	$df$	$p$
	No		Yes		No		Yes				
	N	%	N	%	N	%	N	%			
Reasonable rent	52	93%	4	7%	21	87%	3	13%	.60	1	.437
A safe neighborhood	9	16%	47	84%	0	0%	25	100%	4.34	1	.037
An apartment in good condition	23	41%	33	59%	11	46%	13	54%	.16	1	.693
An apartment with services in the area	50	89%	6	11%	19	79%	5	21%	.77	1	.395
A neighborhood with good schools	47	84%	9	16%	21	87%	3	13%	.01	1	.946
Spacious	32	57%	24	43%	16	67%	8	33%	.64	1	.426
One of the types of apartments listed above	12	21%	44	79%	7	29%	17	71%	.56	1	.456
I don't know	56	100%	0	0%	24	100%	0	0%			
It doesn't matter	53	95%	3	5%	24	100%	0	0%	.25	1	.608
Other	26	46%	30	54%	7	29%	17	71%	2.07	1	.150

Mothers were asked whether there was anything that they could do at the shelter to get better housing. The response that was most common, given by about half of the sample, was filling out the right housing applications (fewer life events, 44%; more life events, 54%). Following rules at the shelter was the second most common response for fewer life events mothers (43%) and for more life events mothers (38%). Keeping their room clean was a response that more life events mothers gave with the same frequency (38%) as following rules (38%) and it was the third most common response for fewer life events mothers (28%). The percentage and frequency of the responses of fewer life events mothers differed from those of more life events mothers, but the differences were not statistically significant. Table 32 presents the results of the analysis for fewer life events and more life events mothers' knowledge of informal criteria used to obtain better housing.

### Summary

Statistical tests examined the associations between the duration of homeless and the number of relocations on problem-focused coping and emotion-focused coping. The results indicated that duration of homelessness was not associated with problem and emotion- focused coping. However, mothers who had relocated four or more times did have higher emotion-focused coping scores than mothers who relocated three times or less. When mothers were divided into groups based on the number of life events, there were no significant differences found for the problem-focused scale. There were, however, significant differences found for the emotion-focused coping scale. Mothers with 20 or more life events had higher emotion-focused scores than did mothers with 19 or fewer life events.

Table 32

*Knowledge of Informal Criteria to Better Housing by Life Events*

	Fewer Life Events				More Life Events				$X^2$	$df$	$p$
	No		Yes		No		Yes				
	N	%	N	%	N	%	N	%			
Attend activities	43	80%	11	20%	15	62%	9	38%	2.56	1	.110
Keep your room clean	39	72%	15	28%	16	67%	8	33%	.25	1	.620
Follow the rules at the shelter	31	57%	23	43%	15	62%	9	38%	.18	1	.673
Have a good relationship with shelter staff	48	89%	6	11%	23	96%	1	4%	.32	1	.575
By having agencies advocate for you	53	98%	1	4%	22	96%	1	4%	.00	1	1.000
By being cooperative	45	83%	9	17%	15	65%	8	35%	3.08	1	.079
By filling out the right application	30	56%	24	44%	11	46%	13	54%	.63	1	.427
I don't think I have any control	52	96%	2	4%	22	96%	1	4%	.00	1	1.000
I don't know	34	63%	20	37%	12	50%	12	50%	1.15	1	.283
Other	0	0%	46	100%	0	0%	24	100%	----	----	----

Some differences in adaptation to shelter expectations were found among homeless mothers. They include the following:

- Mothers who had been homeless for 13 months or more were more likely to include services in the area in their housing plan than mothers who had been homeless for 12 months or less.
- Mothers who were homeless for 12 months or less were more likely to report borrowing food from friends, an aspect of integration into the shelter community, as a way to rely on other shelter residents than mothers who were homeless for 13 months or more.
- Mothers who relocated four times or more were more likely to feel that borrowing, an aspect of integration into the shelter community, leads to conflict than mothers who relocated three times or less.
- Mothers who relocated four times or more were more likely to report knowing about the option of going out and looking for an apartment as one aspect of the formal procedures for obtaining housing than mothers who relocated between three times or less.
- Mothers who relocated three times or less were more likely to know about one aspect of the informal criteria used to obtain housing, following the rules in shelter, than mothers who relocated 4 times or more.
- Mothers who experienced more 20 or more life events were more likely to include safety in their housing plan than mothers who experienced 19 or fewer life events.

## CHAPTER 6

### DISCUSSION

This final chapter presents the results of the study in relationship to previous empirical studies and theories concerning homelessness, coping, and adaptation. The limitations of the study are discussed and presented as well as suggestions for future research and implications for family homelessness policy and service delivery.

#### Number of Relocations, Life Events, and Emotion-Focused Coping

The findings that mothers with frequent relocations and more life events relied upon emotion-focused coping strategies more than mothers with fewer relocations and life events contribute to the knowledge base regarding homeless mothers. As mentioned in Chapter 2, Danesco and Holden (1998) conducted the only other quantitative study on homeless families that included number of relocations as a variable. They found that those with the most relocations had the highest rate of mental health problems. Our study builds on the work of Danesco and Holden by pinpointing one aspect of resilience, coping, and supporting the association between frequent relocations and avoidance responses.

The findings that mothers with 20 or more life events had significantly higher emotion-focused scores than did mothers with fewer life events is consistent with

Danescu and Holden's (1998) finding that the families with the most life stress were the least resilient, and Banyard and Graham-Bermann's (1998) finding that homeless mothers with more life stressors used more avoidant coping.

While this study has identified differences in the use of emotion-focused coping among homeless mothers based on the number of relocations and the number of life events, the data could not offer an explanation. However, Banyard and Graham-Bermann (1998) speculate on the association between life stress and avoidant coping in the population of homeless mothers. They wonder whether the preponderance of uncontrollable problems in the lives of homeless mothers limit their range of coping options and necessitate greater reliance on avoidant strategies despite greater costs.

