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Exploring the Paths to Homelessness: An Ethnographic Study of How Disability, Educational Achievement, Gender, Foster Care and Poverty Impacted the Lives of Two Towns' Homeless Shelter Residents

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EXPLORING THE PATHS TO HOMELESSNESS:
AN ETHNOGRAPHIC STUDY OF HOW DISABILITY, EDUCATIONAL
ACHIEVEMENT, GENDER, FOSTER CARE AND POVERTY IMPACTED THE
LIVES OF TWO TOWNS' HOMELESS SHELTER RESIDENTS

by

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Bachelor of Arts, Minnesota State University Moorhead, 2000
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A Dissertation

Submitted to the Graduate Faculty

of the

University of North Dakota

in partial fulfillment of the requirements

for the degree of

Doctor of Philosophy

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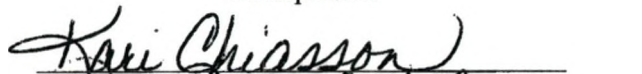

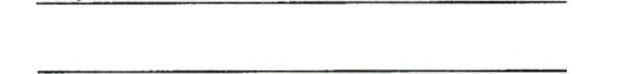


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DEFINITION OF TERMS

Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) — This bill provided financial assistance for adoptions and helped strengthen foster care programs for at risk and vulnerable children (Karcher & Stoesz, 2006).

Attention Deficit Hyperactivity Disorder (ADHD) — Characteristics of a person with ADHD include inattention, impulsivity, and/or hyperactivity (Barkley, 2006).

Buck v. Bell — A 1927 Supreme Court decision that allowed the sterilization of an 18-year-old girl living in foster care who was deemed “feebleminded”; this law paved the way for many people living in state institutions to be sterilized (Lombardo, 2008).

Bipolar Disorder — A mental illness that involves manic mood swings alternating with a depressive state (Bardick & Bernes, 2005).

Chafee Foster Care Independence Act of 1999 — The U.S. Department of Health and Human Services (HHS) offers funding to states to help foster care youth transition into adult living (Nixon, 2007).

Child Abuse Prevention and Treatment Act (CAPTA) of 1974 (P.L. 93-247) — This bill gave states help in creating programs that would identify and assist children at risk for child abuse (Karcher & Stoesz, 2006).

Child Protection Services (CPS) — A government agency that handles child abuse allegations.

Eugenics — A social movement that advocated for some women—based on race, class, mental ability, or other traits—to be sterilized while other women were encouraged to have more children. Neo-eugenics, a second wave of eugenics occurred in the 1970s when physicians at family planning agencies used Medicaid funding to pay for sterilizations of poor, minority women (Lombardo, 2008).

Fetal Alcohol Spectrum Disorders (FASD) — A term describing adverse effects that can occur to a fetus when the mother drinks alcohol during pregnancy (Adkinson & Stuart, 2007).

Fostering Connections to Success and Increasing Adoptions Act of 2008 — A federal program that offers extra financial support to former foster care youth until age 21 (Dworsky & Courtney, 2010).

Head Start Reauthorization Act of 2007 — This program provides educational, nutritional, health, and dental services for preschoolers (Duffield, 2009).

Housing Choice Voucher Program (Section 8 Housing Voucher) — Program that helps families of limited means with housing costs (Karcher & Stoesz, 2006).

Individuals With Disabilities Education Act (IDEA) — A law ensuring equal educational services to children with disabilities (U.S. Department of Education, 2008, p. 1).

Least Restrictive Environment (LRE) — Part of IDEA that states children with disabilities should be educated with children without disabilities, whenever possible (LRE requirements, 2010, para. a.2.i).

Lithium — An element listed on the Periodic Table used to manage bipolar disorder.

McKinney-Vento Homeless Assistance Act, as amended by P.L. 107-110 —
reauthorized in January 2002 as Title X, Part C, of the No Child Left Behind
Act.

Medicaid — President Johnson established medical assistance as part of Social
Security in the 1960s (Karcher & Stoesz, 2006).

Mississippi Appendectomy — Slang for an involuntary sterilization, sometimes given
to Southern, often minority, women by a physician (Roberts, 1997).

New Homeless — In the 1980s, homeless families began appearing on the streets
asking for assistance (Rossi, 1989).

Norplant — Birth control inserted into a woman's arm that lasts for five years. Due to
numerous lawsuits, this product has been removed from the market although
other similar products are now for sale (Roberts, 1997).

Post Traumatic Stress Disorder (PTSD) — An anxiety disorder that occurs after a
traumatic event, including symptoms such as, continually reliving the event,
avoiding situations similar to the event, feeling numb, and feeling jittery (U.S.
Department of Veterans Affairs, 2010).

Section 504 of the Rehabilitation Act of 1973 — This law requires that students with
disabilities, including mental impairments, attend school in a “regular
educational environment” whenever possible (U.S. Department of Education,
Subpart D, 104.34).

Skinner v. Oklahoma — A 1942 Supreme Court decision, which ruled that compulsory
sterilization cannot be imposed upon prisoners if the Equal Protection Clause is
violated (Lombardo, 2008).

Supplemental Nutrition Assistance Program (SNAP) — This federally funded program was originally known as food stamps.

Supplemental Security Income (SSI) — A federal program that offers financial assistance to disabled people (U.S. Social Security Administration, n.d.).

Temporary Assistance for Needy Families (TANF; “welfare”) — This act created a new policy stating that the federal government was no longer responsible for supplying financial assistance to the poor; benefits were limited to five years (Karcher & Stoesz, 2006).

Tubal Ligation (salpingectomy) — The severing of fallopian tubes in order to render a woman sterile (Lombardo, 2008).

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of the participants of this research study, and all of the people who live in homeless shelters around the country.

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DEDICATION

I dedicate this work to the memories of my mother, Colleen Arnau, and my dear friend, Wolfgang Langewiesche, both extraordinary mentors and writers, whose spirits continue to guide and inspire me long after their passing.

ABSTRACT

This qualitative study explored and described the lived experiences of residents of two homeless shelters located in the Upper Midwest. Through testimonies of participants, common themes associated with homelessness were revealed, such as disability, domestic violence, food shortages, foster care, insecure housing, and poor educational achievement. Since education, or a lack thereof, sometimes played a part in the residents' inability to make a living wage, participants were queried about their schooling.

The public has a tendency to blame homeless people for their condition and assume that their plight is self-imposed due to substance abuse and a refusal to work (Diversi & Finley, 2010). While substance abuse was a factor in the lives of some of the residents and their parents, a more universal finding was that eight of the nine participants lived in foster care when they were growing up. Indeed, contrary to some popular beliefs, several participants had jobs, but they did not earn enough money to afford an apartment; hence they rented a room at the shelter. Other participants had a disability, which qualified them for a Supplemental Security Income (SSI) from the federal government, which they used to pay for their accommodations at the shelter.

This study found that there were forces beyond "free will" that were responsible for the participant's homelessness. It also offered recommendations for

ways to help emancipated foster care youth transitioning to adulthood, which *may* help decrease the rate of homelessness in the United States.

CHAPTER I

INTRODUCTION

Statement of the Problem

Poverty and homelessness have been enduring problems in the United States since colonial days, when the principle of the “deserving poor” and “non-deserving poor” was established (Katz, 1990). The “deserving poor” were those people who were unable to care for themselves, so they were deemed worthy of assistance, such as persons with disabilities, the elderly, and children. The “undeserving poor” were those people who were deemed able to care for themselves, such as able-bodied men and women without young children. Despite the acceptance of the deserving poor as a group that was worthy of help, Schweik (2009) stated that charities sometimes were on the lookout for imposters, and went so far as to hire “fraud detectors” to ensure that aid was given to the truly needy.

During certain eras of this nation’s history, such as the eugenics movement of the early 20th century, and the Reagan administration of the 1980s, the “deserving poor” were not just suspected of deceitful actions; they were also deemed unworthy of assistance. Eugenicists, who were inspired by social Darwinism and the “survival of the fittest” theory of evolution, argued that a person’s destiny was controlled by heredity. People were poor because they had inherited inferior genes. Eugenicists

also contended that aiding the poor was “dysgenic” because it violated the laws of natural selection (Black, 2003).

During the presidential campaign of 1976, candidate Ronald Reagan adopted the modus operandi of the “fraud detector,” lambasting a Chicago “welfare queen” who had “80 names, 30 addresses, 12 Social Security cards and is collecting veteran’s benefits on four non-existing deceased husbands” (Gilliam, 1999, para. 10). A reporter for *The New York Times* fact-checked Reagan’s claim at the time and found no one who met this description, although the reporter did find a Chicago woman named Linda Taylor, who was convicted of fraud for using four aliases and cheating the government out of \$8000 (New York Times, 1976). It would seem that candidate Reagan exaggerated the details of the story, which played well to some white voter’s uneasiness towards African-Americans. Once elected, President Reagan used the welfare queen’s story to justify cuts in welfare programs.

Another campaign to cut welfare benefits was the Republican-sponsored “Contract with America,” a document signed by Republicans running for seats in the House of Representatives during the 1994 election campaign. If Republicans gained a majority in the house after the election, those signing the contract promised to enact certain legislation that would:

Discourage illegitimacy and teen pregnancy by prohibiting welfare to minor mothers and denying increased Aid to Families with Dependent Children (AFDC) for additional children while on welfare, cut spending for welfare programs, and enact a tough two-years-and-out

provision with work requirements to promote individual responsibility.

(Republican Party, para. 9)

Although President Clinton vetoed this Republican version of the Personal Responsibility Act, he did sign into law the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, which limited the time that a family could be on welfare and required people collecting welfare to work. The Act further eroded support for the deserving poor, although it did not prohibit welfare benefits to unmarried pregnant teens, as the Republicans had originally suggested.

The residents of the homeless shelter for this study have not lived in a vacuum. Social policies initiated by federal and state governments have directly affected their lives. For this reason, I describe various laws and government policies which may have affected the residents personally. An important law to be discussed in this dissertation is the McKinney-Vento Homeless Assistance Act (MVA), which was passed in 1987 to eliminate barriers that may prohibit a homeless child's progress in school. This law was passed by a Democratic majority congress as a response to the Reagan administration's welfare cuts and an influx of homeless families who began appearing in county welfare agencies in the early 1980s, who became known as the "new homeless."

Through the testimonies of participants, this dissertation will explore common themes associated with their poverty and homelessness, such as domestic violence, foster care, inadequate schooling, insecure housing, a lack of nutritious food and medical care, substance abuse, poor educational achievement, and teenage pregnancy. This paper also argues that there are misperceptions about people who are poor and

homeless, which are partly due to stereotyping and scapegoating that first were promoted by the American eugenics movement of the twentieth century and later adopted by social conservatives. Along with stereotyping and scapegoating, there have been accusations of fraud, which have created stigma towards the poor and homeless. This enabled certain groups to justify draconian cuts to social welfare programs. To counteract this negative effect, liberals passed legislation to help the poor, which has resulted in a patchwork of programs that have not had the desired effect of alleviating inequities, but instead, has sometimes served to perpetuate them. By providing a space for the narratives of participants, I hopefully will provide real-life experiences rather than the stereotypes and disconnected statistics that underpin many homeless and welfare policies.

The New Homeless

Before the 1970s, the typical homeless person was unmarried, male, indigent, and often alcoholic (Rossi, 1989). In the late 1970s, a new homeless population began appearing that became known as the “new homeless,” which consisted of young women with children (Blau, 1992; da Costa Nunez, 2004; Hoch & Slayton, 1989; Rossi, 1989). At first, the appearance of homeless *families* looked like a temporary crisis that would resolve itself (Hafetz, 2003). But as more and more families showed up at county social service agencies needing help, it became apparent that the amount of homeless families was increasing (Flohr, 1996). The numbers have continued to grow, especially during the recession of the late 2000s. According to the Annual Homeless Assessment Report (2010), “The percentage of sheltered homeless people who were homeless as part of families rather than by themselves increased from 29.8

percent in 2007 to 34.1 percent in 2009” (p. 34). This number is an average of homeless families in major U.S. cities.

Nearly 84% of homeless families are headed by a single mother who is unemployed, has few job skills, and did not complete high school. Homeless mothers often have troubled childhoods and may have witnessed or personally experienced substance abuse, domestic violence, and inadequate health care (National Center on Family Homelessness, 2009).

Child protection services (CPS) often consider a homeless shelter an unsafe place for children, so the agencies may remove children from homeless shelters and place them in foster care. This may cause a child to feel abandoned and exhibit “acting out” behavior, such as hostility towards foster parents and truancy in school (Munson & Freundlich, 2008). The National Center on Family Homelessness estimates that fewer than 25% of homeless children graduate from high school (2009). Foster children, overall, fare better than homeless children in rates of graduation, which appears to justify court actions to remove children from parents living in homeless shelters. As Joftus (2007) wrote:

Fifteen-year-old students in foster care were only about half as likely as other students to have graduated from high school five years later, with significantly higher percentages of youths in care having dropped out (55%) or become incarcerated (10%). (p. 3)

Both homeless and foster children perform poorly academically and frequently exhibit developmental delays, learning disabilities, behavior problems, poor exam scores, grade retention, and high drop-out rates (McGuinness & Scheider, 2007). Conger and

Rebeck (2001) reported that children living in kinship foster care, where a child lives with a blood relative, have better attendance rates in school and exhibit more emotional stability than children living with strangers. Moreover, Conger and Rebeck found that increased attendance rates resulted in higher scores in math and reading. Conversely, children living in non-kinship foster care may reside with several families, and consequently, experience numerous school transfers, which has been shown to result in low scores in math and reading (Conger & Rebeck, 2001).

When children in homeless shelters are put into foster care, they may experience mental health issues. Craven and Lee (2006) estimated that 22% of foster children suffer from severe post-traumatic stress disorder (PTSD) due to having “witnessed violent crime or experienced abuse, separation from caregiver or other traumatic experiences” (p. 290). They wrote, “The majority of foster children have at least one psychiatric disorder, and approximately 33% have three or more diagnosed psychiatric problems” (p. 290).

A study conducted by Casey Family Programs (2005) found that foster care alumni who earn a high school diploma or General Equivalency Degree (GED) have more successful life outcomes. Unfortunately, a high number of females in foster care become pregnant, which has a negative effect on their educational achievement (Women’s Law Center, 2007). The National Campaign to Prevent Pregnancy (2008) reported that “By age 21, nearly 71% of the young women who had been in foster care report having been pregnant at least once; of these women, 62% had been pregnant more than once” (p. 2).

Parenting can be challenging for anyone; for a young mother who lacks emotional support from family and financial resources, parenting can be disastrous. If the mother has substance abuse problems, the need for drugs or alcohol may cycle out of control, potentially resulting in an arrest and/or a substance overdose. This can create a self-perpetuating cycle of teenage motherhood, poor parenting, court intervention, and financial dependency upon the government. This has a high cost to taxpayers, as well. As the National Campaign (2008) pointed out: “Teen childbearing cost taxpayers \$9.1 billion in 2004. Fully \$2.3 billion of these costs can be attributed to increased child welfare costs from foster care and Child Protective Services” (p. 1).

Purpose of the Study

The purpose of this study was to explore and describe the lived experiences of residents of two homeless shelters in two Midwestern towns in close proximity to each other. The rationale of this dissertation was to gain insight into possible issues—poverty, teen pregnancy, mental illness, foster care, disability, and educational achievement—that may have interfered with the participant’s ability to obtain an education, earn a living wage, and maintain a permanent home. Society has a tendency to blame homeless people for their condition and assume that their problems are the result of making poor choices, such as abusing substances and refusing to work (Diversi & Finley, 2010). This dissertation shows, however, that such thinking may be a misperception. In this study, participants in two homeless shelters had an opportunity to tell their stories, and they demonstrate that forces beyond individual choice often lead people toward homelessness. It is easy to condemn the homeless as a group; it is far more difficult to condemn the homeless when the difficulties of an

individual's life are identified. I hope that the information gleaned in this study—the voices of the homeless themselves—will promote tolerance and understanding of the circumstances that the homeless face.

Through this work, I show that education, or the lack thereof, has sometimes played a part in how residents of homeless shelters become and remain homeless. Reading the direct testimony of people who have experienced poverty and homelessness can help to highlight problems in our educational system and create a heightened awareness. Oftentimes, those who are marginalized are given no say in their own recovery process. Rist (1970, 2000), a qualitative researcher who studied how teacher expectations could create a self-fulfilling prophecy of failure in poor students, described the perils of educators and service providers making unwarranted assumptions about their students:

I have been taken aback time and again about how those in positions of authority think they “know” what marginalized peoples believe/want/need. In reality, these decisionmakers so often did not have a clue. Without a means of giving voice to the poor and marginalized, decisions will be made that reflect nothing more than the perceptions and values of those making the decisions. (pp. 264-265)

People who have been stigmatized and shunned have a right to be heard. Educators and service providers who assume that they know best and ignore the reflections of the people whom they are supposed to be helping may help perpetuate the problem despite their good intentions. By listening to the testimony of participants in this study, it is my hope that today's educators and service providers will be able to construct better

programs and interventions for those people living a marginalized existence. If society is to help the children of today and tomorrow, it is imperative that we listen to and learn from the children of yesteryear.

Theoretical Framework

This dissertation is grounded in critical social theory and social justice, which holds that certain economic, educational, legal, political, and social policies have contributed to the problems of poverty and homelessness in the United States. This work will scrutinize the way that society in the United States favors and rewards certain members of the population while often depriving other members of the population of basic human needs, such as food, shelter, and medical care.

Carspecken (1996) believed that income disparity and poverty are common by-products of capitalism and stated, “In a capitalistic society, those born to the lower classes have far fewer chances of ending up with larger incomes and enjoying political influence than do those born in higher classes” (p. 177). For people who struggle to survive on minimum wage jobs that lack sick leave and health insurance, life is often a desperate effort to “make ends meet.” A minor illness can mean catastrophe—and becoming homeless.

Apple (2004) contended that children entering kindergarten with families of high “economic property” have a sizable advantage over children in families with little economic property. Families with high economic property can afford stable housing, nutritious food, medical care, nice clothing, and preschool. Children living in families that have books and computers at home do better in school (Apple, 2004). Family visits to the library, museum, and parental involvement in school were also noted as

having a positive effect on a child's success in school (Apple, 2004). Conversely, families with low economic property may only attain a few of the characteristics necessary for scholastic success. Frequent moves, food insecurity, inadequate medical care, and a lack of regular routine may adversely affect the school performance of children in low-wage families (Bassuk & Friedman, 2005). Parents in low-income families have also been found to use more negative parenting skills, such as frequent spanking, which may be associated with the parent's elevated stress level (Gershoff, Aber, Raver, & Lennon, 2007).

To add to the challenges for children in poor families, a lack of cultural capital may also be present, including poor linguistic competence and knowledge that middle class teachers believe is important. Apple (2004) and Rist (1970, 2010), furthermore, observed kindergarten classrooms and discovered that teachers favored students who were compliant and possessed economic and cultural capital similar to their own. Children who lacked good hygiene, such as smelling of urine, and wore tattered clothing, were assumed to be "slow learners." Rist (1970, 2010) explained:

Highly prized middle-class status for the child in the classroom was attained by demonstrating ease of interaction among adults; high degree of verbalization in Standard American English; the ability to become a leader; a neat and clean appearance; coming from a family that is educated, employed, living together, and interested in the child; and the ability to participate well as a member of a group (p. 276).

Adults who experienced economic and cultural challenges as children may find themselves lacking the education and job skills necessary to finding a job that allows

them to live independently after schooling is over. Their lives may thus be blighted by a lack of adequate housing, poor nutrition, and a dearth of medical care, which may lead to a shorter life expectancy (Cromie, 2006).

Although the ideology of individualism assumes equality for all, this is a misperception. Teachers' low expectations of their pupils become a self-fulfilling prophecy, as Rist (1970, 2010) described, "The system of public education in reality perpetuate what it is ideologically committed to eradicate—class barriers which result in inequality in the social and economic life of the citizenry" (p. 300). Until teachers realize that their bias may be harming the potential success of their low-income students, some poor children will continue to struggle, and consequently fail, in school.

Implications of the Study

Deep social theory underlies the simple stories that the residents shared. Common problems inherent in a society with a wide income disparity and a high rate of poverty are exemplified in the dialogues of the residents. Teenage pregnancy, substance abuse, domestic violence, insecure housing, inadequate schooling, and a lack of medical care were common themes.

Eight of the nine residents spent time in foster care. Two of the respondents spent time in homeless shelters when they were children. A lack of stability, especially in being moved from one foster care family to another, may have negatively affected the participants' educational achievement. Research indicates that children need at least six months to acclimate to a new school under the best of circumstances (Popp, 2004). Since positive educational experiences are associated with success in

life, this study will discuss policies and programs that encourage a stable home and school environment.

Despite the claims that everyone has the same chance for success in the United States, many children grow up with few opportunities for advancement. A child who grows up in a family that cannot afford basic housing has a major disadvantage, as does a child who grows up in a family that cannot afford nutritious food and basic health care. Children living in homeless shelters often lack the three essential items necessary to grow and thrive: adequate food, housing, and medical care. Many children living in homeless shelters also frequently miss school, so they do not receive an appropriate education. As previously stated, fewer than 25% of children living in homeless shelters graduate from high school (The National Center on Family Homelessness, 2009). A poor education often leaves a child alienated from society and struggling to navigate the intricacies of life.

Statistics are helpful in indicating the frequency of certain problems; however, a qualitative study is needed to give context and detail to statistics. Depending on results of data from this study, Chapter V will explore and discuss strategies and interventions that may increase life skills and academic achievement of the homeless. If society is to eliminate its ever-growing population of homeless, it is imperative to understand how government policy and social forces may have interacted with a homeless resident's ability to earn a living wage.

This study will address the following overall question: How do residents in two homeless shelters explain the causes of their homelessness and its impacts on their lives? More specifically, it will attempt to answer the following questions:

1. What role, if any, has substance abuse played in the residents' lives, or that of their parents?
2. What role did the educational system play?
3. What roles have interpersonal relationships had in the residents' experiences?
4. Has poverty played a factor in the residents' lives?
5. How much of an individual's homelessness can be considered choice?
6. What difficulties do homeless and poor women experience that are different from men in the same situations?

Overview

In Chapter II, I discuss the “deserving poor” and the “non-deserving poor,” and how the concept of providing assistance to the poor was attacked and damaged by the American eugenics movement, President Reagan’s administration, and further cuts by President Clinton’s administration. I also describe the social and educational challenges that homeless and foster care children face, then go on to explain how federal programs passed by a Democratic majority in the Congress have, at times, counteracted the effect of welfare cutbacks.

In Chapter III, my two research sites are described, along with a discussion of my data collection and analysis processes. Also in Chapter III, I explain how I ensured that validity was upheld. This study involved vulnerable subjects, so extra care was taken to ensure that participants were protected from harm.

In Chapter IV, participants speak for themselves and demonstrate, through their life stories, the social theory presented in previous chapters. I also provide a cross-case analysis of my participant findings.

Finally, in Chapter V, I summarize my findings, and draw my conclusions. This chapter also offers some innovative ideas for fixing the badly broken foster care system.

CHAPTER II

LITERATURE REVIEW

In this chapter, I discuss the “deserving poor,” the American eugenics movement, “the new homeless,” and social issues common to poverty, such as teenage pregnancy, high school drop-outs, dysfunctional families, welfare, and foster care. I also discuss programs that have been implemented to help people who are homeless and children in foster care.

