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Distinguishing Between Homeless and Unstably Housed Men on Risk Factors for Homelessness

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of  
Philosophy at Virginia Commonwealth University.

by

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## **Abstract**

### **DISTINGUISHING BETWEEN HOMELESS AND UNSTABLY HOUSED MEN ON RISK FACTORS FOR HOMELESSNESS**

By Valerie L. Holton

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy at Virginia Commonwealth University.

Virginia Commonwealth University, 2011

Director: Ann Nichols-Casebolt, Ph.D  
Associate Vice President for Research Development

This study explored the risk factors for homelessness in single men, the largest group of people experiencing homelessness and a group about which little is known regarding their risks for homelessness. A case control design was used to differentiate risk factors between men who were homeless and men who were unstably housed. Risk factors included cumulative risk, negative life events, and demographic factors. Two models were tested using discriminant function analysis (DFA). The Cumulative Risk Model did not significantly differentiate between the two groups. However, the Negative Life Events Model yielded one discriminant function that significantly differentiated between the groups and correctly classified approximately 72.4% of the overall cases. Negative life events regarding the loss of housing, unstable housing, and family conflict/disruption were the most important discriminating variables. Furthermore, homeless men were associated with more experiences of loss of housing and family conflict/disruption, and with fewer experiences of housing instability. Implications for policy, social work practice, and research are discussed.

## Chapter 1

Homelessness has been documented in the United States since early colonial times (Kusmer, 2002), yet it was not until the 1980s that it became an issue of national policy. Since then, programs and services for those who experience homelessness have expanded dramatically. In response to the failure of these efforts to reduce homelessness, research and national policy have shifted away from emergency services and toward prevention (Shinn, Baumohl, & Hopper, 2001). This shift is evident in the focus on prevention services in the 10 Year Plans To End Homelessness that are guiding service delivery in communities across the country, as well as in the amount of funding that is now being directed towards prevention efforts through the federal stimulus moneys and under the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009.

The prevention of homelessness offers multiple benefits over the traditional means of addressing homelessness. Prevention is a humane and socially just response to homelessness in that it keeps people from experiencing the trauma associated with homelessness (Moses, Kresky-Wolff, Bassuk, & Brounstein, 2007; Poole & Zugazaga, 2003). Additionally, research indicates that it has promise for effectively reducing homelessness and being a more efficient use of resources. However, research has not yet consistently identified a single or combination of risk factors to identify who is most likely to become homeless (Burt, Pearson, & Montgomery, 2006, 2007; Shinn et al., 2001). This study used a risk and resilience framework to explore which risk factors or combination of risk factors potentially discriminate between adult men who are literally homeless (referred to here as homeless) from those who are unstably housed (sometimes referred to as precariously housed).

Although there has been little research on those who are unstably housed (i.e. doubled up or living in motels/hotels), it is generally agreed that those who experience homelessness have been unstably housed at some point prior to shelter entry. Yet, to prevent shelter entry there must be a better understanding of the risks for homelessness – what tips someone out of their living situation and into a shelter or transitional program. It is hypothesized here that risk factors, and the accumulation of risk factors, is what distinguishes between men who are unstably housed and those who are homeless. It is anticipated that the results of this study could be used to direct prevention services to men who are at greatest risk of homelessness.

This study focused on adult men since they are overrepresented in the homeless population and comprise the largest percentage of those experiencing homelessness (Burt, 2001). In 2009, 63.7% of homeless adults were men, compared to 40.5% of adults in poverty (HUD, 2009<sup>1</sup>). Yet, much of the prevention literature has focused on families (usually defined as single mothers and their children) (e.g. Bassuk et al., 1997; Shinn, Knickman, & Weitzman, 1991; Shinn et al., 1998). While some risk factors for family homelessness may generalize to men, research has found that single men, single women, and families have different experiences of and different risk factors for homelessness (Burt, Aron, Lee, & Valente, 2001). It is hoped that this study helps to address this gap in the literature about the risk factors for homelessness in men, particularly as providers and policy makers are directing more efforts towards prevention. The remainder of this chapter will provide the context for the prevention of homelessness.

### **The Importance of Preventing Homelessness**

Empirical research has associated homelessness and housing instability with many negative and traumatic experiences, including victimization, violence, criminalization, health problems, hunger, and substance abuse and mental health problems (Burt, 2001; Burt, Aron, Lee, & Valente, 2001; Culhane, Webb, Grim, Matraux, & Culhane, 2003; National Coalition for the

Homeless, 2008<sup>2</sup>). These findings are supported by personal accounts of homelessness that describe the experience as filled with pain and suffering (e.g., DeWard & Moe, 2010; Kirkman, Keys, Bodzak, & Turner, 2010; Schindler, & Coley, 2007; Wireman, 2007). This section will review the literature on the major issues that are associated with homelessness and housing instability for men: victimization and criminalization, health problems (physical, mental, and substance use), and the financial costs for the community.

People who are homeless, particularly those who are unsheltered, are vulnerable to victimization. Most people who experience homelessness report experiencing some form of victimization during their homeless spell. Robbery and theft is most common (38% and 41% respectively), with assaults occurring quite frequently as well (22% have been physically assaulted and 7% have been sexually assaulted). Similarly, people experiencing homelessness are also targets for violent attacks. In 2007, 160 homeless people were violently attacked, 28 of whom died as a result (National Coalition for the Homeless, 2008<sup>2</sup>).

There is a strong connection between incarceration and homelessness, with each increasing the risk for the other (Cooke, 2005; Foster & Hagan, 2007; Gowan, 2002; Metraux & Culhane, 2006<sup>1,2</sup>; Metraux, Roman, & Cho, 2007). Many cities have laws that in essence criminalize homelessness. The National Law Center on Homelessness & Poverty (2003) found that out of the 57 communities they surveyed, all had laws restricting the use of public space but did not have enough shelter space to serve people experiencing homelessness. About a third of the communities had laws prohibiting sitting or lying down in certain places, and 16.3% reported city-wide bans on sleeping in public. Consequently, individuals with no place to sleep but outdoors may suffer the added insult of being arrested for it.

People who are homeless report a high level of health problems. Burt (2001) found that the four most common groupings of medical conditions reported by people who were homeless (N=2,938) were arthritis, rheumatism, and joint problems (24%); chest infection, cold, cough, bronchitis (22%); problem walking, lost limb, other handicap (14%); and high blood pressure (15%). Additionally, 46% reported one or more chronic conditions. Schanzer, Dominguez, Shrout, and Caton (2007) examined the health status of people just as they were entering shelter in New York City and found that 17% of the 351 participants had hypertension, 6% had diabetes mellitus, and 17% had asthma.

While it appears that people who experience homelessness have high rates of mental health and substance abuse disorders, it is not clear if they experience these problems at a higher rate or more intensely than those who are poor but housed. Out of the sheltered homeless adults in January 2008, 26% reported having a serious mental illness and 37% reported having a chronic substance abuse issue (HUD, 2009<sup>1</sup>). The Schanzer et al. study (2007) found that one third had been diagnosed with major depression (35.0% of 351 participants) and more than a half with a substance abuse disorder (53.0%). However, in a study of 144 adults who were homeless, previously homeless, or housed but poor, Toro et al. (1995) found mixed results. Homeless individuals were more likely to have a substance abuse disorder and have higher levels of psychological distress than poor but housed individuals. However, the homeless and poor but housed individuals were similar in their rates of serious mental illness and physical health symptoms.

Another approach in considering the impact of homelessness is to examine its financial cost. One way to do this by is estimating the cost of providing shelter. The annual cost of a shelter bed for a single adult ranges from \$4,015 in Atlanta, Georgia to \$19,863 in New York



City, New York (Lewin Group, 2004). Another way to measure the cost of homelessness is through service utilization. Given that people experiencing homelessness use mainstream services in addition to those targeted to the homeless, the cost of their utilization of mainstream services can be combined with the costs associated with shelter stays. The outcome, then, is a more accurate estimation of the financial burden of this group of people on a community. However, organizations such as hospitals, police, and state child welfare agencies frequently do not collect data on whether someone is homeless, thus increasing the challenge in collecting the data (for a review of the service utilization literature, see Culhane, 2008) (Culhane, 2008; Gulcur, Stefancic, Shinn, Tsemberis, & Fischer, 2003). These costs can be highlighted by the story of Murray Barr as told by Malcolm Gladwell (2006). Mr. Bar was a chronically homeless man in Reno, NV who has since become known as Million Dollar Murray. Through his repeated shelter days, emergency room visits, and arrests and subsequent jail stays, Mr. Bar cost Reno a million dollars over just one year.

### **Defining Homelessness**

Our understanding of who is homeless and their risks for homelessness is informed, and complicated by, the changing definitions of homelessness. The definition of a social problem like homelessness dictates who is and how many people are considered homeless, and consequently the degree to which is it considered a problem worthy of policy and funding targeted to its amelioration. Since policy and funding for social problems is often based on the perceived magnitude of the problem, the demonstration that a social problem is significant often includes providing quantitative data proving the problem exists and impacts enough people to warrant serious attention. Thus, the broader the definition, the more people who will be counted as homeless and perhaps increasing the amount of money and resources considered necessary to address this social problem. But the opposite is also true – the act of defining homelessness can

be influenced by how much money and resources are likely to be devoted to services for the homeless (Gabbard et al., 2007; National Alliance to End Homelessness, 2007<sup>1</sup>; O’Neil, 2005).

The *Analysis of Homeless Definition Changes* released by the National Alliance to End Homelessness (NAEH) (2007<sup>1</sup>) highlights the issues involved in defining homelessness. The analysis was released as part of the debate regarding the definition of homelessness during the process of the reauthorization of the McKinney-Vento Homeless Assistance Act of 2000 (McKinney-Vento Act). Because the Act directs most of the funding for the homeless services system, the definition of homelessness used in that Act is of great consequence. When the analysis was written, homelessness was defined as residing in a homeless shelter or transitional program, or in a place not meant for human habitation. In the analysis, it is argued that expanding the definition of homelessness would result in more people considered eligible for homeless services. Because it was predicted that the amount of funding for the programs would not likely increase enough to compensate for the increased demand, the authors expressed concern that the expansion would force people to compete for already limited resources. Essentially their argument could be reduced to an issue of funding – they argued that the definition should not be expanded because there would not likely be an equal increase in the amount of funding available. In light of impact of the definition of homelessness, several of the major definitions are reviewed below.

### **McKinney-Vento Homeless Assistance Act of 2000**

As the first significant federal piece of legislation regarding homelessness, the McKinney-Vento Act established the most frequently used definitions of homelessness and significantly shaped the homeless services system through its funding priorities (Culhane & Metraux, 2008). Two definitions of homelessness arose out of that Act – one used by the

Department of Education and one used by the Department of Housing and Urban Development (HUD). Subtitle B of title VII of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.), otherwise known as Education for Homeless Children and Youth, guarantees that all homeless children and youth have equal access to a free, appropriate public education in addition to other rights and services, such as right for the children and youth to remain in their school of origin, the right to transportation assistance to that school, and the right to not be segregated from the mainstream school system based on experiencing homelessness. The homeless definition used by the Department of Education under this Act defines homeless children and youth as those who lack a fixed, regular, and adequate nighttime residence. In addition to including those who are residing in emergency and transitional shelters, this definition includes children and youth who are doubled up due to loss of housing, economic hardship, or a similar reason; living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are abandoned in hospitals; or are awaiting a foster care placement. Until the reauthorization of the McKinney-Vento Act (2000) which expanded the definition of homelessness used by HUD, this was the broadest federal definition of homelessness. Although this definition specifically addresses children and youth, it highlights that being unstably housed has been considered as homeless in a large federal definition.

The second definition for homelessness established through the McKinney-Vento Act is used by HUD. As the largest funder of homeless services, its definition significantly impacts who is counted as homeless and determines who is eligible to receive the bulk of services available to people experiencing homelessness. Until the recent reauthorization of the McKinney-Vento Act, HUD defined homelessness rather narrowly, focusing on those residing in shelters or literally having no place to sleep (often referred to as “literal homelessness”).

Individuals were defined as homeless if, without assistance from a HUD funded program, they would have to spend the night in a homeless shelter or in a place not meant for human habitation. Places not meant for human habitation included cars, abandoned buildings, and on the sidewalk. Staying in a transitional or supportive housing program and meeting the criteria for homelessness upon entry was also included in the definition. Individuals were also considered homeless if they were sleeping in a hospital or other institution but would normally sleep in a shelter or place not fit for human habitation and/or had no resources to obtain housing. It did not include people who had been discharged from an institution that required discharge planning (e.g. prisons). Finally, the definition included people who were being evicted within a week and had no ability to obtain other housing (HUD, 2002).

### **Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009**

The recently passed Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 expands the definition of homelessness. The Act was signed into law on May 20, 2009 as part of the Helping Families Save Their Homes Act and serves as the reauthorization of the McKinney-Vento Act (2000). HUD has not yet implemented the regulations and so it is not yet certain how the expansion of the definition will impact the numbers of people considered homeless or how service delivery will change. Under the HEARTH Act, the definition of homelessness is expanded to include people who are at imminent risk of homelessness and families and unaccompanied youth who are living unstably. People who must leave their housing within 14 days and have no means to obtain housing are considered at imminent risk. Families and unaccompanied youth who are living unstably include those who are defined as homeless by other programs (such as the Department of Education's Education for Homeless Children and Youth described above), have lived for a long period

without living independently in permanent housing, have moved frequently, and will continue to experience instability due to domestic violence or multiple barriers to employment. While this Act expands the definition of homelessness for families, it does not appear to expand the definition of homelessness for single men.

### **Alternative Definitions of Homelessness**

Although the definitions of homelessness derived from the McKinney-Vento Act focus on the lack of a permanent, fixed address, homelessness has not always been defined as a lack of housing. Burt, Aron, Lee, and Valente (2001) distill three elements from the conceptualizations of homelessness across time: lack of place, lack of family, and lack of housing. Some have and continue to view homelessness in terms of transience. Therefore, those without a fixed place to live and who travel from place to place, often for work, are included in this group; for instance, migrant workers, carnival workers, and those who left home to search for work during the Great Depression of the 1930s. Another element of homelessness has been the lack of family. Studies on skid row populations in the 1950s and 1960s described a population of men who lived alone in low-rent hotel rooms. Although they would not currently meet the federal government's criteria for homelessness, living without family meant that they did not have a home and thus were considered homeless. As the definitions derived from the McKinney Vento Act demonstrate, the current conceptualization of homelessness focuses on a lack of housing (Burt et al., 2001; Hopper, 2003; Kusmer, 2002).

### **Housing Instability**

Since housing instability is treated here as a state that is distinct from homelessness, it is worth noting its various definitions as well. Housing instability often is defined as a combination of being doubled up involuntarily, living in motels/hotels, and/or frequent moves (Crowley,

2003; Cunningham, Harwood, & Hall, 2010). Involuntary doubled-up housing typically occurs when an individual or family has no place to stay and is taken in temporarily by friends/family. In contrast, voluntary doubled-up housing occurs when people choose to live together for economic, romantic, convenience, or other reasons (Wright, Caspi, Moffitt, & Silva, 1998). Some have also considered unstable housing to include living in a group homes, supportive housing, and in institutions like hospitals, treatment facilities, jails, and prisons (e.g. Nwakeze, Magara, Rosenblum, & Joseph, 2003). While there is general agreement that housing instability is a risk factor for homelessness, it is not certain why some remain unstably housed while others enter shelter. Similarly it is not known how many of those who are unstably housed remain so and never enter shelter. By distinguishing between men experiencing homelessness and unstable housing on risk factors for homelessness, it may be that there can be a better understanding for both what keeps men in housing, albeit unstable housing, and what pushes them into shelter.

### **Enumerating the Homeless**

Knowing how many people experience homelessness helps to establish the magnitude of the problem and, when compared across time, the effectiveness of the efforts to reduce or prevent homelessness. Like the definition used for homelessness, the methodology used for enumeration of the problem impacts who is most likely to be counted. Since most of the current definitions of homelessness and housing instability involve the lack of a fixed, permanent address, locating and counting individuals who by definition are somewhat transitory is difficult. Depending on the definition, it could involve locating people who are living on the streets, in motels, in jails, and/or in hospitals and other treatment facilities. Additionally, different biases occur when choosing between a point in time sample or examining the incidence over a longer period such as a year, five years, or a lifetime (Burt et al., 2001; Gabbard et al., 2007; Phelan &

Link, 1999). The different methodologies for counting people experiencing homelessness and housing instability are discussed below along with findings using each methodology.

### **Point in Time Counts**

Point in time samples (or prevalence samples) are taken at one point in time and can provide accurate accounts of those who are experiencing homelessness on the date of data collection. While this information can be helpful in guiding service delivery needs, it biases the estimation of the size, stability, and composition of the population of people ever experiencing homelessness. With a point in time sample there is a greater likelihood of counting individuals who are homeless longer. If an individual is homeless for one night in the month, he or she has a one in 31 chance of being counted, but if an individual is homeless for longer, he or she has a greater chance of being included in the count. Consequently, the average length of homelessness is likely to be overestimated and the number of people ever experiencing homelessness is underestimated. Research has confirmed that point in time samples overestimate the length of homeless spells, the demographic distinctiveness of the homeless population, and the pervasiveness of mental illness, substance abuse, and history of incarceration (Phelan & Link, 1999).

Despite its biases, the point in time sample is probably the most utilized method of enumerating homelessness. HUD requires the Point in Time (PIT) count be conducted every two years by communities receiving HUD funds to count homeless individuals and families who are sheltered and unsheltered on a given night in January. One of the major benefits is the consistent measurement that allows for comparisons to be made over time. However, the count only includes those who are literally homeless and not those who are doubled up or otherwise unstably housed, resulting in a count that is largely a reflection of the utilization and capacity of

the shelter system. In 2009, HUD released *The 2009 Annual Homeless Assessment Report to Congress* which states that on a single night in January 2009 there were 643,067 sheltered and unsheltered homeless individuals. About 63% were single adults, with the rest in families (37%). Over half (63%) were staying in an emergency shelter or transitional program while the rest (37%) were staying on the streets or other places not meant for human habitation. A breakdown by gender was not available for the PIT data (HUD, 2009).

### **Prevalence over Time: Homeless Management Information Systems (HMIS)**

Another way to count the number of people who experience homelessness is to estimate the prevalence over an extended time, such as a year, five years, or a lifetime. One method of estimating homelessness over a period of time is through the use of data from Homeless Management Information Systems (HMIS). HMIS is a community-wide data base intended to provide an unduplicated count of how many individuals and households are receiving services, what services are being utilized, and an evaluation of those services. It is required by HUD for communities receiving their funds and is largely used by homeless shelters and homeless transitional programs (HUD, 2008). Like the point in time counts, using HMIS provides a consistent measurement that allows for comparisons to be made across time of people experiencing homelessness.

While data from HMIS can be useful in measuring and tracking homelessness, it has several limitations. HMIS data does not include information on people who stayed in domestic violence shelters, on the streets, in unstable housing situations, or in places not meant for human habitation unless they accessed services from a homeless services provider participating in HMIS (HUD, July 2009). Given that this data is largely from shelters and transitional programs receiving money from HUD, it is reflection of the capacity of the shelter system and of the



population who is willing and able to access it. Because shelters are usually congregate living settings with multiple rules, some who need shelter are unable or unwilling to access it. For instance, many shelters require abstinence from all alcohol and drugs, participation in mandatory services, and curfews – all of which may be impossible requirements for people with serious mental illness and/or an addiction. Shelters can also be inhospitable to families because many do not allow two parent families, men with children, or boys over a certain age (Burt et al., 2001; Shindler & Coley, 2007).

Using HMIS data, the *2009 Annual Homeless Assessment Report to Congress* report estimates that 1.56 million people stayed in emergency shelter and transitional programs in 2009 (October 2008 to September 2009). For that year, the majority of those who were homeless were adults (78%), male (61%), minorities (62%), middle aged (38% were 31 to 50 years old), and alone (64%). Of those who were sheltered as individuals, 71% were single, adult males and 25% were single, adult females (the remaining 4% were unaccompanied youth and several-adult households). Of those who were sheltered as families, 39% were adults and 61% were children. Out of homeless single adults, 34.1% were African Americans; 45.4% were white, non-Hispanic; 14.0% were white, Hispanic; and 10.2% identified as another race (HUD, 2009).

### **Prevalence over Time: National Studies**

A somewhat more comprehensive picture can be obtained by investigating the prevalence of homelessness and housing instability over five years or even a lifetime. Link et al. (1995) conducted a telephone survey of 1507 adults in 48 states and found a lifetime prevalence of homelessness of 14.0% (26 million people) and a five year prevalence rate of 4.6% (8.5 million people). Tompsett, Toro, Buzicki, Manrique, and Zatakia (2006) found similar prevalence rates in their telephone samples in 1993-1994 and 2001. In 1993-1994, the lifetime precarious housing

was 11.7%, lifetime literal homelessness was 8.1%, and the five year prevalence of literal homelessness was 3.9%. They found that the change was not statistically significant between that sample and the one in 2001 – the lifetime precarious housing was 12.9%, lifetime literal homelessness was 6.2%, and the five year prevalence of literal homelessness was 1.9%. These prevalence rates demonstrate that far more people experience homelessness across their lifetime than the point in time samples show. Furthermore, far more people experience unstable housing than homelessness. Since this methodology only samples people who have a phone and does not include people who are without a phone (as are many who are currently homeless or living unstably), it likely underestimates the prevalence of homelessness and housing instability (Link et al., 1994; Tompsett, Toro, Buzicki, Manrique, & Zatakia, 2006).

### **The Current Economic Crisis and Homelessness**

Sometimes called The Great Financial Crisis, the current economic crisis began in the summer of 2007 and has since been referred to as the worst economic crash since the Great Depression. In August 2007, the official start of the crisis, central banks across the world intervened to prop up the faltering banking system. Within a short period of time, the financial markets unraveled and sent shockwaves throughout multiple industries (Soros, 2008). In turn, the crisis has had a detrimental impact on the factors associated with poverty and homelessness, including housing, unemployment, and the safety net (Day, 2009; Foster & Magdoff, 2009; Kneebone & Garr, 2010).

Most economists agree that the current crisis is closely connected to the troubled U.S. housing market (Burtless, July 2009; Soros, 2008). The U.S. had the highest rate of homeownership in its history just prior to the economic crisis. This was due in part to efforts to increase homeownership among people with low-incomes. In parallel fashion, the number of

subprime mortgages (the riskiest mortgages targeted to those with poor credit and low incomes) also rose dramatically. In late 2005, the housing bubble started to deflate – housing values dropped, interest rates soared, and foreclosure rates rose to unprecedented levels (Day, 2009; Mortgage Bankers Association, March 5 2009; Quercia & Ratcliffe, 2008). Homelessness has also increased, along with a concern that foreclosure may precipitate homelessness. Although the media and homeless advocates report that people who have experienced a foreclosure (both as homeowners and as renters) have become homeless (e.g. Goodman, October 19, 2009; National Coalition for the Homeless, April 2008; St. George, November 27, 2009), there is little research exploring the relationship between foreclosure and homelessness.