Coping revisionist theory and the work of Goodman et al (1991) align with Banyard and Graham-Bermann's speculation, and together suggest a possible theoretical explanation for higher use of emotion-focused coping among mothers with frequent relocations and mothers with numerous life events. Coping revisionist theorists recognize that the coping options of poor women are limited by the lack of control over their environment. Dill et al. (1981) describe the emotional consequences of repeated unsuccessful efforts at mastery as diminished self-esteem and feelings of incompetence. Goodman et al. (1991) contend that the powerlessness over daily routines and circumstances that the homeless experience results in learned helplessness. They describe symptoms of indifference and passivity. The lack of control facing homeless mothers who have relocated frequently and who experience numerous life stressors may result in coping that discourages proactive problem-solving attempts. Hence, they use coping strategies that are avoidant and passive in nature.

Unlike Goodman et al. (1991) who believe that homelessness leads to avoidant and passive coping styles, Banyard and Graham-Bermann (1998) suggest the possibility that such coping strategies predate homelessness. They cite the empirical literature suggesting a relationship between mental health problems and risk factors for homelessness and the research indicating that avoidant coping might increase the risk of mothers who are poor becoming homeless. Only a longitudinal study can assess if avoidant coping was a risk factor for homelessness or an outcome of homelessness.

#### Number of Relocations and Adaptation to Shelter Expectations

In response to the question, “Why do you not have more friends here or people you can rely on,” homeless mothers who moved four times or more were more likely than those who moved three times or less to report that borrowing would lead to conflict as the reason why they do not rely on persons in the shelter. This finding is consistent with Kissman (1999) who found that sheltered mothers reported that relying on others would lead to conflict. One possible interpretation of the finding is that the homeless mothers in this study with numerous relocations experience conflict repeatedly with friends and family members as they moved from one housing situation to another, which created an expectation of interpersonal conflict once in shelter.

Anecdotal evidence collected in this study provides tentative support for the above speculation. A young respondent in this study who moved nine times in the year before entering the shelter system attributed each departure to interpersonal conflict. She said, “I am very angry at my family for kicking me out. I feel terrible about myself because they make me feel worthless.” She reported that her relationships with other residents at the

shelter were conflictual and that she often isolated herself by closing her door or by leaving the shelter for days at a time. She said, "I can't trust anyone."

Given the findings related to conflict in the research literature, it would be important to deepen our understanding of the relationship between pre-shelter interpersonal experiences and social behavior within the shelter. Our finding that frequent moves relate to an expectation of conflict highlights the need for research that specifically examines the longer-term impact of interpersonal conflict on the interpersonal expectations of homeless mothers.

This study also found that mothers who relocated four or more times thought that the way to find an apartment was to look for one on their own. If their motivation is that they are disillusioned with others' ability to help, a feeling that is common to this population (Choi & Snyder, 1999) then a possible interpretation of this finding is that their independence in their search for permanent housing is a manifestation of social disaffiliation (Goodman et al., 1991). If their motivation is consistent with staff expectations such as self sufficiency or proactive behavior and thus indicative of role complementarity (Fogel, 1997), the ability to interpret and accommodate to the expectations associated with the role of shelter resident, then frequently relocated mothers in this study have an adaptive advantage in shelter over those who have relocated less frequently.

This study found that mothers who relocated three times or less were more likely than mothers who relocated four times or more to report that following the rules at shelter is a way to get better housing. Fogel (1997) considers following shelter rules as an important aspect of role complementarity. In this study, interviews with shelter staff

supported Fogel's contention that following shelter rules is an important criterion that staff utilize to evaluate shelter residents. Additional research could examine whether mothers with fewer relocations achieve greater role complementarity than those with more frequent relocations, and whether staff attribute mothers with fewer relocations, the group that sees the importance of following rules, with more psychosocial strengths.

#### Duration of Homelessness and Adaptation to Shelter Expectations

The results of this study indicated that shorter duration mothers were more willing to borrow food than longer duration mothers. Dail (1990) and Barnyard (1995) observed that homeless mothers were reluctant to count on others and would rather do things on their own than ask for help. While this study does not explain this finding, future research, utilizing longitudinal methods could explore how homeless mothers' attitudes towards reliance on others change over time depending on the quality of both cumulative and particular experiences with the social service delivery system and social networks.

This study found that longer duration mothers are more likely than shorter duration mothers to report that having services in the area is a priority. In order to interpret this finding, it would be important to understand which services they deem important and whether prolonged homelessness makes accessibility of services a priority or if there is something else that this group has in common like number of children, age, or life experience that would make them prioritize services. While advocates stress the need for services for re-housed homeless families (Coalition for the Homeless, 2008), to date, there is no research that could illuminate the implications of the finding that longer duration mothers see a need for services.

### Life Events and Adaptation to Shelter Expectations

While this study does not provide an explanation for the finding that mothers with a greater number of life events are more concerned with living in an apartment in a safe neighborhood than mothers with fewer life events, further research could explore this question in light of trauma theory. As mentioned in Chapter 3, traumatic experiences shatter expectations of safety, consistency, and predictability (Janoff-Bulman, 1992). Perhaps for homeless mothers, contending with many and frequent life events could result in a diminished sense of safety in the world, which might make them more attuned to potential danger.

### Implications for Social Work Practice and Policy

Our findings suggest several recommendations for social practice, service delivery, and policy. They include counseling services and programs that address the coping and adaptive difficulties that may accompany frequent relocation and more life events and family homelessness social policy that considers the detrimental impact of numerous relocations, and provides housing stability.

#### *Counseling: Trauma and Coping*

Both Goodman et al. (1991) and Lindsey (1998) suggest training shelter staff in counseling methods aimed at addressing psychological trauma. Goodman et al. support education in trauma counseling that addresses the syndromes of learned helplessness and social disaffiliation.

The homeless mothers in this study who relocated numerous times and who had numerous stressful life events resorted to avoidance, denial, and wishful thinking. A

trauma counseling model could take into account the traumagenic effects of institutions such as the Emergency Assistance Unit, the impact of repeated rejection by family members, and the stress of numerous life events. Such a model could consider some of the often-reported responses of homeless mothers like non-compliance, mistrust, and anger and attempt to understand them as trauma responses. A trauma model could provide homeless mothers with positive experiences of mastery and responsibility emphasizing the development of problem-focused coping skills. Such a model could also address adaptation to shelter expectations and educate mothers to look for ways to negotiate the shelter system.

