

HOMELESS WOMEN IN THE ORLANDO SHELTER SYSTEM:  
A COMPARISON OF SINGLE WOMEN, FAMILIES,  
AND WOMEN SEPARATED FROM THEIR CHILDREN

by

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## ABSTRACT

Homeless women and families are among the most disenfranchised groups in society. Further, because of their homelessness and associated problems, many homeless women become separated from their children. The purpose of this study was to determine the effects on predictors of entering a shelter with or without children (*shelter status*) and whether or not one is separated from one or more children (*child separation status*) on various special need predictors. A second objective was to determine the relationship between shelter status and child separation and to understand the unique experiences of homeless women who are separated from their children. These objectives were achieved via thematic analysis, quantitative methods and qualitative methods. Results suggest that shelter status significantly related to mental illness, drug abuse and domestic violence, but child separation status only significantly relates to drug abuse. The qualitative findings examined the origins of homelessness, child separation and the women's desires to be reunited with their children. Suggestions for further research and program changes are included.

This thesis is dedicated in loving memory of my grandfather, Grady S. Wease, whose love and energy helped to inspire me to do all the things I only dreamed were possible.

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## **CHAPTER ONE: INTRODUCTION**

Most people will never experience homelessness. One study though, suggests that the experience is surprisingly more common than one might think, as “the lifetime prevalence of homelessness of any type” is 14% (Link, Susser, Stueve, Phelan, Moore and Struening 1994: 1909). Around 7% of people have been “literally” homeless, with nowhere else to go besides one’s car, a shelter, motel or the streets (Link et al. 1994). Another 7% have “doubled-up,” staying with friends or family until they are back on their feet (Link et al. 1994). With these kinds of numbers it is crucial that more research be done and more efforts be put forth to understand, work to prevent and mitigate the effects of homelessness.

Prior research shows that men and women experience homelessness differently (Burt and Cohen 1989). Strategies that may work for men may not be particularly helpful for women or families. Men and women are usually homeless for different reasons (Hagen 1987). However, little comparative work has been done with regard to homeless single women, mothers, and especially estranged families (meaning, mothers who are separated from their children for whatever reason). These differences must be examined and taken into account by activists, researchers and policy makers in order to find workable solutions to homelessness.

Special considerations must be taken for the children of homeless parents. With regard to separation from children, 25% of homeless women interviewed in New York City reported being separated from a minor child at least once (Cowal, Shinn, Weitzman, Stojanovic and Labay 2002). Furthermore, only 65% of homeless mothers remain with any of their children and only 7% of homeless fathers do (Shinn, Rog and Culhane 2004). These numbers imply percentages of

children who are in someone else's care or potentially no one's care. In that case, it is crucial to determine where the children are staying and if they are safe.

Many programs to help homeless people are targeted towards those who abuse substances or are mentally ill. Homeless women and especially homeless families do not have these problems to the same degree as single homeless men (Burt and Cohen 1989; Shinn, Rog and Culhane 2004). Rather, their homelessness is more likely to stem from poor intimate relationships which may or may not result in financial dependence or domestic violence, or simply from being poor (Burt and Cohen 1989; Shinn, Rog and Culhane 2004). Programs focusing on rehabilitation and mental health care do not address the needs of some homeless people, especially families. It is important for researchers and policy makers to examine homeless people who do not fit common stereotypes. This will pave the way for better policy to help more people.

To omit the unique experiences of homeless women from sociological discourse is to further disenfranchise the homeless. Homelessness is a sociologically significant phenomenon in and of itself, and also because it typically affects those already experiencing disadvantages in society. Collins referred to the intersections of disadvantages experienced by Black women (in their case, race and gender) as the "matrix of domination," with power being the center point (2000). This "matrix of domination" can apply to any person experiencing more than one form of discrimination or disadvantage. Homeless women and families are disadvantaged on the grounds of not having a home, being female, being poor, often being a member of a minority group, and possibly being disabled, mentally ill or addicted. These intersections create unique experiences and challenges for those experiencing multiple forms of inequity.

This thesis is an effort to further understand the relationships among women's and family's homelessness, child separation and needs. The purpose of this study is to compare and contrast the differences between homeless families, women without children, and those separated from their children while taking into consideration the effects of mental and physical health, demographics, and perceived needs. This research will help to improve awareness regarding homeless women and families as a whole.

Critical to this idea are two typologies used in this paper. The first is a typology of shelter status. *Shelter status* is defined by how a person enters the Center for Women and Families at the Coalition for the Homeless of Central Florida, the site of this research. A *single* person is a woman who enters the shelter with no children accompanying her. A *single* woman may currently be pregnant and she may have any number of children who are not with her at admission. A *parent* is an adult who enters the shelter with children in their care. A *parent* can be a man or a woman in this study, although most are women. Finally, a *child* is a person under 18 years of age, usually entering with one or more *parent*. At least one *parent*, and at least one *child*, comprise a *family*.

The second typology is of *child separation status*. There are two possible categories therein, *separated* and *not separated*. *Separated* denotes at least one child from whom the adult, whether *single* or *parent*, is in some way separated. Someone who is *not separated* has no children they are separated from, either because they have never borne children, all their children are now adults, or because all their children are homeless with them. An essential point for this research is that women who enter the shelter as *single* may nonetheless have any number of minor children, but children from whom they are separated (either temporarily or permanently).

A key aim of this study is to inquire of these women where their children are and their living circumstances.

A vital question raised in this thesis is how many of the *single* women are in fact childless and how many are in some way separated from a child. A second question is how both *shelter status* and *child separation status* affect various special needs homeless persons may experience, and how these issues differ by *shelter status* and *child separation status*.

Figure 1 (below) is a representation of *shelter status* and *child separation status*, and the overlap therein. Some *parents* and some *single* adults are separated from children, but a larger proportion of both categories are unlikely to be separated from children. This figure is not drawn to scale.

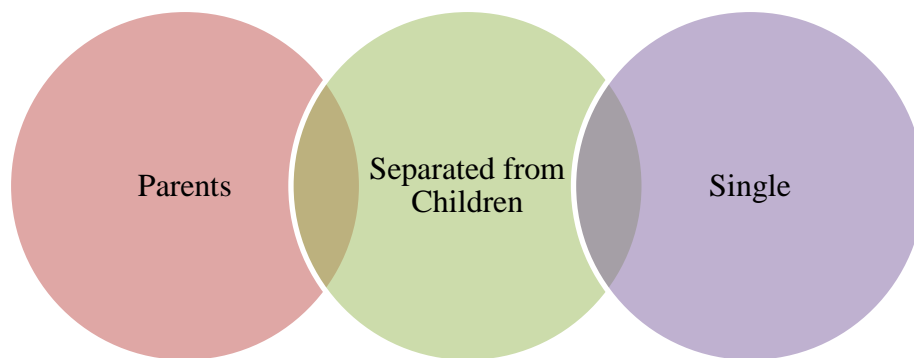


Figure 1: Venn Diagram of *Shelter Status* and *Child Separation Status*



## **CHAPTER TWO: LITERATURE REVIEW**

Prior research has examined men's, women's and mother's homelessness, as well as various causes, effects and patterns of homelessness (e.g. Burt and Cohen 1989; Hagen 1987). Some of the issues that can initiate and perpetuate homelessness among women include domestic violence, addiction, and health concerns. A brief examination of these issues is important in developing a thorough understanding of women's homelessness.

### Women and Family Homelessness

Women's and family's homelessness began to be noticed by researchers in the 1980s. Early studies mainly focused on comparing the differences in various problems homeless people have as well as the utilization of services. One early study using a nationwide sampling method compared homeless men, women, and women with children and found that the homeless women with children present had the lowest rates of prior institutionalization (Burt and Cohen 1989). Burt and Cohen found that 55% of the single women and 80% of the women with children had never experienced mental institutionalization, drug or alcohol treatment or time in jail, compared to 26% of homeless men (1989). A separate study comparing service needs found that while both men and women need certain services at similar rates (such as emergency shelter, case management, counseling and transitional living), women need some services such as long-term counseling at higher rates than men do and other services such as alcohol treatment at lower rates than men do (Hagen 1987). An updated comparison is important in distinguishing homeless persons with and without children present, and among those separated from their children.

Another study found that “young age, recent relocation, ceasing work in the prior year, and overcrowded or marginal housing” in the past twelve months were statistically significant predictors for an increased risk of homelessness among women (Lehmann, Kass, Drake and Nichols 2007: 25). With regard to race and gender, North and Smith (1993; 1994) discerned that for white women, homelessness was typically caused by mental illness, whereas with other races, the homeless were younger and their homelessness had more institutional or economic causes. North and Smith (1994) stated that these two groups, women who are single by themselves and those with children accompanying them are discernable and therefore would best be served by different kinds of programs.

However, it is unclear from these studies whether the women categorized as *single* were or were not mothers (i.e. if they had children but were separated from them for some reason). This distinction is often completely ignored in the literature on homeless women but is critical for social scientists and practitioners to examine in order to understand possible differences in their experiences and needs. Smith and North (1994) discerned that these groups have substantial differences with regard to age, addiction and mental illness, with those separated from their children being older, and more likely to have the aforementioned social problems. The mothers with children present were younger and less likely to suffer from addiction or mental illness, but were more likely to be unemployed and to receive welfare benefits (Smith and North 1994). Their experiences, homeless stays, and other circumstances should differ. A lack of recent data analyzing the differences between groups is another problem as well. Homeless families require special attention with regard to how they become homeless and the services they require.

Homeless families are oftentimes considered more similar to very poor, housed families than to homeless single men or women (Rog and Buckner 2007; Shinn, Rog and Culhane 2004). Many characteristics, including age and race, are similar between very poor housed and homeless families (Shinn, Rog and Culhane 2004). Homeless women with children are marked by lower rates of emotional instabilities compared to single homeless men and women (Burt and Cohen 1989; Shinn, Rog and Culhane 2004) and lower quality social networks compared to their poor but housed counterparts (Bassuk, Buckner, Weinreb, Browne, Bassuk, Dawson and Perloff 1997; Letiecq, Anderson and Koblinsky 1998; Toohey, Shinn and Weitzman 2004).