In addition to the detrimental impact on the housing market, the economic crisis has involved a significant increase in the unemployment rate. The Bureau of Labor Statistics (November 2009) reports that the unemployment rate is 10.2% – the highest rate since April 1983. Since the start of the recession in December 2007, the rate has increased 5.3% (8.2 million people) for a total of 15.7 million unemployed. Men, minorities, and people with disabilities are disproportionately represented in the ranks of the unemployed (Shapiro, November 2009).

As unemployment and housing instability has increased, the safety net has shrunk. In fact, the safety net is weaker than during past recessions. Currently, only about 40% of poor families with children eligible for cash assistance through Temporary Assistance for Needy Families (TANF) receive benefits (Parrott, 2008). Although the federal government has enacted several programs aimed at strengthening the safety net, it has still not kept pace with the growing needs (Burtless, 2009). Safety net providers are also impacted by the financial crisis. The dramatic drop in housing values decreases the property tax revenues for the cities and counties.

When local revenues decrease, the budget cuts are often to health, mental health, and emergency programs (National Coalition for the Homeless, 2008).

Due to the increased housing instability, high unemployment, and insufficient safety net, homelessness is predicted to swell (Center on Budget and Policy Priorities, November 2008; HUD, 2009; Pelletiere, 2009). With the growing rate of unemployment and the housing market crisis, the number of people in deep poverty will rise and increase the risk of housing instability and homelessness (HUD, 2009). Already there have been reports of an increase in the number of homeless families due to the recession (Sard, 2009). Given how many people experience homelessness and its associated impact, homelessness remains on the national policy agenda. The next section will examine the main national policies and initiatives regarding homelessness and its prevention.

### **National Initiatives and Policies Addressing Homelessness**

#### **Stewart B. McKinney Homeless Assistance Act (1987)**

National initiatives and policies have significantly shaped how homelessness has been defined and addressed. Until the early 1980s, homelessness was a local and state issue. In response to a growing pressure from advocates for the federal government to address homelessness The Urgent Relief for the Homeless Act was passed in 1987. The Act included emergency relief provisions for shelter, food, mobile health care, and transitional housing. The Act was renamed the Stewart B. McKinney Homeless Assistance Act (1987) after the death of its chief Republican sponsor, Representative Stuart B. McKinney of Connecticut and was signed into law on July 22, 1987 by President Ronald Reagan. In 2000 it was renamed the McKinney-Vento Homeless Assistance Act by President Clinton after the death of another prominent sponsor of the bill. The McKinney-Vento Homeless Assistance Act was and continues to be the most significant piece of federal legislation regarding homelessness, especially in that the

majority of the funding for homeless services is a result of the act (HUD, March, 2007; National Coalition for the Homeless, June 2006).

Under the McKinney-Vento Act, the homeless system was built to respond to the immediate basic needs of those who were currently experiencing homelessness through shelters, transitional programs, and other emergency services (Culhane & Metraux, 2008). The implicit assumption of the Act was that homelessness could be ameliorated by the provision of emergency services with little or no attention paid to the factors that lead to one becoming homeless. Accordingly, it was not established to prevent people from entering homelessness but to treat the symptoms of homelessness. Despite years of trying to address homelessness through emergency services, homelessness did not decrease appreciably. In response, there has been a greater national focus on preventing homelessness. This interest is reflected in the 10 Year Plans to End Homelessness, the reauthorization of the McKinney-Vento Act, and the Homeless Prevention Fund.

### **10 Year Plans to End Homelessness**

In response to the growing concern that homelessness had not decreased, the National Alliance to End Homelessness (NAEH) announced in 2000 *A Plan, Not a Dream: How to End Homelessness in Ten Years*. The plan lists strategies to prevent and end homelessness that are based on research and programs considered to be best practice. Since then, many communities have created their own plans to end homelessness and a majority of those plans include prevention strategies. However, most of the plans are not likely to be fully implemented as many do not have identified funding sources, bodies responsible for implementation, numeric indicators for success, or timelines (NAEH, 2006). The likelihood that communities will

implement their plans may increase with the additional funding from the reauthorization of the McKinney-Vento Act and the passage of the Homeless Prevention Fund.

### **Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009**

In 2009, the McKinney-Vento Act was reauthorized as an amendment attached to the Helping Families Save Their Homes Act (S. 896). That amendment is called the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 and it alters many of HUD's homeless assistance programs. Most notably, it significantly expands homelessness prevention by increasing the number and type of prevention activities that are eligible for funding. The prevention activities focus on rental assistance, housing relocation, and stabilization services (NAEH, 2009). The other major piece of federal legislation regarding the prevention of homelessness is the Homeless Prevention Fund established through The American Recovery and Reinvestment Act of 2009.

### **The American Recovery and Reinvestment Act of 2009**

As part of an effort to address the economic crisis, on February 17, 2009 President Obama signed into law The American Recovery and Reinvestment Act of 2009 (Recovery Act). The Homelessness Prevention Fund was established through the Act to prevent homelessness by providing financial assistance and services to individuals and families at-risk of experiencing homelessness and quickly re-housing those currently homeless. The \$1.5 billion designated in this fund is to be used for a variety of services such as short-term or medium-term rental assistance and housing relocation and stabilization services, including mediation, credit counseling, security or utility deposits, utility payments, moving cost assistance, and case management. This fund is being administered through HUD.

In addition to The Homeless Prevention Fund moneys, funding for prevention efforts are also being expanded through existing programs. These programs include: Education for the Homeless Children and Youth Program (EHCY), Emergency Food and Shelter Program (EFSP), Neighborhood Stabilization Program (NSP), Transitional Housing Assistance Grants, Native American Housing Block Grants, Community Development Block Grant (CDBG), Community Services Block Grant (CSBG), and Temporary Assistance for Needy Families (TANF) Emergency Contingency Fund (NAEH, February 2009).

### **Conclusion**

The importance of housing is undeniable. In fact, housing is so important that it considered a basic human right by the United Nations (1998). Numerous studies have documented the various benefits of safe, affordable housing to individuals and their communities (e.g., Elifson, Sterk, & Theall, 2007; Harkness & Newman, 2005; Lubell & Brennan, 2007, Lubell, Crain, & Cohen, 2007). In addition to its connection with basic needs like protection from the elements and physical security, stable housing also provides the psychological benefits of a home (Reitz-Pustejovsky, 2002). Moreover, stable housing provides ontological security. Padgett (2007) defines ontological security as “the feeling of well-being that arises from a sense of constancy in one’s social and material environment which, in turn, provides a secure platform for identity development and self-actualization” (p. 1926). Homelessness, then, is both a lack of stable housing as well as a lack of home.

Given the importance of housing and the oppressive factors that are associated with homelessness, the prevention of homelessness is an instrument of social justice. Homelessness is linked to oppressive forces such as poverty, classism, racism, sexism, and the criminalization of homelessness (Burt et al., 2001; Paradis, 2000; Poole & Zugazaga, 2003; Rothenberg, 2007; Shinn et al., 1998). As noted, homelessness is linked to human suffering, whether it is the

increased emotional distress experienced by those experiencing homelessness (Toro et al., 1995), the increased victimization (Burt, 2001; National Coalition for the Homeless, April 2008), or the exacerbations of mental and physical health and substance abuse problems (Moses et al., 2007). Consequently, the prevention of homelessness addresses oppression, reduces suffering, and enhances individual and community strengths – all key aspects of advancing social justice (for a more in-depth discussion of prevention as an instrument of social justice, see Albee, 1986 and Kenny & Hage, 2008).

The prevention of homelessness is particularly important as this economic crisis is likely to result in acute housing crises for more people. Structural factors such as the economy and housing affordability create the environment in which individual vulnerabilities may result in housing instability and homelessness (Burt et al., 2001; Crane, Warnes, & Fu, 2006; Hopper, 2003; Moses et al., 2007). Consequently, the worsening of such factors is likely to result in many more people experiencing housing instability and/or homelessness.

### **The Present Study**

In response to the concern that homelessness will increase and the recognition that traditional means of addressing homelessness have not reduced it, more money and services are being targeted to the prevention of homelessness. However, there is still limited research on understanding the factors that will help us to identify who is likely to become homeless (Burt et al., 2006; Moses, Kresky-Wolff, Bassuk, & Brounstein, 2007; Shinn et al., 2001). This study is another piece of research that can contribute to that understanding by exploring the risk factors for homelessness in single men, the largest group of homeless and a group about which little is known regarding their risks for homelessness. A case control design was used to differentiate risk factors between men who were unstably housed and men who were homeless. It was anticipated that the results of this study might provide direction for targeting of prevention



services as well policy regarding the prevention of homelessness. Chapter 2 describes the theoretical framework underlying this study as well as the literature examining the risk and protective factors for homelessness in general and in men specifically. Chapter 3 reviews the methodology for the proposed study. Chapter 4 presents the results of the data analyses. And Chapter 5 concludes with the interpretation and implications of the results.

## **Chapter 2**

Much of the literature on homelessness has focused on describing those who are homeless and how to respond to homelessness (Buck, Toro, & Ramos, 2004). More recently, a body of research on the prevention of homelessness has emerged that examines the factors that lead to homelessness and, to a lesser degree, interventions that prevent shelter entry. Despite this shift towards prevention, research has not yet identified one or a set of risk factors that consistently predicts homelessness (Shinn et al., 2001). This is particularly true for homeless men. As noted previously, men comprise the largest group of the homeless, yet we know the least about them, especially in comparison to what is known about women and children (HUD, 2009). Thus, in gaining an understanding of potential risk factors for men we need to look to findings from research on other groups that may be relevant for them. This literature review will begin with a discussion of the theoretical framework being used in this study, followed by a review of the variables that have been examined as risk factors for homelessness. Where possible, the research on unstably housed men will be included. The review concludes with a consideration of the implications for the current study. It should be noted that the majority of the literature included here was published before the economic downturn and the increase in the minimum wage, both of which may reasonably impact housing issues, albeit in different ways. Additionally, most of the research focuses on urban homelessness and housing instability. Although the majority of people who experience homelessness are in urban areas, it is important to note that rural homelessness (and presumably rural housing instability) manifests itself differently (Burt, 2001; HUD, 2009).

### **Theoretical Framework**

The risk and protection framework provides the theoretical underpinnings for this study. This framework is often used in conjunction with the prevention framework and considers the

factors that increase (risk factors) as well as decrease the likelihood that a negative outcome will occur (protective factors). Prevention efforts then seek to reduce the impact of the risk factors and/or strengthen the protective factors (Albee & Ryan-Finn, 1993). This framework is empirically supported and has been used to study many types of problems in living including health problems (e.g. Michalia et al., 2009), substance abuse (e.g. Lopez et al., 2009), child abuse (e.g. Black, Heyman, Smith Slep, 2001), language delay (e.g. Sylvestre & Merette, 2010), mental health problems (e.g. Asarnow, Tompson, Woo, & Cantwell, 2001), and mortality (e.g. Hammitt, & Liu, 2004). It has also been supported through longitudinal studies (e.g. Werner & Smith, 2001). Developed in other fields like education and psychology, it has become increasingly used to conceptualize problems in social work practice (Corcoran & Nichols-Casebolt, 2004; Fraser, Richman, & Galinsky, 1999; Hutchinson, 2008). One reason for that is its flexibility – it can be used to conceptualize a problem as well as its assessment and subsequent intervention and evaluation of outcomes. Its flexibility is also evident in the way that risk and protective factors can include problem conditions, life events, and/or internal or external factors (Corcoran & Nichols-Casebolt, 2004). This ability to include multiple conceptualizations of risk factors make it particularly valuable for the study of complex issues like homelessness.

The risk and protection framework also fits well with the ways in which the homelessness literature has conceptualized homelessness. The literature generally conceptualizes the causes of homelessness as falling into either individual or structural factors (Burt et al., 2001; Nooe & Patterson, 2010). The structural argument emphasizes factors such as the housing market, job market, poverty, the structure of the economy, and racial inequalities. Of those, the lack of affordable housing is commonly credited as a chief cause of homelessness (Burt et al., 2001; Culhane & Metraux, 2008; Hopper, 2003; Hudson, 1998; Kusmer, 2002; Shinn et al., 2001;

Quigley & Raphael, 2001). However, most of the literature focuses on individual factors such as demographic characteristics and vulnerabilities (e.g. disabilities, family fragmentation, poor social supports, trauma, poor education, poor or no work history, incarceration, and mental health and substance abuse problems) to describe and explain homelessness (Buck, Toro, & Ramos, 2004; Burt et al., 2001; Hopper, 2003; Hudson, 1998). Therefore, the conceptualization of risk and protection as occurring at multiple levels is consistent with the way in which much of the homeless literature has been framed.

### **Risk Factors**

Risk factors increase the likelihood that a problem condition will occur, worsen, or be maintained. These can be internal or external factors ranging from biological predispositions to broad environmental conditions. Nonspecific risk factors increase the risk for multiple problems (e.g. poverty, child abuse, chronic family conflict, racism, and neighborhood disorganization). On the other hand, specific risk factors are relevant to specific problems. For instance, not using condoms is a risk factor that is directly linked to the transmission of sexually transmitted diseases (Fraser et al, 1999; Kirby & Fraser, 1997).

Another aspect of risk is the impact of the context. Contextual effects are those environmental conditions that may directly or indirectly effect overall risk. A common example is poverty (also considered a nonspecific risk factor). Poverty may effect men directly through the lack of basic needs and indirectly through the additional strain placed on their intimate relationships which may increase conflict in and reduce support from those relationships. In a similar fashion, the current economic crisis may have a contextual effect on becoming homeless. It could impact men directly through a lack of employment opportunities and indirectly through

the increased stress that might result in mental health problems or substance abuse (Fraser et al, 1999; Kirby & Fraser, 1997).

### **Protective Factors**

Protective factors modify the impact of risk factors through directly reducing the problem, mediating in chains of risk and protective factors, and providing resistance to risk factors or the problem itself (Fraser et al, 1999; Kirby & Fraser, 1997). Protective factors can be the opposite of risk factors as well as separate constructs. For instance, being evicted in the past year has been identified as a risk factor for family homelessness with the opposite (having a lease in one's name) serving as a protective factor (Bassuk, et al., 1997; Lehmann, Kass, Drake, & Nichols, 2007; Shinn et al., 1998). This is not necessarily the case for all risk factors. For instance, a divorce has been found to be a risk factor for homelessness, but being married has not been shown to serve as a protective factor (Fertig & Reinhold, 2008). It may be that the divorce is a stressful life event that creates risk while being married *per se* does not serve as a buffer to risk (Fraser et al, 1999).

Like risk factors, protective factors include internal or external factors ranging from biological predispositions to environmental conditions (Fraser et al, 1999). Werner and Smith (2001) conducted an extensive longitudinal study to assess the long-term consequences of risks such as perinatal trauma, poverty, parental psychopathology, and adverse rearing conditions on individuals' adaptation to life. Through this study, several individual and environmental protective factors were identified. Individual factors included an easy going and deliberate temperament, self-efficacy, scholastic competence, autonomy and social maturity, and good health. Environmental protective factors centered around the quality of emotional support and

number of people in one's social network as well as maternal competence and number of stressful life events.

### **Cumulative Risk**

One approach to examining risk for negative outcomes is to consider cumulative risk, or the mounting impact of multiple risk factors. While a single risk factor may not be associated with a negative outcome, repeated experiences of or prolonged exposure to that risk factor may increase vulnerability to negative outcomes. Having to double up with a friend/family member for a few days, for example, may not be associated with an increased risk for homelessness, but having to stay with friends/family members multiple times and/or having to double up for a prolonged period of time may increase the risk for homelessness. Similarly, it may be that the experience of multiple risk factors over time and/or the clustering of multiple risk factors may also increase the vulnerability to negative outcomes. For example, in a study of cumulative risk in substance abusing women, Nair et al. (2003) found that parenting stress and child abuse potential were higher for women with more risk factors, regardless of which specific risks were identified. Other research has confirmed that cumulative risk is predictive of negative outcomes, including running away from foster care (Nesmith, 2006), behavior problems in children (Appleyard et al., 2005; Masten, Miliotis, Graham-Bermann, Ramirez, & Neemann, 1993), poor developmental outcomes in children (Kerr, Black, & Krishnakumar, 2000), substance use (Ostaszewski & Zimmerman, 2006), abusing a child (Begle, Dumas, & Hanson, 2010), and poor relationship satisfaction (Rauer, Karney, Garvan, & Hou, 2008).

While empirical evidence supports the negative impact of mounting risk factors, the underlying processes are not yet understood. It may be that multiple risk factors increase stress (biological and psychological) which in turn increases risk. Perhaps risk factors deplete

protective factors. For instance, the death of multiple friends and family members may deplete one's social support network. It could also be that some risk factors, when clustered together, create a chain of risk. This chain could start with a predisposition to addiction, followed by a job loss, the onset of depression and the development of an addiction, followed by an inability to obtain other employment, mounting debt, the loss of housing, and finally the entry into homelessness.

An understanding of the role of the accumulation of risk as it relates to homelessness could have important implications for identification of men most at risk of becoming homeless. In one of the few studies to consider cumulative risk for homeless, Lehmann, Kass, Drake, and Nichols (2007) found that first-time homeless women had more cumulative risk for homelessness than poor but housed women. However, the role of cumulative risk in men has not been studied in the literature. Given its role in risk for other problems, it is anticipated that it will also have a significant impact on homelessness in men as well.

### **Risk and Protective Factors and the Prevention of Homelessness**

There are two sets of homeless prevention literature that will be reviewed here. One is the standard primary prevention literature that explores the risk and protective factors for homelessness. These studies frequently use case control designs comparing individuals who are in shelter with those who are poor but housed (e.g. Burt, 2001; Toro et al., 1995; Toohey, Shinn, & Weitzman, 2004). While the housed but poor comparison groups capture those who are very poor, they include people who have protective factors against homelessness, namely their housing is not necessarily at risk. To address this, some studies use a comparison group of those accessing food programs since most of the programs are easy to access and are often used those who are unstably housed (Burt, 2001). Much of this literature attempts to identify individual level risk factors such as demographic characteristics and/or vulnerabilities that are correlate

with or that predict homelessness. While most of these studies have examined one or a few factors hypothesized to predict homelessness, few have attempted to develop a predictive model that incorporates multiple factors. This is likely due to the challenges in finding a large enough sample of people experiencing homelessness at a point in time and the costs associated with such a study. Although homelessness impacts many people, particularly over a lifetime, it can be difficult to obtain a large enough sample for sophisticated data analysis using a point in time count, especially if the sample is in a location other than a very large urban area.

The other set of literature reviewed here is the pathways literature. This literature considers risk factors as they occur across time prior to an episode of homelessness, and mainly originates from countries other than US, including Canada, Australia and England. It examines events and other factors as they occur prior to an episode of homelessness in order to explain how the factors interrelate over time and to target possible points of intervention for prevention efforts (Clapham, 2003; Crane, Warnes, Fu, 2006). Some of these studies organize their findings into antecedent and contributory factors (e.g. Crane et al., 2005; Levin, McKean, & Raphael, 2004) and others group the events leading to homelessness into pathways or careers (e.g. Chamberlaine & MacKenzie, 2006; Crane et al., 2006). Both offer helpful insights into the risk factors that occur prior to homelessness.

The two types of literature have identified several variables that appear to be risk factors for homelessness. Although these variables will be discussed as if they are distinct from each other, it is important to remember that they are interconnected. For instance, the loss of employment might lead directly to the loss of housing, but the loss of housing also makes it difficult to maintain employment. Likewise, an addiction to drugs could lead to both the loss of housing and the loss of employment. It is also important to remember that most of the research



has found that no one factor is sufficient for identifying who is at risk of homelessness (e.g. Bassuk, et al., 1997; Fertig & Reinhold, 2008; Shinn et al., 2007). Overall, both sets of literature indicate that the following impacts the risk for homelessness in men: poverty and housing affordability, housing instability, homelessness and loss of housing, employment and income, social support, family conflict and disruption, health (substance abuse, mental health, and physical health), incarceration, being a veteran, and demographics. (Appendices A and B provide a review of the literature on risk factors for homelessness and housing instability respectively.)

### **Poverty and Housing Affordability**

The only factor all people experiencing homelessness have in common is that they are all poor (Burt et al., 2001). As a non-specific risk factor, poverty increases the vulnerability for homelessness in addition to a variety of problems associated with homelessness, such as mental health problems, poor education, and substance abuse (Bassuk, Buckner, Perloff, & Bassuk, 1998; Fraser, Richman, & Galinsky, 1999; Hutchinson, 2008; Werner & Smith, 2001). Consequently, it is often difficult to determine the extent to which various factors are related to poverty in general and/or homelessness or housing instability specifically (Cunningham et al., 2010).

Housing affordability has been identified by several large studies examining multiple individual and structural level risk factors as a key structural risk factor for homelessness (e.g. Hudson, 1998; Lee, Price-Spratlen, & Kanan, 2003; Quigley, Raphael, & Smolensky, 2001). For years, housing has been the largest expenditure by far for most individuals and families, especially those who are low-income. While the average household spends about a quarter of their income on housing, those who are poor spend close to half of their income on housing. Furthermore, rental housing has become increasingly unaffordable for low-income renters

(Quigley & Raphael, 2004). The lack of housing affordability provides the context that increases the risk of housing instability and homelessness as well as people remaining in substandard housing (Coulton, Theodos, & Turner, 2009). While poverty and housing affordability increase the risk for homelessness across a community, they do not identify who specifically is likely to experience homelessness or housing instability. Other, more individual-level risk factors, may aid in identifying men most at risk of homelessness.