The Deserving Poor Versus the Non-Deserving Poor

Reports of homelessness in the United States can be traced back to colonial times. In New England, the Puritans differentiated two kinds of homeless: the disabled poor, who included women, children, and those who were too sick and decrepit to care for themselves, and the able poor who included men and male youths who were too soaked in sin and sloth to care for themselves. Puritans considered it their Christian duty to aid the disabled poor; however, the able poor were banished from the community, sometimes by force (Kuzmer, 2002). In 1734, New York City built an almshouse, which served the disabled, the deserted (mostly women, children, and the elderly), the dying, and the deranged (Hopper & Baurmohl, 1996). Emphasis was placed on helping what became known as the “deserving poor,” those people who were homeless from circumstance instead of indolence and wanton behavior. Able-

bodied men were never considered the deserving poor since it was assumed that they could work and take care of their own needs.

Individualism is embedded in the nation's psyche; many Americans believe that if a person works hard enough and long enough, he or she is destined to succeed (Rodgers, 2003). Due to this mindset, able-bodied homeless men frequently have been regarded as the undeserving poor and treated with suspicion and dislike. Poverty and homelessness contradict the American dream, so its victims have been shunned and refused assistance.

The American Eugenics Movement

In the early part of the twentieth century, the eugenics movement, led by Harvard zoologist Charles Davenport, and funded by the Carnegie Institution, began to promote a new ideology about poverty and homelessness (Black, 2003). Whereas the "deserving poor" model considered aid to women, children, and the disabled a necessary evil, the eugenics model denounced charity as "dysgenic," meaning that it allowed the weak and unfit to survive and propagate. Eugenacists argued that since America offers an equal chance of success to all, those who succeed do so because of superior inherited ability; those who end up in poverty, homeless, imprisoned, or as a drunkard do so from *genetic* weakness. Many eugenacists believed in isolating people who showed undesirable traits from society to prevent them from reproducing.

When institutionalizing people proved expensive, eugenacists decided that sterilizing the "degenerate pauper class" was a better idea, since it would allow these people to remain in society and earn their keep. Getting "undesirables" to agree to sterilization proved problematic, so some institutions told the women that they were

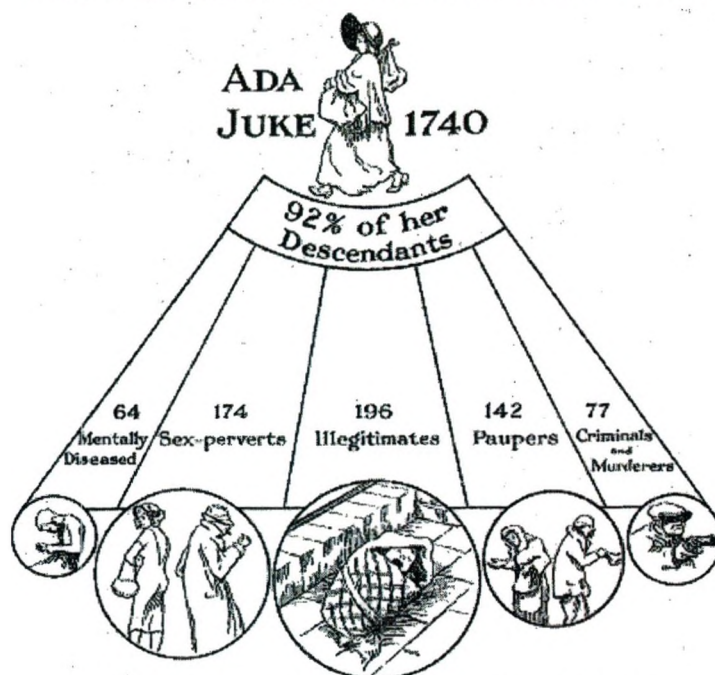
getting an appendectomy when they actually received a tubal ligation. Philip R. Riley (1991), a medical doctor and attorney who wrote a book about the sterilization of the mentally retarded and mentally ill, studied the medical records of various institutions in the early part of the twentieth century and concluded that many operations listed as appendectomies were probably tubal ligations: “It is extraordinary how many ‘appendectomies’ were performed at some state hospitals for the retarded [and mentally ill] in the 1920s and 1930s” (p. xiii). Doris Buck, who lived at the Colony, an institute for the “feebleminded” in Virginia, tried to get pregnant for years. Lombardo (2008) revealed that, “After years of marriage, she was in her sixties before she realized that she had been sterilized during her appendectomy at the Colony” (p. 256).

The principles of eugenics were reified in the 1927 U.S. Supreme Court ruling, *Buck v. Bell*, which approved the sterilization of an eighteen-year-old girl (Carrie Buck, sister of Doris Buck, discussed in the previous paragraph) living in foster care who gave birth to an illegitimate child. Although the child was a result of rape by a member of her foster family, this was not mentioned in court (Lombardo, 2008). Oliver Wendell Holmes wrote the majority opinion, which stated: “It is better for all of the world, if instead of waiting to execute degenerate offspring for crime or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their crime” (University of Virginia, 2004, para. 1).

Eugenics in the 1920s and 1930s became a social movement that was enthusiastically embraced by noted educators, such as Leta Stetter Hollingsworth and Edward Thorndike of Teachers College, Columbia University (Selden, 1999).

Margaret Sanger, the founder of Planned Parenthood, was an avid promoter of eugenics. Richard Dugdale, author of *The Jukes: A Study in Crime, Pauperism, Disease and Heredity*, first published in 1877, claimed that the descendents of one woman, Ada Jukes, cost the state of New York \$1,308,000 (Black, 2003). Figure 1 came from a pamphlet published in the 1930s that showed the supposed “inferior progeny” produced by Ada Jukes.

Her sterilization would have cost \$150.



Shall we allow the Ada Jukes of today to continue this multiplication of misery?

When will those who pay for the pound of cure demand the ounce of prevention instead?

Figure 1. Ada Juke’s Family Tree. From *A Study of Social Problems with a Solution*, by M. S. Norton, 1937, p. 26. Copyright 1937 by the Sterilization League of New Jersey, Princeton, New Jersey. Reprinted Courtesy of the Social Welfare History Archives, University of Minnesota Libraries.

Although the eugenics movement of the early part of the 20th century became moribund in the late 1940s, there was still a desire by some members of the population to sterilize women who were considered unfit procreators and mothers. This second wave of sterilization, called neo-eugenics, argued that culture rather than genes produced inferior progeny (Kluchin, 2009). Neo-eugenicists accepted the role of environment; however, they objected to government policies that helped the poor—especially if those programs were funded through an increase in their tax rates.

Medicaid, which was created to help the poor and disabled, became a means for neo-eugenicist physicians to coerce poor and disabled women into involuntary sterilizations, as Kluchin (2007) described:

Physicians who treated patients receiving government aid benefitted from the legitimization of contraceptive sterilization and the absence of hospital policies governing informed consent. Physicians recorded forced sterilizations as voluntary, and rising rates of female sterilization in the 1960s and 1970s “hid their coercion.” (p. 73)

Family planning clinics, designed by the federal government to facilitate a woman’s reproductive autonomy, became places where women were sometimes pressured into having a tubal ligation or hysterectomy. The term “Mississippi appendectomy” was coined to describe a common phenomenon where white Southern physicians told their patients, many of them African-American, that they were having an appendectomy, but also received a tubal ligation or hysterectomy (Kluchin, 2009). Fanny Lou Hamer, an African-American civil rights activist, testified in Washington D. C. at a conference sponsored by the Council of Federated Organizations that she received a Mississippi

appendectomy at the Sunflower City Hospital in Alabama (Roberts, 1999).

Furthermore, Hamer testified that six out of ten African-American women received postpartum sterilizations at the Sunflower City Hospital, although there is no documentary evidence to support Hamer's claim (Kluchin, 2009).

In 1973, *The New York Times* reported that two African-American girls, ages 12 and 14, were sterilized without their consent or knowledge. The American Civil Liberties Union (ACLU), acting on behalf of the girls' family, successfully sued Casper Weinberger of the Department of Health, Education, and Welfare (HEW), forcing his department to enact an official policy on how sterilizations would be handled in federally funded family planning clinics. The ensuing publicity did not discourage white physicians employed by Indian Health Services (IHS) from carrying out their own "unofficial" program of coercive sterilization. As Lawrence (2000) wryly explained, "Two young women entered an IHS hospital in Montana to undergo appendectomies and received tubal ligations, a form of sterilization, as an added benefit" (p. 400). A Government Accounting Office (GAO) investigation found that IHS billed Medicaid for 3,406 sterilizations from 1973 to 1976. At the University of Southern California's Los Angeles Medical Center, white physicians coerced Hispanic women into having tubal ligations after they gave birth. Kluchin (2009) described the reasons that ten Hispanic women chose to sue the physicians: "Seven of the ten plaintiffs signed consent forms while under duress and/or under the influence of pain medication" (p. 187). Schoen (2005) wrote that in North Carolina, "Women lost reproductive autonomy when social workers threatened pregnant women on welfare with sterilizations and attempted to tie offers of financial help to the use of

contraceptives” (p. 3). Individuals who were deemed incompetent due to mental retardation or mental illness also were targeted for involuntary sterilization. Larson and Nelson (1993) quoted an Alabama judge, who wrote the following when he ordered the sterilization of an 18-year-old retarded girl:

There is the further charge that such offspring [future offspring] will also be mentally deficient and become a public charge for most of their lives. Application has been made to the Muskingum County Welfare Department for Aid for Dependent Children payments for the child already born. To permit Nora Ann to have further children would result in additional burdens upon the county and state welfare departments, which have already been compelled to reduce payments because of shortage of funds. (p. 440)

The judge admitted that his major motive in sterilizing the “mentally deficient” was to save taxpayer’s money. Many of the physicians who sterilized minority women also were mindful that sterilizing poor women would lower their own tax burden (Kluchin, 2009). Of course, the physicians also were paid for their sterilization procedures. According to Roberts (1997), in 1975 a physician received \$800 for performing a hysterectomy, while a physician received \$250 for performing a tubal ligation.

Scapegoating Women

Due to this ambivalence about assisting the poor, U.S. social policy towards the poor has waxed and waned and shifted focus over time. Often, changes in policy resulted from a change in the political party in power. For example, during the 1960s when a Democratic majority was in power, President Johnson established his “War on

Poverty” programs to help the poor. More social programs to help the poor were added under President Nixon. Several years later, President Reagan and the Republicans came into power, so social programs were gutted. President Reagan, in language harkening to the eugenics movement, denounced Cadillac-driving “welfare queens” who preferred having babies to work. Horsborough (1995) wrote:

Poor single women with children, particularly Black teenage mothers, have become the symbol for all that is wrong with American society. The stereotype of the lazy Black welfare queen of low intelligence, who breeds children in order to avoid working dominated the public discussion on the federal budget. The mothering abilities of these women are systematically devalued and they are the objects of widespread sterilization abuse. (p. 535)

President Reagan used the story of the welfare queen to justify attempts to dismantle the welfare system, by cutting food stamps, health care, and housing subsidies (Katz, 1989). When people complained about the disappearing safety net for the poor, they were met with exaggerated stories of welfare fraud (Gilliam, 1999; New York Times, 1976). Reagan blamed the people who were poor instead of blaming the economic structure that created the problem. Moreover, President Reagan scapegoated women—African-American women, especially—by categorizing them as the undeserving poor.

Meanwhile, conservative Charles Murray (1984) wrote in his book, *Losing Ground, American Social Policy 1950-1980*, that “income transfers,” the process of taxing the rich to give to the poor, meant that the poor no longer had to work in dead-

end jobs at the local burger joint. It was more profitable for them to stay at home and collect federal assistance. According to Murray, great society programs that were created to help the poor had inadvertently become a trap for self-perpetuating poverty. Murray cited statistics that he claimed proved that the rate of illegitimate births increased among black women, although Katz (1989) systematically refuted Murray's findings. Murray used derogatory language similar to President Reagan, demonizing the poor by blaming them for their situation. These became justification for cutting or eliminating poverty alleviating initiatives.

The New Homeless

As programs to help the poor were eliminated, there was a substantial uptick in number of homeless people needing assistance. The face of homelessness had been changing since the late 1970s, when the homeless primarily consisted of "a theater of the grotesque (bag ladies in Grand Central Station, winos sleeping in the dusty sun outside the Greyhound station)" (Kozol, 2006, p. 5). Kozol's book, *Rachel and her Children*, which told the story of homeless families crammed into filthy, unsafe New York City welfare hotels, was instrumental in bringing attention to the problem of family, rather than individual homelessness.

Indeed, statistics contradict the popular image of the single male adult as the avatar of homelessness. According to the National Center on Family Homelessness (2009), "one in every 50 American children" (p. i) or 1.5 million children go homeless at some point every year. Nearly 40% of homeless children are under the age of five (Duffield, 2009). These homeless children, who often are the progeny of single mothers, are a result of a growing trend in the United States, homeless families, who

are also known as the “new homeless” (Blau, 1992; da Costa Nunez, 2004; Hoch & Slayton, 1989; Rossi 1989). Imagine a young woman, more often of an ethnic minority, who was a teenager when she became pregnant the first time. The mother is accompanied by young children who, according to Homes for the Homeless (2003), have a 75% chance of missing “four or more weeks of school” (p. 2). Roughly 41% of the current homeless population is comprised of homeless families; and 74% of those families are headed by a single mother who is unemployed, has few job skills, and did not complete high school. The Institute of Child Poverty (2003) stated that, “Fifty-three percent (53%) of teens [with children] residing in shelters were themselves the product of adolescent childbearing. This would appear to place their children at greater risk of doing the same” (p. 2). The National Center on Family Homelessness (NCFH, 2009) wrote that the strongest predictors for becoming homeless are extreme poverty and teen pregnancy.

Domestic Violence and Absent Fathers

Homes for the Homeless (1998) related that domestic violence is the primary reason for mother-centered homeless families. The Annual Homeless Assessment Report (2010) reported that domestic abuse victims make up 12% of the sheltered homeless (p. 12). The National Center on Family Homelessness (2009) described a longitudinal study of homeless families, which reported that “two-thirds of homeless mothers have been severely physically assaulted by an intimate partner as adults” (p. 24). Meanwhile, the Institute for Children and Poverty (2000) stated that approximately 63% of the fathers of homeless children spend no time with their children. Considering that 44% of the fathers have a history of incarceration, 30%

have a history of violence, and 30% have a history of substance abuse, the father's absence may be a blessing.

Although homeless shelters can often be crowded and lack privacy, the effect may be less detrimental to a child than living in a house where physical and emotional abuses are common. Buckner (2004) wrote:

For most children, homelessness as a stressful event, may rank somewhere in the moderate range in terms of severity. It has the potential to be more stressful than many experiences, but not to the degree that some events hold, such as witnessing or being the victim of abuse or violence; events that are not uniquely experienced by children when homeless. (p. 26)

Homelessness exerts a devastating effect on a family. If a parent's energies are devoted to finding food and shelter, the needs of the child may suffer. Growing up with a parent who is unable to navigate society successfully may cause the child to think that adults are unreliable. Reganick (1997, p. 1) wrote that a homeless child may grow up with "chronic anxiety, aggressiveness or withdrawn behavior, in addition to a host of other psychological problems" because the child fears abandonment. If a homeless child experiences little intellectual and social interaction, he/she may never learn to feel comfortable in society.

High School Dropouts

In 2007, 1.2 million students, or 30% of all students, dropped out of high school (Women's Law Center, 2007). Women of racial and ethnic minorities are more likely to drop out: roughly 40% of female African-American students, 50% of female

Native American students, 37% of female Hispanic, and 22% of female white students dropped out of high school in 2007 in the United States. The Women's Law Center (2007) reported the following factors that are associated with dropping out of high school: low socioeconomic status, single parent family, race or ethnicity, low parental involvement, and a 50% unemployment rate among parents of high school students (p. 12). Poor grades, a curriculum that fails to engage students in a meaningful manner, and a home environment that does not value education are a few reasons for teenagers to drop out of school. Teen pregnancy is another.

A mother's lack of a high school diploma diminishes her chances of finding a job that pays more than minimum wage. Sadly, a minimum wage job does not pay enough to support a family in the present economy. Although the federal minimum wage increased from \$5.85 to \$7.25 in 2009, a paper published by the Joint Center for Housing Studies of Harvard University (2010) reported that even with this raise, "one minimum-wage job would not pay enough to cover the cost of a modest two-bedroom rental unit anywhere in the country" (p. 17). Since minimum wage jobs frequently do not offer health insurance, this is another expense that the mother or father may face.

When a low-income family member becomes ill or loses a job, there are no financial reserves to pay for pressing bills, such as rent, utilities, and food. If the family has a history of delinquent payments, the family may soon find themselves evicted and on the street. Wight and Chau (2009) told us:

Research suggests that stable housing is important for healthy child development. Yet, children living in low-income families were two times more likely to have moved in the past year and two times less

likely to live in families that own a home compared with children living in above low-income families. (p. 6)

Although moving frequently does not necessarily indicate an unstable home environment, children living in poverty tend to move frequently.

Gershoff (2003) listed the following criteria for economic stability: “(1) stable, predictable income; (2) savings and assets that can help families survive crises and plan for the future; and (3) human and social capital (e.g., education, skills, and support systems). . . .” (p. 2). Sadly, few poor families have the social and economic safety nets necessary to survive an unexpected calamity.

Dysfunctional Families

Alienation from family and friends is common among the homeless. Wright, Rubin, and Devine (1998) believed that this estrangement begins at birth. They recount:

Evidence on early family backgrounds shows that familial ties are generally not resources that homeless people once possessed and subsequently lost, but rather resources that many people have been without since their earliest childhood years all their life. In a deep sense, today’s homelessness has its roots in family dysfunction of earlier generations. (p. 103)

Many homeless people come from “broken” homes and were raised by a single parent or a single parent and a stepparent. In some families, homelessness is intergenerational. Adults who were homeless as children are more likely to have children who end up homeless (Karger & Stoez, 2006). Family dysfunction is a

constant theme in the lives of the homeless, as are chronic poverty, substance abuse, and abusive relationships.

Due to previous physical and emotional abuse, homeless mothers experience high rates of mental illness. According to Weinreb, Nicholson, Williams, and Antheset (2007), 80% of homeless mothers have had a mental health disorder in the previous year. They go on to suggest that mothers of ethnic and racial minorities may be hesitant to seek help for their illness because they are afraid of losing custody of their children. Weinreb and colleagues reported that shelter staff treated minority women with mental illnesses in a more negative manner than white women with mental illnesses.

Park, Metraux, Brodbar, and Culhane (2003) compared life in a shelter to life in a fishbowl and wrote, "Difficulties with fitting into shelter life due to exposure to new residential facilities, lack of privacy, and disconnection from schools and neighbors may strain relationships between children and parents and necessitate the involvement of child welfare services" (p. 433). Furthermore, families staying longer than 90 days in a shelter are likely to find child protection agencies intervening to ensure the well-being of the child, especially if the mother has a history of substance abuse (Barrow & Lawinski, 2009). Although some homeless shelters will work to find a mother and her children affordable housing and employment, the mother still is faced with a multitude of challenges since the available jobs rarely offer a living wage.

Some shelters require mothers to offer urine samples to ensure that they are free from substance abuse. If the mother fails the urine test, the children are sometimes put in foster care. Barrow and Lawinski (2009) conducted a qualitative

study of families in homeless shelters and wrote about one member: “Substance abuse could also trigger separation when women like Sharita [a participant] felt it affected parenting, when relatives intervened, or when results from substance abuse testing required by shelters or hospitals resulted in mandated residential treatment” (p. 9). Homeless mothers are typically separated from their children when entering drug treatment, although Lawinski and Barrow did mention that there are a few drug programs that accept infants.

Mandatory Birth Control and Welfare Caps

Before returning to society, mothers who have received treatment for drug or alcohol abuse may be required to use birth control. Authorities may feel that they have a right to prevent the procreation of children who will become a burden on the state (Simmonds, 2006; Thomas, 1998). Since the mother may be regarded as too unreliable to take a birth control pill every day, she may have to agree to long-term birth control methods, such as Norplant, which is planted under the skin. In 1991, for example, a California judge ordered mother of four, Darlene Johnson, a welfare recipient who had recently been convicted of child abuse, to wear a Norplant patch as a condition of probation. Johnson protested this decision in court, arguing that it violated her right to procreation. In 1942, the U.S. Supreme Court ruled in *Skinner v. Oklahoma*, that the right to procreation was an inalienable right (Simmonds, 2006). Although the aforementioned *Buck v. Bell* (1927) has never been overturned, *Skinner v. Oklahoma* (1942) appears to countermand *Buck v. Bell*. Darlene Johnson’s order to receive a Norplant patch under the skin was affirmed by the court of appeals, saying that since Johnson was given a choice of probation or prison, her rights were not

violated (Simmonds, 2006). Ironically, Johnson subsequently was arrested for possession of cocaine, so the offer of probation was revoked.

Another well-known case where a mother was required to use birth control was that of Diane Sprinkle, who in 2000 was convicted of using drugs when she was pregnant. The judge ruled that a condition for probation was that Sprinkle take birth control pills and report regularly for pregnancy testing. Sprinkle was told that if she became pregnant, her probation would be rescinded (Roth, 2005). Despite the Supreme Court's 1942 ruling that procreation is an inalienable right, women of childbearing age who use drugs have been a frequent target for mandatory birth control (Roth, 2005). Simmonds (2006) wrote about mandatory birth control for women in the state of California: "Modern eugenics take the form of family caps, exchanges of money for sterilization, and the looming threat of prohibition on procreation as a term of probation" (p. 293). While California does not have a law allowing mandatory birth control for drug-addicted women, judges sometimes have felt justified in insisting on birth control nevertheless.

Judges have been outspoken in condemning these women. The *Montana Star Ledger* quoted Judge Dorothy McCarter saying of Diana Sprinkle that "she doesn't want another damaged baby born because she didn't do enough to supervise that woman" (quoted in Roth, 2005, p. 35). In one California court case, *People v. Zaring* (1992), the judge remarked, "I want . . . it clear that one of the reasons I am making this order is that you've got five children. You're thirty years old. None of your children are in your custody or control. Two of them [are] on AFDC [Aid to Families

with Dependent Children]. And I'm afraid that if you get pregnant we're going to get a cocaine or heroin addicted baby" (p. 368, last para.).

In these cases, the courts acted to prevent the birth of future children who might be exposed to alcohol and drugs in utero. The medical literature is replete with research that shows that maternal substance abuse can cause significant harm to a fetus (Roberts, 1997), so there seems to be some justification in the ruling. Judges also have ordered women who have abused their children to wear a Norplant patch as a condition of probation, but many of these cases were overturned on appeal (Simmonds, 2006).

Messinger and Lester (2005) are against criminalizing maternal drug abuse because it makes the women afraid to seek medical care. They wrote: "Criminalization leads to inadequate medical care and the possibility of accompanying nutritional and health problems for the mother and fetus" (p. 5). Although the authors recommend handling maternal drug abuse as a chronic illness that needs treatment, not a jail sentence, they do concede that in some cases, parental rights will have to be terminated.

In the 1990s, 24 states implemented welfare caps on families to discourage poor women from having more children. This policy was a response to the widely held belief that poor women were having more children to increase their welfare checks (Smith, 2006). Caps limited the number of children that a woman could claim for welfare benefits. Although the states euphemistically called the caps program a way to promote "individual responsibility and the concomitant strengthening of families through the discouragement of additional children," according to Smith

(2006), their actual purpose was to curb fertility and welfare benefits for poor families. Once again, the previously “deserving poor” were objects of scorn and scapegoating. Poverty was seen as a moral weakness, the result of indolence and irresponsibility.