Homeless families are typically younger families and are “more likely to be members of minority groups” than poor, housed families (North and Smith 1993; Rog and Buckner 2007; Shinn, Rog and Culhane 2004: 4). Many very poor housed and homeless families are also headed by single mothers (Bassuk 1993; Metraux and Culhane 1999). A study based in the New York City shelter system found that nearly 71% of the women were single parents (Metraux and Culhane 1999). Likewise, another study found that homeless women were more likely to have homeless children with them than homeless men were (North and Smith 1993). The major difference between homeless mothers and poor but housed mothers may simply be that one group is housed and the other is not.

These distinctions are valuable in understanding family homelessness. Women’s and families’ homelessness is not the same as men’s, and therefore cannot be treated in the same manner. The conceptualization that homeless families are more similar to poor, housed families, allows researchers and activists to better “treat” their homelessness. This is done not by focusing on individual problems the homeless person may or may not have (addiction, mental illness,

abuse, etc), but rather by focusing on fixing *homelessness* itself by creating roads to stable housing. “Residential instability”, where families go in and out of various housing arrangements and from time to time find themselves homeless is as a primary cause of homelessness among families (e.g., Bassuk, Weinreb, Buckner, Browne, Salomon and Bassuk 1996; Rog and Bucker 2007; Shinn, Rog and Culhane 2004; Tomas and Dittmar 1995). Stable housing eliminates at least one problem, and possibly the greatest problem a homeless mother has.

At least when children are involved, little more than having to move frequently due to extreme poverty can directly cause homelessness. A very basic explanation for frequent moves among poor families is that they are looking for places that are more affordable, closer to work, to put their children in better schools, or closer to parents or siblings (Rog and Buckner 2007; Shinn, Rog and Culhane 2004). Though any other problems the mother may have, including substance abuse, mental illness, disability, or others, will certainly come into play and perhaps amplify the family’s problems, these factors need not be present to render a family homeless.

### The Effects of Domestic Violence

One of the first examinations of women’s homelessness determined that the dissolution of marriages were the main cause of women’s homelessness (Garrett and Bahr 1976: 380). The concept of the failure of romantic relationships as a cause of homelessness has since been expanded upon, with a strong focus on the high rates of domestic violence experienced by homeless women (Hagen 1987). One study conducted in Massachusetts among homeless and very poor housed women found that 60% of respondents had experienced domestic violence (Browne and Bassuk 1997).

A study comparing families utilizing a family homeless shelter and a domestic violence shelter found that about one in five families in the family shelter were homeless as a direct result of domestic violence (Stainbrook and Hornik 2006). Similarly, another study found that violence was at least one direct cause for homelessness for 25.5% of women in a multi-city study in Florida (Jasinski, Wesely, Mustaine and Wright 2005). A study conducted with homeless and battered women in homeless and domestic violence shelters in the Atlanta area found that “38% (n=42) reported becoming homeless immediately after separating from partners” (Baker, Cook and Norris 2003: 766). Other researchers suggest a causal link between domestic violence and homelessness as well (Bufkin and Bray 1998). Thus, domestic violence can be a gateway into homelessness for women.

Domestic violence and other problems in intimate relationships cannot be ignored in examining homeless women. The effect of domestic violence spreads in to other aspects of the victim’s life and can lead to or exacerbate homeless conditions. Traditional homeless shelter systems must be prepared to deal with the unique situations of domestic violence victims.

#### Substance Abuse, Physical Health, and Emotional Wellbeing

Drug and alcohol use is both a pathway into homelessness for some women and a perpetuating factor helping to prevent housing for others (Hatty 1996; Mallett, Rosenthal and Keys 2005). A study on homeless individuals with mental health and substance abuse issues participating in a federally funded program found that 100% of the women and 68% of the men in the program had experienced physical or sexual abuse in their lifetime (Christensen, Hodgkins, Garces, Estlund, Miller and Touchton 2005: 617). These data make apparent that

programs should focus on healing the indirect consequences of substance abuse and mental illness as well – as was done with this program after these results were found (Christensen et al. 2005: 620).

One study comparing mental illness and substance abuse between homeless and poor housed mothers found no significant differences in rates of illness or abuse (Bassuk, Buckner, Perloff and Bassuk 1998). The substance abuse problems of some mothers are the direct cause of their separation, with children entering foster care as a result (Steinbock 1995). Women who do have mental health or substance abuse issues will need different services than those without such problems and their problems must be recognized by shelter staff and health practitioners. Similarly, physical health issues are of concern among homeless women and families as well.

Homeless women overall do not receive adequate physical, gynecological, or mental health care (Arangua, Andersen and Gelberg 2005). Furthermore, homeless persons have more health problems than marginally housed individuals (Muñoz, Crespo and Pérez-Santos 2005; Wright and Weber 1987). A significant relationship has also been found between poor physical health and substance abuse (Struening and Padgett 1990). Age was found to be a significant predictor of physical disability, but the effects of shelter status or child separation status are not clear from this research (Gelberg and Linn 1992). Homeless women with chronic health problems must be given care if they are to succeed in regaining housing.

A topic not fully addressed is the impact negative health has on becoming homeless in the first place, though it seems apparent that if a person is very ill and cannot afford proper care, negative consequences such as loss of housing will ensue. These consequences can manifest as

loss of employment, difficulty receiving benefits, eviction or foreclosure, and other issues that can be unavoidable for poor people who are sick.

### Conclusion

Homelessness is experienced differently based on gender as well as shelter status and child separation status. Homeless women's situation is compounded by a variety of factors, including ascribed characteristics such as race and gender, as well as other characteristics such as potential substance abuse, victimhood and parental status. Very few studies differentiate between women with children present and women who are mothers to children they are somehow separated from. Are women and men who enter shelters with children different from those who do not? Further, are women who enter shelters who are separated from at least one child different from those who have no child separation issues? This study hopes to address this gap in the literature by reviewing intake data and conducting a focus group with women who are separated from their children.

### Hypotheses

#### Quantitative

Hypothesis 1: Parents who enter the shelter with their children are less likely than single women to suffer from mental illness.

Hypothesis 2: Those separated from children are more likely than those who are not separated from any children to suffer from mental illness.

Hypothesis 3: Parents who enter the shelter with their children are less likely than single women to have a drug problem.

Hypothesis 4: Those separated from children are more likely than those who are not separated from any children have a drug problem.

Hypothesis 5: Parents who enter the shelter with their children are less likely than single women to suffer from a physical disability.

Hypothesis 6: Those separated from children are more likely than those who are not separated from any children suffer from a physical disability.

Hypothesis 7: Parents who enter the shelter with their children are less likely than single women to have experienced domestic violence.

Hypothesis 8: Those separated from children are more likely than those who are not separated from any children to have experienced domestic violence.

Hypothesis 9: Parents who enter the shelter with their children are less likely than single women to be separated from any children.

Hypothesis 10: Parents who enter the shelter with their children will have fewer separated children than single women.

The hypotheses regarding both *shelter status* and *child separation status* are ideas suggested by, and in some cases, previously tested in prior research. With regard to *shelter status*, the direction of the hypotheses, that overall parents entering with children will have fewer social problems, has been found in prior research (e.g. Shinn, Rog and Culhane 2004; Burt and Cohen 1989). However, in the case of *child separation status*, the hypotheses are less clear with few suggestions by prior research. There is reason to believe that women who are separated from



their children will suffer from social problems more frequently than women who are not separated from their children (e.g. Smith and North 1994). The final two hypotheses test the relationship between *child separation status* and *shelter status*. Hypothesis 9 suggests that *shelter status* is related to *child separation status*. Logic states that one who enters a shelter with one child, should enter with the rest of them. Likewise, Hypothesis 10 acts to confirm that implication by measuring the precise *number of separated children*, rather than just *child separation status*.

### Qualitative

The women who participated in the focus group answered questions regarding their reason for becoming homeless, how they became separated from their children, how they could be reunited with them if they desired, and the sorts of services they need to get back on their feet. The conversational style of the focus group allowed a unique dynamic to be conveyed, which can only be shown through qualitative methods. The qualitative nature of the focus group allowed for the more subjective elements of their situation to come through, such as the nature of the child separation itself, rather than the more objective conclusions coming forth from the secondary data analysis.

## CHAPTER THREE: RESEARCH METHODOLOGY

### Background

This study used data from physical intake files and a computerized database from the Coalition for the Homeless Center for Women and Families located in Downtown Orlando, Florida. The information gathered from the database included demographic information, income, special needs, and whether or not an individual entered with children (see Appendix E for full codebook). Information regarding *child separation status* was obtained from the physical intake files. In addition to secondary data analysis, I also conducted a focus group. Participants included women who were separated from at least one child. The focus group was conducted in order to examine the special circumstances of women separated from their children.

### Data

#### Quantitative

For the quantitative portion of this study, data were collected from two sources. The first source was a computerized data set compiled by staff at the Coalition for the Homeless Center for Women and Families. I utilized data on women and families who were at the Center for Women and Families during 2007 only. The set was comprised of four Microsoft Excel files, divided by three-month intervals. Past years and data that are more recent were not used in order to have a consistent data set, as intake and data procedures change periodically. Due to the relatively small number of cases during this period, I have utilized all the cases in the analysis, which includes over 600 adults. This set included most of the quantitative data utilized in the study, such as needs, and demographic information.

Most importantly, the data set also shows whether the individual is alone (coded as “self”), a head of household, a spouse, or a child. “Spouse” is a special identifier and is used only when there is a man (who is coded as “head”) is present. “Heads” and “spouses” always have children with them.

The gender of the categories is important to note as well. “Self” is always a woman with no children present. “Head” can be either a man or a woman. “Head” is a woman when she is in the shelter with her children, but has no husband, boyfriend or other father-figure homeless with her. “Head” is a man when he is homeless with his wife, girlfriend or other mother-figure and their children. For clarification purposes, “head” and “spouse” cannot be applied to a woman and a man who are homeless together (such as a heterosexual dating couple or married couple), who have no children homeless with them. When this happens, the woman enters the Center for Women and Families as “self” and the man will enter the Men’s Pavilion. “Spouse” is an exclusively female category, and is only used when there is a male “head” in a homeless family. The “child” category is used for children of “heads” (and “spouses” if applicable). Aside from the age and gender of the child, no other information is maintained on individual children.

This information was recoded into a *shelter status* variable. “Heads” and “spouses” have been recoded into *parents* (1) with all other adults being coded as *single* (0). The dummy coding allowed for a variety of statistical measures to be conducted using this variable. *Parents*, as previously discussed, can be either men or women. *Single* are exclusively women.