### **Housing Instability**

One result of poverty and unaffordable housing is housing instability. Often called the “hidden homeless”, those who live in motels/hotels or are involuntarily doubled up are uncounted in federal data and rarely included in the research on housing and homelessness issues. Anecdotally, homeless advocates and news outlets report that this type of housing instability is common for people with low-incomes and often precedes literal homelessness (Cunningham, unknown; Coulton, Theodos, & Turner, 2009; Eckholm, March 10, 2009; Ehrenreich, 2001; Ramage & Moss, December 5, 2004). Although limited, there is some empirical support for this. A 2009 HUD report found that for all homeless individuals (single men and women) just over a third were unstably housed (34.7%) the night prior to entry into a homeless shelter or transitional program, with 26.8% staying with friends and family and 7.9% staying in a hotel, motel, or “other”. Almost two-fifths of all those in shelter (38.5%) spent the night prior to program entry in another homeless situation (another shelter, transitional program, or unsheltered). It was not reported where they stayed prior to their previous homeless situation nor did it offer a gender breakdown. A much smaller percent (14.5%) came from institutional settings such as a psychiatric facility, substance abuse center, hospital, jail, prison, juvenile detention, or foster care home. The smallest group (9.8%) reported coming from their housing

they owned or rented (9.8%). Excluding those who were already homeless, these numbers indicate that housing instability is the most common pathway for single adults into homelessness. In view of the anecdotal reports and the limited empirical evidence, it seems likely that those who are unstably housed are at increased risk for homelessness; however, the research has not yet explored what tips people out of being unstably housed into literal homelessness.

### **Homelessness and Loss of Housing**

Despite the fact that most people who experience homelessness are homeless for the first time (Crane et al., 2005; Smith, Flores, Lin, & Markovic, 2005), prior homelessness has been found to be a risk factor for homelessness (Bassuk & Rosenburg, 1988; Burt et al., 2001). Although the loss of housing does not often lead directly to homelessness, studies in the pathways literature have identified it as a sharp break in people's housing stability that can ultimately spiral into homelessness (Chamberlaine & MacKenzie, 2006; Crane & Warnes, 2000). Chamberlaine and MacKenzie (2006) conducted an extensive study of pathways into homelessness and found that the housing crisis career was most common. It was marked by a gradual accumulation of debt that increased the risk for eviction and eventually led to the loss of housing and a period of housing instability before shelter entry. They found that two major groups of individuals were at risk for this housing pathway. One group was those who experienced an unexpected financial crisis, like a job loss, that triggered the accumulation of debt. Job loss was particularly damaging to single-person households since they did not have another source of income from a partner. The second group were those who experienced enduring poverty. Typically the main income earner was unemployed for a long period of time or held unsteady employment that resulted in the accumulation of debt. For both groups, the loss of housing signaled a sharp increase in the amount and severity of the problems they experience.

The majority of the literature on the loss of housing as a risk factor for homelessness has focused on families, with very little research regarding men. While the experience of loss of housing likely differs between families and men, the studies on families may inform us of the general components and patterns of housing loss that are applicable for men. A recent eviction (defined as within a year prior to homelessness) is a risk for family homelessness (Bassuk, et al., 1997; Lehmann, Drake, Kass, & Nichols, 2007) and conversely, having one's own apartment is a protective factor (Shinn et al., 1998). Shinn et al. (2007) also found that the loss of housing is a risk factor for homelessness in older adults, but did not provide a breakdown by gender. Similarly, the loss of a housing subsidy is a risk factor for family homelessness, and conversely, having a housing subsidy is a protective factor (Bassuk et al., 1997; Fertig & Reingold, 2008; Shinn, 1997; Smith et al., 2005). Furthermore, housing subsidies are the best predictor of housing stability after a family has left shelter (Shinn et al., 1998). Although the focus of federal housing subsidy programs is often on families (e.g. the Housing Choice Voucher Program offered through HUD), there are other federal programs that provide rental assistance (housing subsidies) to men, including Single Room Occupancy (SRO) program (single adults) and public housing (families and elderly and/or disabled individuals) (The National Coalition for the Homeless, 2009). Therefore, it seems likely that a loss of a housing subsidy would serve as a risk factor for men as well as for families.

Foreclosure is another form of housing loss, but the extent to which foreclosure is a risk factor for homelessness is uncertain. Due to the high foreclosure rates, particularly among low-income homeowners, the relationship between foreclosure and homelessness is receiving national attention (Quercia & Ratcliffe, 2008). Before this economic downturn, experiencing a foreclosure had not been included in the literature as an event that could precipitate homelessness

(e.g., Butler & Weatherly, 1995; Chamberlain & MacKenzie, 2006; Crane et al., 2005; Sullivan, Burnam, & Koegel, 2000). However, the significant increase in foreclosures combined with increased unemployment and an insufficient safety net has resulted in a concern that people who experience foreclosure are becoming homeless (National Coalition for the Homeless, 2008). At this time, little has been published on the relationship between foreclosure and homelessness/housing instability and much of it has serious limitations like small sample sizes and mainly reflecting shelter staff's impression of the impact of foreclosure. The unclear relationship between foreclosure and homelessness may be part of a broader, unanswered question regarding what happens to people after they experience foreclosure given the challenges associated with finding and tracking those who have lost their homes to foreclosure (Kingsley, Smith, & Price, May 2009).

### **Employment and Income**

Even among those with very little income, greater income protects against homelessness (Baker, Cook, & Norris, 2003; Bassuk et al., 1996; Eyrich-Garg, Cacciola, Carise, Lynch, & McLellan, 2008; Institute for Children and Poverty, 2009; Riley et al., 2007). The amount of income that protects against homelessness is less certain. Data from the Fragile Families Study show that families whose incomes are less than 50% of the federal poverty threshold experience homelessness at a significantly higher rate than families with two times the federal poverty threshold (Institute for Children and Poverty, 2009). In their notice for funding allocations and requirements for the Homelessness Prevention Fund, HUD (2009) identifies those who have incomes less than 30 percent AMI (area median income) as at risk for homelessness.

It would seem likely that the loss of income would result in mounting debt and the inability to afford housing. This has been confirmed in the research on the impact of the loss of

welfare benefits on families. Several large studies have found that the loss of welfare benefits places families at greater risk for homelessness and housing instability (Fertig & Reingold, 2008; Smith et al., 2005; Toro et al., 1995). Similar research has found that not having welfare benefits increases the risk for homelessness (Nwakeze, Magura, Rosenblum, & Joseph, 2003; Toro et al., 1995). The impact of the loss of income through job loss is less certain. Job loss has been identified as a risk factor for homelessness in older adults (Shinn et al., 2007), but conflicting results have been found for family homelessness. This may be a reflection of similar employment patterns between those who are homeless and those who are housed but poor, with most working in jobs that are temporary and/or have high turn-over rates (Bassuk & Rosenburg, 1988; Burt et al., 2001; Levin et al., 2004; Smith et al., 2005).

### **Social Support**

The research on the role of social supports for men is limited. Passero, Zax, and Zozus (1991) compared the social supports in men who were experiencing homelessness and men who were suffering from economic hardship (as defined by seeking financial assistance). The men experiencing homelessness had significantly smaller social networks and had fewer positive interactions with members of their network. Across groups, better family histories were related to greater network utilization. Using a very limited assessment of social support, Caton et al. (2000) confirmed their findings that homeless men had significantly less adequate support than housed men. However, in a study of homeless adults (not broken down by gender) Toro et al. (1995) found no difference in the social support and social networks between those experiencing homelessness and those who were poor but housed.

The role of social support has been studied more extensively regarding family homelessness. When family homelessness is examined, having fewer numbers in one's support

network is a risk factor for homelessness (Bassuk & Rosenburg, 1988; Bassuk et al., 1996; Letiecq, Anderson, & Koblinsky, 1998) while having people in one's social network who can serve as a housing resource is a protective factor for family homelessness (Fertig & Reingold, 2008; Shinn et al., 2007; Shinn et al., 1991; Toohey et al., 2004) and a risk factor for doubling up (Fertig & Reingold, 2008). Among homeless adults with serious mental illness, greater contact with relatives and greater satisfaction with family relationships is associated with more nights in stable housing (Pickett-Schenk, Cook, Grey, & Butler, 2007). A connection to formal supports services (e.g. welfare, police, human service providers) also seems to serve as a protective factor for unstable housing (Baker, Cook & Norris, 2003) and homelessness (Fertig & Reingold, 2008) in women. However, other studies have found that social support has no impact on homelessness in women (e.g. Lehmann et al., 2007; Shinn et al., 1998). The discrepancy in the research may be due to differences in the time periods studied and the ways that social supports were measured. Overall, the literature seems to indicate that having more people (both family/friends and professionals), more people who can serve as a housing resource, and better quality relationships protect against homelessness.

### **Family Conflict and Disruption**

The pathways literature has identified family conflict and disruption as a risk factor for homelessness. In a study conducted in the United Kingdom, Massachusetts, and Australia, about one-fifth of a sample of older adults indicated that they entered homelessness as a result of the breakdown of a marital or cohabitating relationship and one-tenth indicated that the death of a close friend or relative precipitated homelessness (Crane et al., 2005). Chamberlaine and MacKenzie (2006) found that, for some, family conflict brought on a series of moves that ultimately resulted in their homelessness. Beginning with increasing conflict at home, the

individual experienced a period of moving in and out of the home before eventually entering shelter. While this pathway included many types of family conflict, they found that domestic violence played a significant role for some of the women.

Child maltreatment, a form of family conflict, also increases the risk for homelessness in adulthood. Child abuse and neglect increases the risk for adult homelessness (Bassuk, E., & Rosenburg, 1988; Casey, 2002; Koegel, Melamid, & Burnam, 1995; Sullivan et al., 2000; Toro et al., 1995), as does foster care and childhood homelessness (Koegel et al., 1995; Mangine, Royse, & Wiehe, 1990; Smith et al., 2005; Susser, Struening, Conover, 1987; Wood, Valdex, Hayashi, & Shen, 1990).

### **Health: Substance Abuse/Use, Mental Health, and Physical Health and Disabilities**

Homeless adults have a high rate of disabling conditions (substance abuse, mental health, and physical disabilities) – 37.8% have a disability as compared to 26.2% of those in poverty and 15.5% of the total U.S. population (HUD, 2009). It is then surprising that research has not consistently identified these as risk factors for homelessness when using multivariate analysis. For example, Toro et al. (1995) found that homeless adults were significantly more likely to experience higher levels of psychological distress but not higher levels of serious mental illness (such as schizophrenia or major affective disorder) or physical health problems. Yet Caton et al. (2000) found no differences between homeless and poor men on substance abuse or mental illness (they did not study physical health problems). It could be that the risk is related to the severity of the condition. In a national sample of 5,629 urban substance abuse treatment seekers Eyrich-Garg, Cacciola, Carise, Lynch and McLellan, (2008) found that almost one-third (32%) reported experiencing literal homelessness or marginal housing in the month prior to treatment



admission. Those who were literally homeless had the most severe substance abuse problems and mental health problems.

The pathways literature may offer some insight to the role of disabling conditions. In a study of antecedent and contributory factors for homelessness, homeless adults identified that mental and physical health problems and substance abuse were contributory factors to their entry into homelessness (as distinguished from antecedent causes such as loss of housing, rent arrears, and death of a relative or close friend) (Crane et al., 2005). In a study of the self-perceived pathways into homelessness, a significant number of men reported that mental health and substance abuse problems were main reasons for their homelessness (along with discharge from an institution and a loss of job) (Tessler, Rosenheck, & Gamache, 2001). Given the high rates of disabling conditions in the homeless population, perhaps these conditions both directly cause homelessness as well as exacerbate other risk factors that more directly lead into homelessness.

### **Incarceration**

The study of the relationship between incarceration and homelessness is relatively new (Metraux, Roman, & Cho, 2007). Although the nature of the relationship is not yet understood, research indicates that there is a “dynamic connection between incarceration and homelessness” (Gowan, 2002, p. 500). In an ethnographic study of homeless men in San Francisco and St. Louis, Gowan (2002) found that there were high rates of incarceration and reincarceration due to crimes related to the experience of homelessness (e.g. property crimes and other crimes that were associated with the need for survival). Upon release, the men reported eroded employment opportunities and family ties as well as multiple other barriers to successful re-entry that led to their homelessness. Other research has confirmed the strong association between incarceration and homelessness (Cooke, 2004, 2005; Copeland et al., 2009; Greenberg & Rosenheck, 2008<sup>2</sup>;

Kushel, Hahn, Evans, Bangsberg, & Moss 2005; Metraux. & Culhane, 2006<sup>1</sup>; Metraux, Roman, & Cho, 2007; Travis, Solomon, & Waul, 2001). More specifically, people who have experienced homelessness are overrepresented in the jails and prisons (Blakely 1992; Greenberg & Rosenheck, 2008<sup>1</sup>; Greenberg & Rosenheck, 2008<sup>2</sup>), and people who have experienced incarceration are overrepresented among adults experiencing homelessness (Courtenay-Quirk, Pals, Kidder, Henry, & Emshoff, 2008; Kushel, Hahn, Evans, Bangsberg, & Moss, 2005; Metraux. & Culhane, 2006<sup>1</sup>; Metraux. & Culhane, 2006<sup>2</sup>). While the nature of the relationship is uncertain, it seems likely then that incarceration would increase the risk for homelessness in men.

### **Veteran Status**

Both male and female veterans are overrepresented in the homeless population, suggesting that having served in the active military, naval, or air force increases risk for homelessness (Gamache, Rosenheck, & Tessler, 2001; Perl, 2007). In 2009, veterans represented 11.1% of the homeless adults, compared to 5.2% of those in poverty and 9.7% of the total U.S. adult population (HUD, 2009). Most of the research on homelessness and veteran status has been comparing homeless veterans with homeless nonveterans. Both early (Rosenheck & Koegel, 1993) and more recent studies have found that when compared to nonveteran homeless adults, homeless veterans are more likely to be white (Gamache et al., 2001), better educated (O'Toole, Conge-Martel, Gibbon, Hanusa, & Fine, 2003), and older (Gamache et al., 2001; O'Toole, Conge-Martel et al., 2003). It is not clear how their demographic characteristics compare to the veteran population as a whole or to the general population of people in poverty.

Serving in the military may be a proxy for other risk factors for homelessness (Perl, 2007). Most homeless veterans report that their service was ten or more years prior to becoming

homeless (Winkleby & Fleshin, 1993), suggesting that military service does not directly result in homelessness. In studies that compare combat veterans with non combat veterans who experience homelessness, combat veterans suffer from higher rates of psychiatric hospitalizations and physical injuries (Winkleyby & Fleshin, 1993), and inpatient substance abuse treatment (Benda, 2005). For all homeless veterans (not just combat veterans), disabling conditions (substance abuse, mental illness, and physical health problems) have been identified in multiple studies as increasing risk for homelessness in male veterans (Desai, Rosenheck, & Agnello, 2003; Levitt, Culhane, DeGenova, O'Quinn, & Bainbridge 2009; O'Toole, Conde-Martel, Gibbon, Hanusa, & Fine, 2003; Perl, 2007; Tessler, Rosenheck, & Gamache, 2002; Winkleby & Fleshin, 1993). Perhaps, then, it is the trauma and resulting problems that are risks for homelessness and not simply the military service.

### **Demographic Factors**

Research has consistently identified that being male, a minority, and single are all risk factors for homelessness (Burt, 2001; Early, 2004; Eyrich-Garg et al., 2008; Hudson, 1998; Lee et al., 2003; Shinn et al., 2007). There is less support for the lack education as a risk factor for homelessness. In a large, national study Link et al. (1994) found that a lack of education increased the risk for homelessness in adults. Caton et al. (2000) confirmed those findings in their study of urban homeless and never-homeless adults. Contrary to those studies, Shinn, Gottlieb, Wet, and Bahl (2007) found that homeless older adults were better educated than their housed peers. Since having a high school diploma or GED has been found to increase employment opportunities, it seems that having less education would increase the risk for homelessness (Ou, 2008).

It may be that risks associated with minority status are a result of the overrepresentation of African Americans and the homeless in urban areas and the discrimination experienced by minorities. Based on data from 2008 U.S. Census Bureau, over half (57.7%) of poor African Americans are concentrated in urban areas (HUD, 2009). Like poverty, discrimination is a non-specific risk factor in that it increases the risk for a variety of problems including increased risk of experiencing poverty, unemployment, violence, and crime (Fraser, 1997; Fraser et al., 1999). Furthermore, multiple studies have documented discrimination in rental housing (e.g., Choi, Ondrich, & Yinger, 2005; Denton, 2006; Ondrich, Stricker, & Yinger, 1999). Discrimination combined with the lack of affordable rental property may explain why minorities are at greater risk for homelessness (Joint Center for Housing Studies of Harvard University, 2008; Shinn et al., 1998).

There has been little empirical research on the demographic risk factors for housing instability (Cunningham, unknown; Phinney, Danziger, Pollack, & Seefeldt, 2007). In a study of adults in substance abuse treatment, Eyrich-Garg, Cacciola, Carise, Lynch, and McLellan (2008) found that sex and minority status were not risk factors for housing instability, but these results may not be generalizable to the general population of those who are unstably housed since it sampled only from those in substance abuse treatment facilities. In a large sample of adolescents in New Zealand, Wright, Caspi, Moffitt, and Silva (1998) found that education status did impact risk for being doubled up.

### **Timing of Risk Factors**

The timing of risk factors is an important component in assessing overall risk for homelessness. Is it the presence of risk factors across one year, two years, five years, or a lifetime prior to homelessness that indicates the likeliness of becoming homeless? The literature

on risk factors for homeless adults typically explores risk over one year (e.g. Kushnel, Hahn, Evans, Bangsbern, & Moss, 2005; Shinn et al., 2007), three years (e.g. Crane et al., 2006), or across the lifetime (e.g. Chamberlaine & MacKenzie, 2006; Kim, Ford, Howear, & Bradford, 2010; Toro et al., 1995). The studies on family homelessness often focus on risk factors that occur in the one to two years prior to homelessness (e.g. Bassuk et al., 1997; Lehmann et al., 2007; Shinn et al., 1998). In one of the few studies to compare timing of risk factors for homelessness, Munoz, Vazquez, Bermejo, and Vasquez (1999) surveyed homeless adults in Spain about the stressful life events that occurred over two years prior to homelessness, between two years prior and one year after homelessness, and over one year after homelessness. Perhaps because it was essentially a measurement of lifetime stressful events, just under half (45%) of the stressful life events occurred over two years prior to homelessness, with 39% occurring in the two years prior and one year after homelessness.

More specific time frames were found by Smith, Flores, Lin, and Markvic (2005), who examined the occurrence of risk factors during the five years prior to shelter entry for 327 families using the life history calendar and semi-structured interviews. They found that many of the variables occurred close to a year before shelter entry, including job loss, when a landlord threatened eviction, and the loss of public benefits. However, the onset of physical and emotional health problems were over two and a half years prior to shelter entry. They also found that likelihood of entering shelter increased significantly in the same month that one or more the following factors occurred: an episode of homelessness, an eviction, receipt of public benefits, or domestic violence. While the authors did not comment on the receipt of public benefits as a risk factor for homelessness, it may be that families were connected or reconnected with benefits in an attempt to address a financial crisis and/or to avoid shelter entry. Although this study

examined risk for family homelessness, it highlights that the timing of risk factors plays a role in the likelihood of homelessness.

### **Conclusion**

No research to date has clearly identified individual-level risk factors that consistently predict homelessness (Burt et al., 2001; Culhane, 2007; Hudson, 1998; Shinn, 1997). Furthermore, very little research has been conducted on risk factors for men, the largest group of those experiencing homelessness (Burt, 2001). The literature reviewed here indicates that poverty and housing affordability, housing instability, homelessness and loss of housing, employment and income, social support, family conflict and disruption, health (substance abuse, mental health, and physical health), incarceration, being a veteran, and demographic characteristics increase the risk for homelessness. However, many of those risks have not been examined with a focus on their impact on men. Furthermore, most of the studies on risk used comparison groups that have protective factors against homelessness such as people who are poor but housed (which may include those who have a lease in their name). This study will examine those risk factors for homelessness using a group that is more conceptually similar to those who are homeless – those who are unstably housed. In addition to the examination of the impact of specific risk factors, this study will also examine cumulative risk. As noted previously, cumulative risk has received little attention in the homeless prevention literature, but has been found to be predictive of other problems in living. It is anticipated that the findings will further direct prevention resources to men at greatest risk for shelter entry. Chapter 3 will further outline the research question and hypotheses along with the proposed methodology for identification of the sample and the collection and analysis of the data.

### Chapter 3

Using a retrospective case control design, this study sought to distinguish between homeless and unstably housed men on risk factors for homelessness. Frequently used to examine risk factors for homelessness with other groups of homeless individuals (e.g., Bassuk et al., 1997; Shinn, 1997; Shinn et al., 1998; Toohey et al., 2004), retrospective case control designs study a variable of interest by comparing groups that differ on that variable and then comparing them on past and current features of the group (Kazdin, 2003). Data was collected through semi-structured interviews at homeless emergency and transitional shelters and at local meals programs. Appropriate bivariate analyses were used to compare groups on risk factors (negative life events, cumulative risk, and demographics). Discriminant function analyses (DFA) was used to explore which combination of risk factors predicted group membership. Approval from the Virginia Commonwealth University Institutional Review Board (IRB# HM13410) was received before the study began.

The research question was: *What combination of risk factors (negative life events, cumulative risk, and demographics) predicts homelessness in men?* It was hypothesized that homelessness could be accurately predicted and that cumulative risk would be one of the dimensions that differentiate men who are homeless from those who are unstably housed. It is hoped that the results of this study will help in targeting interventions to men who are unstably housed to prevent them from becoming homeless.

### Sample

#### The Community Context

While this research was focused on exploring risk for homelessness among men in general, this was done by sampling in a particular city. Given that, it is important to provide a picture of that city, including the homeless services system, so that the community context of the

study can be better understood for the eventual interpretation of the findings. The sample was recruited from Richmond, Virginia. Richmond is the capitol of Virginia and located in the central region of the commonwealth. Considered a mid-sized city, in 2009 Richmond had a population of 204,451 (U.S. Census Bureau, 2010). As compared to Virginia, in 2009 Richmond had a dramatically higher population of African Americans with about half of the population identifying as African American (57.2%) as compared 19.6% in Virginia. Richmond citizens report lower incomes as compared to others in the commonwealth. In 2008, the median household income was \$36,968 (as compared to \$61,210 for Virginia), and about a quarter (25.1%) of the population was below the poverty level threshold (as compared to 10.2% for Virginia). This suggests that as compared to Virginia as a whole, Richmond has a higher population of those who are living in poverty and who are African American. Another noteworthy feature of Richmond is the presence of Homeward.

Organized in 1998, Homeward was established to coordinate the efforts of the homeless services providers in Greater Richmond. It was the community's first effort at systematically assessing the services delivery system. Since then, Homeward's main goal has been to improve the system through information dissemination, facilitating the exchange of information, advocating for responsible use of funding, and supporting programs and initiatives that aim to support those tasks. To this aim, they sponsor a yearly best practices conference, they coordinate the local HMIS system and PIT counts, and they have led the effort to establish additional resources in the community. They also provide coordination for the local Continuum of Care (CoC), which includes Richmond City and the surrounding counties of Henrico, Chesterfield, and Hanover (HUD, 2009<sup>1</sup>, 2009<sup>2</sup>). As a result of their successes, this model of a coordinating body for local homeless services providers has been replicated, and they provide consultation to



other communities on building public-private community planning processes regarding homeless services systems (Homeward, 2010). As there has been no evaluation of its impact on service delivery or homelessness itself, it is not certain how the presence of this agency or this type of agency impacts the generalizability of the sample drawn from this area.