### *Conflict Resolution*

The finding that homeless families who relocated numerous times anticipated conflict with others at the shelter, and the findings that document interpersonal troubles among these homeless families (Banyard, 1995; Choi & Snyder, 1999; Kissman, 1999; Thrasher & Mowbray, 1995), suggest the potential benefit of services that focus on conflict negotiation, and related issues of rebuilding of trust and social relations. Perhaps training in conflict resolution for families who have relocated numerous times would bolster social skills. Group therapy with other shelter residents might be beneficial in building and participating in a mutually supportive and trusting environment.

Letiecq et al. (1998) suggest that family service workers help homeless mothers develop strategies to revitalize their existing support networks and to develop new ones. However, this suggestion may not consider the subjective experience of mistrust that homeless mothers might develop because of repeated conflict with friends and family members. As mentioned previously, the Director of Social Services pointed out that

homeless families who have experienced conflict with friends and family members may have difficulty knowing who to trust and with what information. Perhaps a trauma model, based on an understanding of what Goodman et al. (1991) refer to as social disaffiliation, could emphasize the rebuilding of social skills emphasizing conflict resolution and development of trust. Homeless mothers who have relocated frequently could be encouraged to exercise discernment in evaluating people and situations.

*Family Homelessness Policy That  
Supports Healthy Coping*

The New York City Department of Homeless Services deems homeless families ineligible for shelter when it determines that they have other housing options available to them. This includes doubled-up housing situations. Up until now, the determination of shelter ineligibility was a temporary one. Ineligible families could reapply and be reconsidered for shelter. However, in 2006, the administration of Mayor Michael Bloomberg implemented new rules in New York City homeless policy. Under this new system, the determination of ineligibility is a permanent one that only a State appeals hearing officer can overrule.

This new policy could have devastating effects for doubled-up homeless families as well as the host families. It means that doubled-up housing situations are now considered viable and long term in New York City despite the research that indicates that they can be extremely overcrowded, conflict-ridden, and stressful (Coalition for the Homeless, 2008). To consider them as permanent shelter solutions for homeless families denies their inherent instability and variability. It may serve to reinforce the

vagabond-like existence of homeless families who must move from one relative to another or one friend to another as they wear out their welcome and conflict ensues.

The results of this study suggest the importance of social work advocacy for a homelessness policy that provides homeless families with stability. This might mean evaluating doubled-up situations very carefully and determining the factors that make them workable. Family homelessness policy should decrease the stress that accompanies unsuccessful doubled-up housing situations that result in conflict, strain, and poor coping and adaptation responses. Its aim should be to mend affiliative bonds and to empower homeless families.

#### Limitations of the Study

There are several limitations to this study. The data were collected in 1993 and may no longer represent the demographic make up of homeless mothers in a shelter in New York. This raises the question of whether the issues raised in this study, coping style, life events, and shelter adaptation, are still viable issues in the lives of homeless mothers. Nevertheless, recent trends in family homelessness in New York City indicate that the issues raised by the study continue to be important to currently and newly homeless mothers, to precariously housed poor mothers, and to those providing services (Coalition for the Homeless, 2008). Under the Bloomberg administration, given the new shelter eligibility policy, numerous relocations are most likely to become the norm for homeless families.

The data may be biased because of the self-report method of the data collection. The mothers in this study may have presented themselves in the best light to impress the researcher or exaggerated their despair to evoke a response. While it is felt that the

participants in this study were truthful with the researcher, it is possible that the participant's memory or accuracy might have been compromised. The fact that the researcher had no formal relationship with the shelter and no formal authority over the study participants may have lessened a possible Hawthorne effect in which respondents seek to meet perceived expectations of the interviewer. The data may also have been affected by the respondents' recall in being asked to describe events that happened approximately three years ago, including the timing of relocations and stressful life events.

Relying exclusively on one method and source of data collection may have served as a limitation. A variety of data collection methods including perhaps staff interview and participant observation might have yielded valuable perspectives on coping and adaptation within the shelter that could not be gleaned from self-report measures.

As mentioned previously, four recruitment strategies were utilized. The effects of each of these strategies on the variables were not examined, hence introducing the possibility that differential recruitment strategies resulted in some bias.

Another limitation of this study is how the construct adaptation to shelter expectations was operationalized. The questions on shelter adaptation were developed specifically for this study, and while they were verified through interviews with shelter staff, they may not have adequately captured the factors that constitute shelter adaptation. This might have contributed to the paucity of associations for this dependent variable.

The study asked questions about whether there were differences between groups of homeless mothers depending upon duration of homelessness, number of relocations, and preponderance of life events and did not seek to explain why there are differences

Comparison groups, random samples, and a longitudinal design could provide insights into causal associations regarding coping style and conditions of homelessness.

The findings of this study are limited in their generalizability. They apply only to the women in the shelter where the data were collected, and it is not known whether these findings are true for other populations of homeless mothers or other low-income mothers. In this sense, this was a context-bound descriptive study of one group of homeless mothers in a New York City shelter that described how homelessness affected them at this one point in time.

#### Future Research

Mixed method longitudinal studies of homeless mothers could shed light on the impact of long-term stress on mental health and coping as well as changes in coping strategies overtime. Longitudinal studies could illuminate whether the conditions of homelessness exacerbate the use of emotion-focused coping by mothers with frequent relocations and more life events, or whether its previous use made them more susceptible to the condition of homelessness. Such studies could explore whether homeless mothers first utilize more proactive strategies, such as looking for an affordable apartment, or applying for subsidized housing, to no avail. Since the data from this study are not sufficient, a longitudinal study could shed light on the question of whether there is a trajectory of coping from problem-focused to emotion-focused that corresponds to a trajectory of repeated relocations and numerous life events. Alternatively, a longitudinal study on coping might reveal early patterns of emotion-focused coping that lead to difficulty managing life challenges including housing stability.