The other main source of data was the physical intake files. These are paper files maintained by the Center for Women and Families, which includes the intake paperwork, client contracts, discharge information, case manager notes and assessments, as well as contacts

between staff members regarding client behavior and compliance with the program. Meagan Arrastia and I were granted access to the paper intake files of those entering the Center for Women and Families in 2007. We were looking for two pieces of information relevant to this study: 1) whether or not a woman was separated from any children, and 2) the number of children she was separated from, if any.

In the physical files, the intake coordinator would write a brief family history of program participants at initial intake. The information in this section would relate to the number of siblings, relationship with parents and siblings, if the woman had any children and if she was separated from any children. With this, Meagan and I utilized thematic analysis techniques to change these notes (qualitative data) into quantitative data (Boyatzis 1998). Here, Meagan and I read the notes the intake coordinator took, and developed a corresponding numerical coding scheme. In order to ensure validity, we checked each other's work and made sure we were including and excluding the same variables. If a child was separated from his or her mother, in this section, the intake coordinator would state this (i.e.: child living with its grandmother, father has custody of children, etc). We did not include children in this portion of the study who were identified as being put up for legal adoption, were identified as adult children, or if it was stated that the child had died. These cases were excluded as the individual no longer has a legal obligation to provide care for the child. In many cases, the intake coordinator would state that a mother has X number of children, but only Y with her. We would subtract Y from X, to determine the *number of children separated*, making exceptions for cases stated above.

## Variables and Coding

The coding scheme of quantitative variables is crucial to address. The independent variables tested in this study include *shelter status* and *child separation status*. The dependent variables utilized in this study include *child separation status*, *number of separated children*, and special needs, including *mental illness*, *drug abuse*, *physical disability* and *domestic violence*. The control variables used were *race*, *ethnicity*, *age*, and *entry income*.

### Independent Variables

#### *Shelter Status*

In this study, *shelter status* is defined as whether an adult enters the Center for Women and Families with children. If someone enters with children, they have been coded as *parent* (1). When a woman enters the Center for Women and Families alone, she has been coded as *single* (0). This allows comparative measures to be computed comparing the *parents* to *singles*.

#### *Child Separation Status*

Utilizing the data from the physical intake files, a variable describing *child separation status* was developed. Meagan and I specifically looked for those who were in the computerized database from 2007. In cases where the intake director states that a person was separated from at least one child, this person was coded as *separated* (1). If there was no suggestion that an individual was separated from any children, this person was coded as *not separated* (0). When the family history section of the intake file was empty, this person was coded as *missing* and therefore omitted from the analysis. Also, those whose files could not be located were

automatically coded *missing*. In the cases where it was stated that a child was put up for adoption, was an adult, or had died, as long as there were no other separated children suggested, this person was coded as *not separated* (0). It is important to note that the *child separation status* variable is also used as a dependent variable in some tests using *shelter status* as an independent variable.

This variable is exclusive from the *shelter status* variable. Meaning, an adult in the shelter can have any of these combinations of *shelter status* and *child separation status*: *single and not separated*; *single and separated*; *parent and not separated*; *parent and separated*.

#### *Number of Separated Children*

The *number of separated children* was entered as a raw number. If a person was not separated from any children, they were coded as 0. If someone had been identified as being *separated* on the *child separation status* variable, the raw number of children the file stated the individual was separated from was entered here. Those coded as *missing* on the *child separation status* variable were coded as *missing* here as well.

#### Dependent Variables

The dependent variables utilized in this study, with the exception of *child separation status* occasionally, are special need categories. These special needs were maintained in the database by the Center for Women and Families. For the purpose of this study, *mental illness*, *drug abuse*, *physical disability* and *domestic violence* have been examined. In the database, those experiencing any of these phenomena were flagged as such.

Special care should be used when examining the data on special needs because in the system there is no mechanism utilized to state that a client does not have a particular special need or has no special needs. It simply states which needs an individual *does* have. For this reason, there are no missing categories, only affirmative and negative responses to whether or not a person has a specific need. The way the data were collected, if a person has no special needs selected, it is simply blank. This causes confusion as to whether or not the client actually has no special needs or if this part of the intake simply was not completed.

For the special needs variables, the aforementioned phenomena are each given their own dummy variable. Those with the particular special need are coded as (1), and those presumed to not have it are coded as (0). This allows for a variety of measures to be computed, and also allows for individuals to have more than one special need. These categories are only applicable to adults in the program, and as such there is no data on these for children. This also allows for there to be broader comparisons of *child separation status* and *shelter status*.

## Control Variables

### *Race*

*Race* was entered into the dataset maintained by the Center for Women and Families. The categories used were *American Indian / Alaska Native*, *Asian*, *Black / African American*, *Native Hawaiian / Other Pacific Islander*, *White / Caucasian* and *Other / Mixed Race*. Due to the small percentage found in the *American Indian / Alaska Native*, *Native Hawaiian / Other Pacific Islander*, and *Other / Mixed Race* categories, these were combined into a new *other* category. For

the purpose of multivariate analysis though, a race dummy variable was created. In this, *Black / African American* was coded as (1) while *all other races* were coded as (0).

### *Ethnicity*

The ethnicity category refers to whether or not a person is of Hispanic or Latino origin. It is important to clarify that this is separate from the aforementioned race category. For this, if one is of Hispanic or Latino origin, they are coded as (1), and all others are coded as (0).

### *Age*

Age is entered as the raw numerical age of the individual at the time they entered the Center. Age is one of the few variables that is not exclusive to adults in the program, and as such there are data for children

### *Entry Income*

Entry income is defined as the raw dollar amount of monthly income a person had when they entered the Center for Women and Families. Income can come from a number of sources, including Supplemental Security Income, Social Security Disability Insurance, Social Security, Temporary Assistance for Needy Families, child support, Veteran's Benefits, employment income, unemployment benefits, Food Stamps, as well as other forms of income.



## Qualitative

The sampling methodology used in the focus group was a non-probability convenience sample. The women who participated in the focus group were identified by the Center for Women and Families as women who were separated from their children at the time of the focus group. The staff at the Center for Women and Families actively scouted for potential participants. Before the focus group was conducted, potential participants were screened for eligibility. In order to be eligible, participants had to be 18 years of age, be separated from at least one child, and be able to speak conversational English. The focus group took place on the evening of December 1, 2008. Women participating in the focus group were offered soda and cookies for refreshments and compensation. A total of 10 women agreed to participate in the focus group. I conducted the focus group myself, but I also elicited volunteer help from two note-takers, Ms. Tina Trunzo and Ms. Jessica Showers. Their notes from the focus group were the primary conduit for qualitative data analysis.

## CHAPTER FOUR: RESULTS

### Quantitative

#### Univariate Analyses

First, parental status, race and ethnicity of persons receiving services at the Center for Women and Families in 2007 were identified (Table 1). The total number of persons receiving services at the Center for Women and Families in 2007 was 1137. Of these, 395 (34.7%) were women with no children present, 227 (20%) were heads of household and 47 (4.1%) were spouses, accounting for a total of 274 (24.1%) parents. *Single* women were given their own coding of (0) and heads of households and spouses were grouped into their own category of *parents* (1) for the bivariate and multivariate analyses. There were also 468 (41.1%) children receiving services. There was an average number of 1.7 children per parent present, and 2.1 per family.

There were a total of 274 homeless men and women with children. Of these, 205 (74.8%) were women and 69 (25.1%) were men. This is important to emphasize, as in much prior research men either do not have children present, or are assumed not to and discussed only as *single* (e.g., Burt and Cohen 1989; Hagen 1987). Of parents, there were 159 (58%) single-mothers, 22 (8%) single-fathers, and 94 (34.4%) members of dual-parent homeless families.

Utilizing the data from the physical intake forms, 411 files discussed family histories. Of these, the intake worker noted that 123 (29.9%) of the participants were separated from at least one child. There were a total of 83 (33.2%) *single* women separated from at least one child, and 40 (24.8%) of *parents* separated from at least one child. It is important to understand that *child separation* can occur regardless of whether a person enters a shelter with some or no children.

Care should be taken with these numbers, as there may be discrepancies regarding which women were specifically asked about or specifically mentioned this dynamic. With regard to race and ethnicity, 323 (49.1%) identified as black, 311 (47.3%) as white, and 24 (3.6%) as “other”. Those identifying as Hispanic or Latino comprised 105 (16%) persons.

To determine demographic information, basic descriptive analyses were conducted (Table 2). Of women who entered with no children, the mean age was 40.9, with a standard deviation of 12.1 years, and a range of 60, from 18 to 78. Of parents, the mean age was 31.7 with a standard deviation of 8.6 years, and a range of 42, from 18 to 60. The ages of children were also analyzed, finding a mean age of 6.2 years, with a standard deviation of 4.8 years. The range was from 0 years to 18 years.

Analyses were also conducted to determine the mean number of children reported to be separated from their parents. Of those who stated they were separated from at least one child, the mean number of separated children was 2, with a standard deviation of 1.1. The range was 5 children, with a maximum number of children reportedly separated from their parents at 6. When persons who are not separated from any children are taken into account, the mean number of separated children is .613, with a standard deviation of 1.3.

Mean gross monthly income at program entry was \$170.60 a month, with a standard deviation of \$341.60. The range was \$2340, from \$0 a month to \$2340 a month. The mean gross monthly income at program exit was \$296.80, with a standard deviation of \$479.40. The range was \$2466, with a minimum of \$0 a month to \$2466 a month.

## Bivariate Analyses: General Trends

### Special Needs

Chi-square tests examining special needs relating to *shelter status* and *child separation status* were conducted (Table 3). First, the special need is listed, then the next column describes the specific status examined. The third column describes the percent afflicted with the individual need, and finally a chi-square coefficient determining if there is a significant difference between *single* and *parent* in the *shelter status* variable, and between those *separated* from children and those *not separated* in the *child separation status* variable.

### Mental Illness

There was a significant relationship between *shelter status* and *mental illness* ( $\chi^2 (1, N=668) = 37.937, p<.001$ ). *Single* women (25.6%) were more likely to have a mental illness than homeless *parents* (7%). With regard to *child separation status*, there were no significant findings ( $\chi^2 (1, N=410) = 1.030, p>.05$ ).