In Maryland, welfare recipients challenged the family cap policy, charging that it was in violation of the equal protection clause of the Constitution. In 1970, the U.S. Supreme Court decided in favor of the state, ruling that states had the right to limit the benefits of welfare recipients who had more children. Other welfare recipients have challenged the cap policy, but the U.S. Supreme Court decision has hindered the success of these cases (Simmonds, 2006).

Removing a Child from Parental Custody

Since social service agencies often consider homeless shelters unsafe places for children, the courts may intervene and place homeless children in foster care. At this point, legal custody for the children passes to the local child protection service agency; however, physical custody resides with relatives, a foster care family, or a group home (National Center for Homeless Education [NCHE], 2007). After the child is removed, a permanency plan is created with the hope that the child can be returned to the birth parent or parents, depending upon the circumstances and child’s needs. NCHE reported that federal law mandates that a permanency hearing must be held within 12 months after a child is taken from his/her parent(s). Since the process of identifying and investigating whether a child is being neglected is time consuming in the present system, the child may no longer be staying at the shelter when child protection services finally come to investigate. In fact, some families may move to a new place periodically in order to thwart the investigative process.

By the time a court takes a child into protective custody, the child already may have developmental and emotional disabilities. The American Academy of Pediatrics (2000) warned that the brains of children who are not stimulated in the early months of their lives may have neurotransmitters and nerve synapses that fail to connect. Moreover, experiencing abuse or violence may cause a young child's brain to fix in a hypervigilant, stress mode: "During the first 3 or 4 years of life the anatomic brain structures that govern personality traits, learning processes, and coping with stress and emotions are established, strengthened and made permanent. If unused these structures atrophy" (p. 1145). Children experiencing stress may withdraw, appear apathetic, or show little interest in feeding, which can lead to a condition known as failure to thrive. Since acute stress is regulated by the same area of the brain as motor response, the child may also exhibit hyperactivity (The American Academy of Pediatrics, 2000).

The National Center on Family Homelessness (2009) reported that homeless children are twice as likely to have a learning disability and three times as likely to have an emotional or behavioral disorder as children living in intact families. By age eight, one-third of homeless children have a major mental disorder.

If a child's mother abused drugs or alcohol when she was pregnant, the child may be born premature and exhibit neurobehavioral problems, mental retardation, attention deficit hyperactivity disorder, poor judgment, and learning disabilities (McGuiness & Lawinski, 2007). Mothers who have substance abuse disorders often suffer from poor mental and physical health, and are more likely to maltreat their children (McGuiness & Lawinski, 2007).

Foster Care

Moving into a house of strangers can be stressful for anyone, but a vulnerable child may find the experience frightening. In a qualitative study, Finklestein, Warmesley, and Miranda (2002) found that children in foster care felt that foster parents treated them differently from their own children. Finklestein et al. remarked, "Some foster parents went as far as threatening to return a foster child to the agency if he or she misbehaved" (p. 2). Children need a nurturing and secure environment to thrive. It takes time for them to feel safe in a new environment. If children are threatened with removal or passed from one foster home to another, the children may never develop empathy and trust. The American Academy of Pediatrics (2000) advised:

Children who have experienced abuse or neglect have a heightened need for permanency, security, and emotional constancy and are, therefore, at great risk because of the inconsistencies in the lives and the foster care system. . . . Multiple moves while in foster care (with the attendant disruption and uncertainty) can be deleterious to the young child's brain growth, mental development, and psychological adjustment. (p. 1148)

Vissing (1996) argued that putting children in numerous foster homes does not allow a child to feel safe and secure. She wrote:

Placing a child in a "house" with people the child does not know does not mean that this child has a "home." The mobility and emotional scars carried by countless foster children often qualify them in their

own mind as “homeless.” In the words of one social worker: “The state says that foster kids and group home kids are not homeless. But they get moved so often and some placements are so bad that the kids are better off taking care of themselves.” (p. 28)

Although there are loving families who give foster children the security that they need, a high number of foster care placements increase the chance that a child will experience a negative placement. Families also need to be patient with their foster care children. It takes time for children to trust strangers, especially if the children have been abused.

The danger is that some children will never experience a loving family who accepts and loves them unconditionally. These children may never feel a sense of belonging and start to “drift,” which Penzarro (2003) described:

Those who drift from one placement to another while in care become separated from all family. Drifting contributes to a general disaffiliation from the institution of family. Finally, identification with the lifestyle of drifting may be an unintended consequence of growing up drifting through placements. (p. 230)

A court removes a child from the family of origin to ensure the child’s safety; however, the new home may not be an improvement. O’Hare (2008) compared data from average families versus foster families in the 2000 census and found that foster care families have more children, less income, and less education. Foster care families are more likely to receive public assistance, to pay more than 30% of their income on housing, and to have a house member who did not graduate from high school.

Furthermore, foster care families are less likely to be married couples and more likely to be single parent or unmarried couples living together. These characteristics often do not make an ideal home environment, especially considering the emotional volatility of some foster care children who have experienced abuse.

Finkelstein et al. (2002) interviewed school staff, foster parents, and foster children who attended school in New York. The school staff reported that some foster parents had too many children in the home, adding that their primary motivation seemed to be monetary—having more children equaled more money. Staff also said that few foster parents took an interest in the child’s education and that the primary focus of the foster parents was on the child’s behavior. Finkelstein et al. wrote: “The quality of the foster home environment may be one of the most important variables in encouraging foster children to succeed academically” (p. 35). Furthermore, teachers reported that when foster parents took an active role in a child’s schooling, the child was more successful in school.

Finklestein et al. (2002) found two problems in the current social service system. First, the Family Educational Rights and Privacy Act (FERPA) has forbidden schools from releasing a child’s academic records without parental approval. This sometimes has made it difficult for foster parents, social service agencies, and school staff to communicate freely, which has made it difficult to ensure that a child’s educational needs are being met (U.S. Department of Education, n.d.). FERPA does make the following exceptions:

1. School officials with legitimate educational interest;
2. Other schools to which a student is transferring;

3. To comply with a judicial order or lawfully issued subpoena;
4. State and local authorities, within a juvenile justice system, pursuant to specific State law. (Department of Education, 2008)

Krinsky (n.d.) of the Children's Law Center of Los Angeles contended that for FERPA purposes, the state has been serving as guardian for children in foster care:

Because the placing agency is generally responsible for ensuring that a foster child's needs are met once the child is under the jurisdiction of the Juvenile Court, it is reasonable to conclude that the placing agency qualifies as "guardian." (p. 3)

Krinsky also argued that foster care parents qualified as guardians because they have been selected by the state to serve as parents.

Despite these exceptions to FERPA regulations, communication between the various parties has remained a problem. Finklestein et al. (2002) suggested that one person needed to be responsible for managing and advocating a child's education. In the Finklestein study, case workers were supposed to be responsible, but report cards did not always make their way to the case worker. In addition, high case loads and frequent case worker turnover, meant that few, if any, children received the attention they needed. Behavioral problems, not low grades, were the only issue that received any attention.

Children in foster care often experience frequent moves to different families, which sometimes involve school transfers. Studies show that frequent school changes can adversely affect a child's success in school (Joftus, 2007). While social service agencies are supposed to keep a child's educational needs in mind, this is not always

possible (Gerber & Dicker, 2005). Joftus (2007) reported that 65% of foster care children changed schools seven or more times, then added: "One researcher observed that some children classified as emotionally challenged may instead be exhibiting transitory behavioral problems stemming from placement disruptions" (p. 11). Joftus noted that foster care children have twice the rate of school absenteeism as their peers, which has been associated with grade retention and an increased chance of classifying the child as emotionally disturbed.

According to the U.S. Department of Health and Human Services (2009), one-fifth of children living in foster care suffer from abuse committed by someone in the foster care home. Considering that many children entered the foster care system because they were abused by their family of origin, abuse by a foster care family may be especially harmful. Numerous studies have indicated that maltreated foster care children are at risk for juvenile delinquency. A Midwest study, for example, found that 66.8% of youths in foster care had been suspended at least once from school (American Bar Association, 2006). Arrest rates in both male and female foster youth are ten times more common than arrest rates in youths not living in foster care. The number of arrests tends to diminish as foster youth grow older (Cusick & Courtney, 2007).

The Effects of Education

Education can counterbalance the negative consequences of homelessness and foster care. Not only do schools offer a structured environment, they can bring stability to children living in a chaotic world. Teachers can provide positive role models for vulnerable children and encourage them to rise above the adversity in their

lives. School also offers children opportunities to interact with other children and develop valuable social skills. The National Working Group on Foster Care Education (2008) remarked:

For the almost 800,000 children and youth served in foster care each year in the United States, educational success is a potential positive counterweight to abuse, neglect, separation, and impermanence.

Positive school experiences enhance their well-being, help them make more successful transitions to adulthood, and increase their chances for personal fulfillment and economic self-sufficiency, as well as the ability to contribute to society. (p. 1)

Children learn by example. If there are adults who take time to read and encourage a child to learn, the child is more likely to value education.

Foster care parents are in the best place to instill a love of learning in foster care children, but Finklestein et al. (2002) reported that foster parents were mostly concerned with a child's behavior. Munson and Freundlich (2008) concurred, reporting that foster care children often lack an adult advocate to ensure that they receive appropriate educational services. The National Working Group on Foster Care Education (2008) noted that 60% of caseworkers/social workers surveyed were unaware of special education laws; half of the caseworkers/social workers interviewed said "that their clients did not receive appropriate services very often while in foster care" (p. 4). Without an advocate ensuring that children receive necessary services, their chances of getting those special services are slim.

Children with learning disabilities and emotional disorders may view schools as unfriendly places, especially if they have attended many different schools. Children who are struggling in school must be tested to see if they qualify for special education services. For a child with poor academic and social skills, testing can be an intimidating and overwhelming process. Moreover, the examination process is a lengthy procedure. If children are moved from school to school, children may never receive the special education services that they need. Furthermore, the children may never learn that school is a “safe” environment or that success in school can offer an avenue of escape from chaos.

Educational outcomes for homeless and foster children are generally bleak. As stated previously, the National Center on Family Homelessness (2009) estimated that fewer than 25% of homeless children graduate from high school. Approximately 50% of foster children do not obtain a high school diploma or a general equivalency diploma (GED); furthermore, only 20% of foster care youths enroll in college, as opposed to 60% of youths not in foster care (Conger & Rebeck, 2001).

Graduating from high school improves a person’s chances of success in life. Levin, Belfield, Muennig, and Rouse (2006) reported that a high school diploma was associated with more income, better health, less crime, and a decreased need for welfare assistance. The authors predicted \$45 billion in increased taxes and reduced social services if the high school dropout rate could be cut by half. To increase the high school graduation rate they suggest: (a) small school size, (b) high levels of personalization, (c) high academic expectations, (d) strong counseling, (e) parental engagement, (f) extended-time school sessions, and (g) competent and appropriate

personnel (p. 20). I return to this list in Chapter V when I give my own list of recommendations.

Levin et al. (2006) also looked at the efficacy of school interventions and found that preschool level interventions were the most successful. Since 40% of homeless children are under five, preschool level interventions are especially helpful. Duffield (2009) wrote, “Research shows that preschool programs increase academic achievement, reduce grade retention, increase lifetime earnings, promote social adjustment, reduce the incidence of crime, and decrease economic dependency on welfare” (p. 39). This shows that Headstart, which promotes school readiness for poor children and parenting classes for their parents, might be a good investment.

When a foster child “ages out” and becomes too old for foster care, a homeless shelter is sometimes the only place to go. These youths are often sent into the world with few job skills, no health insurance, no means of transportation, and virtually no money. Atkinson (2008) quoted a Midwest study which found that only 40% of “aged out” foster children—meaning those over age 18—were working. None were making a living wage. Atkinson also stated that foster care children and youths may feel that they have few positive options to pursue, so they may resort to crime, especially prostitution and dealing drugs. Atkinson (2009) wrote “that 45% of former foster care youth had ‘trouble with the law’ after exiting the foster care system: 41% spent time in jail, and 26% were formally charged with criminal activity” (p. 190). The high rate of criminality among emancipated foster care youth has caused concern among certain members of Congress, which has resulted in the creation of several federally funded programs to assist foster care youth.

The Chafee Foster Care Independence Program of 1999 (CFCIP), has offered federal funding to states so they can provide counseling, housing, Medicaid, and additional education or training to youths aging out of foster care. They have developed Independent Living Centers (ILC), which offer the following services:

1. Housing referrals,
2. Information and referral services,
3. Peer counseling,
4. Independent living skills training,
5. Personal assistant services, and
6. Individual and systems change advocacy. (Disability Rights Education & Defense Fund [DREDF], n.d.)

The Chafee Education and Training Voucher awards foster care youths \$5000 every year to help pay for college expenses. This award is available to youths until they reach the age of 23. Unfortunately, there are more requests for the grant than there is funding.

Foster Care and Teen Pregnancy

Girls living in foster care are at-risk for becoming pregnant. The National Campaign to Prevent Pregnancy (2008) reported that “By age 21, nearly 71% of the young women who had been in foster care report having been pregnant at least once; of these women, 62% had been pregnant more than once” (p. 2). Since girls living in foster care usually lack economic and family support, they may have trouble navigating the emotionally charged process of teen pregnancy and motherhood. Patterns of anger and abuse that were suffered by the mother in early childhood may

resurface. If the mother has substance abuse problems, the need for drugs or alcohol may cycle out of control, resulting in arrest or a substance overdose. This can create a self-perpetuating cycle of teenage motherhood, poor parenting, court intervention, and financial dependency upon the government. The National Campaign to Prevent Pregnancy (2008) pointed out that, "Teen childbearing cost taxpayers \$9.1 billion in 2004. Fully \$2.3 billion of these costs can be attributed to increased child welfare costs from foster care and Child Protective Services" (p. 1). The Women's Law Center (2007) reported that finding ways to encourage girls to stay in high school is the best hope for decreasing teen pregnancies and saving taxpayers money.

Federal Programs That Help Vulnerable Children

Congress has passed several federal laws that protect vulnerable children. The first is the 1980 Child Adoption and Child Welfare Act, which required states to develop child welfare services to review reports of child neglect. The Act has also required that the courts oversee child welfare cases and make a reasonable effort to keep families together. Later, amendments to the Act have provided funding for communities to develop programs to prevent child abuse and help vulnerable families at risk of losing their children (Murray & Gasriech, 2004).

Another law affecting homeless and foster children is the McKinney-Vento Act, a federally funded program which ensures that homeless children have access to a free and appropriate public education. The Act was reauthorized through No Child Left Behind in 2001, and requires schools to allow children to stay in the same school even if the family moves out of the district. The McKinney-Vento Act requires that homeless children receive comparable services to "those offered to non-homeless

children” in the “least restrictive environment.” If a child needs supplemental services, such as “tutoring, expedited evaluations for special education or other services, school supplies, or referrals for health services,” school districts can receive reimbursement through subgrants provided by the McKinney-Vento Act (Office of Special Education and Rehabilitative Services, 2008, p. 5). Congress expends \$58 million a year for the Act, which the National Center for Homeless Families (2009) estimates is an average allotment of \$64 for each homeless child. The McKinney-Vento Act also has some limited provisions for foster children (Duffield, 2009).

The Head Start Reauthorization Act of 2007 contains provisions to improve access to services for vulnerable families. Head Start provides health, dental, and nutrition services, along with classes to improve parenting skills, so this program can be instrumental in helping a family (Duffield, 2009).

Chaffee Education and Training Vouchers provide former foster care youth up to \$5000 in financial aid for college; however the independent status of youth in foster care makes the application process complicated. The Free Application for Federal Student Aid (FAFSA) requires a student to provide information on parental finances and a parent’s signature, but many former foster care individuals are unable to comply with this request. Fried and Associates (2009) explained, “While these are logical requirements for most applicants, they create insurmountable barriers for unaccompanied homeless youth whose parents are unavailable or are unwilling to provide this information” (p. 8). Trying to work with guidance counselors to apply for financial aid can be a humiliating process for some youth, since the FAFSA asks if the applicant was ever a ward of the court, in foster care, or homeless. Although a “yes”

to this question may mean that the youth qualifies for financial aid, the youth may be too embarrassed to say yes.

Programs enacted by Congress had become more important in the economic climate at the time of this report. A recession, along with home foreclosures and job losses, had sent the number of Americans experiencing homelessness skyrocketing. According to the United States Conference of Mayors (2009), *A Status Report on Hunger and Homelessness in America's Cities*, 82% of reporting cities stated that they had had an increased demand for shelter. Cities throughout the nation had shelter waiting lists of 8 to 10 weeks; 14 cities had turned away homeless people due to a lack of shelter availability. The Mayor's Report also stated that the cities of Detroit, Los Angeles, Nashville, Charleston (South Carolina), and Providence had erected tent cities to accommodate the increased need for housing.

Cities also reported an increased need for food. On average, there was a 26% rise in demand for food assistance. Middle class families who once donated food were now forced to ask for food. Increased family homelessness was reported in 19 cities, or 76% of the reporting cities. Minneapolis experienced a 49% increased demand for assistance. Fortunately, the American Recovery and Reinvestment Act of 2009 (ARRA) offered cities money to meet the increased need for assistance. Especially helpful was a three-year, \$1.5 billion plan, the Homeless Prevention and Rapid Re-Housing Program (HPRP) which offered local and state governments money for rental assistance and housing restabilization (U.S. Conference of Mayors, 2009).

Beyond single-family home woes, forty percent of all foreclosures are rental properties. Housing and Urban Development (HUD; 2009) reported that, "The

percentage [of homeless] coming from a housing unit the family owned dropped somewhat and remained small, a much larger share came from a rented housing unit. This may reflect the initial effects of the foreclosure crisis on renters” (p. 49). When the bank forecloses on a rental property, it does not matter if the family was paying the rent. The family is evicted. Although there may be other rentals available in the area, the family may not have the money to pay for a first and last month deposit, especially if the deposit was not refunded from the previous rental. Friends and family may house the family for a while, but eventually, many families end up in a homeless shelter.

Conclusion

This chapter began with a discussion of the “deserving poor” and the “non-deserving poor,” then went on to discuss how the American eugenics movement overturned the concept of the deserving poor by arguing that giving assistance to the poor was dysgenic because it allowed the unfit to reproduce. Although the eugenics movement became moribund after the Nuremberg Trials, the ideology that poor women were unfit to reproduce was revived during President Reagan’s administration when welfare cuts were implemented. Also mentioned in this chapter were the challenges that homeless and foster care children face, especially with regard to education. Finally, I described various federal programs passed by a Democratic majority in the Congress to counteract welfare cutbacks.

CHAPTER III

METHODOLOGY

This research answers the following question: How do residents in two homeless shelters explain the causes of their homelessness and its impact on their lives?

Without a good methodological foundation, the results of a qualitative study cannot be trusted, so in this chapter, I describe the research methods I employed to assure validity. Next, I describe the special protections I provided for the participants, who are considered vulnerable subjects. I also describe the qualitative research methods that I employed, including data collection, analysis, and validity.

Ethnographic Research

Ethnographic researchers use inductive reasoning and most believe that reality is a cultural artifact. They practice their research mainly through observation and participant interviews. Many qualitative researchers are social constructivists, which means that they believe “human beings construct their perceptions of the world, that no one perception is ‘right’ or ‘real’” (Glesne, 2005, p. 7). This view of multiple realities means that most qualitative researchers reject positivism and the one-world-reality of quantitative research. I, too, viewed the culture of the shelter residents from a worldview of constructivism.

The purpose of this qualitative study was to describe and explore the lived experiences of residents of two local homeless shelters. While quantitative research is the preferred method for examining the frequency of certain phenomenon, I chose to employ a qualitative method because I wanted to discover the context and detail associated with participants and the research site. I believe that qualitative writing is an effective method of reporting research because it offers the opportunity to use “in vivo” terms from the participants, which add verisimilitude to results. Miles and Huberman (1994) wrote: “Words, especially organized into incidents or stories, have a concrete, vivid, meaningful flavor that often proves far more convincing to a reader—another researcher, a policymaker, a practitioner—than pages of summarized numbers” (p. 1). A qualitative approach also allowed me to observe participants in their naturally occurring environment. Since homeless shelters are, by their nature, open to everyone, I was able to observe the two shelters for an extended length of time.

Structural Framework

I chose a critical theory/feminist lens as the structural framework for my study because it allowed me to address issues that people who have been marginalized and oppressed experience. According to critical theorists (Carspecken, 1996, Horkheimer, 1937), a common drawback of capitalism is that it leaves a large part of the population unable to meet its basic needs to survive. Since some of my homeless participants were unable to meet their basic needs, critical theory was the obvious choice. I also sought to understand the unique challenges that homeless women experience, so I

adopted a feminist perspective. Feminist theory is considered a subset of critical theory, so the two systems work together in tandem (Burns & Grove, 2005).

The vulnerability of women is the foundation of our patriarchal society. Since time immemorial, women have traded sexual domination, economic dependency, powerlessness, and oppression from men in order to achieve security and protection. Women were not always aware of their lowly status, as Lerner (1986) explained:

Women have for millenia participated in the process of their own subordination because they have been psychologically shaped so as to internalize the idea of their own inferiority. The unawareness of their own history of struggle and achievement has been one of the major means of keeping women subordinate. (p. 218)

It is impossible for women to rise above their subordination if they are unaware that they have been treated as inferior. Common cliches, such as, "A woman's place is in the home" and "A smart woman hides her brains" are excellent examples of how women have been socialized to accept their inferior status. The first phrase, "A woman's place is in the home" reifies the concept of the middle-class woman whose husband works while the wife stays home and manages the housework and children. There is an inherent flaw in this reasoning since minority and working class husbands often do not make enough money for their women to stay home and not work. The phrase, "A smart woman hides her brains," reifies the concept that women should not be intelligent and independent. It advises women to be dishonest with their husbands, lest the spouse feel intimidated or repelled by his wife's intelligence. These two

phrases demonstrate that a woman's role in society is determined by the rules of patriarchy and not biology.

Critical theory contends that class structure inhibits a sizeable portion of the population from achieving equality, while feminist theory contends that patriarchy inhibits a sizeable portion of the population from achieving equality. Both theories promote economic egalitarianism for all.

Research Population

I originally planned to study attention deficit hyperactivity disorder (ADHD) in college students when I came to the University of North Dakota (UND), but changed my mind after conducting a single-participant study at a local homeless shelter for my first qualitative research class. I give further details about my decision to choose a homeless shelter as my dissertation topic at the end of this chapter under the heading "A Change of Plans: Describing My Subjectivities."

Research Sites

I conducted my study at two homeless shelters, Northstar and New Hope (all names of participants and locations are pseudonyms). Barb, the volunteer coordinator at Northstar, served as my gatekeeper for obtaining permission from Northstar's board of directors to conduct this study. To gain access to the residents, Barb insisted that I agree to hold weekly bingo sessions. I held Monday night bingo for the Northstar residents for over a year. I enjoyed observing and interacting with the residents and am proud of my nickname, "The Bingo Lady." At Northstar, I met all of the residents whom I interviewed through bingo, except for Steve, whom I met in my single-participant, pilot study. Before interviewing any of the residents, I asked for

permission from Barb, my gatekeeper. Since Northstar is allowed to house up to five registered sex offenders, I was careful about my interactions with residents. At New Hope, I met Judy when I was a volunteer through the art program; Vee and Miles were introduced to me by the director.