The Richmond homeless services system is comprised of multiple organizations that provide intake and referral services and emergency and transitional shelter, with many programs targeting services to single men, single women, and/or families. Since this study focuses on men, the aspects of the system that pertain to them will be reviewed here. Homeless men access emergency and transitional shelter through the centralized intake services of Commonwealth Catholic Charities Homeless Point of Entry (previously called Central Intake). After an assessment is completed, they are referred to a program that has available space and best fits their needs. Once in a program, case managers may coordinate moving clients from one program to another. Shelter programs provide temporary shelter (up to 90 days). CARITAS, HomeAgain, and The Salvation Army are the three main shelter programs providing services to men. Transitional programs allow residents to remain for longer periods, and are offered to men by HomeAgain and Freedom House. Based on HUD's 2009 CoC Homeless Assistance Programs report (2009<sup>1</sup>, 2009<sup>2</sup>), the number of beds for single adults (gender information was not given, but many of the beds are dedicated to men) separated by program are as follows: CARITAS – 25 beds with 125 additional beds in the winter months, The Salvation Army – 33 beds, and Freedom House Community Shelter – 38 beds. Since that report, HomeAgain has made some programmatic changes. It now provides transitional shelter through its InRich program which is located in scattered site apartments and serves all compositions of families as well as single

adults. Through their shelter program, they provide emergency shelter to up to 20 unaccompanied men.

### **Homeless Sample**

Consistent with the goals of federally funded homeless prevention programs to prevent shelter entry, homeless men were defined as those residing in a homeless or transitional shelter. It should be noted, however, that these locations may not include a representative sample of all those experiencing homelessness. Because homeless shelters often have rules about substance use, participation in services, curfews, and acceptable behaviors, some men may either choose not to seek shelter or may be refused shelter (Burt, 2001). Adult men, ages 18 and over, were included in the sample.

Since they have been identified as a subgroup of individuals experiencing homelessness who have unique service needs, men who had a history of “persistent” homelessness were screened out of the study. The criteria for determining persistent homelessness follows the HUD definition for chronic homelessness: an individual who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years. HUD further qualifies its definition of chronic homelessness as an individual who has both a history of homelessness and a disabling condition as verified by medical evidence. The current study screened out homeless men who reported a persistent history of homelessness as defined by the HUD criteria, but it was not able to assess if an individual had a medically verified disability. Other studies have indicated that the vast majority of those with a persistent history of homelessness also experience a disabling condition (Culhane & Byrne, 2010; Poulin, Maguire, Metraux, & Culhane, 2010; Tsemberis, Gulour, & Nakae, 2004). Consequently, this study

screened out chronically homeless men using the proxy of a persistent history of homelessness. This has been done in other studies as well (e.g. Poulin, Maguire, Metraux, & Culhane, 2010).

### **Unstably Housed Sample**

Based on the literature, unstably housed men were defined as those who, on the previous night, stayed in a motel/hotel, a rooming house, or were doubled up (e.g. Crowley, 2003; Cunningham et al., 2010; Wright, Caspi, Moffit, & Silva, 1998). Rooming houses, while not discussed as much in the literature, were included here since they provide very low cost and unstable housing to single adults, much in the same fashion as motels/hotels (Lawton, 1981; Lloyd et al., 2005).

### **Sample Recruitment**

The sample was recruited from area shelters (for the men experiencing homelessness) and area meals programs (for the men experiencing housing instability). Given that individuals who are experiencing homelessness and housing instability are typically difficult to locate and are often transient, both of these types of locations offer the opportunity to efficiently identify and recruit a sufficient sample of the populations of interest. It should be noted however that it was not feasible to randomly select participants due to the structure of the shelters and the meals programs.

### **Homeless Sample Recruitment**

The planned homeless sample recruitment included conducting interviews at the main shelter and transitional programs in Richmond. Shelter programs included CARITAS, Salvation Army, and HomeAgain, and transitional programs included HomeAgain and Freedom House. Programs that provide permanent supportive housing were not included since those residents are considered to be stably housed. Programs that provide services only to subpopulations also were

not included (e.g. The Healing Place, a substance abuse treatment facility) as they would skew the sample of homeless men towards individuals with those specific characteristics.

The executive directors of the agencies that provide shelter and transitional programs were contacted to officially request their permission for interviews to be conducted at their facilities and with their clients (see Appendix C for sample agency recruitment letter). Once official permission was obtained, the investigator contacted the appropriate case managers and/or supervisors. The investigator introduced herself and discussed the purpose of the study, the selection of the participants, and the interview process. Times were then scheduled for interviews to be conducted at the facility(ies).

Sample recruitment was similar for each of the programs. Because clients were either required to leave during the day or were working, interviews were conducted in the evenings. When possible, the sample was recruited by reading a basic script to all the men participating in the program (see Appendix D for group recruitment script). A shorter recruitment script was followed for the recruitment of individuals (e.g. for individuals who were not present when the script was read to the group) (see Appendix E for individual recruitment script). All interviews were conducted at the facilities and in a location that maximized privacy.

### **Unstably Housed Sample Recruitment**

Sometimes referred to as “the hidden homeless,” people who are unstably housed are often hard to find. It can be time consuming and dangerous to recruit from low cost motels/hotels, and rooming houses are hard to identify, in part because zoning laws have made many of them illegal. However, many of those who are unstably housed utilize food and meal programs since they are relatively easy to access and provide a much needed resource (Burt, 2001). Consequently, this study recruited the sample of unstably housed men from two of the

largest meals program in Richmond: St. Paul's Episcopal Church and The Conrad Center.

Because it is an understudied population, there is not sufficient information to determine whether those who access meals programs are representative of all of those who are unstably housed.

The sample of men who were unstably housed was obtained from the two largest meals programs in the Richmond region. As noted, St. Paul's Episcopal Church served lunch on Thursdays and The Conrad Center served breakfast and dinner Mondays through Fridays. Both sites have been used to collect the twice yearly PIT data and so many of the staff, volunteers, and guests were accustomed to research being conducted there. Formal permission was obtained prior to the start of the study. The same recruitment procedure as for the homeless sample was followed. The group recruitment script was read while the men were waiting for the meal and a similar recruitment script was read for those who were not present when the script was read to the group. In an attempt to enhance efficiency, they were informed as a group that only those who had stayed with friends/family, in a rooming house, or in a motel/hotel the night before were eligible to participate. All interviews were conducted at the facilities and in a location that maximized privacy.

### **Procedures**

Semi-structured interviews were used to collect information on the variables of interest. Much of the research on people who are experiencing homelessness uses semi-structured interviews (e.g., Crane et al., 2005; Fertig & Reingold, 2008; Levin et al., 2004; Smith et al., 2005). Interviews have many benefits for data collection with this population. They eliminate concerns regarding the literacy level of the participants and are effective in dealing with complex issues since the interviewer can clarify questions and define terms. Interviews also reduce missing data items. However, interviews are more time consuming to administer than self-

administered surveys and so can restrict the numbers of participants as well as the geographic location of participants (Rubin & Babbie, 2001).

### **Selection of Interviewers**

Interviews were conducted by the student investigator and trained interviewers. The student investigator had extensive experience in Richmond's homeless services system both in direct practice and in administration. She conducted interviews as well as selected, trained, and supervised the other interviewers. In the selection of interviewers, preference was given to those who had experience with individuals living in poverty, especially experience with adults who were homeless. To enhance confidentiality and encourage honest responses, interviewers did not include any current staff members of homeless services agencies or meals programs.

Interviewers consisted of three junior social work students (BSWs) who conducted interviews as part of their field placement. Other interviewers included one current BSW senior, one recent BSW graduate, one social work doctoral candidate, the Research and Evaluation Director of Homeward, and the recently retired Associate Dean of the School of Social Work. None of the interviewers had a conflict of interest with this research study. All interviewers successfully completed the CITI online training and were trained by the investigator on the administration of the instrument prior to data collection. Training entailed a description and practice of the recruitment strategy, administration of the consent procedure, and use of the survey instrument. They were also provided with additional information relevant to the process, such as basic program details of each location. The student investigator was onsite while all interviews were conducted. She was available for any questions or concerns during and after the interviews, and interviewers met at least weekly with the student investigator to review the process to insure that consistency was maintained and any issues were resolved.

## **The Interview Procedure**

### **Consent.**

Interviews were conducted after consent was received. Informed consent included a statement that this study involved research and provided an explanation of the purpose of the research (see Appendix F). Participants were informed of the expected duration of the length of the interview and a description of what was going to be asked in the interview. Risks and benefits of participation were also reviewed. Participants were informed that their participation was completely voluntary, they could stop the interview at any time, and their responses would be kept confidential. It was stressed that their participation would in no way affect service delivery. A waiver of documentation of consent was granted by the IRB. The study presented no more than minimal risk of harm to the participants nor did it involve procedures for which consent is usually required outside research. All participants were offered a copy of the consent to take with them and/or a business card that had the name and contact information of the student and primary investigator (with no identifying information about the study).

### **Screening questions.**

Screening questions were asked regarding previous participation in the study and to make certain that all participants were adults, male, homeless or unstably housed, and among the homeless population, not persistently homeless. Participants who were screened out were thanked for their willingness to participate and given a bus ticket. The first screening question was to determine if the participant had already participated in the study. If they were uncertain, the interview continued (the data were screened for duplicates). Participants were then asked to indicate their age, and those who were 18 and over were included in the study. Using responses from HMIS categories, participants were asked their gender (male, female, transgendered male

to female, transgendered female to male). Those who self-identified as being male (male or transgendered) were included in this study. It was planned that group differences would be examined if there was a substantial number of transgendered males. To screen for a history of persistent homelessness, participants in emergency shelter were asked if they had experienced homelessness uninterrupted for over the past one year or if they had been homeless four or more times in the past three years. Homeless men who provided affirmative answers to either of those questions were screened out.

The screening for housing status depended on the recruitment site. Participants were identified as homeless if they were currently a resident in a homeless shelter or transitional program. This was fairly obvious for those who were recruited from the homeless shelters and transitional programs, but a screening question was still asked to confirm that they were indeed a resident of the program. The determination of housing status was more important for interviews conducted at the meals programs. Housing status is typically determined by where the individual slept the previous night (HUD, 2009). Participants were identified as unstably housed if they indicated that for the previous night they stayed in a motel/hotel, were doubled up with friends/family, or stayed in a rooming house. Participants were excluded from the study if they indicated that they stayed outdoors, jail/prison, hospital/treatment facility, in a permanent supportive housing program, place they owned/rented, or other. In an effort to reduce the chance of duplication, participants recruited at the meals programs were also excluded if they indicate that they were homeless. If the housing status was uncertain for any reason, the interviewers noted in the margin of the survey any relevant information about the housing status and continued with the survey.



**Location.**

The participants were interviewed for approximately 10 to 15 minutes in a location that maximized privacy. At each facility, the investigator identified locations that maximized privacy while still ensuring safety. While the interviewers encouraged participants to be interviewed in the identified location, some participants did not want to relocate to a different area. For instance, some of the guests at meals programs preferred to remain at their tables so they did not lose their seat or have to move their belongings. In those cases, interviews were conducted at the location that was comfortable to the participant and attempts were made to enhance confidentiality by sitting next to the participant and speaking softly.

**Recording responses.**

The interviewers indicated the answers to the questions on the survey instrument. A copy of the survey instrument was available to the participant if he wanted to follow along. The interviewers used prompts, explained terms, and sought clarity on answers as needed. Suggested prompts were noted on the survey instrument and attempts were made to use clear language and to include definitions of terms used in questions. Interviewers noted questions, explanations, and concerns in the margins and the end of the survey instrument.

The final question in the interview was an open ended question. It was expected that the responses to the question would be somewhat brief and so would be adequately recorded by the interviewer taking notes. Audiotaping is typically suggested for longer interviews and when the intent is to analyze the responses for deeper levels of meaning than is the focus of this study (Padgett, 1998). To check accuracy, interviewers read the response back to the participant and made necessary changes. Within one day, the interviewers expanded or clarified the answers as

needed (e.g. to clarify abbreviations used, enhance legibility). This is similar to the ethnographic technique of expanding field notes (Padgett, 1998).

### **Addressing service requests and behavioral issues.**

Given the service needs of the populations of interest, procedures were developed to address requests of additional services as well as behavioral issues. By the nature of the sample recruitment, all participants were connected to services in some manner. Therefore, interviewers were instructed to refer all such information/referral requests to their case managers (all residents in the shelter programs were assigned a case manager) or one of the staff members at the meals program. The director of the meals program at St. James Episcopal Church was a masters-level social worker and provided case management services to those who attended the meals program. Also, several outreach workers from local agencies frequently attended this meals program, including the outreach workers from RBHA (Richmond Behavioral Health Authority) and Daily Planet. The director of the meals program at the Conrad Center was a lay-worker who had worked in the field for many years and provided limited case management services. Although it was preferred for referrals to be made by staff who were likely more familiar with the participants, the investigator was also available to provide referral information if staff were unavailable. The investigator had practiced in Richmond's homeless services system both in direct practice and in administration and so was very familiar with the local programs and many of the key staff members.

Based on the available data on the population of interest as well as from practice experience, some participants were expected have mental health or substance use issues that might contribute to behavior that could interfere with the interview process. Although no such

issues arose, as part of the training the interviewers were encouraged to stop the interview and to seek support from the investigator or staff members if any problems arose or if they felt unsafe.

### **Tokens of Appreciation**

Both participants who were screened in and screened out of this research study received a bus pass in appreciation for their participation. Bus passes have been used in other local research – participants of the local PIT counts have also been given one bus pass for their participation. Bus passes were offered through GRTC (Greater Richmond Transit Company) and cost \$1.50.

### **Dissemination of Results**

The results of the study will be disseminated through the case managers of the shelter and transitional programs and the directors of the meals programs. At the close of the interview, all participants were informed that the results would be available in May and they could contact a staff member at the location where they were interviewed for a summary of the results.

### **Variables**

The variables of interest were drawn from the literature on risk factors for homelessness in men and, where gaps existed, in the general population of those experiencing homelessness. As noted, risk can be conceptualized in many forms. This study examined risk in the form of negative life events and their cumulative impact. By virtue of examining negative life events, this study examined some dimensions of each of the major areas of risk identified in the literature as well as their cumulative impact. It should be noted, however, that the study of negative life events precludes in-depth analysis of any one area of risk.

The prior research on negative life events and homelessness has mainly sought to identify those experiences. Munoz, Vazquez, Bermejo, and Vazquez (1999) described the stressful life events experienced by homeless adults in Madrid, Spain. Also drawing their sample from Madrid, Spain, Munoz, Panadero, Santos, and Quiroga (2005) created typologies based on the

stressful life events experienced by homeless adults. In a similar study, Zugazaga (2004) described the negative life events of homeless adults and then compared the experiences of single men, single women, and women with children. The present study extended those findings by examining negative life events as risk factors for homelessness. Because negative life events have been found to be risk factors for other problems in living [such as psychopathology in young children (e.g. Flouri, Tzavidis, Kallis, 2010) and in adults (e.g. Kaarin et al., 2009) as well as health problems in adults (e.g. Rafanelli et al., 2005)], it was expected that they would serve as risk for homelessness as well.

### **Negative Life Events**

The negative life events were drawn both from studies that have examined specific negative life events in homelessness (e.g. Munoz et al., 2005; Munoz et al., 1999; Zugazaga 2004) as well as those that examined the related states as risk factors for homelessness. Eight negative life events were measured, with each life event having two or more indicators. These negative life events included: family conflict/disruption (defined by separation/divorce, death of close friend/relative); released from an institution (defined by jail/prison, hospital/treatment facility); experienced unstable housing (defined by living in a hotel/motel, rooming house, or being involuntarily doubled up); experienced homelessness (defined by living in a shelter/transitional program, or in a place not fit for human habitation like on the streets, in a car, under a bridge); lost housing (defined by being evicted from an apartment where his name was on the lease, lost a house subsidy, experienced a foreclosure); experienced a significant reduction in income (defined by losing welfare benefits, unemployed for more than onemonth, quit/fired from job); and experienced a disabling condition (defined as having a problem with alcohol/drugs that significantly impacted ability to work and/or to care for self or family, same

for mental health problem and physical health problem). Participants were asked how many times each indicator occurred in the two year period. This was asked since according to the cumulative risk approach, risk accumulates with the more times a negative life event occurs. For instance, having multiple friends and family members die seems likely to result in greater risk than for one friend or family member to die. The number of times each life event occurred was the sum of the number of times each indicator occurred.

Childhood negative life events was the final category of negative life events. The literature has established that childhood factors like foster care, homelessness, and child abuse/neglect are risk factors for many negative outcomes, including homelessness. Consequently, childhood negative life events were also included as risk factors in this study. Indicators of childhood negative life events were how many times they experienced homelessness (defined by living in a shelter/transitional program, or in a place not fit for human habitation like on the streets, in a car, under a bridge); housing instability (defined by living in a hotel/motel, rooming house, or being involuntarily doubled up); and foster care or being placed with family. The final indicator of childhood negative life events was if they were abused/neglected at any point as a child (yes, no); for which an affirmative answer counted as one point. Participants were not asked how many times they were abused/neglected as that would probably be impossible for most participants to quantify.

### **Cumulative Risk**

Cumulative risk was calculated as the number of times each negative life event occurred, with one point assigned for each occurrence of the negative life events (both the life events across the past two years as well as those that occurred during childhood). For example, if an unstably man indicated that in the past two years he had separated/divorced from a significant

partner one time (1), experienced the loss of two friends/family (2), was evicted from an apartment one time (1), quit/was fired from a job three times (3), and as a child he lived in a hotel/motel two times (2), the cumulative risk score would be 9. The measurement of cumulative risk utilized in this study is consistent with other studies, including studies examining cumulative risk in homelessness (Appleyard et al., 2005; Lehmann, Kass, Drake & Nichols, 2007) as well as other studies of problems in living (e.g. Kerr, Black, & Krishnakumar, 2000; Nair et al., 2003; Sylvestre & Merette, 2010 ). Another way to measure cumulative risk might be to assign weights to the risk factors according to their relative impact; however, the literature does not provide direction for how this should be done for individuals experiencing poverty and/or homelessness. Scales such as the Holmes and Rahe Stress Scale (Holmes & Rahe, 1967) do assign weights to stressful life events, but the events included on the scales are more applicable to those who are middle class.

### **Demographics**

Demographic variables were collected to describe the sample as well as to include as risk factors in the multivariate analysis. Research indicates that in addition to being male, being single and a minority increases the risk for homelessness (Burt, 2001; Burt et al., 2001). The participants' gender was confirmed through the screening questions. Participants were asked to identify their race and ethnicity according to the categories delineated by HUD (2009). Categories for race included American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, two or more races, and other. Categories for ethnicity included Non-Hispanic/Non-Latino and Hispanic/Latino. Race and ethnicity were dichotomized into minority and non-minority. Several questions were asked about their family status in order to identify those who were single as well as to compare the groups on

these demographic factors. Participants were asked about their relationship status at the time of the interview (married or in a partnership, or single), if they were currently residing with a significant other (yes, no), if they had children under 18 years of age (yes, no), if any of those children were residing with them (yes, no), and the ages of their minor children (fill in the blank). Because people who experience homelessness are often not allowed to stay in the same program as their significant partner, single was defined as those who indicated that they were “single” and not whether they were residing with their significant partner. This could also be true for those who were unstably housed, particularly if they were doubled up with friends/family who might not have had enough space for both partners or in a rooming house that only allowed single adults. Other demographic characteristics included age, highest level of education completed (highest grade completed, high school diploma or GED, some college, college degree, post-graduate), and length of time in current housing situation. For analysis, the length of time was transformed into days. For instance, if the participant reported two months, the answer was transformed to 60 days (using the estimate of 30 days per month).

Although veteran status has been identified as a risk factor for homelessness, it was not included here. Many of the homeless veterans are served by specialized programs like those offered by HomeAgain’s Veterans Transitional Program. As noted, these programs were not included since they would skew the sample of homeless men towards individuals with those specific issues. Consequently, it is likely that a comparison between homeless and unstably housed men on veteran status would not have yield meaningful results. See Figure 1 for a listing of the independent variables and their corresponding level of measurement.

Figure 1:

*Listing of Independent Variables*

<b>Independent Variables: Risk Factors</b>	<b>Type</b>
1. Change of family status <ul style="list-style-type: none"> <li>• Separation or divorce from an intimate partner</li> <li>• Death of a close friend or relative</li> </ul>	Interval/ratio
2. Got released from an institution <ul style="list-style-type: none"> <li>• Got released from jail or prison</li> <li>• Got released from a hospital/treatment facility</li> </ul>	Interval/ratio
3. Experienced unstable housing <ul style="list-style-type: none"> <li>• Lived in a hotel/motel</li> <li>• Involuntarily doubled up</li> <li>• Lived in a rooming house</li> </ul>	Interval/ratio
4. Experienced homelessness <ul style="list-style-type: none"> <li>• Live in a shelter/ transitional program</li> <li>• Live outdoors or place not meant for human habitation</li> </ul>	Interval/ratio
5. Lost housing <ul style="list-style-type: none"> <li>• Been evicted from an apartment where his name was on the lease</li> <li>• Lost a housing subsidy</li> <li>• Experienced a foreclosure</li> </ul>	Interval/ratio
6. Experienced a significant reduction in income <ul style="list-style-type: none"> <li>• Lost welfare benefits (SSI/SSDI, food stamps, etc)</li> <li>• Unemployed for more than 1 month</li> <li>• Quit or fired from a job</li> </ul>	Interval/ratio
7. Experienced a disabling condition <ul style="list-style-type: none"> <li>• Had a problem with alcohol or drugs that significantly impacted his ability to work and/or to care for himself or his family.</li> <li>• Had a mental health problem that significantly impacted his ability to work and/or to care for himself or his family.</li> <li>• Had a problem with his physical health that significantly impacted his ability to work and/or to care for himself or his family.</li> </ul>	Interval/ratio
8. Experienced childhood negative life events <ul style="list-style-type: none"> <li>• Experienced homelessness (defined by living in a shelter/transitional program, or in a place not fit for human habitation like on the streets, in a car, under a bridge)</li> <li>• Experienced housing instability (defined by living in a hotel/motel, rooming house, or being involuntarily doubled up)</li> <li>• Lived in foster care or was placed with family</li> <li>• Abused/neglected at any point as a child (yes, no); for which an affirmative answer will count as one point.</li> </ul>	Interval/ratio
9. Cumulative risk (Sum of the number of times each life event was experienced)	Interval/ratio
10. - 13. Demographic characteristics <ul style="list-style-type: none"> <li>• Minority</li> <li>• Single</li> <li>• Education</li> <li>• Age</li> </ul>	Categorical Categorical Categorical Interval/ratio



## **Time Frame**

This study examined the number of times the life events in adulthood occurred over a two year time frame. An understanding of risk factors for homelessness over a longer period of time could be helpful in obtaining a more complete understanding of the risks for homelessness associated with homelessness. However, the collection of such a history would have extended the length of the interview so much that it could have reduced the response rate, increased missing data, and burdened participants. Additionally, research has demonstrated that recall of events declines over time (Rubin & Babbie, 2001). Dugoni, Lee, and Tourangeau (1997) found that memory of events declined notably after just a year. This was especially true when the history of the event was complicated, such as a job history that involved multiple job transitions and/or part time jobs. Finally, the status of the risk factors in the two years prior to shelter entry may have captured the risk factors that are most directly related to homelessness. As noted, Smith et al. (2005) examined the occurrence of risk factors for family homelessness during the five years prior to shelter entry and found that many of the risk factors occurred between one and two years prior to shelter entry. Therefore, the selection of two years maximized the accuracy of recall of the events while providing enough time for the risks to accumulate. Because this study sought to determine the risk factors that lead to shelter entry, men experiencing homelessness were asked to indicate the number of times each life event occurred in the two years *prior* to shelter entry (this homeless episode). A homeless episode was defined as an uninterrupted stay in a homeless and/or transitional shelter. Men who were unstably housed were asked to indicated the number of times each event occurred in the two years prior to the interview.