### Drug Abuse

*Drug abuse* was found to have a significant relationship to *shelter status* ( $\chi^2 (1, N=668) = 29.824, p<.001$ ). Again, *single* women (14.9%) were more likely to have a drug problem than homeless *parents* (2.2%). *Child separation status* was not found to significantly relate to drug abuse ( $\chi^2 (1, N=410) = 2.407, p>.05$ ).

## Physical Disability

A significant relationship was found between *shelter status* and *physical disability* ( $\chi^2$  (1,  $N=668$ ) = 6.096,  $p < .05$ ). *Single* women (12.9%) were more likely to have a physical disability than homeless *parents* (7%). There was no significant relationship between *child separation status* and *physical disability*.

## Domestic Violence

Lastly, there was a significant relationship between *shelter status* and *domestic violence* ( $\chi^2$  (1,  $N=668$ ) = 13.867,  $p < .001$ ). *Single* women (37.5%) were more likely than homeless *parents* (23.8%) to report being a victim of domestic violence. Again though, there was no significant relationship found between *child separation status* and *domestic violence*, ( $\chi^2$  (1,  $N=410$ ) = 1.141,  $p > .05$ ).

## Child Separation Status

A chi-square test examining *child separation status* was completed against *shelter status*, *race* and *ethnicity* (Table 4). The first column describes the independent variable tested. The second column shows the percent of those separated from children, while the third includes the chi-square coefficient.

There was no significant relationship between *shelter status* and being separated from at least one child ( $\chi^2$  (1,  $N=411$ ) = 3.260,  $p > .05$ ). In this test, 33.2% of *single* women were separated from at least one child, while 24.8% of *parents* were. No significant relationships were

found between *race* ( $\chi^2 (1, N=411) = 2.239, p > .05$ ) and *child separation status*, or ethnicity ( $\chi^2 (1, N=411) = 1.465, p > .05$ ) and *child separation status*.

The relationship *shelter status* and *number of separated children* was examined (Table 5). Interestingly, based on a t-test for independent samples, there is a significant difference in the *number of children separated* from their parents and shelter status with  $t(409) = -2.212, p = .027$ , two-tailed probability level.

### Multivariate Analyses Predicting Special Needs Categories

A series of logistic regression tests were conducted to show the likelihood of special needs dependent variables by the independent variables *shelter status* and *child separation status* (Tables 6 – 13).

#### Mental Illness

A logistic regression predicting the likelihood of the dependent variable *mental illness* by the independent variable *shelter status* has been conducted (Table 6). Both before and after controls were introduced, *parents* had significantly lower odds of *mental illness* compared to *single* women. With regard to the controls, *age*, *race* and *ethnicity* were not significant predictors of mental illness. *Entry income* was found to be a significant predictor of *mental illness*, with each dollar increase in income increasing the odds of *mental illness*. These results confirm Hypothesis 1, as parents who entered the shelter with their children were less likely than single women to suffer from mental illness.

The same test was employed using *child separation status* as the independent variable (Table 7). There was no significant relationship between *child separation status* and *mental illness*, in either Model 1 or Model 2. None of the controls in Model 2 were significant either. Therefore, the null hypothesis has been retained for Hypothesis 2.

### Drug Abuse

Logistic regression analysis was conducted demonstrating the likelihood *drug abuse* by the independent variable *shelter status* (Table 8). In both Model 1 and 2, *parents* had significantly lower odds of having a drug problem compared to *single* women. *Age*, *race*, and *ethnicity* were not shown to be significant controls in this analysis. *Entry income* was a significant control, with each dollar increase in *entry income* lowering odds of *drug abuse*. Hypothesis 3 has been accepted, as *parents* who entered the shelter with children were less likely to have a drug problem.

This test was also applied with *child separation status* as the independent variable (Table 9). Model 1 showed no significant relationship between *child separation status* and *drug abuse*. However, when controls were introduced in Model 2, being *separated* from children makes the likelihood of *drug abuse* significantly higher than those *not separated* from children. Older age made the likelihood of *drug abuse* higher as well. *Race*, *ethnicity* and *entry income* were not significant predictors of *drug abuse*. Hypothesis 4 has been accepted.

### Physical Disability

*Physical disability* was first tested against *shelter status* (Table 10). As shown in Model 1 *parents* had significantly lower odds of *physical disability* compared to *single* women. However, as shown in Model 2, once the controls were taken into consideration, this relationship was no longer significant. *Race* and *ethnicity* were not significant predictors, but *age* and *entry income* were. Increases in *age* made the likelihood of *physical disability* higher. Similarly, for each dollar increase in *entry income*, the odds of *physical disability* were higher. The null hypothesis for Hypothesis 5 has been retained.

Here, *physical disability* was tested against the independent variable *child separation status* (Table 11). In neither model was *child separation status* a significant predictor of *physical disability*. The controls *age* and *entry income* were though, with each year increase in *age*, and each dollar increase in *income* making the likelihood of *disability* higher. The null hypothesis has been retained for Hypothesis 6.

### Domestic Violence

A test predicting *domestic violence* by *shelter status* was employed (Table 12). In both models, *parents* had significantly lower odds of *domestic violence* compared to *single* women. *Age* and *entry income* were not significant predictors in this model. Black individuals were significantly less likely to experience *domestic violence* compared to other races. Those who were Hispanic or Latino also had significantly lower odds of *domestic violence* compared to non-Hispanics or Latinos. Hypothesis 7 has been accepted.



*Child separation status* was also tested against *domestic violence* (Table 13). *Child separation* was not a significant predictor of *domestic violence* in either model. Similar to the test using *shelter status* as the independent variable, only *race* and *ethnicity* were significant controls. The null hypothesis for Hypothesis 8 is retained.

### Summary

When controlling for a number of variables, being a *parent* was found to significantly lower the likelihood of *mental illness*, *drug abuse* and *domestic violence* compared to *single* women. However, *child separation status* only significantly predicted *drug abuse*, where those *separated* having a higher likelihood of *drug abuse* compared to those *not separated* from any children. From here, the final two hypotheses are tested, regarding the relationship between *child separation status* and *shelter status*.

### Multivariate Analysis Predicting Child Separation Status

A logistic regression analysis of *child separation* by *shelter status* has been conducted (Table 14). Model 1 shows insignificant results. However, when controls are taken into consideration in Model 2, the results are significant, with *parents* being significantly less likely to be *separated* from one or more children compared to *single* women. *Race* and *entry income* were not significant controls in this analysis. *Age* was found to be significant, with each year increase significantly lowering the likelihood of separation. Hispanic or Latino ethnicity was also found to be significant, with Hispanics or Latinos' odds of *separation* significantly higher than non-Hispanics or Latinos. Hypothesis 9 has been accepted.

### Multivariate Analysis of Shelter Status by Number of Separated Children

An OLS regression test was conducted to determine significance in the relationship between *shelter status* and number of separated children (Table 12). In Model 1, before controls were introduced, shelter status was found to have a significant negative influence on the number of separated children ( $\beta = -.109$ ). These findings were supported in Model 2 ( $\beta = -.191$ ). Age was found to be a significant control in this model, with each year increase in age accounting for a decrease in the number of separated children. Race, ethnicity and income were not significant in this model. Hypothesis 10 has been accepted, as *parents* had significantly fewer separated children than *single* women.

### Qualitative

On December 1, 2008, a focus group was conducted with 10 women who were currently separated from at least one child. The analysis is broken down into the responses specifically addressing the questions asked at the time of the focus group (Appendix D). For the participants' protection, pseudonyms are used when referring to specific women's responses. No real names of focus group participants are used at any point in this thesis.

### Reasons for Homelessness

The first question the women were asked was, "What are some of the reasons you are homeless?" Megan cited health. Sandy and Betty cited drugs as their causes of homelessness, while Jane expounded on that as her reason for being homeless, in addition to associated

problems with law enforcement. Theresa, Samantha and Jennifer cited loss of income and the economy. Amanda stated she became homeless because her husband left her. Finally, one woman, Cynthia, stated that the reason she was homeless was “falsification of mothers.” I tried to gather more information from Cynthia, but she kept repeating that it was “a falsification.” Rachel and Leslie chose not to respond.

### Reasons for Child Separation

There were two main themes presented as reasons for child separation. The first was a voluntary choice by the mothers in the best interest of their children. The second was an involuntary separation caused by various social and personal problems. Two women fall into the first category, while six women fall into the second category. Two of the women, Rachel and Leslie, chose not to respond.

Although it was clearly painful, the voluntary child separations seemed to provide the mothers with a more positive outlook about their children’s living situations. Theresa stated that she agreed to joint custody with her ex-husband, and now that she is homeless, it is much more difficult for her to see her child. She acknowledges though that her child is in good care and is in a stable environment.

Amanda’s situation is a little different, though still voluntary. She stated that she and her husband were going through difficult economic times, so they gave their children up to her husband’s parents. She too acknowledged that her children are in good, safe care, and this is especially helpful since one of her children has attention deficit disorder, while the other has attention deficit hyperactivity disorder.

The other women's stories were much different and arguably more painful than the two former. Betty and Sandy outlined how their drug use related to them losing their children. Sandy went into more detail, outlining how she was staying with cousins, using drugs with her husband, and the FBI came in and their children were taken away. She stated that her husband's parents currently have custody of all of their children, with the exception of an infant she brought with her to the focus group. Betty stated that her husband currently has custody, due to her drug problem. Similarly, Megan outlined how her alcohol use related to her losing custody of her children. She stated that once she became clean her health declined, which caused her more difficulty in retaining custody and a relationship with her children.

Cynthia stated that a cult leader had taken her children from her. Much of what she stated seemed both outlandish and paranoid. It seemed clear at this point, and further along in the focus group as well, that regardless of whether or not she is separated from her children, her situation is exacerbated by mental illness. She appeared cognizant and was well spoken, but it became apparent early on that one of her biggest problems is with mental illness.

Jennifer and Jane both had arguably the most disturbing stories to share with the group. Jennifer stated her story first, detailing how her daughter had been molested by Jennifer's partner (the child's father) while she was working the night shift at a convenience store. Jennifer stated that she had no idea what was going on until the police came and took her child away. The child is now in Jennifer's parent's custody. However, the relationship with her parents is strained due to this event with her oldest child, and Jennifer's parents' refusal to accept her other child because he is biracial. Her son is homeless with her, though he was not in the room at the time of the focus group.