The Northstar Shelter

The first shelter, Northstar, is located in a Midwestern, rural, agricultural state with a population of less than one million. The state has been successful in past years in attracting new industry to the area, so at the time of this study, the unemployment rate was low, despite a recession that began in 2007 when the financial sector nearly collapsed and had to be “bailed out” by an infusion of government funds, through the Troubled Asset Relief Program (TARP). Northstar accepts long-term residents, which is somewhat unusual for homeless shelters. One resident, who had mental illness issues and received a monthly Social Security Insurance (SSI) check, paid rent of \$7.00 a day and had been living at the shelter for over twenty years. Since the shelter has registered sex offenders, no one under eighteen is allowed to stay at Northstar.

Northstar is a faith-based organization and does not hire social workers to assist residents. Bible classes are offered twice a week and prayers are said before each meal. Although the staff insist that Christianity is not forced on anyone, several residents who found Christ at the shelter were asked to “witness” at local churches of staff members. One participant said that residents who agreed to witness have been rewarded with special privileges, such as being moved from the dormitories to a semi-private room. As a volunteer, I was expected to sign a document professing my belief in Jesus Christ as my savior.

According to Neff (2006), faith-based organizations may offer residents certain beliefs and rituals, such as Bible study, prayer, and singing that serve to encourage resident social cohesion and positive role modeling, which may, in turn, improve a person's ability to achieve social integration. Neff also noted that some residents may feel uncomfortable with faith-based services, which may cause them to leave prematurely.

At the time of this report, Northstar had beds for 100 people. Since men made up the largest population at the shelter during this study, men were housed on two of the four floors. There were several large dormitories that could hold 20 men each, and a few semi-private rooms for long-term residents who paid rent of \$7 a day at the time of this report. The cost of the dormitories was \$4 per night. To stay at the shelter, all residents had to agree to a free tuberculosis test and to do a small daily chore, such as sweeping the dining room floor. Northstar also had a zero-tolerance attitude towards alcohol, so all residents had to submit to a nightly breathalyzer. If a resident failed the test, he or she was expelled from the shelter for three days. The shelter also had been conducting a criminal background check on all new residents; if there was an outstanding warrant on a resident, the shelter would notify local police, who sometimes chose to arrest the resident.

Only two of the six residents who I interviewed at Northstar had a high school diploma. Two residents had a GED, while two residents did not complete high school. Only one of the six had any college experience. Although this resident (Mark) was extremely articulate, he failed all of his college classes except music.

The New Hope Shelter

The second location, New Hope, is located in a town with a population of 12,000. New Hope resides in a different state with a larger population and tax base than Northstar; however, the recession at the time of this study had led to state budget shortfalls, which meant the end to some state-funded assistance programs. Private rooms for women had been located on the second floor; both dormitories and private rooms had been available for men on the third floor. A separate building had been set aside for families and children. All together, at the time of this report, the facility housed around 40 people.

I volunteered for a year at New Hope helping with “Art Fest,” an art therapy program that had been encouraging homeless adults and children to use art to release anxiety. During my sessions with the children, we made dream catchers, worked with play-doh, and made bunny-shaped popcorn and marshmallow figures. When I worked with the adults, we had journal-writing sessions. I then asked and received permission to work as an “unofficial intern” every Friday for a semester, meaning that I had various jobs, such as creating PowerPoint presentations for a staff member and working on the shelter’s newsletter. New Hope’s director, board of directors, and the University’s Institutional Review Board (IRB) approved my semester internship at New Hope. This was an invaluable opportunity because I was allowed to participate in staff meetings where participants were discussed. The Northstar shelter never allowed me to participate in staff meetings.

New Hope has been considered an emergency and transitional shelter, so it has not been taking long-term residents. It has two social workers on staff to help

residents find programs to help them become independent. For residents who are working or receive a guaranteed income, such as SSI, the cost of staying at this shelter was \$6 per night. All applicants have been welcome, despite their ability to pay. Unlike Northstar, New Hope does not require residents to be tested for tuberculosis, nor does it require residents to submit to a breathalyzer every evening before going to bed. New Hope does not contact the local police to see if a resident has an outstanding warrant as Northstar does, which is why the director of New Hope calls the shelter “the place of last resort.”

Two male residents at New Hope completed high school and went on to college, but did not graduate. The other two residents, both females who spent time in foster care, earned their (GED).

I worked for a month tutoring a New Hope resident, helping him to complete his GED, but I was unable to interview him before a “psychotic event” precipitated his removal by ambulance to a local treatment center for 72-hour observation. The same thing happened with a woman resident; she agreed to participate, but a psychotic event led to her being admitted for 72-hour observation to a treatment center. According to Karen, the shelter’s director, neither resident was welcome to return after the psychotic event because they were physically violent, or at least created a ruckus. This policy is reminiscent of musical chairs. Residents stay at various shelters until their behavior precipitates a crisis, which leads to them being declared “persona non grata.” While I was interning, New Hope accepted a resident from Northstar whom had just been ejected due to behavior issues. A staff member told me that it was not

uncommon for residents to be ejected from one shelter and accepted into another shelter.

Families that stayed at the homeless shelter where I interned were lucky because the facility was a separate wing from the main building. There were private rooms upstairs for each family and rooms came equipped with cribs for infants. Downstairs was a living room with couches and chairs comfortably placed around a television with local TV service (no cable). Care was taken to make the family wing seem like home. While I interned at the shelter, the director received several calls from single mothers living in shelters in large cities asking about vacancies. Although the women were interested in staying at New Hope, neither shelter—the shelter where the women were staying or New Hope—was able to provide transportation to move the women to New Hope, which meant the women were forced to stay in crowded conditions where they were.

The same rules of engagement were observed at New Hope as at Northstar, meaning that I had written consent from each resident before they were interviewed, and I audio recorded each interview. At New Hope, I formally interviewed three residents and two staff members twice for 45 minutes. My questions focused on how poverty, gender, disability, foster care, and educational achievement affected each resident's life history.

Participants

Three participants, Steve, David, and Carla, dropped out of school and never earned a GED. Several participants had extensive job experience, but the jobs were often service-related, such as bartending and dishwashing, which did not pay well.

Ted, who earned his GED, was in the military for four years. Sadly, 40-year-old David admitted he had only one job in his entire life, as a dishwasher. There were some instances where I was unable to give answers to all categories, so I wrote, "No data." One exceptional case was Miles, who grew up with his parents in an intact, traditional family. Miles finished high school and went on to college, although he did not graduate from college. I discuss Miles further in Chapter IV.

In Table 1, I give a breakdown of residents and their relationships to parents, education, employment, and whether they admitted to substance abuse. Since the residents at Northstar were breathalyzed every evening, one may assume that they were not using alcohol while staying at the shelter.

Vulnerable Subjects

When I first submitted my paperwork to UND's IRB for my second semester qualitative class, I discovered that the shelter inhabitants were considered "vulnerable subjects." Although I had a signed statement from Barb, my gatekeeper, saying that I could conduct my study, the IRB reviewer wrote back to me requesting that I provide a signed statement saying that Barb had talked to the board of directors of the shelter, and they had agreed to let me do my study. This was an extra step that my classmates did not have to do.

At first, Barb seemed unsure about signing another paper. To reassure Barb that the IRB and I had the best interests of the shelter's inhabitants at heart, I gave her a copy of our IRB training PowerPoint notes and explained that IRB is put in place to protect shelter residents. Barb was visibly pleased to hear that UND was so concerned about the welfare of her residents.

Table 1. Selected Backgrounds of Shelter Residents Participating in Study.

	Maternal Situation	Paternal Situation	Result	Effect	Education of Participant	Employment	Abuse Substances?
1. Mark	Mental illness	Substance & phys. abuse	Lost custody	Foster care	High school grad 504?	Unable to find a job	Yes, in high school
2. Timothy	Substance abuse	Substance abuse	Lost custody	Adopted/ Foster care	High school grad LD	Dishwasher	No
3. Steve	Substance abuse	Substance abuse	Lost custody	Foster care	7 th grade dropout LD	Many jobs	Yes, heavily
4. David	Substance abuse	Substance abuse	Lost custody	Foster care	7 th grade dropout, Illiterate LD	Only one job	Yes, heavily
5. Ted	Desertion	Physical abuse	Lost custody	Foster care	GED LD	Military	No
6. Judy	No data	Father deceased	Lost custody	Foster care	GED/Some college 504?	Several jobs	Yes
7. Carla	Substance abuse	Substance & physical abuse	Lost custody	Foster care	11 th grade dropout 504?	Several jobs	Yes, when she was a teenager
8. Vee	No data	Physical abuse	Lost custody	Foster care	GED/college	Many jobs	Yes, in high school
9. Miles	No abuse	Father dead at 54, no abuse	Lived with parents	Both parents, no foster care	High school grad/Some college	Many jobs	No

LeCompte and Preissle (1993) discussed the reasons for care when approaching vulnerable subjects:

Vulnerability is a characteristic of participants in research whose freedom to choose may be limited by age (the very young and the very old), by health (mental and physical disabilities), by social constraints (inmates of prisons, hospitals, and similar institutions) or by such other conditions as having been the victim of a violent crime or engaging regularly in activities deemed criminal, shady, or socially unacceptable—even merely embarrassing. The more vulnerable the participant, the more care is expected in seeking and obtaining consent. (pp. 107-108)

Since the residents of my two shelters lacked food and a habitable place to live, they were dependent upon the shelter for their most basic needs. This made the residents of homeless shelters qualify as vulnerable subjects. Some residents might not have wanted to be interviewed, but would feel pressured to say “yes” anyway for fear of having these needed services withheld.

Although my intentions were benevolent, some may have considered my research exploitative since I was conducting this study to earn a Ph.D. While I did not make any money at the time from my research with the homeless, it is possible that I might some day. Conservative economist, Thomas Sewell (2001), called university researchers who study the homeless “poverty pimps” because they study the poor for academic prestige and financial gain. Sewell wrote the following poem about poverty pimps:

Let us celebrate the poor,
Let us hawk them door to door.

There's a market for their pain,
Votes and glory and money to gain.

Let us celebrate the poor.

Their ills, their sins, their faulty diction
Flavor our songs and spice our fiction.

Their hopes and struggles and agonies
Get us grants and consulting fees.

Celebrate thugs and clowns,
Give their ignorance all renown.

Celebrate what holds them down,
In our academic gowns.

Let us celebrate the poor. (para. 5)

While I have been a graduate student, which is low in the university's hierarchy, Sewell's poem reminded me that I have one advantage: I am educated. Despite my efforts to remain compassionate and non-judgmental, I write from a position of privilege. After all, I visit the shelter; I do not have to live there. Diversi and Finley (2010) worked with the homeless and discussed the possible exploitation:

We advance our careers by doing research and representing humans in poverty and oppression . . . But it seems ontologically and epistemologically foolish, at best, to ignore the visceral knowledge that we, Postcolonial scholars, walk a blurry line between empowerment and exploitation of the downtrodden. . . . (p. 15)

Although I would have loved to empower the participants, I have to admit that this was not always possible within the confines of my study. I did tutor a resident for his

GED, and I always brought food and drink as treats for bingo along with the prizes. I would have needed IRB's approval and approval from the two shelters to develop a program that empowered the residents. Since I had challenges getting approval of the study already, I did not dare ask for this extra detail. The most I could offer to the residents was affirmation and emotional support. Empowering participants also may have created validity issues since it might have been considered as contamination of results.

Peled and Leichtentritt (2002) wrote that when doing qualitative research, it is important to offer research related benefits to participants. The bingo prizes were the only benefit that I offered to participants. I bought prizes from the local dollar store, which included gloves, socks, shaving cream, and disposable razors. Rubber sandals were especially popular because residents have contracted "athlete's foot" from using showers. Admittedly, this was not much to offer.

I was careful to maintain boundaries when I worked at the shelter. For my own safety and privacy, I did not give my phone number to the residents, nor did I mention that I only lived two blocks away from the shelter. As a matter of fact, I was paranoid about the residents discovering that I lived within walking distance of the shelter.

Data Collection

I interviewed six residents and four staff members at Northstar; at New Hope, I interviewed three residents and two staff members. Two more residents agreed to participate at New Hope, but their behavior necessitated their expulsion from the shelter. All interviewees were told that their participation was voluntary and that they

could end the interview whenever they wanted. Residents and staff members were interviewed twice for about 45 minutes. One male participant, who stayed at a shelter for nearly a year, was interviewed four times in order to conduct a member check, which I discuss later in this chapter. I told participants that I would use a pseudonym when I wrote about them, which two residents found hilarious. Although I did not ask the reason that the residents found this funny, I would guess that since they were not permanent residents of the town or the shelter, they saw no need to protect their identity. One participant may have thought his pseudonym was funny because the name was a word play on his original name. All recipients were asked if they wanted to pick their own pseudonym, but no one took me up on the offer.

Residents were asked to sign a written consent form (Appendix A) before the interview was audio-recorded. A written transcription was drawn from interview tapes. All data pertaining to the research was kept in two locked filing cabinets. Interview questions were open-ended, non-judgmental, and centered on how poverty, gender, disability, foster care, and educational achievement affected the resident's experiences. Here are some sample questions:

1. Where and when were you born?
2. Where did you grow up?
3. Did you live with both parents?
4. How many years of schooling did you finish?
5. Did you have any troubles in school?

A more complete listing of questions can be found in Appendix B. Despite the neutral tone of my questions (to my mind, anyway), the residents sometimes

volunteered information that was quite personal. For example, two women told me about losing custody of their children, which was clearly painful and possibly embarrassing information. I discuss their comments later in Chapter IV.

Ultimately, the questionnaire was a starting place for the interview. Topics likely to make a participant uncomfortable, such as substance abuse usage, were worded carefully and asked respectfully, in the hopes that the participant would not feel uneasy.

The purpose of qualitative research is to discover the lived experiences of participants through interviews, observations, artifact collection, and researcher reflection. For example, I collected artifacts from the New Hope shelter that included intake questionnaires and other office-driven memos. I analyzed the data by segmenting text into codes that emerged into categories. I also wrote thick descriptions of my two research sites and participants. No detail was too insignificant to record. Eventually, I eliminated some of the themes that I wrote about in the beginning stages of my research. For example, Northstar used a faith-based model to aid residents while New Hope used a social worker model. I wrote about the differences in praxis and philosophy in my early notes, but eventually decided to eliminate most of this information from my study. This was because I decided that the participants were the central focus of my study, not the organizations that housed them.

Since I did not review the literature on homelessness before I started my study, I began with an open mind—if such a thing is actually possible. I did not have a

formal hypothesis, though I did have a “hunch,” which inspired some of the questions I posed to participants. Most of my early questions were related to the residents’ number of years in school and if they had learning disabilities. Questions about attitudes towards school also were asked. When my first three participants all reported living in foster care as children, I added the following question: “Did you grow up with both your parents?” Sadly, all six residents from Northstar reported living in foster care as children; two out of the three residents at New Hope replied that they lived in foster care. Of course, my hunches on education were deductive since they predicted what I would find, which was that many homeless residents would have a history of education difficulties. I deduced this because people in homeless shelters are sometimes unable to secure jobs that allow them to live independently. Obviously, education is a necessary part of acquiring a good job. My questions about foster care were inductive because they were derived from the data.

Data Analysis

Lincoln and Guba (1983) argued that understanding in qualitative research is “emergent rather than preordinate” due to the multiple realities of the investigator and the participants (p. 208). To further complicate matters, the investigator may interpret the multiple realities differently from participants. For me, the multiple realities made me feel as if I were in a foreign country. I lived only a few blocks away from the shelter, but I was, metaphorically, worlds apart in many ways. Glesne (2006) described this as the translator/interpreter phenomenon: “The qualitative researcher is sometimes described as a translator of culture. The researcher works to understand the others’ world and then to translate the text of lived actions into a meaningful account”

(p. 174). As I immersed myself in the study environment, I was alert to the fact that my “translation” might be a result of my own misperceptions. I discuss how I guarded against misperceptions in my section on validity, which can be found later in this chapter.

Kelle and Seidel (1995) wrote that coding has three functions: “(1) noticing relevant phenomena, (2) collecting instances of these phenomena and (3) analyzing these phenomena in order to find commonalities, differences, patterns, structures, etc” (pp. 55-56). The first point, “noticing relevant phenomena” described my observations in the research environment. The second point, “collecting instances of these phenomena” denoted the interview and coding process. The third point, “analyzing these phenomena in order to find commonalities, differences, patterns, structures” referred to the analysis of the data (pp 55-56). Kelle and Seidel argued that codes have no real meaning on their own, and that the investigator needs to keep in mind the phenomenon and context related to the original occurrence. Moreover, codes are “heuristic devices” that enable understanding; they are not placeholders of meaning (p. 58).

Although the process of coding transcripts appeared simple to me at first, I found the actual process somewhat challenging. I marked dozens of codes and separated them into categories entitled “health,” “social,” and “personal.” These categories were so broad that the codes seemed lost. Worse, some of my codes fit two of my three categories. Under health, I included substance abuse issues such as prenatal abuse, fetal alcohol syndrome, and posttraumatic stress disorder (PTSD). Unfortunately, some of these codes also fit under the personal category, which made

me feel very confused. I was still at the “noticing relevant phenomena” stage. My initial analysis was more focused on the shelter itself instead of the characteristics of the residents (See Figure 2). Eventually, I would decide to focus only on the residents.

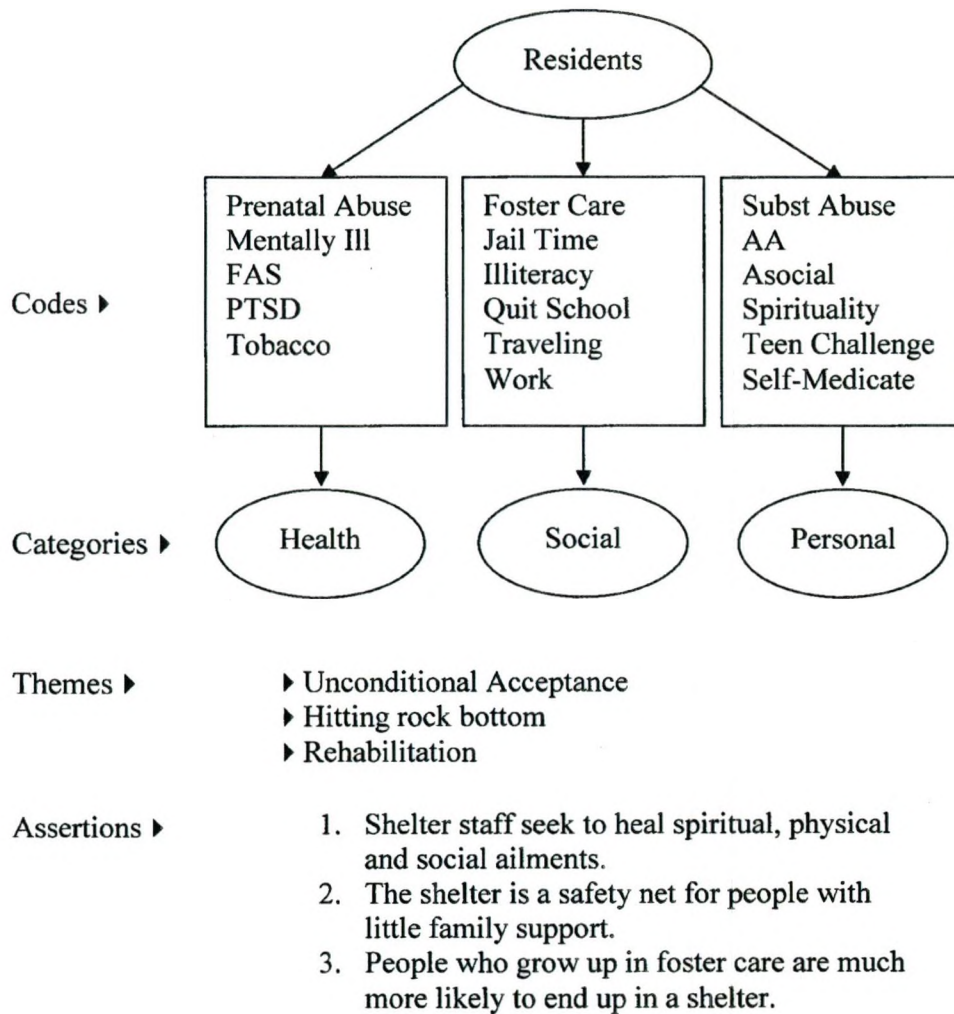


Figure 2. Initial Data Analysis – Emerging Categories, Codes, Themes, and Assertions.

Changing Focus

As the focus of my study changed in response to the data, my codes and categories also changed. Since the courts and local child protection agencies were responsible for taking some of the residents' children into custody, I created a new category—government policy. My thinking evolved as I learned about the impact of the government on participants. Another important government-controlled factor was deinstitutionalization, the elimination of state-run hospitals that housed people with disabilities. In the early 1960s and beyond, many of these people were released from state institutions without financial and medical support. Several of the participants in this study appeared to have a mental illness, so this policy may have affected the participants in my study. Many of the laws that I discuss in this dissertation can be found on the Definitions page.

Miles and Huberman (1996) described a process similar to my own gradual understanding of the research site: "The field site emits a continuous stream of leads, mysteries, themes, and contradictions that need to be pursued and that will never fit perfectly into a precoded conceptual frame or even into a more grounded, emerging coding system" (p. 62). The complexity and richness of the two research sites were always interesting, but there were indeed contradictions. For example, Northstar insisted that all residents be breathalyzed nightly for alcohol but did not test for drug use.

There were so many social issues involved with foster care and homelessness in participants' interviews that I found myself delving into books and journals on social theory and social work to understand the phenomenon. Every time I thought I

finally had caught up with the reading, a new issue would appear on the horizon. An example was the collapse in 2008 of the housing bubble, which evolved into a recession, and an unemployment rate that hovered at 9%. These events forced once-middle class families to become homeless. Obviously, these events had a major impact on homelessness in the United States. Trying to remain current with literature on the ever-changing economic front also was a challenge. While checking my reference list over time, I noted new versions of several of my sources.

Finding categories that organized my codes into a meaningful fashion was another obstacle. Miles and Huberman wrote about this quandary: “Codes should relate to one another in coherent, study-important ways; they should be part of a governing structure” (p. 62). This quote dovetails with my own experience. The “personal, health, and social” categories were too broad and did not support the “governing structure” I envisioned of the data early in my analysis.

Writing the life summaries and creating themes from those summaries helped me to understand what Miles and Huberman meant when they said that the categories needed to relate to the “governing structures.” Although I began my project wondering about disabilities, there were not many codes associated with this category. Miles and Huberman warned against having so many categories and codes that the researcher fails to use all of them. I found that this was excellent advice.

A category that I added was “abuse” because I noticed that *some* (not all) residents who were verbally or physically abused as children, or who had parents who were substance abusers, became substance abusers themselves. Originally, I placed the codes for physical, verbal, and substance abuse under “Residents,” but I had so

many instances of these codes that I decided that abuse deserved its own category. An early category, "Behavior" was folded into the categories, "Residents' Challenges" and "Residents' Strengths." Other categories included: "Education," "Family," and "Women." These categories supported the "governing structure" of my data, meaning that each category contained the codes that supported each theme.

Although my early categories were so broad that some of my codes fit under two of my three categories, I learned from this experience to make my final categories much more specific and narrow. The categories also expressed my six themes, as is shown in Table 2. For me, analysis has been an ongoing process. While preparing my codes, categories, and themes chart, I was able to further refine my theme about homeless women and the extra challenges that they experience.