## **Instrumentation**

Data was collected using a semi-structured interview. The interview followed a survey instrument of closed-ended questions with one open-ended question at the end. An important

step in instrument development is for experts to review the item pool to confirm that it measures the phenomenon (DeVellis, 2003). Dr. Margot Ackermann, Research and Evaluation Director for Homeward, had extensive experience with creating and implementing surveys for people experiencing homelessness. She reviewed the survey instrument for clarity, conciseness, and relevance to what is being measured. The interview was also pre-tested with six men who were experiencing homelessness for clarity, conciseness, and an estimation of the length of the interview. See Appendix E for the survey instrument.

After the screening questions, the survey asked questions about demographic characteristics and how many times negative life events were experienced. Many of the demographic questions used in this section were based on questions asked in Homeward's Summer 2009 Point in Time Count (Ackermann, 2009) and HUD's questions in the HMIS (HUD, 2009). To assist in recall, participants were asked to think back to where they were living two years ago (or two years prior to shelter entry). They were encouraged to use that as a point of reference to remember what has happened since then. This is based on a similar technique used in life history calendars that asks participants to remember key events that will assist their recall of other events (Axinn, Pearce, & Ghimire, 1999; Belli, 1998; Belli, Shay, & Stafford, 2001; Belli, Smith, Adnreski, & Agrawal, 2007; Freedman, Thornton, Camburn, Alwin, & Young-DeMarco, 1988; Yoshihama, Hammock, & Horrocks, 2006). Participants were then asked to identify how many times each negative life event occurred in the two year time frame or during childhood.

The final question provided an opportunity for the participants to address issues that were not included in the survey, to expand on those that were, and to indicate perceived level of importance of reasons for homelessness or not being homeless. Since the aim of this study was to

explore what tips a man into homelessness, the question depended on the sample population. For those who were experiencing homelessness, the question was, “What do you think are the main reasons you became homeless?”. For those who are unstably housed, the question was, “What do you think are the main reasons you are not homeless?”.

Several measures were taken to enhance reliability and validity of the survey instrument. To enhance reliability, the instrument included scripts and prompts for the interviewers. The interviewers were trained on the administration of the instrument including a review of the scripts and prompts, an explanation of all the items, and clarification of any questions. Because the three BSW students, the current BSW senior, and the recent BSW graduate had less experience with survey research (the other interviewers had extensive experience with survey research), they received additional training that included an explanation of survey research, more explanation of the items, and role plays. The student investigator was onsite while all the interviews were conducted and was available to answer questions and to resolve any issues that arose. Further, the student investigator debriefed with the interviewers at the end of each session to resolve issues and ensure consistency. Because problems associated with recall are a threat to the validity of a retrospective design, efforts were made to anchor the two year time frame with asking participants to remember where they lived at the beginning of that two year time frame. Through out the survey participants were reminded of the period of time that was being referenced (either the two year time frame or childhood).

### **Analysis**

The first step in the data analysis was prescreening for duplicates and missing data. Although all participants were asked if they had already participated in the study, it was still possible that a few may have participated more than once. Consequently, the data were screened using the participants age, race, and birth day and month. When duplicates were found, the first

interview was used (the date of the interview was also collected). To test for whether the missing data was random, all data was coded as either missing (1) or not missing (0). Then a series of bivariate correlation coefficients (Pearson's  $r$ ) was calculated to explore the possibility that there is a pattern to the missing data (that it is non-random). If there were not patterns, then it would suggest that the missing data is MAR (missing at random) and deletion of cases should be considered (particularly if there are few cases of missing data). If there were patterns (correlations), then it would suggest that the missing data is MNAR (missing not at random) and the analysis should be run and reported with and without the missing data (Dattalo, 1994; Tabachnick & Fidell, 2007).

### **Bivariate Analysis**

Prior to the bivariate analyses, the data were screened for univariate outliers. Univariate outliers are cases with extreme values on one variable. In comparison, multivariate outliers are those cases that contain an unusual combination of scores on variables (Mertler & Vannatta, 2005). Univariate outliers were detected using box plots for the continuous variables. Using the appropriate bivariate analyses, the groups were compared on the demographic characteristics, the negative life events, and cumulative risk.

### **Multivariate Analysis**

DFA is used to predict group membership from a set of variables. While logistic regression also is used to predict group membership and has fewer assumptions (e.g. no assumptions about the normality of the distribution of the predictor variables), DFA requires a smaller sample size to achieve similar power and is robust to low to moderate violations of those assumptions, particularly when sample sizes are approximately equal (Dattalo, 1994; Huberty,

1994; Tabachnick & Fidell, 2007). Given the number of variables that were included in this analysis and issues of feasibility regarding the sample size, DFA was selected.

Two 2-group discriminant analyses (DFA) were used to answer the aforementioned research question. In DFA, the independent variables are the predictors and the dependent variables are the groups. The Cumulative Risk Model examined the ability of the cumulative risk and demographic characteristics to discriminate between men who were experiencing homelessness and men who were unstably housed. The Negative Life Events Model examined the ability of the eight negative life events and demographic characteristics to discriminate between the two groups. The Cumulative Risk Model, then, sought to differentiate between the groups on the numbers of negative life events. But it may be that group differences are better predicted by specific events. Accordingly, the Negative Life Events model examined the contribution of each of the eight negative life events. Due to the assumption of singularity, cumulative risk and the negative life events were not tested in one model. Singularity occurs when the variables are redundant, as in the case when one variable is a combination of two or more of the other variables. Therefore, the inclusion of both a composite score (cumulative risk) and the variables that make up that composite score (negative life events) would violate the assumption of singularity.

The demographic variables included in both models were the dichotomous variables “single”, “minority”, the continuous variable “age”, and the categorical variable of highest level of education achieved. A correlation matrix was run on the variables to determine if they were correlated. For the sake of comparison of the models, both used the same demographic variables.

Prior to running the multivariate analyses, the data were screened for multivariate outliers and the following assumptions were tested: absence of multicollinearity, multivariate normality,

and equality of variance-covariance matrices. The model was built using the standard (direct) procedure in SPSS 17.0 for DFA. In standard DFA, all predictors are entered into the equations at once. The model's ability to differentiate between groups (goodness-of-fit) was assessed using the following statistical techniques: the canonical correlation coefficient, Wilk's lambda, and the classification matrix.

*GPower* analysis software was used to estimate the sample size that would yield sufficient statistical power. Power refers to the probably of detecting an effect if an effect does exist (e.g. the ability to detect a difference between groups if the groups were indeed different). In order to determine a sample size that would yield sufficient power for both groups, the analysis used 12 discriminating variables (the highest number of variables being used in a model). A minimally sufficient total sample size of 82 was estimated using the following assumptions: (1) number of groups of equal size = 2; (2) number of discriminating variables (predictors) = 12; (3) alpha = 0.05; (4) beta = 0.80; and (5) moderate effect size  $F^2 = 0.25$ . The power of a test is defined as  $1 - \beta$  (beta), where  $\beta$  (or type II error) is the probability of falsely accepting  $H_0$  when  $H_a$  is true. Accordingly, for a 0.80 level of statistical power, a total sample of 82 was needed. Because power is increased in DFA with equal sample sizes, an estimated 41 participants was needed in each group (Dattalo, 2008).

Responses to the open ended question were entered into Atlas-ti, unitized, coded, and separated into themes. Atlas-ti is a qualitative data analysis package that facilitates the analysis of qualitative data. After entering the data into Atlas-ti, units of meaning were identified and coded according to themes. Coding was done using constant comparative analysis (Padgett, 1998). As themes emerged from unitizing of the data, the data was reviewed and coded according to those themes or subcategories of themes. As new themes emerged, the data was

reviewed and coded again. This iterative process continued until saturation was reached (when no new information was being obtained) (Padgett, 1998; Ryan & Bernard, 2000).

### **Conclusion**

This study focused on a comparison of men who were experiencing homelessness and men who were unstably housed on negative life events, cumulative risk, and demographic characteristics. The aim of the study was to examine the multivariate relationships of those variables in their ability to distinguish between the two groups. Two models were tested using DFA to answer the research question: *What combination of risk factors (negative life events, cumulative risk, and demographics) predicts homelessness in men?* It was hypothesized that cumulative risk would be one of the predictors of homelessness.

Chapter 4 presents study findings beginning with a summary of the results of the data collection and the prescreening for missing items and duplicates. Groups are then described and compared based on results from bivariate analysis. The following section presents the results of the testing of two models using discriminant function analysis. Qualitative results from the open ended question are presented next. The final section closes with a summary of the quantitative and qualitative results.

## Chapter 4

### Data Collection Results

The sampling procedure outlined in Chapter 3 was followed to obtain the sample. The sample of men experiencing homelessness was collected from HomeAgain, CARITAS, and Freedom House. Although it was initially planned that the sample would also be collected at The Salvation Army, barriers to entry were not resolved before the sample had been collected. Because the clients at the Salvation Army are not markedly different from clients of the other shelters, it is not expected that the sample was impacted by their lack of participation. The sample of men experiencing unstable housing was collected from the meals programs at St. Paul's Episcopal Church and The Conrad Center. Interviews were conducted by the investigator and the trained interviewers at each location. The participants were recruited through announcements and/or were approached individually. The announcements followed the group recruitment script (see Appendix D) and were made at group meetings or when the men were gathered together. Individuals were recruited following the basic script indicated on the survey instrument (see Appendix E). Table 1 details the number of surveys conducted at each location. The variation in the numbers of surveys conducted reflect the sizes of the programs.

Table 1:

*Number of Surveys Conducted By Location*

Sample	Location	# Surveys
Homeless	CARITAS	41
Homeless	Freedom House	10
Homeless	HomeAgain	13
Unstably Housed	The Conrad Center	16
Unstably Housed	St. Paul's Episcopal	52
	Total	132



Only one person was screened out for his inability to speak English, and none were screened out for cognitive or behavioral issues that would have limited their ability to provide consent or would have interfered with the interview. There was only one participant who was screened out for self-identification as a transgendered female (male to female). An informal screening process occurred at the meals programs. Since the guests at the meals programs had a wide variety of housing situations, the investigator and interviewers informed the guests that only men who had stayed in a motel/hotel, a rooming house, or with friends/family the previous night were eligible to participate. Consequently, only those who met those conditions volunteered to participate.

Prior to running any analyses, each case was checked individually for data entry errors. The data were then screened for duplicates and missing data. Three duplicate were identified and removed by examining age, race, birth day and month. To detect missing data and detect if the data were missing at random, all data were coded as either (1) missing or not missing (0). Four cases had missing data: one was missing the birth day and month, one was missing whether he identified as Hispanic/Latino, one did not identify a race, and one was missing how many times he had lost a job in the previous two years. A series of bivariate correlation coefficients (Pearson's  $r$ ) were calculated to explore the possibility that there was a pattern to the missing data (that it is non-random). Evidence suggested that the missing data were missing at random. The cases with missing data were deleted since there were so few and the substitution of missing values would result in the addition of unknown error (Tabachnick & Fidell, 2007).

Since they have been identified as a subgroup of individuals experiencing homelessness who have unique experiences and service needs, men who had a "persistent" history of homelessness were screened out of the homeless sample. A persistent history of homelessness

was defined according to the criteria used as part of the HUD definition for chronic homelessness: experienced four or more episodes of homelessness in the past three years and/or experienced homelessness, uninterrupted, for the past one year. A total of 27 homeless men were screened out for a history of chronic homelessness. Unstably housed men who had four or more episodes of homelessness were not screened out of the study at the time of data collection. This resulted in a sampling bias – the sample of unstably housed men included men who had been homeless four or more times, while the homeless sample did not. Since it was hypothesized that the number of times experiencing homelessness was a key risk factor distinguishing the two groups, it was decided to address that sampling bias by identifying and removing the unstably housed men who reported experiencing four or more episodes of homelessness in the past two years (a question that was associated with the negative life events included in the model). A total of 17 unstably housed men who had experienced a history of chronic homelessness were then removed from the sample, leaving 48 unstably housed men in the sample. Since DFA has greater power with equal sample sizes, it was decided to achieve equal sample sizes by randomly selecting 48 out of the 63 homeless men. This was achieved using the random selection function in SPSS 17.0.

### **Bivariate Analyses of Sample Characteristics**

Prior to running bivariate analyses, the data were examined for univariate outliers. Univariate outliers are cases with extreme values on one variable (Mertler & Vannatta, 2005). In comparison, multivariate outliers are those cases that contain an unusual combination of scores on variables. Multivariate outliers will be discussed in greater detail in the section on the multivariate analyses. Box plots revealed that some of the interval-ratio variables had univariate outliers. Additionally, standard deviations on some of the interval-ratio variables were large, also indicating a wide range of scores. Deletion of cases with outliers and transformation of scores

were considered. However, both could have altered the sample data sufficiently to reduce the comparability of the bivariate results with the multivariate results. In other words, cases with univariate outliers might not be the same as those with multivariate outliers. Because the focus of this study is on the multivariate relationships between the variables regarding their ability to distinguish between the two groups, it was decided that the multivariate analyses would drive the decisions regarding outliers. As a result of the decision to leave the univariate outliers, interpretation of the mean values should be made with caution. Because the univariate outliers were usually higher than the mean scores, it is likely that extreme scores pulled the mean higher (rather than lower) than the typical response.

### **Demographic Variables**

Bivariate comparisons were made using chi-squares and independent t-tests. As can be seen in Table 2, the two groups were not significantly different on any of the demographic characteristics. Both groups were about 47 years old. The majority of the sample was African American, with few reporting that they were Hispanic/Latino. On average they were single, and less than a third of both groups had minor children. None of the homeless sample reported that they were living with a significant partner or had minor children with them. Given that all the shelters/transitional programs in the sample were targeted to unaccompanied, single men, as is typical of most shelter programs that serve men (Burt et al., 2001), it was determined that a group comparison would not yield meaningful results.

Table 2:

*Sample Demographics*

Variable	Homeless ( <i>n</i> =48)	Unstably Housed ( <i>n</i> =48)
Age	47.29 (11.52)	46.81 (12.07)
Relationship status		
Married/Partnered	8.30%	8.30%
Single	91.70%	91.70%
Living with significant partner	0.00%	8.30%
Highest level of education		
< high school	29.10%	35.40%
High school/GED	52.10%	52.10%
Some college	18.80%	10.40%
College degree	0.00%	2.10%
Race		
White	22.90%	14.60%
African-American/Black	77.10%	85.40%
Ethnicity		
Hispanic/Latino	6.30%	8.30%
Minority	77.10%	85.40%
Parents of minor children		
# with minor children	27.10%	27.10%
# who have minor children residing with them	0%	7.70%
# minor children	1.46 (0.66)	1.54 (1.13)
Age of minor children (years)	10.67 (4.39)	8.23 (5.58)
Time in current housing (days)	80.83 (127.12)	337.74 (1730.11)

*Note:* The M(SD) is provided for interval-ratio data. The % is given for nominal level data.

**Negative Life Events**

This study examined the number of times the life events in adulthood occurred over a two year time frame as well as events that occurred in childhood. Because this study sought to determine the risk factors that lead to shelter entry, men experiencing homelessness were asked to indicate the number of times each life event occurred in the two years *prior* to shelter entry (this homeless episode). A homeless episode was defined as an uninterrupted stay in a homeless

and/or transitional shelter. Men who were unstably housed were asked to indicate the number of times each event occurred in the two years prior to the interview. Childhood was defined as up until they turned 18 years old.

Independent t-tests were used to compare group means on the negative life events and their indicators. Results are displayed in Table 3. Out of the negative life events, significant group differences were only found on the number of episodes of housing instability, with unstably housed men reporting more episodes. Group differences were found on several of the indicator variables. Homeless men reported significantly higher means on the number of negative life events around discharge from a hospital/treatment program, living outdoors or place not meant for human habitation, and being evicted. Unstably housed men reported significantly higher means on number of negative life events around doubling up with friends/family, losing welfare benefits, and living in a shelter/transitional program as a child. However, these results only indicate group differences on the variables tested individually. Since these variables do not occur in isolation, multivariate analysis was conducted to explore how all these variables combined to predict group membership.

Table 3:  
*Sample Characteristics on Negative Life Events*

Variable	Homeless ( <i>n</i> =48)	Unstably Housed ( <i>n</i> =48)	Mean Difference
Family conflict/disruption	2.33 (2.49)	1.67 (2.09)	0.22
Separate/divorce	0.90 (1.17)	0.56 (1.53)	0.33
Death	1.44 (1.86)	1.10 (1.22)	0.33*
Released from institution	1.10 (1.55)	1.02 (1.39)	0.30
Jail/prison	0.60 (0.94)	0.79 (1.13)	-0.19
Hospital/treatment	0.50 (0.92)	0.23 (0.52)	0.27**
Homelessness	1.33 (2.60)	1.19 (1.16)	0.15
Shelter program	0.40 (0.61)	0.54 (0.71)	-0.15
Outdoors	0.94 (2.36)	0.65 (0.73)	0.29*
Housing instability	3.42 (5.43)	7.50 (14.60)	-4.08*
Hotel/motel	1.23 (3.26)	1.35 (3.21)	-0.13
Friends/family	1.71 (4.40)	5.56 (14.50)	-3.85*
Rooming house	0.48 (0.92)	0.58 (1.03)	-0.10
Lose housing	0.29 (0.54)	0.17 (0.56)	0.13
Evicted	0.19 (0.39)	0.08 (0.28)	0.10**
Housing subsidy	0.02 (0.14)	0.04 (0.20)	-0.02
Foreclosure	0.08 (0.28)	0.04 (0.29)	0.04
Reduction in income	2.44 (2.73)	2.10 (2.15)	0.33
Welfare benefits	0.04 (0.20)	0.13 (0.33)	-0.08**
Unemployed	1.35 (1.26)	1.13 (1.45)	0.23
Quit, laid off, or fired	1.04 (1.54)	0.85 (1.24)	0.19
Disabling condition	1.17 (2.47)	0.83 (1.51)	0.33
Alcohol or drugs	0.63 (2.07)	0.27 (0.79)	0.35
Mental health	0.19 (0.79)	0.29 (0.90)	-0.10
Physical health	0.35 (0.70)	0.27 (0.54)	0.08
Childhood events	3.15 (10.35)	2.29 (4.15)	0.85
Shelter program	0.02 (0.14)	0.13 (0.61)	-0.10*
Outdoors	0.23 (1.45)	0.19 (0.61)	0.04
Hotel/motel	0.04 (0.20)	0.06 (0.24)	-0.02
Rooming house	0.10 (0.47)	0.04 (0.20)	0.06
Friends/family	1.10 (4.45)	0.75 (2.40)	0.35
Non-biological parent	1.15 (4.37)	0.71 (1.30)	0.44
Foster care	0.31 (0.93)	0.23 (0.90)	0.08
Abused/neglected	0.19 (0.39)	0.19 (0.39)	0.00
Cumulative risk	15.23 (16.43)	16.77 (16.07)	-1.54

*Note* : The M (SD) is reported for each variable.\**p*<.05. \*\**p*<.01.

### **Discriminant Function Analysis**

Two models were tested using discriminant function analysis (DFA) to answer the research question. The Cumulative Risk Model examined the ability of cumulative risk and demographic characteristics to discriminate between men who were experiencing homelessness and men who were unstably housed. The Cumulative Risk Model, then, sought to differentiate between the groups on the numbers of negative life events. But it may be that group differences are better predicted by specific events. Accordingly, the Negative Life Events model examined the contribution of each of the eight negative life events and demographic characteristics in distinguishing between the two groups. Both models included the same four demographic characteristics of age, level of education, minority status, and relationship status. A correlation matrix was run on the four demographic variables to determine if any of them were correlated. The correlation matrix indicated that relationship status was weakly correlated with minority status and education level. As they were not highly correlated, it was determined to leave all the variables in the analysis.

#### **Model 1: Cumulative Risk**

The first model focused on the role of cumulative risk and demographic characteristics in distinguishing between homeless and unstably housed men. For this model, the discriminating (i.e. independent) variables were cumulative risk, age, minority status, education level, and relationship status. Prior to running the analysis, multivariate outliers were identified and assumptions of absence of multicollinearity, multivariate normality, and equality of variance-covariance matrices were tested.