As there is no empirical explanation to date for the association between frequent relocations and emotion-focused coping, further inquiry framed by coping revisionist and trauma theory could explore whether learned helplessness plays a role in the coping strategies of homeless mothers who relocate frequently. As an alternative, studies could explore social disaffiliation, a construct suggested by Goodman et al. (1991) as a possible explanation for the association between frequent relocations and emotion-focused coping.

While the literature has examined social relations among homeless families extensively and documented their deterioration, it has not explored the impact of these breeches of trust on homeless mothers' coping mechanisms, an area of inquiry that deserves further exploration. Perhaps interpersonal betrayals result in the kind of passivity and denial that characterizes emotion-focused coping. This would be an area of inquiry with both empirical implications for researchers who are interested in interpersonal strains and coping among homeless mothers as well as practical implications for clinicians providing services to homeless families.

The finding of this study that homeless mothers with more than 20 life events rely more heavily on emotion-focused coping evokes a question about the role of life events in homelessness, which is whether homelessness is a precipitating event that leads to a cascading series of life events or whether crises created by life make homelessness more likely. An examination of this question requires a longitudinal study to determine whether life events function as a risk factor or an outcome of homelessness. Perhaps homelessness researchers could apply the Conservation of Resources model mentioned previously to test the hypothesis that the event of homelessness results in a pattern of overwhelming subsequent life events.

In addition, delineating the number and type of life events affecting the use of emotion- and problem-focused coping would be an important contribution to our knowledge of homeless families. Examining the timing of life events in relation to one another as well as the resources with which people are armed to deal with these events, i.e., availability of social support, employment, or health status, would enhance our understanding of the impact of particular combinations of life events as well as whether there are variables that mediate this impact.

Future studies should also examine what variables might mediate the relationship between the independent variables in this study, number of relocations, duration of homelessness, and life events, and the coping responses of homeless mothers. While the literature has suggested appraisal (Milburn & D'Ercole, 1991) as a mediating variable, it has never been studied empirically. In addition to appraisal, future studies could explore whether social support might mediate the impact of frequent relocations on coping.

This study speaks to the need for more research on the construct adaptation to shelter expectations generally. If control is the primary factor in coping options for poor women as coping revisionist theory posits, then adaptation to shelter expectations is one aspect of the homelessness process over which homeless mothers can exert some measure of control. Future studies could refine the operational definition of the construct role complementarity in order to further our understanding of what specific behaviors facilitate adaptation for homeless mothers.

A systematic study of the criteria that shelter staff use to evaluate clients would be a vital area of research. Social workers could utilize such findings to delineate

systematically the skills and resources needed in order to achieve success in the trajectory from homeless to permanently housed and teach these skills to homeless mothers.

This study's findings point to the need for research that explores the types of services that homeless mothers deem important in their neighborhoods. This information could help city planners, faith-based organizations, and community centers in developing housing for homeless mothers.

Hopefully future research would serve to inform and change policy and service provision for this population. It could provide caseworkers with a model tailored specifically to the needs of homeless mothers that would re-build trust, build empowerment, and enhance their coping and adaptive skills as well as serve to alert policy makers of the social and political context and cost of homelessness and the need for affordable housing.

### Conclusion

Based on the work of Goodman et al. (1991), this study utilized an operational definition of trauma to examine theoretical issues regarding coping and adaptation and conditions of homelessness. Empirical findings suggest that for the group of homeless mothers studied those with more relocations and life stressors were less likely to utilize action-oriented problem-focused coping.

Researchers have pointed out that many poor families exist so marginally and precariously that they are only one step away from homelessness (Lindsey, 1995; McChesney, 1995). Affordable housing continues to be an issue for the homeless as the cost of private housing continues to rise and as the supply of low cost public and private housing remains limited. As the number of homeless families continues to increase, it

seems imperative that as a profession we advocate for services and social policy that expand affordable housing options, provide housing stability, minimize life stress, and enhance the problem solving coping and adaptive capacities of homeless families.

## APPENDIX A

## INITIAL INQUIRY TO HOMELESS SHELTER

March 5, 1990

Donna Galeno, M.S.W.  
Deputy Administrator for  
Homeless Services  
American Red Cross  
150 Amsterdam Avenue  
New York, NY 10023

Dear Ms. Galeno:

As per our recent conversation, I am sending you a preliminary proposal for the study that I would like to conduct at the Red Cross as part of my doctoral studies at Rutgers University.

Also, I am enclosing my resume to give you some idea of my professional and academic background. Since my last position at Columbia University, I have been working at Bellevue Hospital in their Victims of Violent Assault Assistance Program. In addition, I am employed by Rutgers University as a teaching assistant.

Thank you for spending the time to read and consider my proposal. I will get in touch with you soon.

Sincerely,

Amy Gladstone

## APPENDIX B

## MEMO OF INTRODUCTION TO SHELTER STAFF

**MEMORANDUM**

February 26, 1993

TO:           HELP I Staff  
FROM:       Amy Gladstone  
RE:         **RESEARCH PROJECT**

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I will be meeting some of you over the next few months as I will be conducting a study at your facility. I wanted to introduce myself through this memo and explain my research. I am a social worker and a doctoral candidate in social work at Rutgers University. Prior to and during social work school, I worked as a caseworker in a transitional homeless shelter run by The Henry Street Settlement.

The research that I will be conducting is for my dissertation, which is entitled, "Homeless Mothers: Coping and Adaptation." As I am sure you see in your work, homelessness can be a stressful and even traumatic event. Yet some people come through it with great resourcefulness and determination. They are able to keep appointments, hold their families together, and maintain some emotional equilibrium. Others, however, seem to have more difficulty. They may have trouble functioning and coping. Through my research, I hope to find out what sets these two groups apart. The people who cope well can provide social service workers and researchers with valuable information about their coping strategies that we can use to help other families.

I will be at the facility two days a week for the next two to here months. I hope to interview 70 to 80 families during that time.

I look forward to meeting you and to sharing the results of my study with you.