Jane told a similar story. In Jane's case, she and another woman had a child. When the child was about two years old, Jane was in jail on drug charges. While Jane was in jail, her partner retained custody of the child. At this time her former partner and another man were doing heroin, and the man was molesting their daughter. While she was in jail she received word of this, and let her daughter spend a few months in foster care before giving the child to its godparents.

### Requisites for Reuniting

The requirements for these women to become permanently reunited with their children were complex and potentially impossible. Many of the women had a legitimate idea as to how they could get their children back, but few if any had a clear plan to do so. Each of the women stated that they wished to be reunited with their children.

Cynthia, the woman who stated that a cult leader took her children from her, did not have a real idea as to how to get her children back. She felt hopeless in this cause. Regardless of her probable illness, I do believe she has children from whom she is separated, but that she does not understand the true reason as to why she became separated in the first place. Megan also felt hopeless as well, due to her health problems and prior alcohol problem.

Amanda stated she needs a stable job in order to regain custody of her children. She admits that she is a former felon, but feels that since it was ten years ago, that this should not prohibit her from getting a job in the field she is trained in (medicine), or that it should prohibit her from learning another trade due to background checks at colleges and vocational schools. One of the most poignant statements of the evening, Amanda said, "Look, I don't do drugs or

drink. I made my mistake ten years ago and I am still paying for it today. McDonald's just won't do."

Theresa stated that despite the joint custody agreement she has with her husband, the Center for Women and Families is unable to allow her children to come visit. Amanda agreed, saying, "give us a bus pass or let the kids come here or something. We have kids here too and we can't see them. These kids are seeing Santa tonight and we can't get our kids anything." They both stated that visitation is something they would like to see happen.

Jane, Jennifer and Sandy all had basic ideas as to how they could be reunited with their children, but due to the heavy legal implications of their situations, they were not sure as to how it would be possible. Sandy informed the other women about the legal services department at the Coalition, which some of the women did not know about, or how to come in contact with them. For these women, it seems the best thing they could do in order to gain at least partial custody or visitation rights, would be to have access to the free legal assistance the Center for Women and Families already offers.

#### Suggestions for the Center for Women and Families

The women had a couple of suggestions for the Center for Women and Families, with regard to their unique situations. Theresa and Amanda both suggested offering more bus passes, so that women with children locally could go and see them. They both also stated that they would like for the Center for Women and Families to be able to provide additional beds so their children could come and visit them there too.

## Unique Dynamics and Personal Impression of Focus Group

It was clear to me throughout the focus group that these women genuinely love their children and desperately want to have a normal, stable relationship with them. While most acknowledged that it simply was not possible given their current situation, it is still something they desired and were looking forward to once they were back on their feet.

One unique factor that came through early on was that the women were very interested in my research on this topic and their desire for their stories to be heard. They specifically asked me what I would be doing with this research. They also asked me to let the readers of this document know how painful this situation is for them. These women are not happy about being homeless, any of their past digressions, nor their separation from their children. It was clear that of each of the women who spoke in the focus group wanted to have a relationship with their children.

Furthermore, with few exceptions, all of the women seemed realistic, intelligent and mentally stable. They understood their situation and why it occurred, and most were seeking life changes to better their situation. The women with drug and alcohol problems stated that they were clean or working towards becoming clean, and the women with basic economic problems were looking for better jobs and to further their education. These women were not stupid and for the most part did not seem mentally ill. This is important to note, especially in light of the statistical evidence that there is no significant difference in having a mental illness by whether or not someone is separated from any of their children.

At one point in the focus group, towards the end, Amanda asked me if they were “depressing” me. I was honestly a little taken aback. I was not sure how to respond. I told them that despite my research on the topic, I was not expecting to hear some of the things I heard that

night. It honestly did upset me. It hurt me to hear about the things that were done to Jennifer and Jane's children, especially by people who one would hope they could trust. It hurt me to hear these women tell me that they wanted to see their children but honestly said they did not know when or how that could happen. Hearing these women explain their situation was far more effective in "getting the point across" than reading pages of literature ever could do.

In the same breath, I cannot say whether or not any of these women *should* see their children. I do not know the full extent of what went on. What I do know, is that these women care about (if not for) their children, and seem to want the best for them. Many acknowledged that their children were in better living situations than anything they personally could provide, given the circumstances. These women, despite their desire to see and visit with their children, were not oblivious to the fact that it is probably better for their children to be housed in a "normal household" than sharing homelessness and shelter life with their mothers.



## CHAPTER FIVE: DISCUSSION

The portion of this study on *shelter status* suggests many findings that have already been established, such as the lower frequency of mental illness, drug abuse and domestic violence experiences among those entering the shelter with children (e.g., Burt and Cohen 1989; Hagen 1987; Shinn, Rog and Culhane 2004). The quantitative section on *child separation status* suggests few differences between homeless persons separated from children and those whom are not separated from any children. The only significant difference that was found was in drug abuse, with separated parents being significantly more likely to have a drug problem.

As found in the focus group though, drugs were not the only situation relating to homelessness or child separation. The women in the group discussed a number of situations which undoubtedly had an effect on them, their children, and the separation between mother and child. One woman's struggle with alcoholism and later her health, two with economic difficulties as the main culprit, and yet more with various legal troubles, have all shaped their situations. Though only drugs were statistically significant in the quantitative models, it is clear that other issues can certainly shape their situations.

The utilization of both quantitative and qualitative methods in this study aids in showing the multifaceted nature of this phenomena. While the quantitative data are undoubtedly important in showing the generalized trends of homeless women and families, and further, allow for other factors to be taken into consideration with precise measurements, it cannot replace the subjective experience portrayed through the qualitative methodology. Without the qualitative portion, issues of child abuse would not have been considered in this thesis. The qualitative portion allowed for a piece of these women's lives to shine through.

The quantitative findings showed that with the exception of drug abuse, women separated from children are not statistically different on a number of predictors than those not separated from children. This is important to understand, especially since those who entered the shelter with their children, as *parents*, were less likely to be sufferers of mental illness, drug abuse or domestic violence. The fact that *child separation status* overall showed few differences between those *separated* and *not separated* on statistical measures, further illustrates the importance of the focus group. Some women who have their children in their custody have undoubtedly experienced drug abuse, mental health problems, or their children have been victims of forms of abuse. However, they have not lost some or all of their children because of these problems.

The qualitative findings expressed the pain these women feel about having lost their children. It also showed the desire most of them had to rebuild a relationship with their children. What is crucial though, is that in each of the cases, at least presently, the children are in living situations that are assumed to be healthy and safe. None of the women in the focus group stated that they were not sure where their children were. Even though none of the women were pleased about being separated from their children, they acknowledged that being separated was better for the child.

## CHAPTER SIX: CONCLUSION

*Shelter status* was shown to be significant in understanding special needs homeless women and families experience, but *child separation status* was not in most cases. The qualitative portion of the study offered rich information on the experiences of homeless women who became separated from their children.

### Weaknesses

One of the biggest difficulties and consequently weakness of this study was in the quantitative dataset itself. In only analyzing data from 2007, I unintentionally removed any possibility of examining patterns of homelessness by length of time spent homeless or number of times entering and exiting the shelter system. Though I did have information on both of these topics, the time period was simply too brief to address them with any authority. The ideas differentiating between the transitionally or temporary homeless, the episodically homeless, and the chronically or long stay homeless, are crucial in understanding the true nature of homelessness (e.g., Culhane and Kuhn 1998; Culhane, Metraux, Park, Schretzman and Valente 2007; Kuhn and Culhane 1998). This is especially important when considering that there is no generalized consensus on the nature of women's and family's homelessness by *shelter status*, as some studies say *single* women stay homeless longer (Wong, Piliavin and Wright 1998: 22), while another finding that *parents* remain homeless longer (Metraux and Culhane 1999).

Another problem with the data is what appears to be incomplete recordkeeping. The way the data is entered, especially in the case of the special needs categories, there is no mechanism

for determining whether or not an individual does not have a certain problem, or if it is a missing variable. This may have caused an overrepresentation of persons without special needs, even though they should have been coded as missing since it is not clear to the reader.

An issue arose as well while going through the physical files. A number of the files examined, in the “family history” section, stated that a close family member had passed away. In some cases, it was even a child. It is not clear how recently these events occurred, but bereavement and grief likely affected these women and their situations, potentially substantially. Though we all experience grief and loss in our lives, it is still an important factor to consider.

With regard to the qualitative portion of the study, the validity may be questioned as two of the ten women in the focus group did not speak at all, effectively reducing the sample size to eight. While I would suspect the effect of the two women not speaking in the focus group to be rather minute, considering the richness of data the rest of the group provided, however, the overall effect cannot be known.

A second problem in the focus group was the timing of the focus group itself. Towards the end of the focus group, Jane stated she had to leave to go to work, and as she left, Sandy and Jennifer also left to go see Santa with their children they are not separated from. Samantha also left at this time as well, though she never gave a reason. This occurred right before the last question of the night.

### Suggestions for the Center for Women and Families

The first suggestion for the Center for Women and Families is to have better data management. There should be mechanisms in place to state negative responses, as opposed to

only affirmative, as in the case of the special needs. Not only would it allow for outside researchers to better understand and interpret the data, it would also allow for the staff to have a degree of certainty when examining an individual's status.

I also propose that health categories be considered in the computerized database as well. Mental health is maintained, as well as HIV/AIDS and physical disabilities, but other serious categories are omitted. At the very least, categories for potentially life-threatening diseases, such as diabetes, asthma, cardiovascular issues, or even other terminal illnesses besides HIV/AIDS, such as cancer, should be maintained. At that point, this information would be more accessible, rather than having to refer to the individual's physical file if an emergency arose. It may also serve to help caseworkers direct clients towards receiving social services, or free clinics.

Another issue to consider is that of death and bereavement. For homeless people who have experienced or are experiencing grief, access to qualified grief counselors or psychiatric help should be afforded. As stated previously, some of the women had children who had passed away, which is likely to affect their situation, as well as their ability to regain structure and housing in the future. In one case I distinctly recall, because it was so disturbing to me, it stated that a woman's twin daughters had been murdered by their father, and at least a few more women had a sibling or parent who had been killed. Qualified professionals should give these people special attention in order to get their lives back on track, while being compassionate and understanding toward the grieving process.