#### **Pre-analysis screening of the data.**

Prior to testing assumptions and running the DFA, the data were screened for multivariate outliers. Multivariate outliers are cases with unusual combination of scores on two or more

variables (Mertler & Vannatta, 2005). For example, it may be that being a 22 year old man is within bounds of the variable of age, and having a cumulative risk score of 80 is within bounds of the variable of cumulative risk, but a 22 year old with a cumulative risk score of 80 may be very unusual and thus a multivariate outlier. Cook's D was used to prescreen for multivariate outliers because it both identifies outliers and provides an overall measure of the impact of an observation on the model (i.e. influence). Cook's D for each observation was calculated in SPSS 17.0. To detect influential cases, a cut-off of D greater than  $4/(n-k-1)$  where n is the number of cases and k is the number of independents was selected for detecting influential cases. This cut-off was selected because it is generally considered a more conservative cut-off. Four cases were identified as outliers (2 homeless and 2 unstably housed) and deleted. It was decided that outliers would be deleted because deletion of outliers does not introduce unknown error as could occur through transformations or score alterations. Furthermore, given the small number of multivariate outliers and the size of the sample, deletion of the cases did not reduce power (Tabachnick & Fidell, 2007). With the outliers deleted, the total sample was 92 (46 homeless and 46 unstably housed). Based on the power analysis described in Chapter 3, this model had sufficient power to detect group differences if the groups were indeed different (a sample of 82 was determined to achieve sufficient power).

DFA assumes the absence of multicollinearity. Similar to singularity, multicollinearity occurs when variables are highly correlated. The difference is that with multicollinearity the variables are measures of the same phenomenon (e.g. the use of two similar measures of depression) rather than one being a composite score of other variables used in the model (Tabachnick & Fidell, 2007). To screen for multicollinearity, bivariate correlations among



independent variables were inspected. No Pearson's  $r$  value was greater than .50 for any pair of IVs. Taken collectively, these correlations suggest the absence of multicollinearity.

Multivariate normality, another assumption of DFA, occurs when each variable and all linear combinations of the variables are normally distributed (Tabachnick & Fidell, 2007). This assumption was evaluated using an SPSS macro developed by DeCarlo (1997). The results of DeCarlo's (1997) macro are summarized in Figure 1 (for more information on these tests, see Looney, 1995; Mardia, 1970; Small, 1980; and Srivastava, 1984). Each of these tests evaluates multivariate skew, multivariate kurtosis, and an omnibus test of multivariate normality. All the tests were statistically significant at  $p = .05$ , suggesting that this model does not satisfy the assumption of multivariate normality. However, these tests do not indicate the degree to which this assumption is violated. This can be done by visually examining the Plot of Ordered Squared Distances in Figure 2. A sampling distribution that is multivariate normally distributed would be evenly distributed along a 45 degree angle. As Figure 2 illustrates, the sampling distribution is positively skewed and only moderately deviates from the assumption of multivariate normality. Furthermore, DFA is robust against violations of this assumption, particularly if the violation is caused by skewness rather than outliers and sample sizes are equal (Stevens, 2009). Taken together, the violation of this assumption likely has little impact on the results or the power of the analysis.

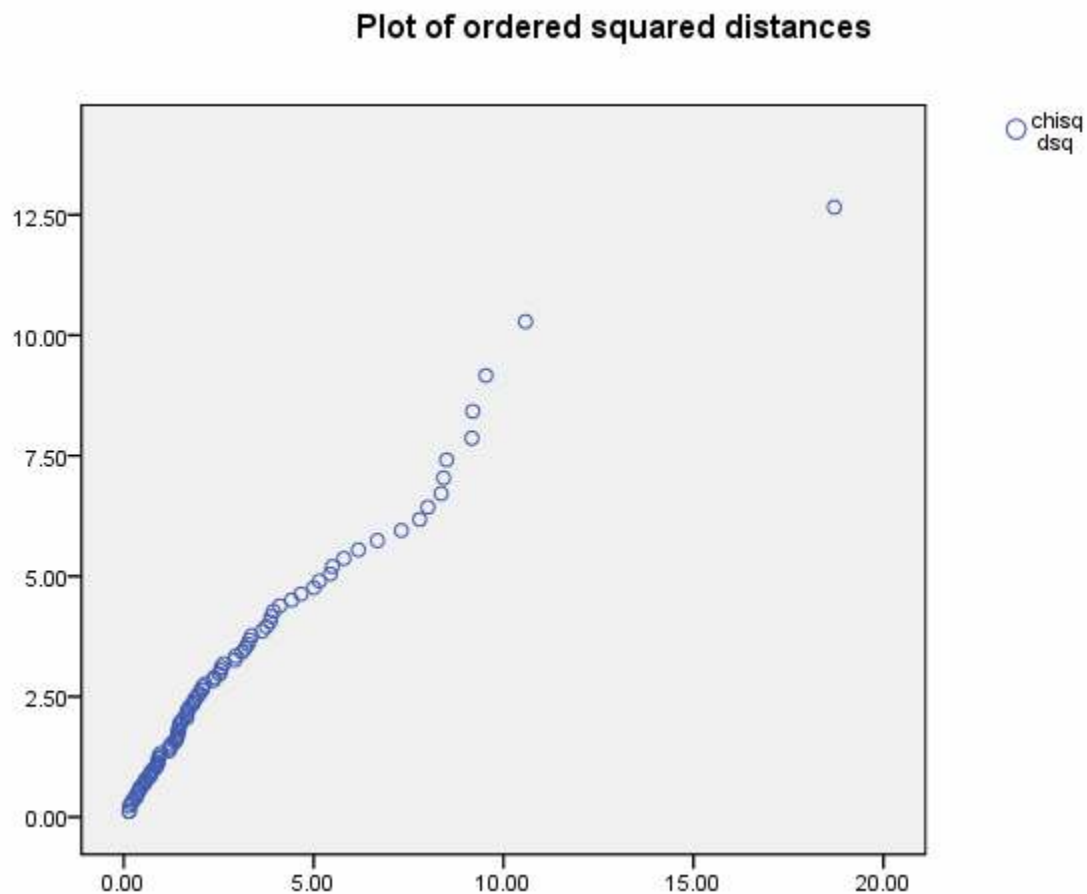
Figure 2:

*Model 1: Tests of Multivariate Normality*

Tests of multivariate skew:			
Small's Test (chisq)			
Q1	df	p-value	
47.6511	3.0000	0.0000	
Srivastava's test			
chi(b1p)	df	p-value	
32.8534	3.0000	0.0000	
Tests of multivariate kurtosis:			
A variant of Small's test (chisq)			
VQ2	df	p-value	
15.7954	3.0000	0.0012	
Srivastava's test			
b2p	N(b2p)	p-value	
3.8624	2.9244	0.0035	
Mardia's test			
b2p	N(b2p)	p-value	
18.4577	3.0275	0.0025	
Omnibus test of multivariate normality:			
(based on Small's test, chisq)			
VQ3	df	p-value	
63.4465	6.0000	0.0000	

Figure 3:

Model 1: Plot of Ordered Squared Distances



Box's M was used to test the assumption of equality of variance-covariance matrices (the multivariate version of homogeneity of variance). Box's M equaled 26.859,  $F(2,32613.158)=5.438, p<.05$ , suggesting that equality of variance-covariance matrices cannot be assumed. However, Box's M is a very sensitive test and so should be interpreted with caution. Further, DFA is robust to violations of this assumption (particularly when sample sizes are equal as they are here). Thus, it is not likely that the violation of this assumption reduced the power of the analysis (Tabachnick & Fidell, 2007).

### **Testing the Cumulative Risk Model.**

The two-group DFA yielded one discriminant function. A discriminant function is the linear combination of predictor variables that explain the group differences. The discriminant function was not significant as indicated by Wilks's Lambda = .946 Chi Square (5,  $N=92$ )=4.898,  $p=.428$ , suggesting that the function of predictors does not significantly differentiate between men who were unstably housed and men who were homelessness. The discriminant function had a canonical correlation of 0.233. Canonical correlation is a measure of association between the discriminant function and the groups. The effect size of the function can be found by squaring the canonical correlation. Doing so indicates that this function explains approximately 5.43% percent of the variance among the two groups.

Standardized coefficients and structure coefficients assess the contribution of the variables to the discriminant function. Standardized coefficients (also called standardized canonical discriminant function coefficients) were used to compare a variable's relative relationship to the function, that is, they indicate the contribution of the variable controlling for effects of the other variables (they are similar to beta weights used in regression). These coefficients are summarized in Table 4. In terms of absolute size, minority status was most important, followed by the cumulative risk score.

Table 4:

*Model 1: Standardized Canonical Discriminant Function Coefficients*

	Function 1
Minority	0.845
Cumulative	0.841
Education	0.201
Relationship status	0.013
Age	-.006

Structure coefficients were also used to compare each variable's relationship to the function and are summarized in Table 5. Structure coefficients are bivariate correlations between the variable and the discriminant function and are usually used to assign meaningful labels to the function, much as in the case of factor loadings in factor analysis. In this instance, these coefficients are generally consistent with the standardized coefficients, with cumulative risk and minority status as having the greatest impact on the discriminant function.

Table 5:

*Model 1: Structure Matrix*

	Function 1
Cumulative	0.619
Minority	0.589
Age	-.210
Education	-.099
Relationship status	0.000

Pooled within-groups correlations between discriminating variables and standardized canonical discriminant functions. Variables ordered by absolute size of correlation within function.

*Note* : Largest absolute correlation between each variable and the discriminant function is bolded.

Based on the standardized coefficients and structure coefficients, cumulative risk and minority status were the most important discriminating variables. In the interpretation of both standardized and structure coefficients, the direction of the contribution is interpreted based on the sign of the coefficient and the way the groups were coded. For this study, the groups were coded 0=homeless and 1=unstably housed. Therefore, a positive coefficient indicates that a higher score is associated with being unstably housed and a negative score is associated with being homeless. So for example, the positive coefficient on cumulative risk means men who are unstably housed are associated with a higher cumulative risk, and the negative coefficient on age means the older the man the more likely he is to be in the homeless group.

The final step in interpreting DFA is evaluating the ability of the function to classify subjects into the appropriate groups (classification). The classification matrix shows that 54.3% of men experiencing homelessness were correctly classified and 58.7% of men who were unstably housed were correctly classified. This suggests that under this model unstably housed men are slightly more likely to be correctly classified than homeless men. Overall, approximately 56.5% of the original grouped cases were correctly classified. While there is no standard for how many cases should be correctly classified, this model seems to demonstrate a poor ability to predict group membership.

### **Model 2: Negative Life Events**

A second two-group DFA was examined to determine which variables discriminate among men who were experiencing homelessness and men who were unstably housed. In this model, the discriminating (i.e. independent) variables were the eight negative life events (change in family status, got released from an institution, experienced unstable housing, experienced homelessness, lost housing, experienced a significant reduction in income, experienced a

disabling condition, and experienced negative childhood life events) as well as the four demographic characteristics (age, minority status, education level, relationship status). Using the same procedures as with the Cumulative Risk Model, multivariate outliers were identified and assumptions of absence of multicollinearity, multivariate normality, and equality of variance-covariance matrices were tested prior to running the analysis.

#### **Pre-analysis screening of the data.**

To detect multivariate outliers, Cook's D for each observation was calculated in SPSS 17.0. A cut-off of D greater than  $4/(n-k-1)$  where n is the number of cases and k is the number of independents was selected for detecting influential cases. Nine cases were identified as outliers (4 homeless and 5 unstably housed). Deleting the nine cases left a sample size of 87 (44 homeless and 43 unstably housed). Based on the power analysis described in Chapter 3, this model had sufficient power to detect group differences if the groups were indeed different (a sample of 82 was determined to achieve sufficient power).

Multicollinearity was evaluated by inspecting bivariate correlations among independent variables. Based on Pearson's *r* values, there is low to moderate multicollinearity. High collinearity would likely impact the model by distorting the standardized coefficients, but have no effect on classification. The degree of collinearity found here is not likely to significantly impact the power, particularly given the sample size, equal group sizes, and lack of serious departures from the other assumptions (Huberty, 1994).

Multivariate normality was evaluated using the SPSS macro developed by DeCarlo (1997). The results of DeCarlo's (1997) macro are summarized in Figure 3. All the tests of multivariate skew, multivariate kurtosis, and the omnibus test of multivariate normality were statistically significant at  $p = .05$ . Consequently, these results suggest the violation of the

assumption of multivariate normality. However, a visual examination of the Plot of Ordered Squared Distances (Figure 4) illustrates that the sampling distribution moderately deviates from the assumption of multivariate normality. As noted previously, DFA is robust against violations of this assumption.

Figure 4:

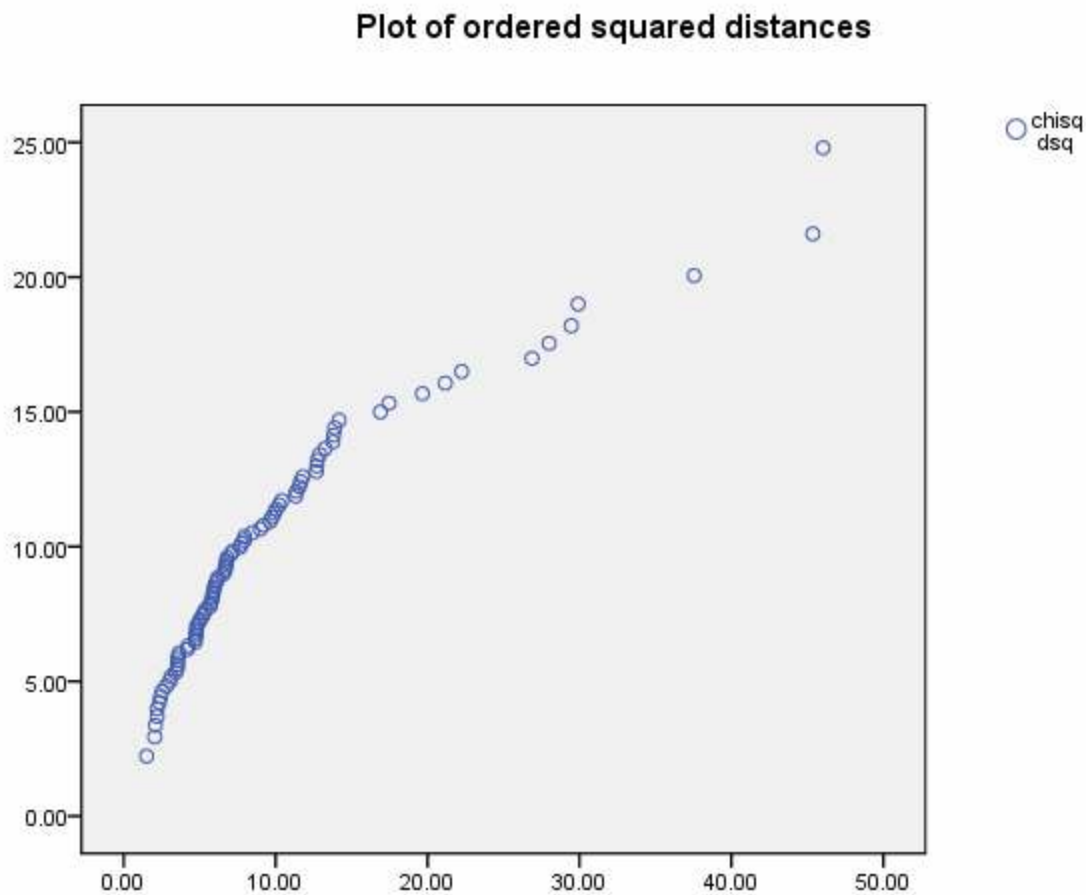
*Model 2: Tests of Multivariate Normality*

Tests of multivariate skew:			
Small's Test (chisq)			
Q1	df	p-value	
303.3355	10.0000	0.0000	
Srivastava's test			
chi(b1p)	df	p-value	
272.7471	10.0000	0.0000	
Test of multivariate kurtosis:			
A variant of Small's test (chisq)			
VQ2	df	p-value	
165.1376	10.0000	0.0000	
Srivastava's test			
b2p	N(b2p)	p-value	
6.1502	18.9667	0.0000	
Mardia's test			
b2p	N(b2p)	p-value	
179.842	18.0148	0.0000	
Omnibus test of multivariate normality: (based on Small's test, chisq)			
VQ3	df	p-value	
468.4731	20.0000	0.0000	



Figure 5:

Model 2: Plot of Ordered Squared Distances



Box's M was used to test the assumption of equality of variance-covariance matrices. Box's M equaled 181.345,  $F(2,22789.884)=1.977$ ,  $p<.001$ , indicating that equality of variance-covariance matrices cannot be assumed. As noted previously, DFA is robust against violations of this assumption.

#### Testing the Negative Life Events Model.

The two-group DFA yielded one discriminant function. Wilks's Lambda = .762, Chi Square (12,  $N=7$ ) 21.475,  $p<.05$ . Therefore, this function does differentiate between the two groups. The function had a canonical correlation of .488 and so explains approximately 23.81% ( $.488^2$ ) of the variance among the two groups.

Once the discriminant function was identified and determined to significantly discriminate between the two groups, the next step was to assess the contribution of the variables to the discriminant function by examining the standardized coefficients and structure coefficients. Standardized coefficients were used to examine each of the variables' relative relationship to the function and are summarized in Table 6. In terms of absolute size, the loss of housing and experienced unstable housing contributed the most to the discriminant function, followed by family conflict/disruption. In other words, when other variables are controlled, homeless men were associated with more instances of loss of housing, fewer episodes of housing instability, and more episodes of family conflict/disruption.

Table 6:

*Model 2: Standardized Canonical Discriminant Function Coefficients*

	Function 1
Lose housing	-.701
Experience housing instability	.655
Family conflict/disruption	-.518
Childhood negative life events	.371
Minority	.291
Experience a disabling condition	-.170
Education	.141
Experience homelessness	.062
Relationship status	.018
Released from an institution	-.092
Age	.072
Significant reduction in income	.032

Structure coefficients were used to compare a variable's individual relationship to the function, and are summarized in Table 7. In terms of absolute size, the episodes of loss of housing, family conflict/disruption, and housing instability were the most important discriminating variables. Therefore, this model suggests that when the bivariate relationship of

the variables to the function is examined, homeless men were associated with more instances of loss of housing, fewer episodes of housing instability, and more episodes of family conflict/disruption.

Table 7:

*Model 2: Structure Matrix*

	Function 1
Lose housing	<b>-.513</b>
Family conflict/disruption	<b>-.441</b>
Experience housing instability	.421
Minority	.216
Childhood negative life events	.216
Relationship status	.169
Experience homelessness	.137
Significant reduction in income	-.127
Released from an institution	.091
Age	-.086
Education	-.037
<u>Experience a disabling condition</u>	<b>-.030</b>

Pooled within-groups correlations between discriminating variables and standardized canonical discriminant functions. Variables ordered by absolute size of correlation within function.

*Note* : Largest absolute correlation between each variable and the discriminant function is bolded.

The classification matrix indicated that 65.9% of men experiencing homelessness and 79.1% of unstably housed men were correctly classified. Overall, approximately 72.4% of the original grouped cases were correctly classified. In summary, the model demonstrated a moderate ability to predict group membership. Based on the standardized canonical discriminant function coefficients and the structure coefficients, homeless men were associated with more instances of loss of housing, fewer episodes of housing instability, and more episodes of family conflict/disruption.

## **Comparison of the Models**

As indicated by the significance of the Wilk's Lambda test, only the Negative Life Events Model yielded a discriminant function that significantly differentiated the groups. Given that two models differed only in that the Cumulative Risk Model used a composite score of the variables used in the Negative Life Events Model, why then does one outperform the other? As is appropriate in DFAs, the negative life events used in this study are causal indicators (Dattalo, in press). The loss of housing, the experience of family disruption/conflict, and the other negative life events are determinants of homelessness/unstable housing, particularly in that they occurred prior to the current housing status. As such, they may not be correlated with each other and if they are, they may not be positively correlated. Thus, the inclusion of more variables in a model, as was in the case of the Negative Life Events model, is more likely to result in a function that better reflects the multidimensional causes of homelessness/unstable housing. In comparison, the use of a composite score (as in the Cumulative Risk Model) may mask the impact of the variables that have opposite associations. For instance, as indicated in the Negative Life Events Model, unstably housed men are more likely to experience housing instability but less likely to lose their housing (Bollen & Ting, 2000; Diamantopoulos & Sigauw, 2006; Dattalo, in press; MacCallum & Browne, 1993).

## **Qualitative Analysis**

Since the aim of this study was to explore what tips a man into homelessness, the question depended on the sample group. For those who were experiencing homelessness, the question was, "What do you think are the main reasons you became homeless?". For those who were unstably housed, the question was, "What do you think are the main reasons you are not homeless?". Despite attempts by interviewers to prompt more in-depth responses, most participants were very brief in their responses. Responses to the open ended question were

entered into Atlas-ti, unitized, coded, and separated into themes. The major themes were housing resources, financial resources, other resources, and health. While these themes will be discussed separately, it is important to note that many of the responses referred to a chain of events that tied the themes together. For instance, one homeless man said, “my girlfriend would get drunk and call the police. I was put in jail for three months, which was enough time to lose my business.” (H150).

## **Homeless**

### **Housing resources.**

Given that the question focused on housing status, it is not surprising that men experiencing homelessness attributed their housing status to a lack of housing. Several homeless men referred to problems with family/friends that contributed to a loss of housing. “My wife kicked me out due to PTSD and infidelity. I was a stay at home father for seven years and have no living relatives.” (H52). “Had my heart broken.” (H153). A few homeless men referred to having problems with their housing that led to losing it. “The person I was renting from started doing messed up stuff.” (H146). They also referred to housing problems associated with moving, either for jobs or to join friends/family. “[I] moved back home because [my] father passed away. Home is not here. Moved back to help [my] mother, but should have come to visit and view the living situation because [I] wasn’t financially stable.” (H138). “Lived in California and came here for a job but the company was laying off when I got here.” (H34).

### **Financial resources.**

Many of the men who were homeless credited a lack of employment for their current homeless situation. “Unemployment is the reason. The main reason.” (H150). “It’s hard to find a job, that’s why I’m in the situation I’m in.” (H23). Some spoke about the chain of events

instigated by the loss of a job, “Not having employment. That is the main reason. Lost [my] job, lost [my] apartment, end of story” (H148). Another said, “lost my job, was staying in a motel, couldn’t pay for the motel anymore” (H154). A few attributed their unemployment to the financial crisis. “The economy went south” (H13). Others were less specific about the source of financial resources (or lack thereof) and spoke only about a general lack of money. “I don’t got money for a place” (H158). “A choice between child support and rent, [I] chose child support.” (H145).

### **Other resources.**

The men experiencing homelessness also talked about other resources, both internal and external, that contributed to their homelessness. A few homeless men pointed to a lack of education and job training. “Need more education. Knowledge is power.” (H1). A few mentioned not having sufficient support from friends/family. “[I] lost [my] mother and social support.” (H56). A few others pointed to a lack of internal resources such as “not keeping focus” (H38), “choices I made” (H157), and “stubbornness and pride” (H24).