HyperRESEARCH

I used a computer program, HyperRESEARCH (Version 2.8), to help manage my data. Although computer software programs can be helpful in organizing data, they can never replace the work of a "thinking human" to design, implement, and analyze a study. Some qualitative researchers may be attracted to computer programs to save time; however, I found that the process of entering data was time consuming. I did not really save time using HyperRESEARCH; however, logging data allowed me a way to interact with and interrogate the data in a new mode. Most important, using software, which requires reading and coding of data, is a constructivist act—it offers a new method of examination, a new way to engage the project and create meaning.

Table 2 delineates my final codes, categories, themes and assertion. I discuss the results of this table in more detail in Chapter IV.

Table 2. Final Codes, Categories, Themes, and Assertion.

Codes	Categories	Themes	Overall Assertion
Breathalyzer DUI FASD Physical abuse Substance abuse Verbal abuse	Abuse	Substance abuse may have adverse effects on residents and the parents of the residents.	In order to manage personal life challenges, such as abuse, disability, gender, foster care, poor educational achievement, and poverty, participants have created positive and negative coping mechanisms.
College Disability Dropout Illiteracy/LD HS grad/GED Truant/Runaway	Education	Educational system was ineffective.	
Child Dysfunctional Foster care Parent Sibling	Family	Residents may have experienced inconsistent, neglectful, and abusive relationships.	
Disability Jail or gang Mental illness No food No housing No medical care No transportation	Residents' Challenges	Poverty stunts growth in numerous ways.	
Bore easily Friends Job Humor Philosophy Spirituality SSI money Surrogate family	Residents' Strengths	Some participants "bore easily" and use various coping methods to overcome challenges.	
Birth/Child Custody/Court Medication Marriage/Divorce Mental illness Reproduction Social services	Women	Women face difficulties unique to their sex and gender.	

Eventually, I decided to use a hierarchical structure to plot my results. Unfortunately, HyperRESEARCH did not easily lend itself to a hierarchical style organization, so I devised my own way to structure my data in a linear fashion. Categories were listed in capital letters and codes were listed in lower case letters (e.g., EDUCATIONdropout, EDUCATIONhsgrad, EDUCATIONld). Since HyperRESEARCH sorts data in alphabetical order, I was able to arrange my categories and codes in a hierarchical manner, which made it easier to find commonalities.

Limitations of the Study

I interviewed adults in two homeless shelters about their school and familial experiences in childhood; I did not interview children. Therefore, I have relied on retrospective interviews of adults looking back on their life experiences and education. This raises issues of memory, as does any retrospective study. William Zinsser (1998) called this phenomenon “multiple ownership of the same past” (p. 16). Different people may remember the same incident differently due to how their cognitive processes filter information. Some of the participants in this study have issues with mental illness or drug abuse, which may further distort their thinking. Furthermore, homeless shelters are transitory by nature. Since it is common for residents to stay only for a few days or a few weeks, it is impossible to interview all residents of each shelter. Additionally, some residents may be unwilling to talk about experiences that are painful to discuss. Residents who have committed crimes, such as driving under the influence (DUI), may be unwilling to admit their behavior. Finally, residents of homeless shelters are considered vulnerable subjects, so it was imperative that I handle

each participant with compassion and sensitivity. Although I found common themes among the resident's reflections, each person's story was unique.

In Search of Validity

Despite the limitations just mentioned, I implemented a number of measures to argue for the validity of my study. Adherents of quantitative research have sometimes criticized qualitative research for lacking validity, arguing that the dangers of personal bias by a researcher and inconsistencies in results from one study to another make the studies suspect (Glesne, 2006; Kelle & Seidel, 1995; LeCompte & Preissle, 1993; Newman & Benz, 1998). Qualitative researchers have responded by arguing that positivism, which is so valued in quantitative research, is subject to similar limitations. Moreover, common quantitative validity criteria, such as internal and external validity, do not work well with qualitative methods because qualitative research does not employ an independent and dependent variable (Maxwell, 1992).

Maxwell (1992) believed that validity should apply to accounts and not data or methods because data by itself has no meaning. A researcher is responsible for drawing inferences from data and creating an account, or narrative. Maxwell wrote, "Any account of validity in qualitative research, in order to be productive, should begin with an understanding of how qualitative researchers actually think about validity" (p. 282). Maxwell went on to explain that he was not assuming that there is only one correct "objective" source of validity. Since observers cannot go outside of their own experience, there may be different interpretations of the same phenomenon.

Maxwell's validity framework is compelling. He breaks validity into three separate categories: descriptive validity, interpretive validity, and theoretical validity.

When he wrote about descriptive validity, he was referring to the factual and contextual accuracy of a researcher's account. A researcher must make sure that interview tapes are transcribed correctly. If someone besides a researcher transcribes an interview, the researcher will need to double-check the tape with the transcript for accuracy. Descriptive validity refers to the building blocks of an account. A researcher's field notes are an example of descriptive validity. All subsequent validity flows from descriptive validity. Since I transcribed all of my own interviews, I feel confident that my transcripts are accurate. I found listening to the interview tapes while I was writing about participants extremely helpful. Hearing the voices of the residents helped trigger forgotten memories in my mind. I also reread my field notes and the institutional artifacts I collected at each site, such as institutional memos and newsletters. There was an instance where I had skipped a small section of tape because a participant had a tendency to garble his words which made transcription time-consuming. While I was writing about this participant [Ted], I remembered the un-transcribed section and decided to try once more to get an accurate account of what the participant said. Although it took me nearly two hours to transcribe this small section, the data was worth the extra effort.

Interpretive validity refers to the participants' views of meaning. Often, specific language of a participant is used. Maxwell (1992) described this as "intention, cognition, affect, belief, evaluation, and anything else that could be encompassed by what is broadly termed the 'participant's perspective'" (p. 288). With interpretive validity, the researcher seeks to understand phenomenon through a participant's perspective. An example of interpretative validity comes from Steve, a

participant, who said that “traveling” (going from one shelter to another) was “hard work.” This surprised me. Then, I remembered how tired I felt when I was on a trip. Hitchhiking or traveling by bus, the common way that shelter residents travel, had to be more tiring.

The last form of validity that Maxwell (1992) discussed was theoretical validity, which referred to the theory of an account. A researcher must double-check and make sure that the conceptual framework works appropriately for a study. Are the ideological issues appropriately applied? For example, does individualism offer a valid theory of success in America, or does individualism actually undermine and oppress members of the population? This idea is specific to critical theory, which I believe offered an excellent framework for my study. Feminist theory, which is often associated with critical theory, was an excellent framework since my study was partly concerned with the treatment of poor and marginalized women. Theoretical validity for my study, then, depended upon the extent to which my analysis was congruent with those feminist critical theories and existing literatures within that worldview.

Even if a researcher has managed descriptive and interpretive validity correctly, the theoretical validity may not be correct. Theoretical validity is concerned with the “sense” and legitimacy of the account. For example, many conservative ideologues argue against the notion that anyone is oppressed in America. They might dispute my construction of theoretical validity but agree with my descriptive and interpretive validity (Maxwell, 1992).

What happens if descriptive validity is inconsistent, if the stories that I hear from participants are inconsistent from one interview to the next? What if the details

of resident's stories contradict my own sense of reality? I learned to suspend disbelief when listening to participant's viewpoints. For me to say that my own version of reality is correct and no one else's view is correct would be judgmental as well as ego- and ethnocentric. I would be holding my own belief system above participants.

According to Maxwell (1992), another form of validity is generalizability, which refers to whether a theory can be expanded to other situations. Maxwell defined two types of generalizability, external and internal. Maxwell wrote, "There are two aspects of generalizability: generalizing within the community, group or institution studied to persons, events, and settings that were not directly observed or interviewed; and generalizing to other communities, groups or institutions" (p. 293). Although qualitative investigators are loathe to generalize outside of what they have studied (e.g. the oft mentioned, "Limitations of the Study"), they are more willing to generalize within the study. I would venture that other homeless residents would agree with Steve's comment that "traveling" is hard work. Outside of the homeless community, I would expect to find fewer people who would agree that "traveling" is hard work. Of course, the idea of the homeless working came as a shock to a person in my qualitative class, who voiced surprise when I mentioned that some of the participants in this study had jobs.

Maxwell (1992) warned about validity problems common when a researcher conducted an interview. Trying to reconstruct a participant's life out of an hour interview is poor method and likely to create errors. Furthermore, a researcher may fail to record or hear an interview correctly. This is the reason that interviewing residents twice is a more desirable method than one long interview. After conducting

the first interview, the researcher can check the transcript to see if there are confusing passages that need to be explained with follow-up questions in a second interview. Another way to increase validity is to have participants read their transcripts to ensure that the text in the transcript is an accurate representation of what was said. Unfortunately, the transitory nature of the residents made this impossible for all but one participant. I discuss this later in this chapter under member checks.

Glesne (2006) discussed how to ensure validity, by incorporating certain standard procedures, such as long-term involvement, rich data, member checks, discrepant evidence and negative case, triangulation, and contamination; I give examples of these techniques in the following paragraphs. For two years, I observed the Northstar shelter; a year and a half of that time was devoted to holding Monday night bingo sessions. This meant that I interacted with residents through all seasons of the year. I personally felt accepted by the population, as evidenced by my nickname, "The Bingo Lady." At New Hope, I spent a year working as a volunteer plus a semester as an intern where I spent the entire day at the shelter. At New Hope, I was privy to morning meetings where confidential information about the participants was discussed.

Rich Data

I spent hours observing and writing down my impressions of each shelter, a method of validity known as "rich data." One interesting finding was noting how residents' moods changed when the weather grew cold. Residents who lived in the upstairs dormitories were not allowed upstairs during the day, so they were confined to the front room downstairs and the picnic tables outside. When the weather grew too

cold to sit outside, everyone was forced inside, which meant that the front room was too crowded for comfort, as I explained in this passage:

On my last visit, I sat at one of the park benches, quietly taking notes of what was said. Today, both park benches are occupied. I do not dare to sit on the bench, even if I could [if the benches were vacant]. I sense an uneasy tension in the room. Why the tension exists, I cannot say, but the tension is palpable. It swirls around like a noxious fume.

Observing some research sites might get tedious after a while. Observation at the shelter was always riveting, although I always left the place feeling emotionally drained—and grateful that I did not have to live at a homeless shelter.

Member Checks

Another way to increase validity is to have participants (or, members) read my reports and correct any inaccuracies. Newman and Benz (1998) wrote:

Member checking refers to how accurate the data are. Were the data and interpretations continuously checked? One way of estimating the accuracy of personal observations is to check out observations on members of the group one is observing. That is, when a researcher returns to those interviewed and checks to make sure he or she “got it right,” the researcher is member checking. (p. 52)

Since the population of the shelter was so changeable, I only was able to have Mark check his transcripts. Mark explained that after he had graduated from high school, he went to live with his father, but his father’s drinking and bad temper forced him to

move to a homeless shelter. He did not really correct his previous interview, but he did add more details about what happened after he graduated from high school.

Discrepant Evidence and Negative Case Analysis

When analyzing qualitative data, it is important to consider if there are instances where the data is inconsistent, especially from case to case. In my study, eight of my nine participants had parents who lost custody, so they were placed in foster care, which makes it appear that in this study, there is *potentially* a causal relationship between foster care and homelessness. Miles, a fifty-year-old man living at New Hope, had parents who did not lose custody, so he did not spend time in foster care when he was growing up. Nevertheless, Miles was living in a homeless shelter when I interviewed him. Although Miles was technically homeless, he told me that he did so by choice because he enjoyed the traveling lifestyle. Mile's decision to travel appeared to have been precipitated by seeing his father, who had the same job, and lived in the same place all his life, and died at 54 of a heart attack. Miles decided that he wanted to see the world before he died. I discuss the practice of "traveling" further in Chapter IV and Chapter V.

Miles and Vee represented a negative case because they *chose* to live at homeless shelters. They owned a car which allowed them to travel and get jobs all over the country. Most of the residents whom I interviewed lived at the shelter because they could not afford to live anywhere else, and they could not afford to buy a car. Miles and Vee thus provide a negative case in terms of foster care, giving me a check against concluding that foster care was a primary cause of homelessness.

Triangulation

One way to check for validity is for a researcher to compare data from a research site with data that was generated by another organization. This is called triangulation, which LeCompte, Preissle, & Tesch (1993) described:

Ethnographers use many kinds of data collection techniques, so that data collected in one way can be used to cross-check the accuracy of data gathered in another way. Just as a surveyor locates points on a map by triangulating on several sites, so an ethnographer pinpoints the accuracy of conclusions drawn by triangulating with several sources of data. Triangulation prevents the investigator from accepting too readily the validity of initial impressions; it enhances the scope, density, and clarity of constructs developed during the course of the investigation (Glaser & Strauss, 1967). It also assists in correcting biases that occur when the ethnographer is the only observer of the phenomenon under investigation. (p. 48)

One local newspaper had a story on homelessness which featured two participants, Ted and Carla. The article offered much of the same information that I had learned from my interview, which reassured me that my information was probably correct (or at least consistent). My second shelter, New Hope, did not send me a news bulletin; however, I have collected many newspaper articles on the shelter. By confirming my information from outside sources, I was able to verify some of my findings.

Contamination

When I began my research, I worried about identifying with the residents and wondered if my lack of objectivity would taint my project. Then I remembered a phrase that was mentioned in my qualitative class—*I was the instrument of my study*. My preconceived ideas were unavoidably part of my design. Because I had also experienced brief bouts of homelessness myself, I was the ideal person to conduct this study. Maxwell (2005) concurred, saying, “Separating your research from other aspects of your life cuts you off from a major source of insights, hypothesis, and validity checks” (p. 38). Aspers (2004) called this “meaning structure” (p. 4) or the mutual understanding between participant and researcher. A high level of similar experiences is considered a positive sign for a researcher’s eventual success in interpreting a project.

Whenever a researcher engages in a study, there is a danger of contamination, which can be defined as inadvertently changing the “natural” state of the population. A thin line separates the positive aspect of a researcher having similar experiences to participants from the negative aspect of a researcher contaminating the belief system of participants.

I tried to stay neutral and non-judgmental when I interviewed the participants, but I was not always successful. In my first interview with Mark, a 23-year-old who grew up in foster care, he complained about not having money to buy things that he wanted, and he suggested that dealing drugs was the “easy way” to make quick money. Mark is my son’s age, so I felt compelled to point out that this was not the “easy way to make money in the long run.” Maybe it was judgmental for me to say

this. My only defense is that Mark was badly in need of positive role models. Perhaps this was my way of trying to empower Mark. Although this comment was a methodological faux pas on my part, it reminded me that qualitative researchers constantly face challenges when interacting with participants. Anything that a researcher says to a participant can taint the dialogue. A possible solution is to follow an interview questionnaire carefully; however, strict adherence to an interview script may stifle spontaneity, which can also be problematic. My favorite strategy when conducting an interview was to say as little as possible. If the participant does most of the talking, there is less chance of contamination.

I believe some ideological paradigms, such as critical pedagogy, which encourage the researcher to “empower” and “liberate” participants through emancipatory education, risk contamination (Shor & Freire, 1987). I doubt that my research sites and IRB would have allowed me to empower or liberate the participants because such actions might have an unanticipated, negative effect.

A Change of Plans: Describing My Subjectivities

I have sometimes felt that I did not choose my research project—it chose me. I came to the University of North Dakota (UND) to learn about special education in college students with no idea of studying a homeless shelter. Having recently earned a Master of Fine Arts in Creative Writing with a thesis on Attention Deficit Hyperactivity Disorder (ADHD), I was intent on writing a dissertation that would lend academic credence to my master’s work on ADHD.

The decision that would change the trajectory of my graduate study was made casually in my first qualitative research class. Since I did not have time to set up my

study of college students, I decided to research a local homeless shelter. I had driven by the shelter frequently and had always wondered about the people who sat at the picnic tables, smoking and talking, in front of the shelter.

Walking into the shelter that first day was similar to falling in love with the “wrong person.” I found myself fascinated and attracted to the place, but it made me uncomfortable.

In my first semester class, I interviewed one resident, Steve, a “traveler” who made a living visiting various shelters and working as a day laborer. He had recently been baptized in the church that the director attended and was working in the shelter’s kitchen. Steve seemed to enjoy his nomadic, alcoholic lifestyle.

When my second qualitative class began, I was still determined to study college students for my dissertation; however, I chose to study the shelter for my class project, nevertheless. In order to become better acquainted with residents, I began conducting weekly bingo sessions. My fascination for the shelter—and its inhabitants—only increased as I began my interviewing.

As I became better acquainted with the residents, I began to worry about losing my scholarly detachment with participants. Worse, I began to identify with them. Although I did not grow up in poverty or in foster care, I experienced a lot of family turmoil when I was a child. By the time I was nineteen, both of my parents committed suicide. Their deaths marked me. Moreover, I had experienced two brief bouts with homelessness.

I have previously worked as a journalist, so my identification with the participants in my study worried me. Journalists are supposed to remain objective,

and I assumed that the qualitative researcher also should remain objective. Fortunately, I was required to read Joseph Maxwell's (2005) *Qualitative Research Design* that semester, which reassured me. Maxwell wrote, "The explicit incorporation of your identity and experience in your research has gained wide theoretical and philosophical support" (p. 38). Maxwell's comment caused me to reexamine my attitude towards the shelter. Having been stranded in Paris at the age of 23 with no money and no return ticket home gave me some personal insight on homelessness. Years later, I lived in a jet hangar because my home was destroyed by a flood. These were painful experiences but they had made me resilient.

Maxwell also argued that qualitative researchers should pick a topic that they feel passionate about because this will help with motivation. My feelings towards the shelter were sometimes conflicted; like a rat in a Skinner box, I wanted to approach and avoid. Still, I had to admit that I was fascinated with the shelter and its inhabitants.

A homeless shelter is generally not a happy place; I knew that writing about it would be painful. I would be forced to remember my own homeless experiences. But a voice deep in my subconscious urged me on. Reluctantly, I decided to study the shelter. Or perhaps, fate chose *me* to study the shelter. I am not sure. All I know is that I was hooked.

When I began this project, my focus was on exploring the educational backgrounds of the residents. I suspected that I would find a high number of participants with disabilities, and wanted to see if I was correct. My suspicion was soon validated—several of the participants in my study reported having learning

disabilities, illiteracy, ADHD, and a mental impairment (which qualifies under Section 504 as a disability; U.S. Department of Education, Subpart D, 104.34).

As my interviews were recorded and transcribed, I noticed a sad but interesting phenomenon: Two of my three female participants had children whom had been taken into custody by child protection services and put into foster care. Both of these women spent time in foster care themselves when they were growing up. Although neither completed high school, one woman eventually did earn her GED, but she was unable to find a job that paid a living wage. Since a college education generally is needed for higher paying jobs, these two women began their lives with a disadvantage.

Homelessness can be far more complicated for women as opposed to men. A lack of food and shelter are obvious challenges, but women also must cope with menstruation and a lack of hygiene products. Homeless women are at risk for assault, rape, pregnancy, miscarriage, and childbirth, but may have no access to health care. Their gender makes them open to an assortment of possible catastrophes, including the strong possibility that their children will be removed from their care.

This realization made me reconsider the role that mothers might have played in the lives of the residents. Eight of my nine participants had mothers who appeared to have lost custody of them when the participants were children. Four of the eight reported having mothers who had been substance abusers. Their poverty and addiction left these mothers vulnerable to losing their children to the foster care system. Although my research began with the hunch that I would find disability issues in the residents, the data demanded that I widen the scope of my study. The stories from my two female participants who grew up in foster care, became pregnant and

homeless, lost custody, and then had their own children handed over to foster care, demanded a prominent place in my research. Mothers often are the heartstrings that tie families together. If the mother is unable to function properly, the family may fall apart. Eight of the residents in my study had mothers who lost custody of their children. Eight of the nine participants also spent time in foster care. Women losing custody and children being put in foster care are constant refrains in the text of my interviews.

Although I intended to study special education and ADHD when I arrived at UND, I eventually decided to study a homeless shelter. Having experienced a turbulent childhood and financial straits myself, I am aware that I could have easily ended up in circumstances similar to the residents. For not ending up in a shelter, I am grateful, but I also feel a commitment to help those people who are less fortunate than I am. This dissertation is my attempt to bring information, understanding, and tolerance to some difficult social issues that have plagued humanity for a very long time.

Conclusion

In this chapter, I described my research sites, data collection methods, and the means that I used to analyze my data. Since the residents of my study were considered vulnerable subjects, I described the procedures that I employed to ensure the safety of the participants. Also cited were Maxwell's (1992) theories of validity, and Glesne's (2006) approach to validity. I also explained my decision to study the participants of a homeless shelter instead of ADHD in college students and how I might have a possible bias when discussing patriarchal attitudes towards women.

CHAPTER IV
PARTICIPANT FINDINGS



Figure 3. A Participant Portrays the Multiple Realities of Ethnographic Research

The picture in Figure 3 was taken while I was a volunteer in the New Hope art program for adults and children. The participant, who hides behind two masks, provided a pictorial metaphor for the concept of multiple personas and distorted realities exemplified in qualitative research.

Social theories are easier to understand when they are told in story form, so in this chapter, the participants give voice to their own personal experiences. Complex

ideas are easier to comprehend when they are perceived through the lens of real-life, context-rich examples.

This study answered the following research question: How do residents in two homeless shelters explain the causes of their homelessness and its impact on their lives? Listed below are six categories that emerged from the data analysis, which are paired with their corresponding themes. The categories are sorted alphabetically:

1. Abuse – Substance abuse has adversely affected the ability of some residents and/or their parents to be self-sufficient.
2. Education – The educational system was ineffective in providing the necessary work and social skills to make the residents financially self-sufficient.
3. Family – Inconsistent, neglectful, and sometimes abusive relationships leave residents traumatized.
4. Residents' Challenges – Poverty as children and as adults has stunted the emotional, social, and educational growth of the residents.
5. Residents' Strengths (Resilience) – Some residents “bore easily” and use “traveling” as a coping mechanism and form of resilience.
6. Women – Homeless women face difficulties unique to their sex and gender.

The following assertion was distilled from the codes, categories, and themes: In order to manage personal life challenges, such as abuse, disability, gender, foster care, poor educational achievement, and poverty, participants have created positive and negative coping mechanisms. Finally, I offer a cross-case analysis of the participant findings.

I began my research study with a hunch that people living in homeless shelters would have a history of education difficulties. I soon learned that there was a wide disparity in the years of education among the participants; two residents dropped out of school in the seventh grade, while four residents completed several years of college. I also expected that disability would be a contributing factor, which was upheld. Four residents reported having a learning disability. An unanticipated factor was the high number of residents who spent time in foster care when they were growing up; all but one resident spent time in foster care. Table 3 shows how participants relate to themes.

Table 3. How Participants Relate to Themes.

	Theme 1 Substance Abuse Has Adverse Effects	Theme 2 Education System Was Ineffective	Theme 3 May Have Experienced Inconsistent Neglectful, or Abusive Relationships	Theme 4 Poverty Stunts Growth	Theme 5 Some Residents Bore Easily	Theme 6 Homeless Women Face Gender Specific Difficulties
1. Mark	Father	Yes	Yes	Yes	No	No
2. Timothy	Parents	Yes	Yes	Yes	No	No
3. Steve	Parents	Yes	Yes	Yes	Yes	No
4. David	Parents	Yes	Yes	Yes	No	No
5. Ted	No	Yes	Yes	Yes	No	No
6. Judy	No	Yes	Yes	Yes	No	Yes
7. Carla	Parents	Yes	Yes	Yes	No	Yes
8. Vee	No	Yes	Yes	Yes	Yes	Yes
9. Miles	No	Yes	No	No	Yes	No

Mark

Many high school students consider getting a learner's permit and driving the family car as a rite of passage. For Mark, a 23-year-old homeless shelter resident who grew up in foster care, learning to drive a car when he was in high school was not a possibility. The foster care family that Mark lived with during this time, he told me, did not want to be legally responsible for his learning to drive, nor would they provide transportation, so Mark could not get a job and pay for his own insurance and car. Although Mark was expected to do chores, such as painting the barn, he says he was rarely given money, extra attention, or privileges for his efforts. Mark's last foster care family kept the foster kids in the basement while the rest of the family lived upstairs. The family made it clear, according to Mark, that their motivation for keeping foster care children was money-oriented:

They got paid for each foster kid who was under their roof. They could have adopted us, but they didn't want the liabilities. They didn't want to lose that source of income, is what it is by what they said to me, and what they did to me; the chances they didn't give me, like average teenagers. They were in it because they were getting paid for it, and you can see it from the way they treat their biological kids.