## APPENDIX C

## SUBJECT RECRUITMENT: MEMO TO CASEWORKERS

**MEMORANDUM**

To:           HELP 1 Caseworkers

FROM:       Amy Gladstone

Date:        March, 3, 1993

RE:           **INFORMATION ON RESEARCH PROJECT**

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This is to outline the procedures for recruiting families to participate in the study that I am conducting at the facility.

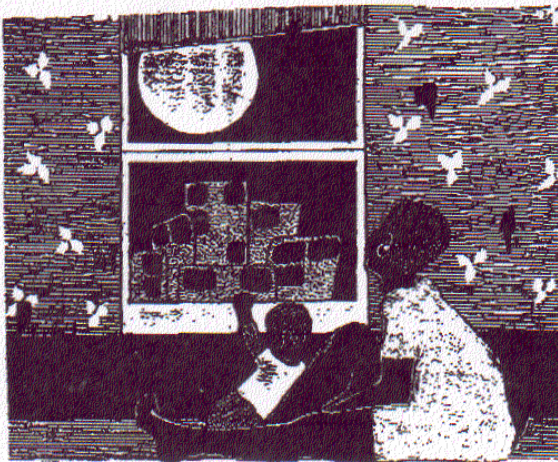
1.     Recruitment flyers (see enclosed) should be distributed to women on your caseload who have been in the shelter for three months or less and who are proficient in English. You should ask them if they would like to participate<sup>4</sup> in the study.
2.     If they agree, you can give them an appointment for an interview (An interview schedule will either be posted on the wall or put in a book in the social serviced area). Please try to schedule the interview consecutively. Interviews will be conducted on Wednesdays and Fridays for the next two months or until 80 women have been interviewed. The interview will start on Wednesday, March 10.
3.     The interview will take about 45 minutes and it will be conducted in the client's room. Please ask her to arrange for babysitting for that time (If she can't, its o.k., but ask her to try).
4.     Record the appointment time on the interview schedule and give the woman an appointment slip (see enclosed).
5.     The day before her appointment, put a reminder slip in the client's box.
6.     As you are assigned new, clients give them the flyer and repeat the above-mentioned steps.

Thank you for your help and cooperation. I am very appreciative. If you have any questions, you can reach me at (212) 397-0930 or look for me on a Wednesday or a Friday at the facility.

## APPENDIX D

## SUBJECT RECRUITMENT: FLYER

Do You Have 45 Minutes? Do You  
Want To Help Other Homeless  
Mothers? Do You Like To Talk?



**PARTICIPATE IN A RESEARCH**

**STUDY!!!!**

**What:** A STUDY IS BEING DONE AT HELP 1. YOU WOULD BE ASKED SOME QUESTIONS ABOUT WHAT ITS BEEN LIKE FOR YOU NOT HAVING A PLACE OF YOUR OWN. YOUR ANSWERS WILL BE ANONYMOUS AND CONFIDENTIAL.

**Who:** WOMEN WHO HAVE BEEN AT THE SHELTER FOR 3 MONTHS OR LESS.

**How:** YOU CAN TALK TO YOUR CASEWORKER TO ARRANGE A TIME IF YOU'RE INTERESTED.

**\*Participants Will Be Given \$10\***

## APPENDIX E

## INFORMED CONSENT

Rutgers School of Social Work would like to understand more about how homeless mothers deal with not having a place to stay. We'd like to find out how long you've been homeless, what it's been like for you, how being homeless has affected you and how you're managing in the shelter.

To participate in the study, we are asking homeless mothers for a brief interview of about 45 minutes. During this time you will be asked questions and your answers will be written down by the researcher. We will pay you \$10.00 for your time.

We don't believe that the interview will cause you any discomfort. Through this study we hope to learn what is helpful to homeless mothers. Your participation is totally voluntary. If you chose not to participate, there are no negative consequences. You may withdraw at any time. If you withdraw you will be paid a pro-rated amount for the interview. If you need assistance with the questions of the study, the researcher will help you.

I have read and understood this form. I agree to participate in this study and am aware of what is required.

Participant \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

## APPENDIX F

## QUESTIONNAIRE

1-3. I.D. number \_\_\_\_\_

4. Card number \_\_\_\_ 1 \_\_\_\_

I'm from Rutger's University. I am doing a study about homeless mothers. I'm interested in knowing what it's been like for you and how you've dealt with not having your own place to stay. I'm also interested in knowing something about your experience here at the shelter. I'll be asking you questions about these things.

The answers that you give me are anonymous which means that no one will know what you've told me because I don't write your name anywhere. I'm not connected with the Red Cross or with public assistance. I'm doing this as an assignment for school.

Please feel free to answer the questions as openly as you can.

First I'd like to ask you some general questions about yourself.

5. Would you describe yourself as...?

- single (1)
- married (2)
- living with someone (3)
- divorced (4)
- separated (5)
- widowed (6)
- other \_\_\_\_\_ (7)

6. If married, is your husband at the shelter with you?

- yes (1)
- no (2)

7. How long have you been at the shelter? \_\_\_\_\_ (months)

8. How many children do you have? \_\_\_\_\_

9-10. How old is your oldest? \_\_\_\_\_ (years)

11-12. How old is your youngest? \_\_\_\_\_ (years)

13. How many are with you at the shelter? \_\_\_\_\_
14. (For those who have children who are not at the shelter):  
Where are your other children?  
     with a relative           (1)  
     in foster care           (2)  
     other                   (3)  
     \_\_\_\_\_  
     \_\_\_\_\_
15. What is your ethnicity?  
     White           (1)           African-American       (4)  
     Latino          (2)           Native American       (5)  
     Asian           (3)           Other \_\_\_\_\_       (6)
- 16-17. How old are you? \_\_\_\_\_
18. In school what was the last grade that you completed?  
     Eighth grade           (1)           8-11th grade           (5)  
     High school graduate   (2)           GED                   (6)  
     Technical/Vocational   (3)           Some college           (7)  
     College Graduate       (4)           Graduate school       (8)
19. Have you ever been employed?  
     yes (1)           no (2)
20. Do you have a job now?  
     yes (1)           no (2)
21. What do you do?  
     clerical work           (1)           blue collar job       (4)  
     service sector job       (2)           professional job       (5)  
     other                   (3)  
     \_\_\_\_\_  
     \_\_\_\_\_
- 22-23. When did you last have a job? \_\_\_\_\_ (months)
24. What did you do?  
     clerical work           (1)           factory               (4)  
     service sector job       (2)           professional job       (5)  
     other                   (3)  
     \_\_\_\_\_  
     \_\_\_\_\_

Now I'd like to ask you some questions about how you became homeless. I'm going to ask you some questions about each place that you stayed in the last three years (since the beginning of 1990) since you came here.