The final suggestion I have is to maintain data regarding women who are separated from their children. As found by some of the women in the focus group who are allowed to see their children, they want to. Perhaps the Center for Women and Families could allow for visitation on

premises for these women. Though I understand there probably are not extra beds to accommodate non-homeless children staying the night, at least a day-time visit would be something, and it also would not require the extra expenditure of purchasing more bus passes for client use. It may also serve as an effective privilege for those who are on the right track toward gaining permanent housing.

### Suggestions for Future Research

Gaps in the research on homeless women, families, and those separated from children still do exist. Some of the issues arising in this study, such as the differences between those separated from children and those who are not separated from children, should be addressed using other measures, such as income, length of homelessness and ability to successfully regain housing. Another suggestion would be to complete a study examining those separated from children over a period of time, in order to understand whether or not these women are more likely to be chronically homeless than those who are not separated from children. Finally, a study utilizing in depth interviews would also be effective in order to understand the plight of these women and what can be done to better their situations.

## **APPENDIX A: CONSENT FORM**



Researchers at the University of Central Florida (UCF) study many topics. To do this we need the help of people who agree to take part in a research study. You are being invited to take part in a research study which will include 9 or 10 people. You can ask questions about the research. You can read this form and agree to take part right now, or study the form to decide if you are interested or not. You will be told if any new information is learned which may affect your willingness to continue taking part in this study. You have been asked to take part in this research study because you are a woman receiving services at The Coalition for the Homeless. You must be 18 years of age or older to be included in the research study and sign this form.

The person doing this research is Hilary M. Dotson, a Master's student of Applied Sociology at the University of Central Florida. Because the researcher is a graduate student, she is being guided by Dr. James Wright, a UCF faculty supervisor in Sociology.

**Study title:** Homeless Women in the Orlando Shelter System: Fertility Histories of "Single" Homeless Women

**Purpose of the research study:** The purpose of this study is learn about children who are not in your care, understand their care arrangements, and ask about barriers that might prevent you from being reunified with your children.

**What you will be asked to do in the study:** You will be asked to take part in a one-time focus group with approximately 10 women.

**Voluntary participation:** You should take part in this study only because you want to. There is no penalty for not taking part, and you will not lose any benefits if you decide not to participate. You have the right to stop at any time. Just tell the researcher or a member of the research team that you want to stop. You will be told if any new information is learned which may affect your willingness to continue taking part in this study.

**Location:** The focus group will take place in a private room at the Center for Women and Families at the Coalition for the Homeless.

**Time required:** The focus group will take between one and two hours.

**Risks:** There are minimal anticipated risks for participating in this study. Some of the questions asked are sensitive in nature, and deal with the whereabouts of your children. You do not have to answer every question. You will not lose any benefits if you skip questions. You may withdraw your consent to participate in this focus group at any time. Since some of the questions being asked are of a sensitive nature, you may feel embarrassment or sadness. There are counselors and case managers working at the Coalition for the Homeless who are available to speak with if discomfort occurs. You do not have to answer any questions that make you feel uncomfortable. Please be aware that any information you share will be held as confidential. But be aware that we may be required to disclose to the proper authority any information you share with us concerning child abuse, child sexual abuse, or harming yourself or others.

**Benefits:** There are no expected benefits to you for taking part in this study. However, there are potential societal benefits to this research, with better, more effective programs for homeless women as the goal.



**Compensation or payment:** You will be offered soda and cookies as refreshments for participating in this research.

**Confidentiality:** Your identity will be kept confidential. The researcher will make every effort to prevent anyone who is not on the research team from knowing that you gave us information, or what that information is. For example, your name will be kept separate from the information you give, and these two things will be stored in different places. Please know that even though I will keep your identity confidential, other women participating in the focus group may break confidentiality.

Your information will be assigned a pseudonym (false name). No list connecting your name to the pseudonym will be created. Your information will be combined with information from other people who took part in this study. When the researcher writes about this study to share what was learned with other researchers, she will write about this combined information. Your real name will not be used in any report, so people will not know how you answered or what you said or did.

**Study contact for questions about the study or to report a problem:** Hilary M. Dotson, Graduate Student, Department of Sociology, College of Sciences, (407) 823-3744 or Dr. James Wright, Faculty Supervisor, Department of Sociology at (407) 823-5083 or by email at [jwright@mail.ucf.edu](mailto:jwright@mail.ucf.edu).

**IRB contact about your rights in the study or to report a complaint:** Research at the University of Central Florida involving human participants is carried out under the oversight of the Institutional Review Board (UCF IRB). For information about the rights of people who take part in research, please contact: Institutional Review Board, University of Central Florida, Office of Research & Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246 or by telephone at (407) 823-2901.

**How to return this consent form to the researcher:** By signing this form, you give us permission to report your responses confidentially in the final manuscript to be submitted to my faculty supervisor as part of my thesis.

- I have read the procedure described above
- I voluntarily agree to take part in the procedure
- I am at least 18 years of age or older

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Printed name of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Investigator

\_\_\_\_\_  
Date

**APPENDIX B: IRB APPROVAL PAGE**



University of Central Florida Institutional Review Board  
Office of Research & Commercialization  
12201 Research Parkway, Suite 501  
Orlando, Florida 32826-3246  
Telephone: 407-823-2901, 407-882-2012 or 407-882-2276  
[www.research.ucf.edu/compliance/irb.html](http://www.research.ucf.edu/compliance/irb.html)

### Notice of Expedited Initial Review and Approval

From : UCF Institutional Review Board  
FWA00000351, Exp. 6/24/11, IRB00001138

To : James D. Wright and Co-PI: Hilary Dotson

Date : November 03, 2008

IRB Number: SBE-08-05881

Study Title: Homeless Women in the Orlando Shelter System: Fertility Histories of Single Homeless Women

Dear Researcher:

Your research protocol noted above was approved by expedited review by the UCF IRB Chair on 11/3/2008. The expiration date is 11/2/2009. Your study was determined to be minimal risk for human subjects and expeditable per federal regulations, 45 CFR 46.110. The category for which this study qualifies as expeditable research is as follows:

7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

The IRB has approved a consent procedure which requires participants to sign consent forms. Use of the approved, stamped consent document(s) is required. Only approved investigators (or other approved key study personnel) may solicit consent for research participation. Subjects or their representatives must receive a copy of the consent form(s).

All data, which may include signed consent form documents, must be retained in a locked file cabinet for a minimum of three years (six if HIPAA applies) past the completion of this research. Any links to the identification of participants should be maintained on a password-protected computer if electronic information is used. Additional requirements may be imposed by your funding agency, your department, or other entities. Access to data is limited to authorized individuals listed as key study personnel.

To continue this research beyond the expiration date, a Continuing Review Form must be submitted 2 – 4 weeks prior to the expiration date. Advise the IRB if you receive a subpoena for the release of this information, or if a breach of confidentiality occurs. Also report any unanticipated problems or serious adverse events (within 5 working days). Do not make changes to the protocol methodology or consent form before obtaining IRB approval. Changes can be submitted for IRB review using the Addendum/Modification Request Form. An Addendum/Modification Request Form **cannot** be used to extend the approval period of a study. All forms may be completed and submitted online at <http://iris.research.ucf.edu>.

**Failure to provide a continuing review report could lead to study suspension, a loss of funding and/or publication possibilities, or reporting of noncompliance to sponsors or funding agencies.** The IRB maintains the authority under 45 CFR 46.110(e) to observe or have a third party observe the consent process and the research.

On behalf of Tracy Dietz, Ph.D., UCF IRB Chair, this letter is signed by:

Signature applied by Joanne Muratori on 11/03/2008 03:08:43 PM EST

IRB Coordinator

## **APPENDIX C: SCREENING FORM**

Hi, my name is Hilary Dotson, and I am a Master's student of Applied Sociology at the University of Central Florida. I am going to ask you a couple of questions to ensure your eligibility to participate in the focus group.

1. How old are you, as of today? \_\_\_\_\_
  
2. What would you identify your race or ethnicity as?

|                               |   |
|-------------------------------|---|
| White                         | 1 |
| Black/African American        | 2 |
| Hispanic/Latino               | 3 |
| Asian/Pacific Islander        | 4 |
| American Indian/Alaska Native | 5 |
| Multiracial/Multiethnic       | 6 |
| DK/REF                        | 9 |
  
3. Is this the first time you have been homeless?

|     |   |
|-----|---|
| Yes | 1 |
| No  | 0 |
  
4. How long have you been homeless? \_\_\_\_\_
  
5. How many children have you ever had? \_\_\_\_\_
  
6. How many of your children are under 18 years of age? \_\_\_\_\_
  
7. How long have you been separated from any of your children? \_\_\_\_\_
  
8. Are your children:

|  |   |
|--|---|
| Staying with a friend, relative, or other trusted person | 1 |
| In Foster or State care                                  | 2 |
| Homeless but not with you                                | 3 |
| I'm not sure where my children are                       | 4 |

## **APPENDIX D: FOCUS GROUP SCRIPT**

Hi everyone. My name is Hilary Dotson and I'm a Master's student of Applied Sociology at the University of Central Florida. You all have completed your consent forms and have a copy to keep for yourself, correct? [IF ANYONE SAYS NO, ENSURE THEY HAVE A COPY OF THE CONSENT, ENSURE THEY HAVE SIGNED ONE, EXCUSE THOSE WHO DO NOT CONSENT AND PROCEED]

The basic format of this focus group is to ask you open-ended questions and have you discuss your responses as a group. There are two note takers here present who will be typing up what you are saying as quickly as they can, in order for me to analyze your responses later. Please feel free to say exactly what is on your mind. If people start talking over one another or arguing, I will cut off that particular topic. I want to remind you that the information you give will remain confidential, except in the case where someone states that a child is being abused or if someone says they want to harm themselves or others.

Does anyone have any questions before we proceed? [IF YES, ANSWER QUESTIONS. IF NO, CONTINUE]

I am going to start off by asking everyone to introduce themselves to the group. We will go in a circle. Please state your name.

We are here today to discuss your situation, the whereabouts of your children, and the sorts of things you need in order to get back on your feet. So first off:

What are some of the reasons you are homeless?

Some women become separated from their children because they have set up a place for their children to safely stay, such as with a parent, friend, or other family member. Some women become separated from their children due to reasons outside their control, such as if a child is taken away from the mother. Some mothers also honestly do not know where their children currently are staying. How did you become separated from your children?

What would make it possible for you to be reunited with your children?

What sorts of services would you need for this to happen? Is this something you want to happen?