Mark's comment dovetails with a study completed by Finkelstein et al. (2002) which found that foster care families appeared to be more interested in money than helping children. Furthermore, a 2008 study by the Casey Family Programs Foundation and collaborators found that foster care families have more children and less income than the average intact family. This may explain Mark's allegation that the foster care

families he lived with were frugal with resources. Mark was not allowed to drive the family car because the foster family did not want to pay for insurance or put themselves at risk legally. Mark commented, “You know, even a high school kid is better off than I am because they have a vehicle or they have the support from their parents. They already have shelter; they already have the bills taken care of, probably.” Mark is right on all counts in his analysis—many teens in intact families do get invaluable emotional and financial support from their parents.

Mark entered foster care at the age of four, he said, because his mother was mentally ill and unable to care for him; his father was an alcoholic and abusive. When Mark aged out of foster care at 18, he moved in with his father, who promised that he would give up drinking. Mark enrolled in a local technical college, but his father’s drinking and abusive behavior made the atmosphere at his father’s apartment toxic. Mark thought about renting an apartment, but with no transportation and work experience, his options were limited; as Mark explained, “Apartment managers . . . you pay a \$20-25 fee, but still, they say ‘No’ because you don’t have a co-signer. You have no previous rental experience, no previous work experience. You don’t have a vehicle.”

Considering Mark’s stormy childhood due to his father’s physically abusive behavior, the inevitable finally happened; Mark’s father assaulted him during an argument. Although it is unclear who decided that Mark should move out, Mark ended up checking into a local homeless shelter. Mark’s mother lived in the area, but he had only seen her once in fifteen years.

Since the shelter where Mark originally stayed was a temporary and transitional shelter, the staff at this shelter suggested that Mark come to Northstar, which was an hour's drive away. Northstar was one of the few shelters in the area that accepted long-term residents.

Mark recently applied for a job at a convenience store located within walking distance of the shelter. He called back several times asking about the job, but was told that the manager was too busy to speak to him. The manager never called him back. Mark believed that he was not hired because he listed his address as a homeless shelter. Mark told me he also tried to enlist in the Army but was turned down there, too.

Mark described being so frustrated by his inability to get a job and earn a living wage that he had even considered selling drugs. Mark's willingness to contemplate using illegal means to acquire goods coincides with Cusick and Courtney's (2007) work, which found that both male and female foster youth are ten times more likely to be incarcerated than youths not living in foster care.

Mark does receive a monthly check from Social Supplemental Income (SSI) which pays for the rent of a semi-private room at Northstar. Although Mark would not tell me why he qualified for SSI, he did say this:

Because of all of the years I was taking medications, but no one told me. I should have been getting it [SSI] since I was 18. But no one told me, no foster care parents, no social workers. A couple of months ago, I got a letter from SSI saying I qualified for certain benefits.

Somewhere, someone was lying to me. I was not privileged enough to have the information that I should have had.

His qualification for SSI might have something to do with his taking medication for a mental illness when he was in foster care. I asked Mark at my first interview the name of the medications that he had taken, but he said that he did not remember. Mark added that he had quit taking his medication once he became independent, and had more energy and could think more clearly since being off the medication. Mark firmly believed that any mental distress he experienced when he was growing up was due to environment:

When I talked to psychologists and psychiatrists, they weren't in it for the environmental impact; they were in it for genetics. Inheriting my parents' illnesses. . . . Supposedly, my mental illness comes from my parents. But, my grandparents on both sides don't have mental illness.

Of course, the theory of defective genetics is a relic of the eugenics movement, whose leaders argued that mental illness is hereditary (Black, 2003). Mark rejected heredity as the reason for his mental distress, reasoning that since his grandparents were not mentally ill, genetics was not a factor.

Mark also contended that his troubles might have been due to the medications that were prescribed for him while he was in foster care:

I don't comprehend how a kid of four needs to be on four or five prescribed medications. When they're acting like they're supposed to act, for four years old. How are they supposed to act? You know, they took me away from my parents—do they expect me to be happy?

Despite Mark's claims, a staff member told me that Mark had a chemical imbalance in the brain, and that he needed to take his medicine. Although Mark told me that the military turned him down because he had a curved spine, it seems possible that his mental state was the cause. In contradiction to the staff member's comment, Gerber and Dicker (2006) argued that children living in foster care are frequently misdiagnosed. Behavior related to abuse and maltreatment may mimic behavior associated with a child who is mentally disturbed. Children need a sense of permanency in their lives. If they are constantly moved from one family to another, they may never settle down. According to Mark:

My brother and I would get abused right away, right when we got sent in for a couple of them [foster care families]. . . . I was held back in the first grade because I could never settle down because of the stuff that was going on at home. There was a lot of moving, lots of physical and verbal abuse.

Mark and his younger brother stayed with seven different foster families. All but the last family physically abused Mark and his brother. Mark described his fear of his foster care parents:

We went to see counselors and psychiatrists, but they never separated us from our foster parents, and we were afraid to tell the truth in front of them. We were afraid to deal with what we'd get when we got home. . . . They [child protection services] would never check to see if we had marks or bruises, cuts or whatever.

Although Mark and his brother were put in foster care because of physical abuse, Mark alleged that the foster parents also were abusive. Since Mark was older than his brother, Mark would accept being abused so that his brother would be left alone:

I don't know what is worse—to go through it and know that your brother is safe because I am taking his place. I took my brother's place many times. But he was the one with the one kidney thing. And that could have been why he has one kidney. He could have gotten it [the loss of a kidney] through the abuse.

Mark would put “his mind in a better place” and try to forget the abuse. He learned at a young age that it was possible to get his mind outside of the current situation: “You know that you are going through pain and you don't have control over it. You can become numb to it by trying to escape to a better place.”

Sometimes, an incident at school would create a problem for Mark with his foster parents at home. A student would report Mark's actions to a teacher, who would relay a message to the foster parents, as Mark described:

I accidentally spilled my milk carton at school. I don't remember doing this, but supposedly I did. They said I did it on purpose when I was dumping trash in the garbage. And when I got back after that, my dad had put a milk carton in the freezer by accident. It was already freezing inside. And he poured a whole milk carton over my head. Stuff like that; you don't forget it, but you try to. I try forgetting things. Doing things that are reasonable. . . . But it never brought peace of mind because I still had this numbness.

Becoming numb was Mark's way of dealing with the emotional pain that he felt when he was growing up. He may have felt that there was no place where he was safe from criticism and attack.

Although Mark hated the idea of moving to a homeless shelter, he said that he has been treated better by the Northstar staff and residents than by his foster care parents. He discussed his relationship with Carla and Ted, who appear later, in this chapter:

Ted and his wife [Carla], they were kind of like my parents for a bit, I felt. They listen to me. I listen to their stories and stuff. Everything that is happening is what I wanted out of a home.

Mark described the feeling of family he had found with some of the residents at Northstar:

I got more family here than I had in foster care. These people here will actually listen—you can talk to them. They might not be, like, coming from the best family situations themselves. A lot of them aren't. And some of them do it to themselves too, but, ahmm, they listen, they'll talk back, respond. That's pretty much what I want in a family, rather than the physical abuse or "take these pills so you're easier to deal with."

Having someone listen to him and share his pain was a new experience for Mark. Apparently, the foster care families who looked after Mark were too busy to take time to listen to him, or offer emotional support:

They weren't there to support us . . . the way we needed. We got our needs met because they were getting paid. They weren't giving us what we needed. We weren't their biological kids. There was a very thick line between the two. The way they were treated and we were treated They could have adopted us. But it would have cost them money. We were never adopted because that would stop them getting money to care for us. And they didn't want that. They did not want to be parents to us. They wanted to get paid to take care of us.

Although Mark had not lived in foster care for five years when I interviewed him, he was still angry and upset about a multitude of things that happened when he was in foster care.

The challenges that Mark experienced on leaving the foster care system are typical for youths aging out of foster care. Gerber and Dicker (2006) wrote:

Historically, foster youth have often been discharged from care without adequate preparation, planning, and resources. They exit foster care into adult living with a high risk of poverty, homelessness, and unemployment and are vulnerable to influences that promote criminal behavior. (p. 64)

Although Mark did not experience food insecurity as one participant described, the foster care system was ineffectual in preparing him to be self-sufficient as an adult. Mark had many strengths, but he struggled to overcome a negative interior monologue that has followed him throughout life, despite his talk of "putting his mind in a better place."

Mark stayed at Northstar for nearly a year. During this time, his anger dissipated, and he seemed to find peace within himself. He started going to Bible class. Still, he said frequently that he missed his brother. For several months, he lost contact with his brother. The last time I talked to Mark, he told me that he had learned that his brother had checked into a psychiatric hospital that was an hour's driving distance away. When I asked Mark why his brother had been hospitalized, he replied, "Like I said, alcoholism, drug addiction."

I suspect that Mark left Northstar to be close to his brother. Mark had always tried to protect his younger brother, whom he viewed as physically fragile because he only had one kidney.

Homeless people are often blamed for their circumstances, but Mark's life history clearly demonstrates that this is often an oversimplification. The lack of a nurturing home environment when he was growing up stunted Mark's social and educational development. The physical abuse that Mark endured from his family of origin and his foster care families still haunts him and makes it difficult for him, he said, to move on with his life. Moreover, a simple thing, such as a lack of a driver's license and transportation, has become a barrier to his employment and self-sufficiency. Mark applied for jobs and even tried to enlist in the military, but he was rejected every time. One can only wonder how long he will keep trying before he gives up.

Timothy

Timothy is a 23-year-old resident of Northstar. As a child, he told me, Timothy experienced food and housing insecurity due to his parent's drug and alcohol

use. Since Timothy disclosed in his interview that his mother indulged in drugs and alcohol while she was pregnant with him, it is possible that he exhibited fetal alcohol spectrum disorders (FASD), which can include growth retardation, facial dysmorphism, and central nervous system damage (Rodgers-Adkinson & Stuart, 2007). Noted characteristics of a person with FASD can also include attention deficits, hyperactivity, and problems with impulse control, language, memory, and social skills. According to the U.S. Department of Health and Human Services (2010), 40,000 infants are born with FASD every year, which costs the nation an estimated \$6 billion per year.

Timothy was diagnosed with learning disabilities and attention problems when he was in school, which he described:

In school, my main problem was math. There was such a blockage there that I could not get over. I could add, subtract, multiply, but when it came to division Every time I did a division problem, I'd make it a multiplication problem. Because I did not know how to subtract—I could only multiply. Then division, my goodness gracious, how am I supposed to know what goes into what, how much is what?

Timothy lived with his birth parents until he was five:

I remember living in a trailer. I remember who my real parents were—I can remember them. They used to do things that the average person wouldn't do. Basically, they gave me up for drugs. It's pathetic. Basically, what they're saying: "I don't want you, wish I never had you." They're pushing me and my younger brother—actually, my

younger brother was just born when I was adopted. He was in the incubator and the nurses were trying to take care of him. They said that if he were to be born a year earlier, then, with his heart condition, he would have died.

Although Timothy was adopted at age five, his adoptive parents kicked him out of the house when he was 17. He described what happened with his adoptive parents:

They told me it was my decision [to leave the house]. But my mom was about to get rid of me anyways. Because it was stress; there was something. I don't know what it was. I just felt like I was—how do I say this?—I felt like I wasn't worth anything. They weren't on my side.

Timothy moved into the home of a friend, which allowed him to finish high school. He has stayed at numerous homeless shelters since he was kicked out of his home. He described some of the previous shelters that he has known:

There's a lot worse compared to this place. This place is nothing compared to where I've been. I heard about this place. I've had friends who came up here—who have been here many times. So they brought me here.

Both Steve and Timothy mentioned that they learned about Northstar from friends. Mark was staying at a shelter an hour's drive away when he was told by a staff member to come to Northstar. Apparently, Northstar has a good reputation among the people who frequent homeless shelters—either staff or residents.

Timothy, like many of the residents, had a prepaid cell phone to stay in touch with friends. He worked part-time at a local restaurant and could not afford to move into his own apartment on his income. The opportunity to work full-time had not been

offered to him. Timothy paid \$7 a night for his semi-private room which added up to \$210 a month. Although Timothy's parents were substance abusers, Timothy has refused to follow his birth parents' bad example: "I never went to jail, never smoke, drank, never violated the law in any important way." Although Timothy had challenges when he was growing up due to his family of origin and adoptive family, he appeared to have developed resilience as a result. Timothy spoke of his dreams of attending a Bible college one day and becoming a minister, but he has lacked the time and money to pursue his dream at the time we spoke. He remarked:

I'm going to stay here for a while. My guess, I figure I'm going to be here—for I don't know. Me and Sally [a Northstar staff member] sat down and talked about this summer taking driver's education for the first time in my life.

Although Timothy stated that he was adopted at the age of five, his adoptive family treated him almost as if he were a foster child. They did not offer him the opportunity of learning to drive and made him feel unwelcome in their home. He became what is known among child protection services as a "throw away," which Daniels and Brennan (2006) described:

Throwaway children are grouped with runaways because these groups often overlap. A runaway child might be told not to come back, which would then make him or her a throwaway. Sometimes children leave on their own after parents threaten to throw them out. (p. 2)

Although Timothy said that he was legally adopted when he was five, the commitment of the adoptive family was not strong. While Timothy showed resilience in finding a

friend to stay with so that he could graduate from high school, the lack of parental support prevented him from going to college. It is unclear if social services agencies were aware that he was a minor and homeless. Timothy's homeless status qualified him for services through the McKinney-Vento Homeless Assistance Act, but he seemed unaware of this when I interviewed him.

Steve

Steve, a Northstar resident, was a 40-year old male who dropped out of school in the seventh grade. Steve was a "traveler," which means that he visited a circuit of homeless shelters where he would stay for a few weeks and accept jobs that paid by the day. Steve's parents, he said, were heavy substances abusers who divorced when he was young. At first, Steve and his sister lived with their mother after the divorce. For some reason he did not make clear, their mother lost custody, so Steve and his sister lived with his father. Steve was eleven when his mother was killed in a car accident while driving intoxicated. At this point, Steve's sister went into foster care. Steve and his father were employed moving cars from state-to-state, which he described: "We were car haulers. We liked to travel. He did. I did. I had the Social Security check from when my mom passed away." Although the check from Social Security could not have been a lot of money, he made it sound as if it were a sizable amount. Child Protection Services would occasionally round up Steve and put him in a foster home, but he always ran away. Steve preferred living with his dad, who allowed him to "smoke weed." Steve was 12 when he stayed in his first homeless shelter:

My dad got fired, and we went to Wichita and stayed in a shelter for like two weeks. Then he had a job for like a couple of weeks just to get some money and then we got out of there, and then we did all of this stuff [laughs].

When I asked Steve what he thought of the homeless shelter, he replied, “I didn’t really think it was that bad. I was used to being around them kind of people, alcoholics. Not nothing new” Throughout Steve’s interview, he made humorous, self-deprecating comments about substance abuse. Steve seemed to enjoy the traveling life, saying that he grew “bored” if he stayed in one place for more than a month. He described his life:

The labor places give you pay every day. Some jobs are better than others, but usually when I work, I average sixty bucks a day. You figure your room is 27-30 bucks a night. It still leaves you \$30 to live on. I try to eat on ten dollars a day I always try to pocket fifteen in the back of my wallet. So, that way, by the end of the week, I’ve got an extra ninety bucks . . . and the rest of it at the end of the week goes for beer [laughs].

Steve realized that traveling was his way of dealing with difficult circumstances. He quoted a motto from Alcoholics Anonymous, “Wherever you go, there you are,” and described how he coped after his father died:

I’ve pretty much been traveling ever since, until I got here. I stayed five months in the last place, and I was surprised by that. Usually, I only stay three or four weeks. I really liked the routine there. I had my

own apartment . . . got paid every day. Plenty of money to blow I just got bored.

Although Steve fits into the fifth theme, “Some residents bore easily and use traveling as a coping mechanism and form of resilience,” he also fits the first theme, “Substance abuse has adversely affected the ability of some residents and/or their parents to be self-sufficient.” This appears to be a contradiction—how can a person be resilient and be a substance abuser at the same time? Some themes appear to have gray areas. Steve showed resilience in using traveling as a coping mechanism, but he still needed the comfort and support of alcohol and drugs. Substance abuse can have adverse effects on the human body, so there are serious consequences to Steve’s behavior.

Steve talked fondly of the traveling life and the chance of seeing new places and new people:

There’s a freedom in it, there really is. If you manage your money right, be really observant about who you’re hanging out with. It can be a fun life, it really can. After a while, it does get to be a little old . . . always meeting new people. There’s a lot of guys you can’t trust. But that’s just life in general.

I asked Steve what he thought of all of the rules at Northstar, such as having to use the breathalyzer every night and having curfew. He replied:

There’s a lot of rules. It’s not rules that are out there to ruin our lives. It’s just good for us. It’s just the everyday stuff that other people have to do any way. It’s just getting people to do it; that’s the hard part. That’s what makes places like this tough for some people. It’s cause

they can't, they just don't want, to follow rules. They want to be defiant. Always want to argue. There are a lot of negative people that travel. I was one of them, I know. A lot of them suffer from addictions, or childhood stuff. They just don't have a way of coping with it, so they just kinda stay on the road. Basically, that's what I do.

Steve was baptized at the church of a staff member recently. He has been working in the kitchen and has recently moved into a semi-private room:

I didn't really get my own room until a month ago. You go from the big dorm to the working dorm which consists of four people. I left for a week, then came back. Went and had my weekly night out. Done that twice since I've been here [laughs].

Although Steve claimed that he has been trying to give up his old ways of drinking and partying, he was honest enough to admit that he has cheated occasionally by staying away.

He also appeared to realize that he had a tendency to spend any money that he received for working in the kitchen. To guard against "blowing" his money, Northstar has been holding back his pay, which Steve appreciates: "That's why I like the way they do things here. They keep my money in the bank. That way, when it's time for me to go, I'll have money."

Although Steve has stayed in many homeless shelters over the years, he has found the staff at Northstar the friendliest: "Barb was there when I was baptized. So was Dick. Anytime I need someone to talk to, I can always just go to Joyce for five minutes to talk. She's always willing to help me." At most of the shelters where

Steve visited, the staffs' attitude towards him was impersonal. Northstar's staff treated him more like a friend; he was invited to give witness at a staff member's church. Staff members always had time to talk to him. Critics might say that there were insufficient boundaries between Northstar staff and residents, but Steve appeared to prefer this method.

Steve was an engaging conversationalist, and he had an excellent sense of humor. Steve's father may have been a poor role model and neglectful parent, but the bond that Steve had with his father was stable. Steve grew up with a sense of love and belonging. Steve had a daughter who lived in the South whom he kept in touch with by cell phone. Steve was diametrically different from Timothy and Mark, who craved love and family because they never had it when they were growing up.

The following "biography" of Steve was published in the shelter newspaper when he was living there. Although the newspaper claimed Steve wrote the article, the language in the piece was not consistent with the language that Steve used in my interviews.

"Satan Just Lost Another Soldier"

My name is Steve, and not long ago, Satan lost one of his little soldiers. When I served the devil, I learned a life of anger and deceit. I conned the unsuspecting and brought untold misery to everyone I met. That was how I used to live my life. I also wanted people to see me as a victim. That was my excuse for never quite making it. Now I'm tired of flushing the pity pot.

Only a month before I arrived at the shelter I drank for an entire week--day and night--holed up in a hotel. Just a few bottles of booze and me.

Because of how God is working in my life at Northstar, I'm on my way to a happier, brighter future. It's been only a few months since I've gone from death to life in Christ, my risen Lord. Now when I get angry, my rage doesn't last for a month like it use to. My counselors help me deal with my resentment. Their Godly counsel and friendship are making all of the difference in the world.

Notice the word "friendship" in the last sentence of the article, which seems to imply that the staff has a policy of offering friendship to residents. If so, this is different from New Hope, whose staff was careful about maintaining professional boundaries.

Steve left soon after this article was published. Since Steve cheerfully admitted his addictions and never talked about himself as "serving the devil," I have doubts that Steve wrote this article.

Steve had more in common with Miles and Vee, a middle-aged couple living at New Hope, whom I describe later in this chapter. Both Steve and Miles complained of getting "bored" easily and needing a frequent change of scene.

David

Another Northstar resident I interviewed was 40-year-old David, a Native-American, who was half Chippewa and half Lakota. He was taken from his parents at birth, which he said was due to their heavy substance abuse. David had four siblings, whom also were taken away from his parents at birth; however the children were

never placed in a foster care as a family together. When asked to describe his behavior when he was growing up, David would frequently respond, “Raised cane.” When asked, David said that raised cane meant “getting drunk.”

David struggled in school due to learning disabilities, and I have suspicions that this might be a side-effect of FASD. Yet, it is impossible to know if David’s troubles in schools were due to his numerous foster care and school placements, the result of FASD, or a combination of both. David remarked that he was illiterate and had dropped out of school in the seventh grade. When I asked David if his teachers had known that he was unable to read, he said, “Yes.” Of all the people I interviewed, David had the simplest vocabulary and used the least words per sentence. While David could write his name and seemed to know the letters of the alphabet well enough to play bingo, he could not read sentences. David always sat at my table for bingo, and I would see that he had bingo, but he had not noticed it. Sometimes, other residents would show David that he had bingo. Since I was there to observe, I did not mention to David that he had bingo; however, I did allow him and any other participants who did not win a chance to pick a prize.

David reported that over the years, he stayed with numerous foster care families and that they were all white. He ran away from many of those homes. At 11, David joined a gang who “took care of me.” The gang became David’s family. David told me that he had been incarcerated when he was a gang member and said that this was not a pleasant experience. Sadly, David had only one job in his entire life—that of a dishwasher. David freely admitted to being an alcoholic and said that he would drink, “Anything I can get my hands on.” His willingness to admit his imperfections

was unusual. Most residents were loathe to admit that they had substance abuse problems. David only stayed at Northstar for a month. I suspect that alcohol may have had something to do with his leaving since all residents were required to be breathalyzed every evening.

The federal government has initiated many cruel and imperialistic policies against the Native American population in the past several centuries. Lands that Native-Americans had roamed over for centuries were seized by the federal government, which restricted the native population to “reservations.” Children were removed from their families and sent to boarding schools where speaking the native language was forbidden. Collins (1994) said it best:

A legacy of conquest has meant that Native American mothers on “reservations” confront intrusive government institutions such as the Bureau of Indian Affairs in deciding the fate of their children. For example, the long-standing policy of removing Native American children from their homes and housing them in reservation boarding schools can be seen as efforts to disempower Native American mothers.
(p. 54)

The goal of government was to render Native-American traditions and language extinct through assimilation. Native Americans also were the target of sterilization campaigns (Lawrence, 2000). Thus, when considering David and his parent’s alcohol addiction, it is important to remember the history of his people. Like Hamlet, some might say that they were more sinned against than sinning.