25. During that time, in how many different places did you stay? \_\_\_\_\_

26. Have you ever had your own home or apartment?  
yes (1) no (2)

27-28. When was the last time that you had your own place where your name was on the lease? \_\_\_\_\_ (months ago)

29. How many nights did you stay at the E.A.U. before you came here?  
\_\_\_\_\_

	1	2	3	4	5	6	7	8
What would you say is the reason that you left the place where you were staying?								
interpersonal conflict	30	31	32	33	34	35	36	37
sexual abuse	38	39	40	41	42	43	44	45
physical abuse	46	47	48	49	50	51	52	53
Fire	54	55	56	57	58	59	60	61
drug/alcohol problems	62	63	64	65	66	67	68	69
Crime	70	71	72	73	74	75	76	77
I.D. NUMBER, CARD NUMBER	1 5	2 6	3 7	(2) 8	9	10	11	12
building condemned								
substandard conditions	13	14	15	16	17	18	19	20
no rent money/evicted	21	22	23	24	25	26	27	28
Overcrowded	29	30	31	32	33	34	35	36
other	37	38	39	40	41	42	43	44

	1	2	3	4	5	6	7	8
I.D. NUMBER, CARD NUMBER	1 5	2 6	3 7	(3) 8	9	10	11	12
Where did you end up staying?								
with a parent	13	14	15	16	17	18	19	20
with a sibling	21	22	23	24	25	26	27	28
with a friend	29	30	31	32	33	34	35	36
with a relative	37	38	39	40	41	42	43	44
in a hospital	45	46	47	48	49	50	51	52
in s church	53	54	55	56	57	58	59	60
in a the street	61	62	63	64	65	66	67	68
in a shelter	69	70	71	72	73	74	75	76
I.D. NUMBER, CARD NUMBER	1 5	2 6	3 7	(4) 8	9	10	11	12
Other								
How long did you stay there?	13,1 4	15,1 6	17,1 8	19,2 0	21,2 2	23,2 4	25,2 6	27 28
_____ (mont hs)								

Now I'd like to ask you some general questions about your experience of being homeless. In answering the questions, please think about how you've felt in the last three years, or if you've been homeless less time, from the time you lost your apartment until the time that you came here.

1. What have the past three years or the time since you lost your apartment been like for you?
2. Can you tell me what you did when you were feeling particularly upset?

3. Do you feel or act differently since you became homeless?
4. Are your children acting differently since you became homeless?
5. What would you like for yourself in the future?
6. Who do you think is responsible for your being homeless?

Now I'd like to know more about how you dealt with not having a place to stay. Again please think about how you felt during the last three years or from the time you lost your own apartment until the time you entered the shelter. I'm going to read some things and I'd like to know if you reacted during that time in these ways. On this card (hand respondent answer card) there are five responses; not at all, a little bit, sometimes, a lot and all of the time. I would like you to try to answer what I say with one of these responses.

- |     |                                                                           |   |   |   |   |   |
|-----|---------------------------------------------------------------------------|---|---|---|---|---|
| 45. | talked with a relative about my situation                                 | 1 | 2 | 3 | 4 | 5 |
| 46. | tried to forget that I didn't have a place of my own                      | 1 | 2 | 3 | 4 | 5 |
| 47. | I knew what had to be done so I tried really hard to find a place to stay | 1 | 2 | 3 | 4 | 5 |
| 48. | felt bad that I couldn't avoid this situation                             | 1 | 2 | 3 | 4 | 5 |
| 49. | tried to look at the funny side of things                                 | 1 | 2 | 3 | 4 | 5 |
| 50. | played bingo, cards, numbers, lottery, or races                           | 1 | 2 | 3 | 4 | 5 |
| 51. | blamed others                                                             | 1 | 2 | 3 | 4 | 5 |

52.	tried to step back from my situation in order to think clearly	1	2	3	4	5
53.	kept my feelings about not having my own place to myself	1	2	3	4	5
54.	tried to avoid looking at my situation	1	2	3	4	5
55.	talked with a professional person	1	2	3	4	5
56.	daydreamed	1	2	3	4	5
57.	I prayed	1	2	3	4	5
58.	I wished I could change what had happened	1	2	3	4	5
59.	thought about several different ways to get an apartment	1	2	3	4	5
60.	let off steam about my situation with someone	1	2	3	4	5
61.	refused to believe that I was in this situation	1	2	3	4	5
62.	went to sleep to forget	1	2	3	4	5
63.	turned to a hobby to make myself feel better	1	2	3	4	5
64.	wished I were a stronger person	1	2	3	4	5
65.	got upset with other people when I felt angry or depressed about not having my own place to stay	1	2	3	4	5
66.	thought about how to get a place to stay until I came up with an idea that I liked	1	2	3	4	5
67.	asked someone I respect for advice and followed it	1	2	3	4	5

68.	went on as if I weren't in this situation	1	2	3	4	5
69.	took some positive action to get a place to stay	1	2	3	4	5
70.	got high to try not to think about it	1	2	3	4	5
71.	got busy with other things in order to keep my mind off not having my own place to stay	1	2	3	4	5
72.	wished the situation would go away or somehow be finished	1	2	3	4	5
73.	got angry at the people around me when I was feeling upset about not having my own place to stay	1	2	3	4	5
74.	made myself slow down and cool off when I was upset about my situation	1	2	3	4	5
75.	talked with friends about my situation	1	2	3	4	5
76.	made a plan to find a place to stay and followed it	1	2	3	4	5
77.	drank beer, wine or alcohol when I was feeling upset about my situation	1	2	3	4	5
78.	hoped a miracle would happen	1	2	3	4	5
79.	thought about good things that could come out of the whole thing	1	2	3	4	5

- 1-3. I.D. # \_\_\_\_\_  
 4. Card #   5

Now I'd like to ask you some questions about stressful things that you might have experienced. I'd like you to think about the last three years and tell me if any of the things that I say have happened to you or someone in your family. By family I mean any relatives who you consider important to you or your children.