## **APPENDIX E: CODEBOOK**



1. ID NUMBER
2. NAME
3. RELATIONSHIP:
  - 1: SELF (SINGLE)
  - 2: HEAD (FAMILY)
  - 3: SPOUSE (FAMILY)
  - 4: CHILD (FAMILY)
4. ENTRY DATE
5. EXIT DATE
6. MONTHS IN PROGRAM – 999 MISSING
7. DATE OF BIRTH
8. AGE
9. GENDER
  1. FEMALE
  0. MALE
10. VETERAN STATUS
  1. YES
  0. NO
  9. MISSING
11. ETHNICITY
  1. A (HISPANIC/LATINO)
  0. B (NON-HISPANIC/LATINO)
  9. MISSING
12. RACE
  1. A (AMERICAN INDIAN / ALASKA NATIVE)
  2. B (ASIAN)
  3. C (BLACK/AFRICAN AMERICAN)
  4. D (NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER)
  5. E (WHITE)
  6. OTHER / MIXED RACE WRITTEN IN
  9. MISSING

SPECIAL NEEDS – EACH HAVE THEIR OWN COLUMN:

1 = YES

0 = NO

13. A (MENTAL ILLNESS)
14. B (ALCOHOL ABUSE)
15. C (DRUG ABUSE)
16. D (HIV/AIDS & RELATED DISEASES)
17. E (DEVELOPMENTAL DISABILITY)
18. F (PHYSICAL DISABILITY)
19. G (DOMESTIC VIOLENCE)
20. OTHER (SPECIFY IN COLUMN 21)

22. PRIOR LIVING SITUATION

1. A – NON-HOUSING (STREET, PARK, CAR, BUS STATION, ETC)
2. B – EMERGENCY SHELTER
3. C – TRANSITIONAL HOUSING FOR HOMELESS PERSONS
4. D – PSYCHIATRIC FACILITY
5. E – SUBSTANCE ABUSE TREATMENT FACILITY
6. F – HOSPITAL
7. G – JAIL/PRISON
8. H – DOMESTIC VIOLENCE SITUATION
9. I – LIVING WITH FRIENDS / RELATIVES
10. J – RENTAL HOUSING
11. K – OTHER (SPECIFY IN COLUMN 23.)
99. MISSING

24. GROSS MONTHLY INCOME AT ENTRY – 9999 MISSING

25. GROSS MONTHLY INCOME AT EXIT – 9999 MISSING

INCOME SOURCES RECEIVED AT ENTRY– COLUMNS FOR EACH

YES = 1

NO = 0

IF NO VARIABLE IS LISTED, MARK ALL WITH 9 MISSING

26. A – SSI
27. B – SSDI
28. C – SS
29. D – GENERAL PUBLIC ASSISTANCE
30. E – TANF
31. F – CHILD SUPPORT
32. G – VETERANS BENEFITS
33. H – EMPLOYMENT INCOME
34. I – UNEMPLOYMENT BENEFITS
35. J – MEDICARE
36. K – MEDICAID
37. L – FOOD STAMPS
38. M – OTHER (SPECIFY IN COLUMN 39 TO DEVELOP POSSIBLE NEW CODING)
40. N – NO FINANCIAL RESOURCES

INCOME SOURCES RECEIVED AT EXIT – COLUMNS FOR EACH

YES = 1

NO = 2

IF NO VARIABLE IS LISTED, MARK ALL WITH 9 MISSING

41. A – SSI
42. B – SSDI

- 43. C – SS
- 44. D – GENERAL PUBLIC ASSISTANCE
- 45. E – TANF
- 46. F – CHILD SUPPORT
- 47. G – VETERANS BENEFITS
- 48. H – EMPLOYMENT INCOME
- 49. I – UNEMPLOYMENT BENEFITS
- 50. J – MEDICARE
- 51. K – MEDICAID
- 52. L – FOOD STAMPS
- 53. M – OTHER (SPECIFY IN COLUMN 39 TO DEVELOP POSSIBLE NEW CODING)
- 54. N – NO FINANCIAL RESOURCES

55. REASON FOR LEAVING PROGRAM

- 1. A – LEFT FOR A HOUSING OPPORTUNITY B4 COMPLETING PROGRAM
- 2. B – COMPLETED PROGRAM
- 3. C – NON-PAYMENT OF RENT / OCCUPANCY CHARGE
- 4. D – NON-COMPLIANCE WITH PROJECT
- 5. E – CRIMINAL ACTIVITY / DESTRUCTION OF PROPERTY / VIOLENCE
- 6. F – REACHED MAXIMUM TIME ALLOWED IN PROJECT
- 7. G – NEEDS COULD NOT BE MET BY PROJECT
- 8. H – DISAGREEMENT WITH RULES / PERSONS
- 9. I – DEATH
- 10. J – OTHER (SPECIFY IN COLUMN 57 IF APPLICABLE)
- 11. K – UNKNOWN/DISAPPEARED

56. DESTINATION

PERMANENT:

- 1. A – RENTAL HOUSE OR APARTMENT (NO SUBSIDY)
- 2. B – PUBLIC HOUSING
- 3. C – SECTION 8
- 4. D – SHELTER PLUS CARE
- 5. E – HOME SUBSIDIZED HOUSE OR APARTMENT
- 6. F – OTHER SUBSIDIZED HOUSE OR APARTMENT
- 7. G – HOMEOWNERSHIP
- 8. H – MOVED IN WITH FAMILY OR FRIENDS

TRANSITIONAL:

- 9. I – TRANSITIONAL HOUSING FOR HOMELESS PERSONS
- 10. J – MOVED IN WITH FAMILY OR FRIENDS

INSTITUTION

- 11. K – PSYCHIATRIC HOSPITAL
- 12. L – INPATIENT ALCOHOL OR DRUG TREATMENT FACILITY
- 13. M – JAIL/PRISON

EMERGENCY

14. N – EMERGENCY SHELTER

OTHER

15. O – OTHER SUPPORTIVE HOUSING

16. P – PLACES NOT MEANT FOR HABITATION (E.G. STREET)

17. Q - OTHER (SPECIFY IN COLUMN 59)

18. R – UNKNOWN

57. HAS SAVINGS ACCOUNT 1 = YES, 0 = NO

58. CHILD SEPARATION 1=YES, 0=NO

59. NUMBER OF CHILDREN SEPARATED 99=MISSING

## **APPENDIX F: TABLES**

Table 1: Frequencies and Percents of Statuses

|   | <i>N</i>                    | Percent |
|---|-----------------------------|---------|
| <i>Demographics</i>                         |                             |         |
| Total persons in CFWF in 2007               | 1137                        |         |
| “Single” Women                              | 395                         | 34.7    |
| Heads of Household                          | 227                         | 20.0    |
| Spouse                                      | 47                          | 4.1     |
| Children                                    | 468                         | 41.1    |
| Children per parent                         | 1.7                         |         |
| Children per family                         | 2.1                         |         |
| <i>Parental Status and Gender</i>           |                             |         |
| Homeless Parents                            | 274                         |         |
| Homeless Mothers                            | 205                         | 74.8    |
| Homeless Fathers                            | 69                          | 25.1    |
| <i>Type of Family</i>                       |                             |         |
| Homeless Single Mother                      | 159                         | 58.0    |
| Homeless Single Fathers                     | 22                          | 8.0     |
| Homeless Dual Parent                        | 94 (47 two-parent families) | 34.3    |
| <i>Child Separation</i>                     |                             |         |
| Separated from at least 1 Child             | 123                         | 29.9    |
| Not Separated from any Children             | 288                         | 70.1    |
| <i>Parental Status and Child Separation</i> |                             |         |
| Single and Separated                        | 83                          | 33.2    |
| Parent and Separated                        | 40                          | 24.8    |
| <i>Race</i>                                 |                             |         |
| Black                                       | 323                         | 49.1    |
| White                                       | 311                         | 47.3    |
| Other                                       | 24                          | 3.6     |
| <i>Ethnicity</i>                            |                             |         |
| Hispanic / Latino                           | 105                         | 16.0    |
| Non-Hispanic/Latino                         | 552                         | 84.0    |

Table 2: Demographic Information

|  | <i>N</i> | Mean  | SD    | Range         |
|--|----------|-------|-------|---------------|
| <i>Age</i>                             |          |       |       |               |
| Single women                           | 395      | 40.9  | 12.1  | 60 (18-78)    |
| Parents                                | 274      | 31.7  | 8.6   | 42 (18-60)    |
| <i>Children</i>                        |          |       |       |               |
| Age                                    | 468      | 6.2   | 4.8   | 18 (0-18)     |
| <i>Child Separation</i>                |          |       |       |               |
| Overall                                | 124      | 2.0   | 1.1   | 5 (1-6)       |
| Of Persons Separated from Any Children | 411      | .61   | 1.1   | 6 (0-6)       |
| <i>Monthly Income</i>                  |          |       |       |               |
| Entry                                  | 675      | 170.6 | 341.6 | 2340 (0-2340) |
| Exit                                   | 520      | 296.8 | 479.4 | 2466 (0-2466) |

Table 3: Chi-Square of Special Needs

| Special Need        | Status        | % Affirmative | Chi-Square |
|---------------------|---------------|---------------|------------|
| Mental Illness      | Single        | 25.6          | 37.937***  |
|                     | Parent        | 7.0           |            |
|                     | Separated     | 23.6          | 1.030      |
|                     | Not Separated | 19.2          |            |
| Drug Abuse          | Single        | 14.9          | 29.824***  |
|                     | Parent        | 2.2           |            |
|                     | Separated     | 14.6          | 2.407      |
|                     | Not Separated | 9.4           |            |
| Physical Disability | Single        | 12.9          | 6.096*     |
|                     | Parent        | 7.0           |            |
|                     | Separated     | 6.5           | 1.847      |
|                     | Not Separated | 10.8          |            |
| Domestic Violence   | Single        | 37.5          | 13.867***  |
|                     | Parent        | 23.8          |            |
|                     | Separated     | 41.5          | 1.141      |
|                     | Not Separated | 35.9          |            |