Sometimes, the way a researcher poses questions can risk contamination. For example, when I asked him if he was put into white foster care families or Native-American foster care families, he appeared surprised that I understood that living with a white family might have been difficult for him. He answered that he was put with white families. I also asked David if the families that he lived with took an interest in his Native-American background, and he said no. Moreover, he stated that his four younger siblings were never put in the same foster home with him, then admitted that he was unhappy in foster care and frequently ran away. Eventually, he joined a gang, who he said, “took care of me.” The gang became his family.

This dialogue shows how an interviewer can affect the trajectory of an interview by the content of the questions that are posed. Researchers uninterested in Native-Americans (and cultural diversity) might not have known about the federal government’s policy of assimilation and might have missed this important revelation. My personal interest in Native American culture affected the dialogue between researcher and participant, which altered the research results. Furthermore, David may have been more willing to discuss his past because he sensed my positive attitude towards Native American culture. I do not believe that my discussion with David changed his belief system, so I think the risk of contamination was small.

Although David was a former gang member, his behavior towards me was always respectful and chivalrous. For as long as he stayed at the shelter, he would wait outside on Monday nights and help me carry my bingo paraphernalia from the car to the shelter, and then later from the shelter to the car. He did this without being asked.

Ted

Ted was in his fifties when I interviewed him. He was married to Carla, who is briefly discussed in this segment, but also has her own section.

When Ted was a child, he told me, his family lived in a broken-down school bus because they could not afford to rent an apartment or home. According to Ted, the family moved a lot and rarely lived in traditional homes:

We lived in cars. We lived in a mission. My mom and we broke up [Ted's mother deserted the family] together. Stayed in a church for the homeless. That was in East L.A. [Los Angeles]. And I missed two years of school.

Ted's family was so poor that he worked as a gardener instead of going to school. Gaps in his education may be the reason he was diagnosed with learning disabilities. For a while, Ted's family stayed at the "Jesus Saves" mission in East L.A. Ted described the unsavory part of town where the mission was located:

The lady at the movie [who worked at a nearby theater]—she let us in for free because she knew my dad worked. If we had stayed at the mission, we would have been killed and raped. We were the only kids there [at the mission].

Ted said that his family was very religious. Eventually, Ted's brother, Larry, became a preacher, as Ted explained:

Later on my brother turned to Jesus Christ and gave his life to the Lord. He had to go witness. He [Larry] said that "I could go preach to the gangs, and they could become like me" So we dropped him off in

East L.A. where he should never have been dropped off. That night at 8:00 o'clock, he started his vision service. [Perhaps Ted is referring to a 'vision quest,' which is a Native-American religious ceremony (McBride, 2003).] The police came to the church. My mom was screaming and yelling and crying; I spent three days watching my brother die. They beat his brains so his brains came out.

Eventually, child protection services took over, and moved Ted into foster care. Unfortunately, the home in which Ted was placed had its own problems, as Ted described:

My foster mother beat my butt because I came home screaming and yelling. There was, so help me God, a fire bolt chased my butt. I'm not lying; a real fire bolt the size of a basketball chased me in the butt. I didn't take drugs, to this day, I don't take drugs. She wrote that down. "We've gotta pray right now," she said, "We gotta pray right now." She even told the pastor to come out. They all came out, like twenty people on me. "What's going on," I said. "I'm getting scared." She slapped me. "You did something bad against God."

Up to the day I interviewed Ted, Ted believed that he done nothing wrong that day. The scene has haunted him nevertheless, as does the time when Ted and his family stayed at the mission.

Ted eventually joined the military, and was sent to the Philippines, about which, he said, "I was, what do you call it, I was a scout. What you do is, you go to villages and stuff, searching for the enemy."

Ted had a stream-of-conscious way of speaking that made it difficult for me to understand him at times. He often mumbled and jumbled his words. Although he talked about getting along with people, his voice sounded harsh and angry at times:

I get out with people. I know my religion. I have been through stuff that you have only fantasized in movies. And I won't take s-h-i-t shit from nobody. And that's not being mean. I am here by the military and the grace of God. That doesn't mean I hate anybody. But I ain't going to let somebody down me and tell me that this is the way that it is going to be.

Ted was still upset about an argument that he recently had with another resident. During the interview, I noticed several times when Ted and his wife, Carla, disagreed with one another. Ted called Carla "a hermit," which elicited a passionate reply from Carla: "I am not a hermit. Just because I like my peace and quiet and serenity." At another lag in the conversation, Ted said to his wife, "Tell her about the heavy drugs you were on. Come on! You did drugs."

Carla refused to respond to the comment about drugs, but returned the favor by criticizing Ted for the way he treated her: "You accuse me all of the time. Sometimes you're whacking at me, objecting at me. You accuse me of men."

Ted and Carla never interacted with each other in a positive way in the interviews. Since they were not allowed to room together at the shelter, it is easy to see how they might have felt frustrated; however, they appeared to be competing with one another for the center of attention. Ted began the first session talking nonstop until I indicated that it was Carla's time to talk. Then Carla talked a while, but Ted

interrupted the conversation, determined to have his say. At times, I felt like a referee instead of an interviewer.

Ted's version of reality did not always coincide with my version. He told me that he was waiting to get money from winning the lottery. According to him, the people who ran the lottery called the shelter and said they would be sending his money soon:

Oh, when did I get that . . . man that was last year. That was last year, right in fact, December 28th. You know, sweepstakes lotteries are different from your regular lottery. If you won all six numbers of Powerball, you know you got it. Sweepstakes don't do that. They [don't] pay until the games [are] over with.

Although Ted said that he was waiting for lottery money, he continued to stay at the shelter, so it appeared as if the money never arrived. It was impossible to say whether or not Ted actually believed his story about the lottery. Ted had a tendency to tell several different stories at the same time, so it was sometimes difficult to understand the point he was trying to make.

Ted had lived at Northstar for the last ten years and had worked in the kitchen and as a dormitory monitor for the shelter to earn money. The job as dorm monitor put him in charge of some of the residents, so the staff appeared to trust his ability to make good decisions regarding the residents.

Judy

Females, because of their ability to become pregnant, are handled differently than males in foster care, as is evident in the case of Judy. She was a New Hope

resident, a 27-year-old who first entered the foster care system at the age of four. From age 11 to 18, Judy said she spent much of her time in juvenile hall. When asked for the reason that she was in juvenile hall, Judy replied, "I did some illegal things. Because of my past, I rebelled and didn't want to listen to my parents. It was just a struggle." Judy was extremely unwilling to admit anything negative about herself, which may have been due to the fact that her daughter recently had been removed from her custody by social services. Judy had three other children from a marriage, but her ex-husband had custody of them.

I was surprised to learn that Judy had spent seven years in juvenile hall. I could not imagine what she had done to deserve such a long sentence. A search of the literature pertaining to girls in foster care and detention presented some interesting possibilities. According to Conger and Ross (2001), girls in foster care lack an advocate to defend them; therefore, when charged with a crime, they are 17.6% more likely to be placed in pretrial secure detention than are girls living with their family of origin. Furthermore, females in foster care are two times more likely to be held in custody than males in foster care.

Sherman (2005) pointed out that the number of females in foster care remanded to detention has been rising since the 1970s. Although boys frequently have a more extensive history of delinquency, girls often spend more time in detention. Sherman wrote: "In 2001, girls comprised 19 percent of detained youth, but 24 percent of those detained for technical violations and 43 percent of those detained for status offenses" (p. 11). This begs the question: Why are girls often kept in detention twice as long as boys? Sherman offered these reasons:

- Paternalism among decision-makers,
- Detention to obtain services for girls with significant needs,
- Detention to protect girls from sexual victimization,
- Fear of teen pregnancy and its social costs,
- Fear of adolescent girls' expressions of sexuality, which violate social norms, or
- Intolerance of girls who are non-cooperative and non-compliant. (p. 17)

I cannot prove, of course, that Judy was kept in “juvie” to prevent her from becoming pregnant, but there appears to be a larger double standard in the treatment of boys versus girls. Mallicoat wrote, “Since the inception of the juvenile court, historical reviews of court documents indicate a prejudicial bias towards young girls and their sexual behaviors” (p. 25). As previously discussed, there has been a concerted campaign by various groups to control the reproductive capacity of poor young women in the last century. Even if this did not happen to Judy, there is ample evidence that this has happened to other vulnerable young girls.

Judy said that she sometimes experienced anxiety and depression, which may mean that she had a mental impairment and qualified for Section 504 accommodations. This law required that she receive her education in a “regular educational environment” whenever possible (U.S. Department of Education, Subpart D, 104.34). Unfortunately, juveniles in foster care often lack an advocate to ensure that they are treated fairly. Sherman also contended that the policy of securely detaining more girls than boys violates federal and state equal protection provisions.

Judy attended college but says she was unable to focus on her studies, so she failed all of her classes. The trauma of her personal life overshadowed everything.

She talked about how she ended up at New Hope:

I was going through a separation with my husband and because I got kicked out of every place I was living at. I was vulnerable at that time and it was not a good place for me to be. My pride got the best of me. People kept telling me that I should come here. And I kept saying no, no, no, no. Finally it came down to—I looked at my six-year-old [Naomi], and I knew I had to come here because I was sleeping in a truck.

New Hope helped Judy find a job and housing, and she was able to move out of the shelter and into an apartment with her daughter. Unfortunately, Judy's job did not work out—she was working at the local food bank. She found herself unemployed and unable to meet her bills. Although her job did not pay well enough to meet her food and rent, she had been able to get by with financial help from the government. The stress of losing her job aggravated Judy's anxiety disorder, so she arranged for someone to take Naomi while she spent some time in rehabilitation ("rehab"). When child protective services heard of Judy's visit to rehab, she said, they took custody of Naomi and put her into foster care, which put Judy at risk of losing her housing since a Federal Housing Authority (FHA) Section 8 voucher required her daughter to live with her. Judy's health care had also been downgraded because she no longer had a child living with her.

At the time of this study, Judy had a boyfriend and this had not helped her chances of regaining custody of her daughter since her boyfriend also grew up in foster care. She said:

The day he signed his kids over he was doing the things he was supposed to do. He was in compliance with the services that he wanted to do to get his kids back. He had five DUIs—three in one month and lost his privileges. But if you live in a county that doesn't have services, how are you supposed to get the help you need? Nobody was there to help. He had no friends and family. If you don't have anybody supporting you—things are going to get worse. But they [social services] get this mindset of what you are.

While Judy and her boyfriend have a lot in common, child protection agencies may have seen this as a negative situation. It seems unlikely that they would approve of Naomi riding in a car with a man who has five DUIs.

Carla

At the time of this research, Carla was married to Ted (profiled above), whom she met at Northstar in 2001 and married in 2002. During my visits there, Northstar did not have facilities for married couples, so they were not allowed to sleep together. Carla slept in a semi-private room on the women's floor while Ted slept in a semi-private room on the men's floor. For a while, they would sleep together in Ted's van, which he parked in the parking lot across the street from Northstar. According to Carla, the van was repossessed recently because Ted did not meet his payments.

Carla was 23 when she first appeared at Northstar in 1985. She described her first visit:

I walked in here. I came around and walked out. I walked down Maple Street, all the way down Maple Street, to an address in the newspaper. They wanted a live-in maid. The job had already been filled. The guy drove me back. He offered me a beer. I had two sips and my brain started dancing. I had him drop me off at the Hospital. I stayed on psych ward for two weeks. Then I came back to the shelter I started working in the kitchen here, things like that. Left about, I think it was Christmas Eve that year, 1985. I hitchhiked back to the South.

Carla's mention of the "psych" (psychiatry) ward and many other clues in Carla's interviews indicate she may have had a mental illness, perhaps bipolar disorder or schizophrenia. Carla described her first hospital stay:

I got poked in the butt [she received an injection] when I was 14, and um, they made me do all sorts of weird things so . . . my mom had me put in the hospital. Well, first of all, she took me to a counselor, and I broke down and cried in front of him, and he didn't know what to think. He told me I really didn't need to go to the hospital just to, you know, talk to him and I couldn't, so I stayed in the hospital a month. They never told me what was wrong. They pulled my mom outside, and he told her, so I had to get mineral shots. They gave me two mineral shots, one from there, one from there, and I was taking those mineral pills, 100 mg, three times a day. I took that for six years,

from the time I was fourteen till I was nineteen or twenty . . . And then, when I turned 20, they put me on proloxin.

It is possible that Carla was referring to lithium when she mentioned the “mineral shots,” which is a naturally occurring mineral that is commonly used to treat bipolar disorder. The second drug, Proloxin, also known as Fluphenazine, is an “anti-psychotic drug” that is used to treat schizophrenia and bipolar disorder (MedlinePlus, 2011, February 22). When I asked Carla the reason that she took Proloxin, she said that it was for “brain chemistry.”

Carla noted she was 12 when she first became pregnant and became pregnant again at age 17. Although Carla often talked about giving birth to children, she never mentioned them living with her. Judy, by contrast, frequently discussed the conflict she felt about being homeless with her daughter and the anxiety she felt when she lost custody of her. In the following passage, Carla discusses her pregnancy and the handing over of her daughter to her mother, “Anyway, I had gotten pregnant, raised a daughter. Got pregnant with my twenty-four year-old and, as soon as she was born, my mom took her and raised her. She adopted her and raised her.”

Carla’s parents divorced when she was 11. There was a lot of turmoil, physical, and sexual abuse in the home when she was growing up. One can only wonder about the wisdom of Carla giving her daughter to her mother to raise. Carla described one incident when her mother’s boyfriend repeatedly hit the mother while she was holding Carla’s baby. The boyfriend’s behavior was so abusive that Carla’s mother called the police on him. Here is how Carla described her family life when she was growing up:

They [the boyfriends] tried to touch me. So, I ran away. Came back. Mamma was sick. My sister was staying out all hours of the night. Going here, going there. Smoking pot and drinking. She wasn't but 15 years old. I came home. It was Christmas day. It was 1980. I was 17 years old. My sister was fixing to turn 15.

Like Mark, who was abused as a child, Carla was abused. She talked about being forced to defend herself from various men who lived in the house when she was growing up:

My mom divorced my dad when I was 11. All the men that my mom dated or lived with us and helped with the groceries—they would beat her—literally beat her. My dad did the same thing. So I ran away.

Carla returned home to find that her mother had been beaten by a boyfriend. Carla's mother was so badly injured that she was unable to care for Carla's younger sister. Carla recalled that her mother had a drinking problem and appeared to have had many live-in boyfriends, some of whom helped to pay the bills. Perhaps Carla's mother was willing to put up with the beatings because she needed the financial assistance, as Carla described: "The man [Carla's father] was a good worker. He went to work every day. He drank Southern Comfort. Him and Mama separated. My mom broke up with him." Some of the boyfriends tried to sexually and physically abuse Carla's mother, as she described:

I saw my mom's boyfriend—the same one that tried to get me time and time again. I knocked him off and knocked him off. And getting away from him. And he had beaten my mom so much that it had made her sick. She was laying

in bed. So I come home, and I nursed her back to health. And she literally took a bolt and beat my sister for what she done. And when they [mother and boyfriend] broke up, I was four or five months pregnant.

With such a home life, it is easy to see why Carla ran away and why social services put her in foster care. Carla eventually dropped out of high school and never completed her GED:

And I've never had a GED. I've tried seven times and failed every time

Either I quit going to the classes because I'm bored with it, or I don't have the time, or I don't have a ride, or I just give up.

The literature is replete with statistics, which show that girls like Carla who become pregnant as teenagers are less likely to finish high school. Kessler, Berglund, Foster, and Saunders (1997) reported that young women with psychiatric disorders have an elevated risk of teen pregnancy, which may in turn negatively affect their educational attainment. The above authors also reported that psychotropic medications may impair cognitive abilities, especially in academically important areas of executive function, organization, and other skills that require multi-tasking. Working memory deficits and word retrieval problems are also cited as side-effects of psychotropic medications. Carla's admissions of taking such medications and her affect suggested to me that these might be problems she faces, too.

While it is impossible to create a complete chronology of Carla's life from two-45 minute interviews, Carla stated that she had been pregnant four times and that she gave up several of her children to families:

And then, ahm, the first time I got pregnant, my placenta fell out. They rushed me to the hospital and did a D & C [dilation and curettage]. I had two children, a little girl and a little boy. I don't know where the little girl's at, but the boy's name is Paul. They asked me what would I name them. I said if a girl, Ramona. I saw a picture of Paul on the wall, and the nurse was holding him. When they got me into the recovery room, they told me I was the only one that delivered that day.

Again, we see Carla talking about giving up her children. Of course, if Carla does have bipolar disorder, or another psychotic mental illness, such as schizophrenia, her mental illness may have had such a disrupting influence on her life that she was unable to parent. Chang, Blasey, Ketter, and Steiner (2001) tested children with a bipolar parent and found that children who have one bipolar parent had high scores on the Family Environment Scale (FES) Conflict scale and low scores on the Family Environment Scale (FES) Cohesion and Organization scale. In other words, families with a bipolar parent have more conflict and less cohesion.

This may explain why Carla had "a problem with people," as she described it. When I first met Carla at bingo, she was charming, articulate, and could manage four bingo cards at a time. She won a lot of bingo games and took delight in picking out a prize. Her mood and energy level seemed to plummet as the season progressed. I remember one very warm fall evening when Carla wore a heavy overcoat with a thick woolen scarf wrapped around her head. When I tried to engage Carla in conversation, she just looked away and said nothing. She only played one bingo card and did not

win. After that evening, Carla quit attending bingo. Ted, Carla's husband, told me that she was going through a "difficult time."

Carla discussed another difficult time, when she had her daughter:

And then I had my little girl down south. And my ex came down to live with us. He always used to cheat on me. And I couldn't stand that. And I hated that. We separated. I went to the hospital, and I stayed there for 4 1/2 months. I came back. Went back with my ex. Got pregnant. Moved out. Went back to the same apartment, and then we finally got divorced.

This narrative follows the same trajectory as the previous narratives. Carla gave birth but did not discuss the joys and tribulations of parenting. Instead, she mentioned that she stayed in a hospital for four and a half months.

In the next segment, Carla discussed giving birth again, but this time, there was a new element to the story. She mentioned having an appendicitis:

Had an appendicitis. The reason I had an appendicitis was that I was pregnant. They took it [the baby]. They wouldn't let me see it. They wouldn't even tell me that it was mine. I was so high. They gave me—what do they call it—when they put the needles in the back? An epidural. They gave me an epidural. I told them to cut me open. I passed out about the time that they cut me open. I felt them take it. I have never seen it [the child] to this day.

This time, Carla said that she was unconscious when "they" took her baby and that she never saw the child. She also claimed that the hospital staff denied that she had a baby:

They say people abandon babies but then people they don't tell women that they have babies. They do a certain closure when you're under anesthesia and they don't tell you a damn thing. They don't even tell you that they were born. I had maybe 45 minutes of sleep that night and that was Halloween night. That baby was born Halloween 2:00 a.m.

This was, without doubt, the most puzzling part of Carla's story. For months, I could not understand the meaning of her words. Carla appeared to be saying that she gave birth to a child who was taken from her. When she woke up from the anesthesia, no one would even admit that she had given birth to a child. The people who helped her deliver the baby allegedly lied and said that she did not have a baby. Surely, I thought, this could not have happened. I also found the mention of the appendectomy odd. I wondered: Why would a doctor give an appendectomy to a woman who was giving birth—especially to a woman who appeared to be mentally ill? I had never heard of such a thing. It was only when I read about the custom of giving women "Mississippi Appendectomies," where a woman was told that she was receiving an appendectomy, but also received a tubal ligation (Roberts, 1997), that I had a possible explanation. Carla "traveled" a good deal, so it is impossible to pinpoint where she was living when she gave birth and had her appendectomy. She grew up in the South, however, where a large number of coercive sterilizations occurred (Schoen 2005).

Miles and Vee

Interviewing Miles and Vee, a married couple who was staying in the family shelter next to the main building, was a delight. Although Vee's mother abandoned her, and she was physically abused by her father when she was growing up, which led

to her being placed in foster care, she showed resilience through the use of humor, joking: “My Dad’s too mean to die!” Humor sometimes has been seen as an antidote to stressful situations. According to psychologist David H. Rosen and other researchers at Texas A&M University (2005):

Humor may competitively inhibit negative thoughts with positive ones, and in so doing, foster hope in people. Positive emotions, such as those arising from experiencing humor, can stimulate thought and prompt people to discard automatic behavioral responses and pursue more creative paths of thought and action. (para. 5)

Throughout my interview with Miles and Vee, they offered many jokes to neutralize the sting of any negative treatment that they may have experienced in their travels. “We came in March. I don’t know which is worse—the atmosphere of the South or the cold of the North. It is like another planet there. The people are just idiots in the South.”

When I interviewed the couple, they both were working and paying \$6 a night in rent to the New Hope shelter. Vee worked as a chambermaid at a local motel; Miles delivered newspapers. Miles and Vee, who met at a homeless shelter in 1994, had been visiting the New Hope shelter for over ten years. They traveled the “lower 48,” staying in homeless shelters or camping. They supported themselves by taking low-wage jobs:

We try to keep our head above water. It is just that there’s a fine line between keeping your sanity in this dog-eat-dog-world. That’s what

we like about here. You don't feel that pressure as you do in most places in the country right now.

Miles and Vee were the only residents whom I met that did not appear to meet the first theme: Poverty as children and as adults has stunted the emotional, social, and educational growth of the residents. Although some might question their nomadic lifestyle, the couple appeared content with their lives. When I asked Vee about her previous employment, she made a funny sound in her throat and said, "Oh Gawd!" She then added, "I've had so many I can't remember all of them. I've done production work. Done housekeeping work. I've done a little of everything that you can imagine."

Miles said that he liked to travel. At the moment, they were staying at the shelter and waiting for their stimulus check, which was a tax rebate issued by the federal government to low income workers (U.S. Department of Internal Revenue Service, 2011). They had made \$7300 in the previous year, so they would get a refund of \$1200. Perhaps their low wages had something to do with their critical views of capitalism. At one point, Miles argued:

The squeeze is on. They're trying to starve us out. They're trying to immobilize us. This is not a democracy. We go around the world saying that we want to make democracy in the rest of the world, and we don't even have democracy here. It is all a big lie. It's all about earth taking and plundering.

Although some might wonder about the couple's negative views towards capitalism, I believe that their attitude could be considered a form of resilience. Miles continued:

I know that it is going to get a lot harder—for the middle class is feeling it now. Gas is high. A lot of people are just a week or two away from being homeless themselves. They've had financial security for years. They have worked their whole life. Now a lot of this is being taken away from them. You know, people's pensions. Enron—a lot of these companies screw everyone they can—just for their bottom line.

Instead of becoming frustrated in their search for material things, Miles and Vee have decided that things do not matter that much. They have refused to join the “dog-eat-dog world,” as Miles called it, and lose their sanity by taking life too seriously. Mark and Vee appeared to enjoy having no more possessions than they could keep in their rickety old car.

Miles stated that he and Vee lack ambition. He also did not want to be like his father: “My dad stayed in one spot; he worked one job; he was dead at 54 [of a heart attack.]. I'm not doing that.” Miles was 40 before he stayed in his first shelter, but he accepted the “traveling” life with gusto. Miles preferred a frequent change of scenery because he got “bored” easily. In this way, Miles and Vee were similar to Steve; however, Miles and Vee did not appear to have issues with substance abuse. Vee said that she partied a lot when she was in high school and living in foster care.