- |     |                                                      |        |       |     |
|-----|------------------------------------------------------|--------|-------|-----|
| 5.  | someone failed in school                             | yes(1) | no(2) | 5.  |
| 6.  | problems with teachers, school officials or students | yes(1) | no(2) | 6.  |
| 7.  | someone dropped out of school                        | yes(1) | no(2) | 7.  |
| 8.  | loss of job                                          | yes(1) | no(2) | 8.  |
| 9.  | unemployment                                         | yes(1) | no(2) | 9.  |
| 10. | unusually heavy debts or expenses                    | yes(1) | no(2) | 10. |
| 11. | supporting an additional person                      | yes(1) | no(2) | 11. |
| 12. | serious injury or accident                           | yes(1) | no(2) | 12. |
| 13. | death of a loved one                                 | yes(1) | no(2) | 13. |
| 14. | death of a pet                                       | yes(1) | no(2) | 14. |
| 15. | suicide or suicide attempt                           | yes(1) | no(2) | 15. |
| 16. | serious physical illness                             | yes(1) | no(2) | 16. |
| 17. | frequent minor illness                               | yes(1) | no(2) | 17. |
| 18. | emotional or psychological problems                  | yes(1) | no(2) | 18. |
| 19. | hospitalizations or operations                       | yes(1) | no(2) | 19. |
| 20. | abortions or undesired pregnancy                     | yes(1) | no(2) | 20. |
| 21. | birth of a deformed child                            | yes(1) | no(2) | 21. |

22.	difficulties in providing food for the household	yes(1)	no(2)	22.
23.	alcoholism	yes(1)	no(2)	23.
24.	drug use	yes(1)	no(2)	24.
25.	separation or divorce	yes(1)	no(2)	25.
26.	conflicts with lover/spouse	yes(1)	no(2)	26.
27.	someone got married/started to live with someone even though the family didn't want them to	yes(1)	no(2)	27.
28.	anyone cheating on anyone else	yes(1)	no(2)	28.
29.	hitting or violence in the family	yes(1)	no(2)	29.
30.	conflicts between parents and children	yes(1)	no(2)	30.
31.	conflicts between your immediate family and other relatives	yes(1)	no(2)	31.
32.	loss of contact with a relative	yes(1)	no(2)	32.
33.	a relative's problem becomes your own	yes(1)	no(2)	33.
34.	losing a child to a relative or to foster care	yes(1)	no(2)	34.
35.	loss of contact with friends	yes(1)	no(2)	35.
36.	conflict with friends	yes(1)	no(2)	36.
37.	loss of contact or conflict with children's' fathers	yes(1)	no(2)	37.
38.	loss of contact or conflict with godparents	yes(1)	no(2)	38.
39.	Has anyone been a crime victim?	Yes(1)	no(2)	39.
40.	Has anyone been in court?	Yes(1)	no(2)	40.

- |     |                                                                                                |        |       |     |
|-----|------------------------------------------------------------------------------------------------|--------|-------|-----|
| 41. | Has anyone been in jail?                                                                       | yes(1) | no(2) | 41. |
| 42. | Has anyone been arrested?                                                                      | yes(1) | no(2) | 42. |
| 43. | problems with welfare office                                                                   | yes(1) | no(2) | 43. |
| 44. | Has anyone experienced an incident of racial or ethnic discrimination?                         | yes(1) | no(2) | 44. |
| 45. | Has anything else happened to you or a member of your family in addition to what I have asked? | yes(1) | no(2) | 45. |

Explain \_\_\_\_\_  
 \_\_\_\_\_

Now I'd like to ask you some questions about the shelter.

56-57. About how many of the residents here do you consider to be friends of yours?

\_\_\_\_\_

58. Out of these friends, how many do you rely on? \_\_\_\_\_

What do you rely on them for?

- 59. babysitting
- 60. to borrow money/food stamps
- 61. to borrow clothes
- 62. to borrow food
- 63. to get information
- 64. to talk about my problems

(If one or less friends or if they rely on 1 or less people:)

Why don't you have more friends here or rely on more people?

- 65. You can't trust people
- 66. I can't meet anyone here
- 67. People always want to borrow things and it leads to conflict
- 68. I haven't been here long enough
- 69. I'm different that everyone else here
- 70. Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 1-3. I.D. number \_\_\_\_\_
- 4. Card number \_\_\_\_6\_\_\_\_\_

How do you get a permanent apartment from here?

- 5. you stay here and they find you one
- 6. you go out and look
- 7. you fill out housing applications
- 8. you talk to the housing specialist
- 9. you get agencies to help you
- 10. you go on the van runs to look at apartments
- 11. I don't know
- 12. Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What kinds of different apartments are available to you through the shelter?

- 13. E.A.R.P.
- 14. S.I.P.
- 15. Housing Authority
- 16. Mitchell-Lama
- 17. City-owned buildings
- 18. Other \_\_\_\_\_  
\_\_\_\_\_
- 19. I don't know.  
Why not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you find these things out (How you get an apartment and which types of apartments are available to you)?

- 20. at orientation
- 21. through friends
- 22. through shelter staff
- 23. through shelter literature
- 24. through the other shelters I stayed in
- 25. other \_\_\_\_\_  
\_\_\_\_\_

What kind of apartment and neighborhood are you looking for?