### **Health.**

Health issues included problems with substance use and abuse, mental health, and physical health. The most frequently cited health issue was substance use and abuse. Some spoke of the use and abuse itself, others spoke of the experiences related of the use and abuse (e.g. incarceration, treatment, job loss). “Substance abuse. Alcohol abuse. I started drinking at a young age. First black out was as 12. Had 38 jobs in my life and lost them as a direct result from substance abuse. Smoked pot and drank with my dad.” (H126). Several noted problems with their mental health as a main contributing factor to their homelessness. “Depression about eight months ago. Put into treatment because family feared I would commit suicide. Now on Paxil and

sleeping pills. Treatment and meds have helped.” (H143). Similarly, several pointed to problems with their physical health. “Bad health now and jobs that require physicals won’t allow [me] to work.” (H143).

## **Unstably Housed**

### **Housing resources.**

Those who were unstably housed at the time of the interview spoke of having a housing option that prevented them from being homeless the previous night. For many, that housing option was staying with friends/family. “I have family here in the city, at least one person. Otherwise I’d be homeless. I’d be in bad shape” (U125). “Friends and family keep [me] from being homeless. [I’ve been] staying with friends/family for past seven months with [my] child and child’s mom.” (U167). Others spoke of moving between housing options. “Because I have a lot of friends and family, [I] can switch it up. Not in one spot more than two or three days.” (U131). Only a couple spoke of cycling between housing options and shelters. “I have a friend to stay with, or oldest son I can stay with, or go to a shelter.” (U129). Similarly, only a few spoke of accessing a housing option because they either did not want to stay in a shelter or the shelter was full. “Too much foolishness in the shelters. I just don’t choose to go into the shelters.” (U161). “Shelter was closed last night so stayed with friends.” (U162).

### **Financial Resources.**

While the homeless group spoke about the lack of financial resources contributing to their homelessness, the unstably housed group spoke about the presence of financial resources in preventing their homelessness. Some spoke of employment providing sufficient financial resources to keep them housed. “Get up and go to work and work until [I] can afford to get a hotel somewhere. As long as [I] can work, [I] won’t be homeless – that’s not the way [I] was

raised.” (U91). Like in the homeless sample, the unstably housed men spoke both of income from employment and just generally having income. “I got a little bit of change for the hotel.” (U166). “Able to make a little to give to friends.” (U61).

### **Other Resources.**

The theme of other resources was more prevalent in the unstably housed sample. They referred to local service providers and safety net programs. “Not homeless because of the programs available to me.” (U98). Many reported that they received emotional and tangible support from their friends/family. “My family sees me helping [myself] ... when you help yourself, other people also help you.” (U75). Many reported internal traits that helped them avoid homelessness. “I think I got the will to not be livin’ like that.” (U130). “Made the right decisions. Being responsible.” (U100). A few pointed to a faith or the power of God. “Because I’m blessed.” (U63).

### **Homeless.**

Many of those who met the study’s operational definition of unstably housed self-identified as homeless. This was evident in both in the responses to the survey questions and in conversations with the interviewers. “Well I kinda feel like I am homeless cause I’m stayin’ with family.” (U125)

### **Comparison**

Both groups indicated that housing, financial, and other resources contributed to their housing situation. Not surprisingly, unstably housed men reported having resources while homelessness men reported a lack of resources. In addition to a general lack of housing, financial, and other types of resources, homeless men also attributed their homelessness to



having health problems. Another noteworthy theme was the self-identification of homeless of many of those who met the study criteria of being unstably housed.

### **Conclusion**

The focus of this study was the multivariate relationship between the risk factors of cumulative risk, negative life events, and demographic factors in the prediction of group membership (homeless and unstably housed). The Cumulative Risk Model did not significantly differentiate between the two groups. However, the Negative Life Events Model yielded one discriminant function that significantly differentiated between the groups and correctly classified approximately 72.4% of the overall cases. Negative life events regarding the loss of housing, unstable housing, and family conflict disruption were the most important discriminating variables. Furthermore, homeless men were associated with more experiences of loss of housing and family conflict, and with fewer experiences of housing instability. The major themes that arose from the qualitative analysis regarding factors that contributed to their housing situation were housing resources, financial resources, and other resources. The implications of these results will be discussed in Chapter 5.

## **Chapter 5**

### **Introduction**

Using the risk and protection framework, this study examined risk factors for homelessness in men. Drawing from the literature, risk was conceptualized as negative life events and their cumulative impact. A retrospective, case-control design was used to differentiate between men based on their current housing status: homeless or unstably housed. Homeless men were defined as those who were living in shelters or transitional programs. Unstably housed men were defined as those who, on the previous night, stayed in a motel/hotel or a rooming house or were doubled up with friends/family. Semi-structured interviews were conducted to collect the data on negative life events, cumulative risk, and demographic factors. Discriminant function analysis (DFA) was used to answer the research question: *What combination of risk factors (negative life events, cumulative risk, and demographics) predicts homelessness in men?* It was hypothesized that cumulative risk would be one of the predictors of homelessness.

This chapter will discuss the implications of the results presented in Chapter 4. First, the findings of the main analyses will be discussed in terms of possible explanations for them and in the context of the literature. Next the limitations of the study will be reviewed, followed by suggestions for future research. Finally, policy and practice implications of the study will be discussed.

### **Findings**

The hypothesis posited that cumulative risk, negative life events, and demographic factors would distinguish between those who were homeless and those who were unstably housed. This hypothesis was supported in part by the results. The DFA indicated that there was a multivariate dimension that significantly distinguished between men who were homeless and

men who were unstably housed. The most important discriminating variables were negative life events around loss of housing, unstable housing, and family conflict/disruption.

Having more experiences of housing loss was associated with homelessness. The identification of loss of housing as a risk factor for homelessness in men extends the findings of other studies that have shown it to be a risk factor for family homelessness (e.g. Bassuk, et al., 1997; Lehmann et al., 2007) and homelessness in older adults (Shinn et al., 2007). It is interesting though that while homeless men had higher rates of housing loss, they had lower rates of unstable housing. It is possible that these findings, when taken together, indicate that men who ultimately experience homelessness may have more recently had housing to lose (either through eviction or foreclosure) and then experienced a more direct path from the loss of housing into shelter, with fewer episodes of housing instability.

A higher number of recent negative life events around family conflict/disruption was also associated with homelessness. This finding provides additional empirical support to the other studies that have identified the death of a close friend or relative and the breakdown of a significant romantic relationship as a risk for homelessness in men (e.g. Crane et al., 2005). While this study does not examine the nature of the impact of family conflict/disruption, there is some indication from the qualitative data to suggest that family conflict/disruption may have negatively impacted the housing resources for at least some of the participants. The importance of having people in one's network who can serve as housing resources has been found to be a protective factor against homelessness in women (Fertig & Reingold, 2008; Shinn et al., 2007; Shinn, Knickmann, & Weitzman, 1991; Toohey et al., 2004) and it seems likely that it would also serve as a protective factor for men.

More episodes of living in unstable housing were associated with men who were unstably housed at the time of the interview. Although the literature provides little empirical evidence regarding the housing patterns prior to homelessness, unstable housing has been assumed to be a precursor to homelessness (Cunningham, unknown; Coulton, Theodos, & Turner, 2009; Eckholm, March 10, 2009; Ehrenreich, 2001; Ramage & Moss, December 5, 2004). While this may be the case, the findings from this study suggest that the history of unstable housing is at least different for each group. When considering the implications of this result, it might be helpful to remember that the question asked about how many times they lived in the different unstable housing conditions over the two year time frame. Therefore, this is a measure of how many times and not the duration in any one housing situation. An examination of the bivariate results indicates that homeless men have lived in unstable housing conditions prior to shelter entry, but significantly fewer times. One explanation for this may be that homeless men have fewer housing resources or have exhausted those resources and thus have to go to a shelter.

The remainder of the risk factors were not as important in discriminating between the two groups. Because there was little published literature on men who are unstably housed and they are conceptually similar to homeless men, it was not hypothesized which specific negative life events would distinguish between the two groups. However, it was hypothesized that higher cumulative risk would be associated with homelessness since higher cumulative risk is usually associated with worse outcomes (e.g. Appleyard et al., 2005; Masten, Militis, Graham-Bermann, Ramirez, & Neeman, 1993; Nesmith, 2006; Ostaszewski & Zimmermann, 2006). Contrary to this expectation, the model examining cumulative risk did not significantly differentiate between the groups. As discussed in Chapter 4, this may be because as a composite score it masks the impact of the variables that have opposite associations. It may also be because men experiencing

homelessness and men who are unstably housed do, in essence, have similar cumulative risk, but it is the presence of protective factors that help them avoid homelessness.

The number of negative life events regarding reduction in income also was not an important discriminating variable. It should be noted though that many of the unstably housed men reported having sufficient income for housing. This may be a reflection of their participation (or more successful participation) in an underground economy. The urban poor often work in low-paying, high-turnover jobs (Burt, 2001) and participate in an underground economy that entails bartering and other unregulated activities that may not be revealed in the results of this study (Venkatesh, 2006). In a study of a poor urban neighborhood, Venkatesh (2006) found small store owners who invited homeless men to sleep in their stores at night to provide store security, women who provided childcare services and are paid under-the-table, and others engaged in various illegal activities like gambling, drug dealing, and prostitution. Consequently, this underground economy may help to explain why the two groups did not differ appreciably in negative life events around the loss of income and yet many of the unstably housed men reported sufficient income for housing.

Similarly, the number of times they were released from an institution, experienced disabling conditions, and experienced negative life events in childhood were not important discriminating variables. Although not necessarily studied extensively for their role as risk factors for homelessness in men, each of these variables has been found to increase risk for homelessness. Therefore, it is interesting that none of them seemed to be important predictors of homelessness in this study. It may be that while these variables do not appear to be important discriminating variables between homeless and unstably housed men, they could still increase the risk for homelessness in some and housing instability in others.

Demographic variables included in the multivariate analyses were age, minority status, relationship status, and education status, none of which were important discriminating variables. The bivariate comparisons indicated that the majority of both groups were African American, 47 years old, single, and had at least a high school diploma or GED. While there is no national data on the demographic characteristics of unstably housed men, these results are consistent with the results of the local Point in Time (PIT) Count of people experiencing homelessness. The results were not broken down by gender, but most were single, never married adults (57.1%), and 42.9% were or had been in families (married, separated, widowed, or divorced). The majority reported they were African American (60.0%). The average age for adults was 43.7 years old. Over half had a high school diploma or GED (55.2%), 21.6% attended some college, and 8.3% had a college degree or higher. Just as with the other variables that were not important in discriminating between homeless and unstably housed men, demographic characteristics may still increase risk for some to experience homelessness and for others to be unstably housed.

Possible protective factors against homelessness were identified in the responses to the question about the main reasons for their homelessness or for not being homeless at the time of the interview. The men experiencing homelessness cited a general lack of resources, particularly a lack of housing and financial resources. In contrast, those who were unstably housed attributed not being literally homeless to a variety of housing, financial, and other resources (both internal and external). Therefore, men who were unstably housed had protective factors that prevented them from homelessness, even if only for that night. This finding is consistent with the theoretical framework used in this study. The risk and protection framework considers both the factors that increase risk (risk factors) as well as decrease (protective factors) the likelihood of a negative outcome. While little research has been published regarding protective factors against

homelessness in men, other areas of research point to the power of protective factors to prevent negative outcomes even in the face of risk factors; for example, risky drinking and sexual behavior (Quinn & Fromme, 2010), negative impacts of stress (Montpetit, Bergeman, Deboeck, Tiberio, & Boker, 2010), and Post Traumatic Stress Disorder (Wilcox, 2010).

### **Limitations**

Although this study has yielded some valuable findings about the risk factors for homelessness in men, limitations to the study need consideration. Although the participants were recruited from the main shelters, transitional programs, and meals programs in metro Richmond, Virginia, the sample cannot be described as a random and representative sample of homeless and unstably housed men. While there is no research to compare regions on the characteristics and experiences of homeless men, there are indications that there are differences between urban, suburban, and rural homelessness (Burt et al., 2001). Thus, it is reasonable to assume that the sample used in this study is more representative of homeless and unstably housed men in an urban area.

Yet another limitation is the cross-sectional and correlational nature of the study. Although age was used as a covariate, it is likely that there are important cohort differences in the risk and protective factors for homelessness that arise from the likelihood that certain negative life events may have more relevance to different age groups. For instance, the literature suggests that foster care placement and transitioning out of foster care are important risk factors for homelessness in young adults (e.g. Park, Metraux, Brodbar, & Culhane, 2004), whereas foster care placement may be less relevant for much older men. In an unpublished working paper, Culhane, Metraux, and Bainbridge (2010), found that the baby boom cohort, particularly those from the later half, has experienced a higher and sustained risk for homelessness,

particularly for single adults. In comparison, women with children face an increased risk during young adulthood that then fades as they and their children age. Furthermore, this study was correlational in nature and so no causal relationships should be inferred.

A final limitation of this study is the inattention given to other important aspects of risk and protection for homelessness. This study conceptualized risk as negative life events and cumulative risk as the total number of times that negative life events were experienced. While there is conceptual and empirical support to suggest that the number of times negative life events occur increases risk for negative outcomes, this conceptualization does not consider other dimensions of those events. For instance, while multiple disabling conditions or the (re)occurrence of a disabling condition may increase risk, it also seems likely that the intensity and duration of those condition(s) also increases risk. Similarly, this study treated each negative life event as having equal impact. More research is needed to determine if these events do actually have equal impact or if they impact risk differently. Lastly, protective factors were not included in the multivariate analyses. As the results of this study indicate, protective factors may play a critical role in buffering the risk for homelessness.

## **Implications**

### **Research Implications**

Despite these limitations, the findings have interesting implications for research, policy, and social work practice. As research on homelessness and the prevention of homelessness has developed, so too has the understanding that there are multiple subgroups of people who experience homelessness (Burt, 2001). Despite the federal definition that makes a clear distinction between homeless and unstably housed men, it appears that they are conceptually similar groups. It can be argued that being doubled up or living in a motel/hotel or in other unstably living conditions is, in essence, being without a home (homeless). This certainly was



the perception of some of the participants who were identified as unstably housed. Further, it seems likely that those who experience housing instability are not dissimilar to those who experience literal homelessness, particularly in that they share the impact of living in extreme poverty and are without a stable place to live. Furthermore, it may even be worse to live in such a state of unstable housing as compared to receiving services, including housing resources, from a shelter or transitional program. More research is needed to determine to what extent these two groups are distinct and the relative impact of their homelessness/unstable housing. This knowledge may then provide more information about how to prevent homelessness, as well as how to best define it.

A longitudinal study that assesses risk and protective factors and housing status at different times is recommended. Such a study would provide more detailed information regarding the factors that contribute to housing instability and homelessness, thereby addressing the gap in the literature regarding risk and protective factors for homelessness in men as well as extending the knowledge of a group about which little is known – those who are unstably housed. There are multiple obstacles to conducting a longitudinal study of this sort, not the least of which are the challenges associated with tracking homeless men. Stefancic, Schaefer-McDaniel, Davis, and Tsemberis (2004) detail a methodology of tracking homeless adults with psychiatric disabilities, the implementation of which resulted in retention rates that ranged from 96% at the 6-month interview to 87% at 48 months. At the start of the study, participants authorized the research team to contact family, friends, and service providers to locate them for future interviews. Additionally, participants provided information on their current residential information, expected location and contact information of where they might be in six months, and the contact information of one or two friends, family members, and/or service providers with

whom they maintain regular contact. Both the consent forms and locator sheets were updated at each interview. The researchers then maintained frequent and ongoing contact with the participants through short monthly interviews. To increase the follow-up rates, they sent letters and made calls to their last known addresses and friends and family members, conducted outreach in the community, and leveraged connections with other outreach workers and service providers. Although resource intensive, the retention rates yielded by their methodology prove that longitudinal research can be conducted with homeless and unstably housed men.

One limitation of this study is that it did not explore the timing and duration of the negative life events. It may be that the groups may experience some similar events, but one group experiences them in a shorter time period or the events last longer. A life history calendar (LHC) could be used to both enhance the recall of past events as well as explore their timing and duration (e.g. Acosta & Toro, 2000; Shinn et al., 2005; Tsemberis, McHugo, Williams, Hanrahan, & Stefanic, 2007). The underlying premise of a LHC is that life is a complex interaction of events that unfold over time and are intertwined with other events. The LHC uses the most memorable events to help trigger the memory of other events. For instance, memorable life events like birthdays, holidays, births, and deaths might be used to help people remember their housing status around those events (Freedman, Thorton, Camburn, Alwin, & Young-DeMarco, 1988). It has been used to study a variety of topics in addition to homelessness including intimate partner violence, welfare receipt, health status, housing status, relationships status, service use, aggressive and criminal behavior, substance use, suicide, and employment (Freedman, Thortaon, Camburn, Alwin, & Young-DeMarco, 1988; Milne et al., 2009; Séguin et al., 2007; Pulkkinen, Lyyra, & Kokko, 2009; Yoshihama, Hammock, Horrock, 2006).

Additionally, more research on protective factors and their interactions with risk factors for homelessness are needed. A greater understanding of protective factors may then inform interventions that would help to leverage existing protective factors and to develop new ones to prevent homelessness. As indicated by the results of this study, future research should focus on the nature of the social networks that serve as housing resources to those who are unstably housed. Similarly, future research should explore the financial resources of those who are unstably housed to determine how they are able to find and maintain sufficient income to be housed. A final protective factor that merits further exploration based on the results of this study is the role of internal resources such as perseverance and spirituality that contribute to the ability to remain housed.

### **Policy Implications**

The results of this study suggest some important implications for public policy. Initially developed to address the emergency basic needs of those experiencing homelessness, the homeless services system must continue to shift its focus towards preventing and ending homelessness. As has been argued by homeless advocates and researchers, the current system of providing emergency shelter has not reduced homelessness. Therefore, federal funding should continue to support prevention efforts with an eventual decrease in the funding of shelter programs. While there will likely always be a need for emergency shelter, effective prevention will reduce the need for them. One such federally funded prevention program that should be continued is The Homeless Prevention and Rapid Re-Housing Program (HPRP). Included in the America Recovery and Reinvestment Act (2009), HPRP provided funding for modest cash and support services to those who were suffering a temporary housing crisis as well as rapid re-housing programs. As the results of this study indicated, the loss of housing is risk factor for

homelessness. Therefore, programs like HPRP that intervene to prevent the loss of housing are likely to prevent shelter entry. Even with this type of prevention program, people cannot be housed if they cannot afford housing. Policy makers must consider policies regarding housing affordability and the labor market if homelessness is to be prevented.

There is wide agreement that lack of affordable housing is a key risk factor for homelessness. Housing has become increasingly unaffordable, particularly for people living in poverty. It is by far the largest expenditure for households with low-incomes, with those who are poor spending close to half their incomes on housing. A recent report issued by HUD on the worst-case housing needs finds that the situation is becoming even more dire. Over the past two years, there has been a 20% increase in the number of households that had worst case needs. Worst case needs are defined as being very low income renters who do not receive government housing assistance and who either paid more than half their income for rent and/or lived in severely inadequate conditions (HUD, 2010). As housing becomes increasingly unaffordable, particularly for those with low-incomes, more people will be forced to double up and live in insufficient housing conditions. For many, particularly those without other housing resources, this may result in more people experiencing literal homelessness. Therefore, policies are needed to provide rental assistance and encourage the production of affordable housing.

The results of this study indicate that the loss of housing is an important risk factor in homelessness. Accordingly, policy makers should consider initiatives that prevent the loss of housing. For instance, policies that protect tenants from unjust evictions are one such set of initiatives that could reduce the numbers of people losing their housing (Bratt, Stone, & Hartman, 2006). Similarly, the provision of mediation in housing courts has been demonstrated to help individuals and families retain their housing, even after the landlord has begun

proceedings for eviction (Burt, Pearson, & Montgomery, 2006). Of further consideration should be the zoning laws that limit how many unrelated adults can live together. It could be that by allowing people to legally live together that they can pool their resources and remain safely housed.

The ability to afford housing is also impacted by one's income. Consistent with other studies (e.g. Burt et al., 2001), many of the homeless participants of this study cited a lack of employment or insufficient income as a main contributing factor to their homelessness. Most of the jobs held by men who are homeless or at risk of homelessness are temporary and/or do not provide sufficient wages and benefits to ensure self-sufficiency (Burt, 2001). While there are job training programs that seek to enhance the skills and qualifications of their participants, these programs cannot combat a labor market that does not support relatively low-skilled workers. Therefore, the structural issues in the labor market must also be addressed if men who are at-risk of homelessness hope to be eligible for and to maintain employment that will provide sufficient income to maintain housing.

While the results of the study indicate that there is a multivariate dimension that distinguishes between men who are unstably housed and men who are homeless, there also seems to be considerable overlap. As discussed in Chapter 1, the defining of a social problem like homelessness has widespread implications for funding and service delivery. As it stands, the current definition of homelessness was expanded by the HEARTH Act to include families who are unstably housed, but not individuals who are unstably housed. If unstable housing is considered homeless for families, then it should also qualify as homeless for single adults. As stated by one of the unstably housed participants, "I don't have a key to turn on my own so I guess you can say I'm homeless" (U117).

## **Practice Implications**

The results of this study also have social work practice implications. Based on the results of this study that indicate that the loss of housing is a significant risk factor for homelessness, social workers might prevent homelessness by incorporating housing related activities into their general practice. Housing related activities include enhancing financial literacy and health (e.g. budgeting, debt repair), routine assessment of the risk of housing loss (e.g. determining housing related debt), and intervening prior to the loss of housing (e.g. landlord mediation, rental assistance). Despite the importance of housing, a study conducted in Hennepin County, Minnesota, found that 80% of case workers rarely or never performed housing related activities and 30% of those with high-need case loads rarely or never performed housing related activities. Further, case workers reported not feeling confident in their ability to satisfactorily perform these activities (Hennepin County, 2003). It is recommended that social workers are trained in housing related activities and that they integrate assessing and monitoring housing stability in their service plans as one means to prevent homelessness.

Efforts to prevent people from losing their housing cannot be divorced from efforts to help them obtain and maintain sufficient income to pay for that housing. Many of the participants noted that a lack of income contributed to their homelessness and some income kept them unstably housed. Therefore, social workers should help men find and maintain sufficient income. When given the opportunity to work, most people will choose to do so, particularly when that work is meaningful and provides adequate income. Job training, job referrals, and supported employment are all interventions that can assist men in finding and keeping employment. Government benefit programs are another source of income available to men, such as Social Security Disability Insurance (SSDI) and benefits that are available to veterans. Particularly in

the case of SSDI applications, people often find the application process daunting. Accordingly, social workers should both provide referrals to these benefit programs and assist them with the application process. Perhaps a more controversial source of income is from activities that are part of the underground economy. While it is not encouraged to advocate for men to participate in illegal activities, social workers should consider encouraging their clients to develop relationships that allow them to barter. For instance, one participant of this study noted that in exchange for housing he provided security while the owners were away on the weekend. This type of arrangement could provide some housing or other resources until more stable sources of income could be obtained.