Shelter Status  $N=668$

Child Separation  $N=410$

$p < .05$  \*

$p < .01$  \*\*

$p < .001$  \*\*\*



Table 4: Chi-Square of Child Separation

|                               | % Separated from Children | Chi-Square |
|-------------------------------|---------------------------|------------|
| <i>Shelter Status (N=411)</i> |                           |            |
| Single                        | 33.2                      | 3.260      |
| Parent-with-Children          | 24.8                      |            |
| <i>Race (N=401)</i>           |                           |            |
| White                         | 29.0                      | 2.239      |
| Black                         | 32.3                      |            |
| Other                         | 14.3                      |            |
| <i>Ethnicity (N=400)</i>      |                           |            |
| Hispanic/Latino               | 37.3                      | 1.465      |
| Non-Hispanic/Latino           | 28.9                      |            |

p<.05 \*

p<.01\*\*

p<.001\*\*\*

Table 5: Independent T-Tests of Number of Separated Children by Shelter Status  
 Number of Separated Children

|                  | Single | Parent |
|------------------|--------|--------|
| <i>N</i>         | 250    | 161    |
| Mean             | .712   | .460   |
| SD               | 1.234  | .942   |
| <i>p</i> =.027   |        |        |
| <i>t</i> =-2.212 |        |        |
| <i>df</i> =409   |        |        |

Table 6: Logistic Regression Estimates Predicting Mental Illness for Independent Variables Measuring Shelter Status

|                   | Model 1       |         | Model 2       |          |
|-------------------|---------------|---------|---------------|----------|
|                   | B (S.E.)      | Exp(B)  | B (S.E.)      | Exp(B)   |
| Parents           | -1.524 (.264) | .218*** | -1.774 (.311) | .170***  |
| Age               |               |         | -.007 (.010)  | .993     |
| Black             |               |         | -.405(.234)   | .667     |
| Hispanic/Latino   |               |         | .750 (.351)   | 1.118    |
| Entry Income      |               |         | .002 (.000)   | 1.002*** |
| Chi-Square        | 42.016***     |         | 71.308***     |          |
| -2 Log likelihood | 587.038       |         | 542.110       |          |
| R <sup>2</sup>    | .10           |         | .17           |          |
| N                 | 668           |         | 644           |          |

p<.05 \*

p<.01\*\*

p<.001\*\*\*

Table 7: Logistic Regression Estimates Predicting Mental Illness for Independent Variables Measuring Child Separation Status

|                   | Model 1     |        | Model 2      |        |
|-------------------|-------------|--------|--------------|--------|
|                   | B (S.E.)    | Exp(B) | B (S.E.)     | Exp(B) |
| Separated         | .263 (.260) | 1.301  | .476 (.278)  | 1.609  |
| Age               |             |        | .015 (.012)  | 1.015  |
| Black             |             |        | -.429 (.274) | .651   |
| Hispanic/Latino   |             |        | -.444 (.421) | .642   |
| Entry Income      |             |        | .002 (.000)  | 1.002  |
| Chi-Square        | 1.010       |        | 25.326***    |        |
| -2 Log likelihood | 414.805     |        | 382.987      |        |
| R <sup>2</sup>    | .00         |        | .10          |        |
| N                 | 410         |        | 394          |        |

p<.05 \*

p<.01\*\*

p<.001\*\*\*

Table 8: Logistic Regression Estimates Predicting Drug Abuse for Independent Variables Measuring Shelter Status

|                   | Model 1       |         | Model 2       |         |
|-------------------|---------------|---------|---------------|---------|
|                   | B (S.E.)      | Exp(B)  | B (S.E.)      | Exp(B)  |
| Parents           | -2.056 (.436) | .128*** | -1.693 (.457) | .184*** |
| Age               |               |         | .017 (.012)   | 1.017   |
| Black             |               |         | -.410 (.277)  | .870    |
| Hispanic/Latino   |               |         | -1.403 (.754) | .246    |
| Entry Income      |               |         | -.001 (.001)  | .999**  |
| Chi-Square        | 35.595***     |         | 48.004***     |         |
| -2 Log likelihood | 390.751       |         | 373.333       |         |
| R <sup>2</sup>    | .11           |         | .15           |         |
| N                 | 668           |         | 644           |         |

p<.05 \*

p<.01\*\*

p<.001\*\*\*

Table 9: Logistic Regression Estimate Predicting Drug Abuse for Independent Variables Measuring Child Separation Status

|                   | Model 1     |        | Model 2       |         |
|-------------------|-------------|--------|---------------|---------|
|                   | B (S.E.)    | Exp(B) | B (S.E.)      | Exp(B)  |
| Separated         | .501 (.326) | 1.651  | .752 (.353)   | 2.121*  |
| Age               |             |        | .056 (.016)   | 1.058** |
| Black             |             |        | -.281 (.341)  | .755    |
| Hispanic/Latino   |             |        | -1.207 (.769) | .299    |
| Entry Income      |             |        | -.001 (.001)  | .999    |
| Chi-Square        | 2.299       |        | 23.570***     |         |
| -2 Log likelihood | 281.425     |        | 256.354       |         |
| R <sup>2</sup>    | .01         |        | .11           |         |
| N                 | 410         |        | 394           |         |

p<.05 \*

p<.01\*\*

p<.001\*\*\*

Table 10: Logistic Regression Estimates Predicting Physical Disability for Independent Variables Measuring Shelter Status

|                   | Model 1      |        | Model 2      |         |
|-------------------|--------------|--------|--------------|---------|
|                   | B (S.E.)     | Exp(B) | B (S.E.)     | Exp(B)  |
| Parents           | -.684 (.281) | .505*  | -.197 (.339) | .821    |
| Age               |              |        | .042 (.013)  | 1.043** |
| Black             |              |        | -.339 (.285) | .713    |
| Hispanic/Latino   |              |        | -.657 (.492) | .518    |
| Entry Income      |              |        | .001 (.000)  | 1.001** |
| Chi-Square        | 6.376*       |        | 35.008***    |         |
| -2 Log likelihood | 441.829      |        | 395.009      |         |
| R <sup>2</sup>    | .02          |        | .11          |         |
| N                 | 668          |        | 644          |         |

p<.05 \*

p<.01\*\*

p<.001\*\*\*

Table 11: Logistic Regression Estimates Predicting Physical Disability for Independent Variables Measuring Child Separation Status

|                   | Model 1      |        | Model 2       |          |
|-------------------|--------------|--------|---------------|----------|
|                   | B (S.E.)     | Exp(B) | B (S.E.)      | Exp(B)   |
| Separated         | -.554 (.412) | .574   | .054 (.451)   | 1.055    |
| Age               |              |        | .078 (.019)   | 1.082*** |
| Black             |              |        | -.167 (.379)  | .847     |
| Hispanic/Latino   |              |        | -1.115 (.802) | .328     |
| Entry Income      |              |        | .001 (.000)   | 1.001**  |
| Chi-Square        | 1.973        |        | 37.682***     |          |
| -2 Log likelihood | 255.697      |        | 212.275       |          |
| R <sup>2</sup>    | .10          |        | .19           |          |
| N                 | 410          |        | 394           |          |

p<.05 \*

p<.01\*\*

p<.001\*\*\*



Table 12: Logistic Regression Estimates Predicting Domestic Violence for Independent Variables Measuring Shelter Status

|                   | Model 1      |         | Model 2      |        |
|-------------------|--------------|---------|--------------|--------|
|                   | B (S.E.)     | Exp(B)  | B (S.E.)     | Exp(B) |
| Parents           | -.651 (.176) | .522*** | -.600 (.200) | .549** |
| Age               |              |         | -.014 (.008) | .986   |
| Black             |              |         | -.468 (.185) | .626*  |
| Hispanic/Latino   |              |         | -.698 (.284) | .497*  |
| Entry Income      |              |         | .000 (.000)  | 1.0    |
| Chi-Square        | 14.155***    |         | 26.339***    |        |
| -2 Log likelihood | 822.192      |         | 788.314      |        |
| R <sup>2</sup>    | .03          |         | .06          |        |
| N                 | 668          |         | 644          |        |

p<.05 \*

p<.01\*\*

p<.001\*\*\*

Table 13: Logistic Regression Estimates Predicting Domestic Violence for Independent Variables Measuring Child Separation Status

|                   | Model 1     |        | Model 2       |        |
|-------------------|-------------|--------|---------------|--------|
|                   | B (S.E.)    | Exp(B) | B (S.E.)      | Exp(B) |
| Separated         | .235 (.221) | 1.265  | .250 (.232)   | 1.284  |
| Age               |             |        | .000 (.010)   | 1.000  |
| Black             |             |        | -.552 (.225)  | .576*  |
| Hispanic/Latino   |             |        | -1.189 (.383) | .304** |
| Entry Income      |             |        | -.001 (.000)  | .999   |
| Chi-Square        | 1.133       |        | 16.511**      |        |
| -2 Log likelihood | 541.603     |        | 508.948       |        |
| R <sup>2</sup>    | .00         |        | .06           |        |
| N                 | 410         |        | 394           |        |

p<.05 \*

p<.01\*\*

p<.001\*\*\*

Table 14: Logistic Regression Estimates Predicting Child Separation for Independent Variables Measuring Shelter Status

|                   | Model 1      |        | Model 2      |        |
|-------------------|--------------|--------|--------------|--------|
|                   | B (S.E.)     | Exp(B) | B (S.E.)     | Exp(B) |
| Parents           | -.408 (.226) | .665   | -.879 (.267) | .415** |
| Age               |              |        | -.039 (.011) | .962** |
| Black             |              |        | .369 (.249)  | 1.447  |
| Hispanic/Latino   |              |        | .825 (.369)  | 2.282* |
| Entry Income      |              |        | .000 (.000)  | 1.000  |
| Chi-Square        | 3.308        |        | 26.438***    |        |
| -2 Log likelihood | 498.314      |        | 458.659      |        |
| R <sup>2</sup>    | .01          |        | .09          |        |
| N                 | 411          |        | 395          |        |

p<.05 \*

p<.01\*\*

p<.001\*\*\*

Table 15: OLS Regression of Shelter Status by Number of Separated Children

|                   | Model 1 | Model 2 |
|-------------------|---------|---------|
|                   | $\beta$ | $\beta$ |
| Parent            | -.109*  | -.191** |
| Age               |         | -.189** |
| Black             |         | .052    |
| Hispanic / Latino |         | .068    |
| Entry Income      |         | -.029   |
| R <sup>2</sup>    | .01     | .05     |
| F                 | 4.894*  | 4.177** |

p<.05 \*

p<.01\*\*

p<.001\*\*\*

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