- 26. reasonable rent
- 27. a safe neighborhood
- 28. an apartment in good condition
- 29. an apartment with services in the area
- 30. a neighborhood with good schools
- 31. Spacious
- 32. One of the types of apartments listed above. Which one?

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- 33. I don't know
- 34. It doesn't matter
- 35. other \_\_\_\_\_

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- 36. Do you think that at the shelter everyone ends up with the same kind of housing or do you think that some people get better housing than others?  
                     everyone the same      (1)                      some better      (2)

(Next two questions are for those respondents who think that some residents get better housing than others):

Is there anything that people can do at the shelter to get better housing?

- 37. attend activities
- 38. keep your room clean
- 39. follow the rules at the shelter

- 40. have a good relationship with the shelter staff
- 41. by having agencies advocate for you
- 42. by being cooperative
- 43. by filling out the right applications and waiting
- 44. I don't know
- 45. I don't think I have any control over it
- 46. other\_\_\_\_\_

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- 47. Are you doing the things that you mentioned?  
yes(1)                  no(2)

55-56. I'm done with my questions. Is there anything you'd like to tell my about your experience of being homeless and how you've survived it that I haven't asked you about?

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## APPENDIX G

## PRE-TESTING

**Demographic data**Additional Questions:

1. If married, is your husband in shelter with you?
2. How long have you been in shelter?
  1. Original question: Do all of your children live with you?
  - Revised question: How many are with you at the shelter?  
For those who have children who are not at the shelter, where are the other children?
  2. Original question: Would you say you are...(respondent is given the choice of several ethnicities)
  - Revised question: What is your ethnicity?

**Homelessness data**Additional questions:

1. During that time in how many different places did you stay (referring to the previous three years)?
2. When was the last time that you had a place where your name was on the lease?
3. How many nights did you stay at the Emergency Assistance Unit before you came here?

**Open-ended questions**Revisions:

1. Original question: How has all of this been for you?
- Revised question: What have the past three years or the time since you lost your apartment been like for you?

2. Original question: What happens to you when you're feeling particularly upset about being homeless?  
 Revised question: Can you tell me what you did when you were feeling particularly upset?
3. Original question: Have you noticed any changes in yourself since you've been homeless?  
 Revised question: Do you feel or act differently since you became homeless?

Additional questions:

1. Are your children acting differently since you became homeless?
2. What would you like for yourself in the future?

**Chronic Life Stressors Index**

A. Revised Items:

	Original Item		Revised Item
1.	Excessive alcohol consumption or alcoholism	1.	Alcoholism
2.	Loss of job or unemployment	2a.	Loss of job
b.	Unemployment		
3.	Financial burden of additional dependent	3.	Supporting an additional person
4.	Mental illness	4.	Emotional or psychological problems
5.	Conflicts with spouse	5.	Conflicts with lover/spouse
6.	Undesired engagement or marriage	6.	Someone got married or started to live with someone even though the family did not want them to
7.	Domestic violence	7.	Hitting or violence in the family
8.	abandonment of a child	8.	Losing a child to a relative or foster care
9a.	Loss of contact with a co-parent	9a.	Loss of contact or conflict with children's fathers
9b.	Conflict with a co-parent, god-parent or god-child	9b.	Loss of contract or conflict with godparents
10a.	Undesired or troublesome pregnancy	10a.	Abortion or undesired pregnancy
10b.	Troublesome childbirth including deformed child	10b.	Birth of a deformed child
11.	Infidelity	11.	Anyone cheating on anyone else

B. Deleted Items:

1. Trouble in the jobB working conditions or relationships with people.
2. Loss of large amount of money
3. Dissatisfaction or conflict in sexual relations
4. Loss of authority at home
5. Language problems with welfare office or other agency
6. Jealousy
7. Excessive cigarette consumption

**Coping Scale**

A. Revised Items:

	Original Item		Revised Item
1.	Talked with a spouse or relative about having nowhere to stay	1.	Talked with a relative about my situation
2.	Kept my feelings about being homeless to myself	2.	Kept my feelings about not having my own place to myself
3.	Let off steam about becoming homeless with someone	3.	Let off steam about my situation with someone
4.	Tried to step back from the situation and be more objective	4.	Tried to step back from my situation in order to think clearly
5.	Considered several alternatives for finding a place	5.	Thought about several different ways to get an apartment
6.	thought about getting a place to stay until I found a solution that satisfied me	6.	Thought about how to get a place to stay until I came up with an idea that I liked
7.	Made myself slow down and cool off	7.	Made myself slow down and cool off when I was upset about my situation
8.	Concentrated on something good that could come out of the whole thing	8.	Thought about good things
9.	Played chance games like bingo, cards, numbers, lottery, or races	9.	Played bingo, cards, numbers, lottery, or races
10.	Wished I were a stronger person-more optimistic and forceful	10.	Wished I were a stronger person
11.	Felt bad that I couldn't avoid losing my apartment	11.	Felt bad that I couldn't avoid this situation
12.	Took tranquilizers, sleeping pills, or drugs	12.	Got high to try not to think about it
13.	Drank beer, wine, or other alcoholic beverages	13.	Drank beer, wine, or alcohol when I was feeling upset about my situation

	Original Item		Revised Item
14.	Tried to forget the whole thing	14.	Tried to forget that I didn't have a place of my own
15.	Deliberately avoided looking at things the way they were	15.	Tried to avoid looking at my situation
16.	Refused to believe that it happened	16.	Refused to believe that I was in this situation
17.	Went on as if nothing had happened	17.	Went on as if I weren't in this situation
18.	Took it out on other people when I felt angry or depressed	18.	Got upset with other people when I felt angry or depressed about not having my own place to stay
19.	Got angry, yelled, or shouted at the people around me	19.	Got angry at the people around me when I was feeling upset about not having my own place to stay

B. Deleted Item:

1. picked a fight with someone.

**Adaptation to Shelter Expectations**

Revised:

1. Original item: About how many other residents do you know here?  
Revised item: About how many of the residents here do you consider to be friends of yours?
2. Original item: What would better or preferred housing mean to you?  
Revised item: How do you get preferred or better housing?

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