Lastly, social workers should focus on identifying and leveraging protective factors against homelessness. While much of the literature on the prevention of homelessness has focused on risk factors, the results of this study indicate that protective factors may buffer the impact of risk factors, thus keeping some men housed. The implication for practice is social workers should assess and strengthen protective factors in their work with those who are vulnerable to homelessness. For many of the unstably housed men, their main housing resource was their friends/family. Accordingly, social workers could help to maintain and strengthen these networks through teaching social skills, providing opportunities for new friendships to develop, encouraging the relationships with existing family/friends, and helping to resolve conflicts. However, caution should be taken with this approach. It may not be better for a person to bounce from one unstable housing situation to another. As noted, more research is needed on the impact of housing instability.

### **Conclusion**

Based on the preceding discussion of the findings, several conclusions were drawn from this study. First, it appears that this study achieved one its primary aims to examine risk factors

for homelessness in men. Although overrepresented in the homeless population and the largest group of people experiencing homelessness, there is little literature on their risk for homelessness when compared to studies of homeless women and children. This study provides empirical support that the loss of housing and family conflict/disruption are risk factors for homelessness in men.

Of further interest in this study was to learn more about those who are unstably housed, a group that is conceptually similar yet is by definition distinct from those experiencing homelessness. By using them as the comparison group, not only was more learned about the risk for homelessness, but a risk for unstable housing was also identified. Those who were unstably housed at the time of the interview were associated with more episodes of housing instability. This result suggests that those who were unstably housed at the time of the interview had a pattern of cycling between unstable housing situations. Furthermore, the qualitative responses suggest that it is the presence of resources that prevent them from entering shelter. While the findings from this study indicate that there are differences between homeless and unstably housed men in risk factors for homelessness, there is considerable overlap between the two groups. Accordingly, policy makers, researchers, and service providers should consider whether the distinction is meaningful.



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## Appendices

**Appendix A: Risk and Protective Factors for Homelessness**

	Homeless Men		All Homeless (single men, women, and families)	Protective Factors
	Risk Factors	Protective Factors		
Demographics			<ul style="list-style-type: none"> <li>• Male (Early, 2004; Eyrich-Garg, Cacciola, Carise, Lynch, &amp; McLellan, 2008; Hudson, 1998; Lee, Price-Spratlen, &amp; Kanan, 2003; Link et al., 1994; Shinn et al., 2007)</li> <li>• Minority (Early, 2004; Eyrick-Garg et al., 2008; Link et al., 1994)</li> <li>• Single (Burt, 2001; Early, 2004; Link et al., 1994)</li> <li>• Less than high school education (Caton et al., 2000; Link et al., 1994)</li> </ul>	
Loss of Housing			<ul style="list-style-type: none"> <li>• Loss of apartment or housing in past year (Shinn et al., 2007)</li> <li>• Loss of housing (Crane et al., 2005)</li> </ul>	
Employment and Income	<ul style="list-style-type: none"> <li>• Lost job or job ended (Burt, 2001)</li> <li>• Inadequate income, money worries, and debts (Warnes &amp; Crane, 2006)</li> </ul>	<ul style="list-style-type: none"> <li>• Higher monthly income than the population median (Riley et al., 2007)</li> </ul>	<ul style="list-style-type: none"> <li>• Not receiving public benefits (e.g. Medicaid, food stamps) (Nwakeze, Magura, Rosenblum, &amp; Joseph, 2003; Toro et al., 1995)</li> <li>• Shorter job tenure (Shinn et al., 2007)</li> <li>• Job loss in past year in older adults (Shinn et al., 2007)</li> <li>• Single homeless adults reported median incomes of \$200 to \$288 in 1996 (29 to 42% of the federal poverty level)</li> </ul>	

**Appendix A: Risk and Protective Factors for Homelessness**

	Homeless Men		All Homeless (single men, women, and families)	
	Risk Factors	Protective Factors	Risk Factors	Protective Factors
Social Support	<ul style="list-style-type: none"> <li>• Fewer supports (Passero, Zax, &amp; Zozus, 1991)</li> <li>• Fewer positive interactions (Passero et al., 1991)</li> <li>• Current support not adequate (Caton et al., 2000)</li> </ul>		<p>(Burt, 2001)</p> <ul style="list-style-type: none"> <li>• Single homeless adults more likely to experience hunger and food insecurity (Burt, 2001)</li> <li>• Low income (Link et al., 1994; Warnes &amp; Crane, 2006)</li> <li>• Fewer supports (Passero et al., 1991; Solarz &amp; Bogat, 1990; Shinn et al., 2007)</li> <li>• Less likely to spend free time with others or have at least one close friend. (Eyrick-Garg et al., 2008)</li> <li>• Less likely to have child or family member who could house them (Shinn et al., 2007)</li> </ul>	<ul style="list-style-type: none"> <li>• The more social supports one has, the fewer homeless episodes (Zugazaga, 2008)</li> <li>• More contact with family and greater satisfaction with family relationships were associated with more nights in stable housing among homeless adults with serious mental illness (Pickett-Schenk, Cook, Grey, &amp; Butler, 2007)</li> <li>• Ties to those who can provide housing</li> </ul>

**Appendix A: Risk and Protective Factors for Homelessness**

		Homeless Men		All Homeless (single men, women, and families)	
	Risk Factors	Protective Factors	Risk Factors	Protective Factors	
Family Conflict/Disruption	<ul style="list-style-type: none"> <li>• Experience child abuse (Toro et al., 1995)</li> <li>• Out of home placement (Susser, Struening, &amp; Conover, 1987)</li> </ul>		<ul style="list-style-type: none"> <li>• Family conflict (Chamberlaine &amp; MacKenzie, 2006)</li> <li>• Death (Crane et al., 2005)</li> <li>• Break up (Crane et al., 2005; Warnes &amp; Crane, 2006)</li> <li>• Experience child abuse and neglect (Burt, 2001; Toro et al., 1995)</li> <li>• Foster care and homelessness as a child (Burt, 2001; Koegel, Melamid, &amp; Burnam, 1995)</li> </ul>		(Shinn et al., 2007)
Health	<ul style="list-style-type: none"> <li>• Substance abuse (Riley et al., 2007; Toro et al., 1995)</li> </ul>		<ul style="list-style-type: none"> <li>• severe substance abuse/use (Eyrick-Garg et al., 2008; Toro et al., 1995)</li> <li>• Severe mental health problems (Eyrick-Garg et al., 2008)</li> <li>• Self-rated psychological distress (Toro et al., 1995)</li> <li>• Physical health and disabilities</li> </ul>		
Incarceration			<ul style="list-style-type: none"> <li>• Incarceration history is risk factor among those who are also HIV positive (Courtenay-Quirk, Pals, Kidder, Henny, &amp; Emshoff, 2008)</li> <li>• Past incarceration (Cooke, 2005; Gowan, 2002; Greenberg &amp; Rosenheck, 2008<sup>2</sup>; Kushel, Hahn, Evans, Bangsber, &amp; Moss, 2005; Mettraux &amp; Culhane, 2004, 2006; Mettraux, Roman, &amp; Cho, 2007)</li> </ul>		



### Appendix A: Risk and Protective Factors for Homelessness

	Homeless Men		All Homeless (single men, women, and families)
	Risk Factors	Protective Factors	Risk Factors
Veteran Status	<ul style="list-style-type: none"> <li>Being a veteran (Gamache, Rosenheck, &amp; Tessler, 2001; Perl, 2007)</li> <li>Higher risk for homelessness among veterans of the immediate post-Vietnam era (Gamache et al., 2001)</li> </ul>		
			Protective Factors

**Appendix B: Risk and Protective Factors for Housing Instability**

	Unstably Housed Men		All Unstably housed (single men, women, and families)	
	Risk Factors	Protective Factors	Risk Factors	Protective Factors
Demographics			<ul style="list-style-type: none"> <li>• Male (Early, 2004; Eyrick-Garg et al., 2008; Hudson, 1998; Lee et al., 2003; Shinn et al., 2007)</li> <li>• Lack of high school degree or GED (Wright, Caspi, Moffitt, &amp; Silva, 1998)</li> </ul>	
Housing Instability			<ul style="list-style-type: none"> <li>• Frequent residential changes in childhood (Wright, Caspi, Moffitt, &amp; Silva, 1998)</li> </ul>	
Employment and Income			<ul style="list-style-type: none"> <li>• Less access to Medicaid and food stamps than housed but poor (Nwakeze et al., 2003)</li> <li>• Economically vulnerable (earning no more than 125% of the poverty level) (Cunningham &amp; Henry, unknown)</li> </ul>	
Social Support			<ul style="list-style-type: none"> <li>• Likely to have child or family member who could house them (Shinn et al., 2007)</li> </ul>	
Family Conflict/Disruption				
Health				
Incarceration	Incarceration in past year (Weiser et al., 2009)		<ul style="list-style-type: none"> <li>• Among late adolescences, delinquency and trouble with the police (Wright, Caspi, Moffitt, &amp; Silva, 1998)</li> <li>• Incarceration history is risk factor among those who are also HIV positive (Courtenay-Quirk, Pals, Kidder, Henny, &amp; Emshoff, 2008)</li> </ul>	

Veteran Status				
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## Appendix C: Sample Recruitment Letter

[Agency name]  
[Agency address]

Dear [name],

As you may already know, my name is Valerie Holton and I'm a doctoral candidate in the School of Social Work at Virginia Commonwealth University (VCU). Along with Dr. Ann Nichols-Casebolt, I am conducting a study of risk factors for homelessness in men. The title of the study is Distinguishing Between Homeless and Unstably Housed Men on Risk Factors for Homelessness (IRB#: HM13410).

Interviews will be conducted with men who are experiencing homelessness and men who are unstably housed to determine which risk factors distinguish between them. Questions will ask for basic demographic information, how many times certain events have happened in the past, and what are the main reasons they have become homeless or have not become homeless. Interviews should take about 10 to 15 minutes. Participants will not get any direct benefits from this study, but the information provided will be used to learn more about the possible risk factors for homelessness in men. There are no costs for participating in this study other than the time spent taking the survey. Participation in the study and all responses will remain confidential.

I would like your permission to recruit participants from your agency. If permission is granted, I would like to work with your case manager(s) to schedule times during which I could briefly describe the study during a group meeting as well as times that several interviewers and myself could be available to interview participants.

Your assistance would be greatly appreciated. I will contact you in the next couple of days to answer any questions and, if agreeable to you, get the contact information for the case manager(s) with whom I could schedule times to meet with your clients.

Please contact me at [vholton@vcu.edu](mailto:vholton@vcu.edu) or [phone] or Dr. Ann Nichols-Casebolt at [acasebol@vcu.edu](mailto:acasebol@vcu.edu) with any questions or concerns.

If you have any questions or concerns about the rights of participants, you may contact:

Office for Research  
Virginia Commonwealth University  
800 East Leigh Street, Suite 113  
P.O. Box 980568  
Richmond, VA 23298  
Telephone: 804-827-2157

Thank you,  
Valerie Holton, LCSW

## **Appendix D: Group Recruitment Script**

Hi, my name is Valerie Holton [introduce other interviewers if they are present]. I'm from VCU (Virginia Commonwealth University) in the School of Social Work. Along with Dr. Ann Nichols-Casebolt, we are conducting a confidential survey to find out about what factors might tip a man from being unstably housed to becoming homeless.

To do that, we are asking men who are homeless and men who are unstably housed some questions about themselves and some things that might have happened in the past. If you decide to participate in this research, you will be asked questions about yourself like your age and race, how many times certain negative life events occurred in the past, and what are the main reasons you have become homeless or have not become homeless.

You may not get any direct benefit from this study, but the information you provide will be used to learn more about the possible risk factors for homelessness in men. There are no costs for participating in this study other than the time you will spend taking the survey.

The survey shouldn't take more than 10 or 15 minutes. All of the answers you give will be strictly confidential, meaning that no one will know that you specifically participated in the study or how you answered the questions.

You are under no obligation to participate. If you are interested in participating, we will be available to interview on [date and times]. We have that information listed on this flier [the recruitment flier]. On that flier you will also find my contact information if you have any questions or concerns about the research.

Thank you for your time.

## Appendix E: Survey Instrument

### Risk Factors for Homelessness

**Name of interviewer:**

**Date of interview:**

**Location of interview:** (check one)

<input type="checkbox"/> HomeAgain	<input type="checkbox"/> St. James Episcopal Church
<input type="checkbox"/> CARITAS	<input type="checkbox"/> The Conrad Center
<input type="checkbox"/> The Salvation Army	
<input type="checkbox"/> Freedom House	

#### Introduction Script

*Hi, my name is [interviewer's name]. I'm from VCU (Virginia Commonwealth University) and I'm conducting a confidential survey to find out about what factors might tip a man from being unstably housed to becoming homeless. To do that, I'm asking men who are homeless and men who are unstably housed some questions about themselves and some things that might have happened in the past. Questions will ask for some information about yourself like your age and race, how many times certain events happened in the past, and what are the main reasons you have become homeless or have not become homeless.*

*It shouldn't take more than 10 or 15 minutes. All of the answers you give will be strictly confidential, meaning that no one will know that you specifically participated in the study or how you answered the questions.*

*If you would like to participate, then I will read you an agreement explaining that the study is voluntary and that your answers will be kept confidential.*

#### **-Informed Consent-**

### Screening Questions

*This is a study that looks at two specific groups of people. Before we get started, I would like to ask you a few questions to make sure that you are a member of one of those two groups. (If a participant is screened out of the study: thank him for participating and offer him a bus ticket.)*

**Have you already participated in this study?**     Yes     No     Not sure

(Stop the study if respond "yes")

**What is your gender? (check one)**

- Male       Female       Transgender male to female       Transgender female to male  
 (Stop the study if respond female or transgender male to female)

**What is your age?** (write answer on line) \_\_\_\_\_ Years

(Stop the study if respond under 18 years old)

**Where did you sleep last night?**

- |   |   |
|---|---|
| <input type="checkbox"/> Homeless shelter or transitional program | <input type="checkbox"/> Home participant rented  |
| <input type="checkbox"/> Motel/hotel                              | <input type="checkbox"/> Home the participant owned   |
| <input type="checkbox"/> Home of friends/family                   | <input type="checkbox"/> Group home/foster care   |
| <input type="checkbox"/> Rooming house                            | <input type="checkbox"/> A place not meant for human habitation                                       |
|   | <input type="checkbox"/> Jail/prison  |
|   | <input type="checkbox"/> Hospital or treatment facility   |
|   | <input type="checkbox"/> Permanent supportive housing program (e.g. New Clay House, A Place to Start) |
|   | <input type="checkbox"/> Other _____  |

(Note: a rooming house is defined as a house that rents out rooms weekly or monthly. A place not meant for human habitation is outdoors, abandoned or condemned building, vehicle, bridge, rail yard, campsite, or other place not meant for human habitation)

(For homeless sample: stop study if they provide any response other than “Homeless shelter or transitional program”. For unstably housed sample: stop study if they provide any response other than “motel/hotel”, “home of friends/family”, or “rooming house”.)

Only ask the following question of those who are currently experiencing homelessness and in a shelter (not a transitional program).

*Next I'd like to ask you a couple questions about your history of homelessness.*

**Have you been continually homeless for over the past one year?**       Yes       No

**Have you been homeless four or more times in the past three years?**  Yes       No

(Stop the study if respond yes to either question)

<b>Demographics</b>
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**How long have you been living where you are currently staying?** (write in your best guess of the number of days, weeks, months, or years)

\_\_\_\_\_ days    \_\_\_\_\_ weeks    \_\_\_\_\_ months    \_\_\_\_\_ years

**What is your birth day and month?** (write answer on line) \_\_\_\_\_

**What is your race?** *(Any of these could include Hispanic or Latino ethnicity)*

- White                       African-American/Black                       Asian                       American Indian or Alaskan Native
- Native Hawaiian or Pacific Islander                       Two or more races                       Other (write answer on line)
- \_\_\_\_\_

**Are you Hispanic or Latino?** (check one)                       Yes                       No

**What is the highest level of education that you completed?** (check one)

- Highest grade completed \_\_\_\_\_
- High School Diploma or GED
- Some College
- College Degree
- Post-Graduate

**What is your relationship status?** (check one)  Single                       Married/Partnered

**Are you currently living with a significant other, like a girlfriend or boyfriend?** (check one)

- Yes                       No

**Do you have any children under the age of 18?** (check one)                       Yes                       No

If you answered **YES**, please answer these questions:

**Will any of these minor children stay with you tonight?** (check one)

Yes, all                       Yes, some                       No

**What are their ages?** (write answers on line)

\_\_\_\_\_

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## Negative Life Events

*This next set of questions will ask you about events that may have occurred in the past.*

*For those currently unstably housed (currently staying in hotel/motel, with friends/family, or in rooming house): We are interested in the events that occurred in the past two years. Can you remember where you were living two years ago? OK, great, that might help you remember how many times these events occurred in the past two years.*

*For those currently in homeless shelter or transitional program: We are interested in the events that occurred two years before you started living in a homeless shelter or transitional program. When did you first start living in a homeless shelter or transitional program? OK, now can you remember where you were living two years before that? OK, great, that might help you remember how many times these events occurred in the two years before you entered a homeless shelter or transitional program.*

**Unstably housed: How many times did the following events occur over the past 2 years?**

**OR**

**Homeless: How many times did the following events occur in the 2 years prior to you entering shelter this time?**

(for housing situations, "times" refers to an uninterrupted period of time)  
(write answer on line)

**1. Separated or divorced from an intimate partner:** \_\_\_\_\_ Times

*i.e. broke up with a significant partner*

**2. Experienced the death of a close friend or relative:** \_\_\_\_\_ Times

**3. Got released from jail or prison:** \_\_\_\_\_ Times

**4. Got released from a hospital/treatment facility:** \_\_\_\_\_ Times

**5. Lived in a shelter/ transitional program:** \_\_\_\_\_ Times

**6. Lived outdoors or place not meant for human habitation:** \_\_\_\_\_ Times

**7. Lived in a hotel/motel:** \_\_\_\_\_ Times

**8. Stayed with friends/family:** \_\_\_\_\_ Times

**9. Lived in a rooming house:** \_\_\_\_\_ Times

**10. Was evicted from an apartment where your name was on the lease:** \_\_\_\_\_ Times

**11. Lost a housing subsidy:** \_\_\_\_\_ Times

*A housing subsidy is like when the government helps you pay rent.*

<b>12. Experienced a foreclosure:</b>	_____ Times
<b>13. Lost welfare benefits (SSI/SSDI, food stamps, etc):</b>	_____ Times
<b>14. Was unemployed for more than 1 month:</b>	_____ Times
<b>15. Quit, laid off, or was fired from a job:</b>	_____ Times
<b>16. Had a problem with alcohol or drugs that significantly impacted your ability to work and/or to care for yourself or your family:</b>	_____ Times
<b>17. Had a mental health problem that significantly impacted your ability to work and/or to care for yourself or your family:</b>	_____ Times
<b>18. Had a problem with your physical health that significantly impacted your ability to work and/or to care for yourself or your family:</b>	_____ Times

<b>How many times did the following events occur while you were a child (under 18 years old)?</b>	
<i>May need to remind participant that they are answering for events in their childhood</i>	
<b>19. Lived in a shelter/transitional program:</b>	_____ Times
<b>20. Lived in a place not fit for human habitation like on the streets, in a car, under a bridge:</b>	_____ Times
<b>21. Lived in a hotel/motel:</b>	_____ Times
<b>22. Lived in a rooming house:</b>	_____ Times
<b>23. You and a parent stayed with friends/family:</b>	_____ Times
<b>24. Lived with someone other than a biological parent:</b>	_____ Times
<b>25. Placed in foster care:</b>	_____ Times

**Would you say that you were abused/neglected at any point as a child? (check one)**

Yes       No

*I'd like to ask you one final question now.*

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For those who are experiencing homelessness: **What do you think are the main reasons you became homeless?**

For those who are unstably housed: **What do you think are the main reasons you are not homeless?**

*Prompts:*

*To encourage expanding on an answer: Can you tell me a little more about that? Can you give me an example?*

*To explore when something occurred: When did that occur?*

## Conclusion

*Thank you very much for the time you have spent on this. Here is a bus ticket as a small token of appreciation for your time.*

**Interviewer notes:**

## Appendix F: Consent to Participate

### CONSENT TO PARTICIPATE

**TITLE:** *Distinguishing Between Homeless and Unstably Housed Men on Risk Factors for Homelessness*

**VCU IRB #:** HM13420

The purpose of this research study is to find out more about the risk factors for homelessness in men. You are being asked to participate in this study because you are a man who is either experiencing homelessness or is unstably housed. Before we get started, you will have the chance to ask questions and to understand what will happen. If you agree to participate, I will ask you to give your verbal consent.

In this study, you will be asked questions about yourself like your age and race and how many times certain negative life events occurred in the past. You will also be asked to describe the main reasons you have become homeless or have not become homeless. It should take 10-15 minutes. You may not get any direct benefit from this study. However, the information you provide will be used to learn more about the possible risk factors for homelessness in men. There are no costs for participating in this study other than the time you spend taking the survey.

Taking this survey is voluntary. You can stop at any time. We don't think you will experience any problems by answering the questions. If you are not comfortable with a question or the survey, you don't have to answer the question or you can stop taking the survey. Your participation in this study will in no way impact the services you receive at this agency or at any other.

Your name will not be on the survey and we will not ask for any information that specifically identifies you. What we find from this study may be presented at meetings or published in papers. The information that we report from the survey will be based on information about groups of people. Your responses will not be singled out.

If you have any questions or concerns about the survey, please contact Valerie Holton, doctoral candidate, at [vholton@vcu.edu](mailto:vholton@vcu.edu) or (804) 496-1552. Or you may contact Dr. Ann Nichols-Casebolt, principal investigator, at [acasebol@vcu.edu](mailto:acasebol@vcu.edu). You may have a copy of this consent form to take with you or you may take a card with the contact information on it.

If you have any questions about your rights as a participant in this study, you may contact:

Office for Research  
Virginia Commonwealth University  
800 East Leigh Street, Suite 113  
P.O. Box 980568  
Richmond, VA 23298  
Telephone: 804-827-2157

If you want to talk to anyone after taking the survey, please let the interviewer or your case manager know so that we can arrange for this.