Miles and Vee were both married and divorced before meeting one another. They also had grown children and grandchildren. The couple stayed in touch with family by cell phone. They had a niece in California who was in an abusive relationship, and they were on-call to help if needed. Vee remarked:

She told me that she doesn't care where we are, to keep in touch, and she will come to wherever we are because we are the only kin that she can trust. And I know that I can trust her.

Miles and Vee were great at telling stories that had me laughing through both interviews. Their knowledge of current events and their discussion of the economy and capitalism showed considerable critical thinking skills. Part of this may have been due to the fact that Miles and Vee had both completed several years of college, and they both showed an intense curiosity about the world. They also used humor to connect with each other, bouncing jokes back and forth, such as, "Don't trust anyone who was born on March the 11th" (Vee's father was born on March 11, as was Miles' mother). Since Miles and Vee interacted well together, it felt natural to write about them together. With Ted and Carla, I sometimes felt an undercurrent of resentment in their dealings with one another.

When I transcribed the tape, I discovered that Miles and Vee's life history was not as complex and conflicted as my other married couple, Ted and Carla. My first instinct was to blame myself for not conducting a rigorous enough interview. Then, I had another thought—could the extreme turmoil exemplified in my other participant interviews have caused me to become desensitized? Or, maybe I was surprised to find that Miles and Vee were missing the negative self-perceptions common in the other residents' interviews. Eventually, I realized that Miles and Vee use traveling and humor as coping skills and resilience.

I decided to close this chapter with Miles and Vee's testimony because I wanted to end on a positive note. Shelter life for them was a choice, and not a "last

resort.” When Miles’ father died at 54, Miles decided that he wanted to see the world before he died. As for Vee, she had some difficult times with her father when she was a teenager, but thanks to having a sense of humor, had been able to grow emotionally and find happiness.

Cross-Case Analysis

In this section, I explain how the themes of my research are expressed in the participant findings. I draw parallels between the participants and point out inconsistencies and differences.

Theme #1: Substance Abuse Has Adversely Affected the Ability of Some Residents and/or Their Parents to be Self-Sufficient.

The mothers of Timothy, Steve, David, and Carla were substance abusers, and in all of these cases their children were placed in foster care because of it. Timothy, Steve, and David’s mothers reportedly used alcohol and drugs when they were pregnant, which may explain these residents’ learning disabilities. Research has shown that alcohol and drugs are teratogens, meaning that a pregnant woman’s use of these substances may lead to birth defects or learning disabilities (U.S. Department of Health & Human Services, n.d.). David had more than a learning disability; he was illiterate, although he could write his name and recognize the letters of the alphabet well enough to play bingo. Although several participants reluctantly admitted to being substance abusers, only David and Steve openly admitted it. They were both in their 40s and had done extensive “traveling,” so perhaps, they were less concerned about my disapproval of their lifestyle. They knew that they would not be in the area for long. Or perhaps they had accepted their addictions and had decided that they were

unwilling to give them up. I did ask David if he had ever tried to quit drinking, and he had said, “Yes,” but he had always returned to drinking. Steve said that he had been a member of Alcoholics Anonymous in the past, but had returned to his drinking lifestyle.

Timothy, Ted, and Miles were the only three residents who said that they had never been substance abusers. Mark, Carla, Judy, and Vee admitted to substance abuse when they were teenagers. When I asked Judy why she had been in juvenile hall for seven years, she admitted to doing “illegal things.” When questioned directly about her use of alcohol and drugs during her high school years, she reluctantly said, “Yes.” Since Judy was trying to get her daughter back from foster care, she may have been afraid to discuss this matter with me. Judy was willing to admit her boyfriend had five DUIs and did not appear to realize that her choice of a boyfriend might diminish her chances of getting her daughter back.

Theme #2: The Educational System Was Ineffective in Providing the Necessary Work and Social Skills to Make the Residents Financially Self-Sufficient

The high school dropout rate of the participants showed that the educational system did not meet their needs. Of course, residents who were high school graduates and/or had college experience did not do much better financially. They still struggled to find jobs that paid a living wage. The United States has experienced a high number of unemployed workers in the last 30 years, which has served to keep wages low, since many employers consider their workers expendable.

Eight of the nine participants spent time in foster care. The Chafee Foster Care Independence Act of 1999 was not in place when Ted, Carla, Steve, David, and Vee

were children; hence, there were no programs to help them transition from foster care to independent living. The Adoption Assistance and Child Welfare Act of 1980 was a law when they were growing up, but this law was not written to help youth transition to adult status. The objective of the 1980 law was to provide a standard procedure for removing children from their family of origin. The Chafee Act was in place when Mark, Timothy, and Judy transitioned from foster care to independence. Since Timothy was adopted, social service agencies may have been unaware that he was no longer welcome in his adoptive parents' home. As an "unaccompanied youth," he qualified for services through the McKinney-Vento Homeless Assistance Act (Duffield, 2009). As for Mark and Judy, they did go on to college after completing high school, but both failed their classes. Failure in college is not uncommon in foster youth because they may still be experiencing emotional trauma acquired when they were growing up. They may also experience gaps in their educations due to being placed in multiple schools (Nixon, 2007). It appeared that Mark was unaware that a program under the Chafee Act could help him to find housing after he left foster care. Timothy expressed an interest in attending Bible College, but he appeared to be unaware that he might qualify for college funding. I gave Timothy information on Pell grants, but I do not know if he actually applied for a grant.

Many of the participants in my study have worked as chambermaids, waitresses, dishwashers, and bartenders. None of these jobs earn a living wage. To earn a good paying job in today's difficult job market, young people need an advanced education. Unfortunately, the trauma and instability of participants' childhoods made

it difficult, and sometimes impossible, to focus on school. Mark seemed more interested in finding a girlfriend than completing school and getting a good job.

Joftus (2007) wrote:

Research confirms the intuitive conclusion that children with multiple academic risk factors who do not have stable adults in their lives to guide their education rarely succeed in school. Conversely, when such children are provided structural supports, their education and other outcomes improve markedly. (p. 20)

Joftus also stated that since children in foster care frequently live with poor families, the schools that they attend may have a low tax base, which results in having few school resources. Guidance counselors may have too many students, so they may not have the time to give students in foster care the extra attention and encouragement necessary for them to succeed. As mentioned in the literature review, the participants' failure to do well in school may have been due to a lack of encouragement and advocacy from adults when they were growing up.

For juveniles who grow up in detention, the educational services sometimes are woefully inadequate, and may lack computers and other basic technological equipment. Twohey reported (2008):

Some correction facilities do not have libraries, books, or separate classrooms.

Often, teachers are poorly trained, are not required to meet standard qualifications, and are not trained to meet the special needs of children in detention. For children serving longer sentences, this is their last chance to

receive an education, but they are not given a realistic opportunity to pursue one. (p. 767)

Along with poor educational services at detention sites, there is also a lack of communication and continuity. Often, administrators and teachers are unable to access a girl's school records from one site to another, which makes it difficult to ensure that the girl has the proper credits for graduation. Since foster children already experience diminished educational and employment opportunities compared to other children, keeping them in secure detention may be especially harmful.

Theme #3: Inconsistent, Neglectful, and Sometimes Abusive Relationships Leave Residents Traumatized

Several participants reported having parents and foster care parents who abused them. Mark reported being emotionally and physically abused by his father and all but one of his foster parents. He said that the abuse was so bad from his foster family that he constantly had bruises on his body. Unfortunately, according to Mark, no one who worked for social services asked him if he had bruises. Since the foster parents were always in the room when Mark was questioned by social services, he was too afraid of his foster care families to volunteer that he had been abused. Judy also reported that she was abused in foster care; however, there were several foster parents who treated her well. Carla's father and several of her mother's boyfriends abused her mother and tried to abuse her as well. Ted also mentioned that his parents and foster parents abused him. Vee said that she was abused by her father.

Although Steve's father did not physically abuse him, his father was guilty of neglect. Steve described life with his Dad: "When you're fifteen and you got money

coming in every month, all you want to do is smoke weed. It's right there. You're not going to school. Think about it." Steve's father did not appear to have had a permanent residence, so they camped, stayed with friends, or resided in homeless shelters. Their traveling lifestyle probably made it difficult for social services to catch up with them. When social services did find Steve and place him in foster care, he always ran away. Carla also ran away, but in her case she was trying to avoid her mother's boyfriends who tried to sexually assault Carla. Social services might have thought that Carla's mother showed poor judgment in letting such men in the house, which was just cause for putting Carla and her sister in foster care.

The negative and long-term effects of growing up in foster care have been well-documented. A study by the Casey Family Programs Foundation (2008), found that the rate of post-traumatic stress disorder (PTSD) among foster care alumni is 21.5%, which is twice the rate of PTSD found in veterans who served in Afghanistan and Iraq, and five times the rate in the general population. Although people who have grown up in foster care have a greater need for mental health services than the general population, the Casey Foundation found that 33% did not have health insurance. Several of the participants in this study reported that they sometimes re-lived painful episodes from their childhood, which made it difficult for them to manage their present-day lives.

Theme #4: Poverty as Children and as Adults Has Stunted the Emotional, Social, and Educational Growth of the Residents

Poor families tend to be chaotic because the parents often are so focused on survival and finding the basic necessities of life, such as food and shelter, that other

needs of the family are forgotten or deferred. Ted, who lived in a car and a “broken-down school bus” when he was a child, personifies this theme. Ted was born in 1955, so there were no welfare or homeless assistance programs available to help his family. Ted was forced to work as a “garden boy” to help support the family, so he missed two years of school. Food insecurity, frequent moves, and no health care were common challenges that Ted’s family faced. For another participant, Steve, who spent many of his years “traveling,” the monthly check from Social Security was viewed as a richly sum. Like Ted, Steve’s education suffered because he lacked a stable place to call home. Both Ted and Steve spent time in homeless shelters as children. For Ted’s wife Carla, poverty as a child meant that her mother allowed an assortment of men to live with them in exchange for “buying groceries.” Some of these men reportedly physically abused Carla’s mother and tried to sexually assault Carla, so she ran away. Similar to Ted and Steve, the lack of stability in Carla’s life probably adversely affected her education. David, a Native-American who grew up in foster care, had so many placements that he could not remember them all. Since social services put him in white homes, he felt no affinity with his foster care family, so he ran away, which disrupted his education. David joined a gang, which became his family. Mark, Timothy, and Judy grew up in foster care; their foster parents were sometimes stingy with resources, they said. As previously mentioned in the literature review, foster care families tend to have more children and less income and education than the average family (O’Hare, 2008). They were shuttled from one foster care family to another, so they experienced residential instability and attended many different schools. The foster parents may or may not have stressed the importance of education to their

young charges. Several participants indicated that a lack of resources prevented them from acquiring transportation, a necessity for employment and/or post-secondary education.

*Theme #5: Some Residents “Bore Easily” and Use “Traveling”
as a Coping Mechanism and Form of Resilience*

For Steve, traveling was a form of escape and a continuation of the lifestyle that he knew as a child. For Vee and Miles, the “traveling” lifestyle appeared to be something that they truly enjoyed. They were not trying to escape life’s unpleasantness, as Steve was. Neither Vee nor Miles finished college, but they had the wit and intelligence to realize that the accumulation of material goods would not make them happy. Most of their jobs have been low paying, or, as Miles said, “I have done every grungy, dirty job imaginable.” Vee worked as a chambermaid. Instead of becoming unhappy about the unpleasantness of their jobs, they were able to move to new places and find new jobs. The new jobs may not have been better than the old jobs in the long run, but moving from city to city gave them the option of trying many jobs. They also used humor as a coping skill. The downside to their lifestyle was that they did not have a stable source of income. If their car broke down, they were stuck. If one of them became sick, they had no health care. A lot of people would have trouble dealing with so much uncertainty in their lives, but Miles and Vee appeared to thrive on it.

*Theme #6: Homeless Women Face Difficulties
Unique to Their Sex and Gender*

Historically, women have been expected to play the role of mother and family factotum (Friedan, 1963). It was assumed that women would self-sacrifice and live

through their children. Unfortunately, neither of the two women in my study was able to find a mate or a job that would support them financially; thus, the mothers sought assistance from an assortment of social service agencies. The agencies were run by people who sometimes judged the women by their own moralistic and privileged background, which required women to stay at home in order to look after their family (Carr, Hudson, Hanks, & Hunt, 2008).

Although the court system in the United States is portrayed as a blindfolded woman holding the scales of justice, the courts do not always rule in an impartial, gender neutral manner, especially when faced with women, such as some of the women in my study, who grew up in foster care, lacked a high school degree, and had a history of substance abuse. Judges often assume that a mother who abuses drugs, especially while pregnant, must be a bad mother. Yu Lim (2001) wrote, "Even though both the media and scientific community have since acknowledged that there is no clear correlation between drug abuse during pregnancy and parenting abilities, prosecutions against these women have not abated" (p. 312). Instead of treating substance abusing mothers as addicts and providing them with medical help, some judges have treated the women as if they were criminals and sentenced them to jail (Roberts, 1997).

Born into poverty, the women in my study had erratic childhoods that gave them a poor start in life. For the court to take custody of their children and put them into the same foster care system that failed the mothers, is to repeat the same mistake. Moreover, Courtney, Dworsky, Lee, and Raap (2010) quoted statistics that show that the foster care system is dysfunctional. Nearly 25% of former foster care youth lack a

high school diploma or GED by age 24. Almost 60% of males in foster care have a criminal conviction by age 24, while 77% of females have become pregnant. In Chapter V, I offer suggestions on how to improve the foster care system, so that we do not continue to repeat the same mistakes.

As discussed earlier, homelessness is in some ways much more complicated for women. They must cope with menstruation and are more susceptible to assault, rape, pregnancy, miscarriage, and childbirth. Many women care for families while homeless. Moreover, homeless single mothers with children may find their parental rights terminated by the courts. There also have been attempts by an assortment of groups to suppress the reproductive capacities of poor, disabled, and mentally ill women. Judy and Carla had their children put in foster care and may have experienced attempts to limit their reproductive capacities. There is no way to prove that either woman actually had her reproductive capacities limited, but considering the history of such activities that are documented in the literature review, it is certainly possible.

Conclusion

Although people in the United States like to think of this country as a meritocracy where everyone has an equal access to success, this is often far from the truth. Children living in poverty experience many challenges that impede their chances for success, including inadequate housing, insecure food availability, and a lack of medical care. Education is often touted as the best way to exit poverty, but some of the participants were so traumatized by events in their family of origin or foster care families that they were unable to function effectively in school. When the

participants did attend school, the schools failed to deliver the proper training that would equip the participants to qualify for jobs that paid a living wage. Substance abuse, domestic violence, homelessness, foster care, and teen pregnancy, which some of the participants in my study described in their life histories, are commonly associated with poverty. This research also found that homeless women faced more challenges than homeless men due to factors unique to their gender, such as rape, pregnancy, childbirth, and miscarriage. Finally, three participants appeared to prefer “traveling”—the practice of visiting a circuit of homeless shelters—to staying in one place. An appreciation for new life experiences and the use of humor may be seen as positive coping skills.

CHAPTER V

SUMMARY AND DISCUSSION OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

Summary

This qualitative study sought to gain insight into issues that may have interfered with the ability of residents in two homeless shelters to earn a living wage and maintain a permanent home. The following research question guided the investigation: How do residents in two homeless shelters explain the causes of their homelessness and its impacts on their lives?

A Lack of Housing and Income

At its basic level, homelessness is simply a lack of housing and a lack of income. If people have ample income, they can afford to buy or rent housing. Unfortunately, the average worker earning a minimum wage in the United States—currently \$290 per week for a full time worker—does not make enough money to support a family. While the poor and homeless sometimes are blamed for their situation, the real culprit is often a lack of jobs that pay a living wage and a lack of affordable housing. Deindustrialization, which began in the 1960s and continues to this day, has eliminated many good-paying manufacturing jobs that helped to build the middle-class in this country. The only jobs remaining for workers with little education have been service jobs, which typically do not pay enough money to cover monthly

expenses. Many of these jobs also lack paid sick leave and health insurance, which may serve to protect workers in difficult times.

From 1979 to 2009, families in the lowest fifth percentile of the population had their wages drop by 7.4%; at the same time, family income for people in the highest fifth percentile rose by 49% (Economic Policy Institute, 2011a). People in the second lowest percentile have done only marginally better than the lowest fifth; their income rose by 3.7%. During that same time, rent and the cost of food skyrocketed. According to the Joint Center for Housing Studies at Harvard University (2010), workers making minimum wage, \$7.25 an hour, would have to spend over half of their income on rent.

The federal government has tried to help struggling families by developing programs such as SNAP (food stamps), Section 8 Housing Vouchers, Medicaid, and the Earned Income Tax Credit (EITC). At the time of this study, the recent recession, which Roberts, Povich, and Mather (2011) have called the biggest economic downturn since the Great Depression of the 1930s, began in December of 2007 and supposedly ended in January 2009. Still, the unemployment rate at the time of this writing hovered at over 9%. The Economic Policy Institute (2011b) described what happened: “As consumer spending and business investment dried up, massive job loss followed. In 2008 and 2009, the U.S. labor market lost 8.4 million jobs, or 6.1% of all payroll employment” (p. 1). Since the 9% unemployment rate does not include people who have given up looking for work or are underemployed, the actual unemployment rate may be even higher.

To further complicate matters, state governments have found themselves with budget shortfalls, which have led many legislators to choose to cut programs to help the poor. The domino effect of these cascading events has pushed more families into homelessness. The once-robust middle class has been adversely affected by the economic crisis; also, people who once donated to the local food bank are now asking for assistance from that same food bank.

At a time when more help is needed, programs to help the poor are being curtailed. The Foundation for Child Development (2010) argued:

It is critical that policymakers not reduce funding for programs that children require to survive and thrive, if they are to ensure that children will become productive workers, informed citizens, and effective parents for decades to come. Our national security depends on their healthy development. (p. 3)

Cutting social programs, especially ones that help young children, is false economy. For the adults of tomorrow to thrive, their childhoods must not be blighted by poor nutrition, a lack of health care, and an inferior education.

Research Results

Society has a tendency to stigmatize homeless people and assume that their problems are self-inflicted (Diversi & Finley, 2010). This research showed that some of these beliefs are misperceptions. While substance abuse did play a role with several of the residents and their parents, having poor educational backgrounds and poor job skills was a more prominent factor for these particular participants, as was growing up in foster care. Two more misperceptions about the homeless are that they do not

work, and they stay in homeless shelters for free. This research found that four of the nine participants actually had jobs in the community and paid rent. Other participants worked in the shelters' kitchens, monitored the resident dormitories, or managed the front desk. Unfortunately, the jobs of the residents did not pay a living wage that allowed residents to live independently.

From my interviews of nine residents in two homeless shelters, six themes emerged, which I discussed in my cross-case analysis in Chapter IV. From the six assertions, I distilled my findings into one overall assertion: In order to manage personal life challenges, such as abuse, disability, gender, foster care, poor educational achievement, and poverty, participants have created positive and negative coping mechanisms.

Many of the participants were abused or neglected when they were children, so they found different ways to tolerate the stress. Substance abuse, traveling, spirituality, and humor were some of the methods mentioned in the interviews. In the following paragraphs, I discuss these aspects further.

Childhood Trauma

Although the trauma that some of the participants experienced happened years before, some of the participants were still haunted by childhood events. Both Ted and Mark commented that they had been abused by their parents and foster care parents. It appeared that the wounds from these events were still fresh in their minds, so they would start talking about the incidents spontaneously and without prompting. Ted and Mark appeared angry over these incidents, which appeared to indicate that they had not accepted what had happened and moved on.

The inability to resolve painful issues from long ago can negatively impact a person's success in life. Currie and Widom (2010) studied longitudinal data of abused children and non-abused children and found that as adults, those who experienced child abuse and neglect as children averaged one year less of school and had lower IQ scores than the non-abused group. Moreover, those who were abused were more likely to work in "menial and semi-skilled occupations" while the adults who did not experience abuse worked in "skilled to professional occupations" (p. 112). In other words, the long-term effects of abuse can affect a person's educational achievement, IQ score, and the kind of job that a person holds.

The Child Welfare Information Gateway (2008) stated that the emotional effects of neglectful and abusive treatment can lead to depression, isolation, an inability to trust, juvenile delinquency, low educational achievement, teen pregnancy, and drug use. Additionally, adults who were neglected or abused as children have increased frequencies of allergies, high blood pressure, and ulcers.

Growing up in poverty also can negatively impact a person's success in life. Duncan, Ziol-Guest, and Kalil (2010) reviewed studies of children who experienced deprivation in the early years of their lives and found that these children struggled in school and later, in the job market. The authors found that as adults, these people were more likely to exhibit problem behavior and were more likely to be incarcerated for committing crimes. The U.S. Government Accountability Office (GAO, 2007) reported: "Economic research suggests that individuals living in poverty face an increased risk of adverse outcomes, such as poor health and criminal activity, both of which may lead to reduced participation in the labor market" (p. 2). By helping

children when they are young, communities can save on the cost of providing social services and incarceration when they become adults.

Substance Abuse

Substance abuse was a major coping strategy for the participants and some of their parents and may have caused some parents to lose custody of their children. Horgan, Skwara, and Strickler (2001) stated that “alcohol and drug abuse are factors in the placement of more than three-quarters of children entering foster care” (p. 64). Five of the nine participants in this study may have been placed in foster care because they had at least one parent who was a substance abuser. The above authors also stated that children growing up with substance abusers may exhibit hyperactivity, aggression, and delinquent behavior; moreover, the children are more likely to become substance abusers themselves. In my study, Steve and David had parents who were substance abusers and they, in turn, became substance abusers themselves.

Children of substance abusers are more likely to perform poorly in school. Horgan et al. (2001) reported that this may result in limited educational and vocational opportunities, which may have a negative effect on the ability of children to earn a living wage when the children become adults. All of the participants who had parents who were substance abusers also reported having trouble at school, although it is probable that a multitude of issues were responsible, and not just that they had a parent who was a substance abuser.

During their teen years, Carla, Judy, and Mark, experimented with drugs and alcohol, which is not unusual for adolescents who have experienced abuse and neglect

(Thompson & Auslander, 2007). When I asked about later substance abuse, these participants avoided answering my question.

Northstar used Christian-centered programs to treat residents who are substance abusers. Although these programs can help residents work through painful issues from the past, and may help alleviate the feelings of isolation that some residents may experience, recovery from an addiction is often a slow and tortuous process. Steve embraced Christianity while he was at Northstar, but he left the shelter abruptly. While Northstar's staff would not tell me why Steve left the shelter, given Steve's lifelong history of substance abuse, it is possible that he left because he was unable to uphold Northstar's sobriety policy. He admitted that he stayed out overnight several times because he knew that he would fail the breathalyzer. David, the other Northstar resident who admitted to lifelong substance abuse, also may have left because he could not maintain the sobriety policy. David had a week hiatus from the shelter during his stay at Northstar. Upon his return, I asked David where he had been. He told me that he had helped his sister move and "drank some beers and whiskey." Unlike Steve, David showed no interest in Bible sessions. When I asked him hypothetically what he would do if I offered him a drink, he said that if it was alcohol, he would drink it. It didn't matter what kind of booze; he liked them all. Apparently, the taste of the alcohol was not as important as the effect that it produced.

New Hope, in contrast to Northstar, used professional counselors to help residents become sober. Furthermore, Alcoholics Anonymous held weekly, evening meetings in the shelter's dining room. During my internship, I was privy to staff meetings and learned that intoxication was a common cause for residents to be

expelled. New Hope would not send residents into the cold of winter without shelter, but as soon as the warm weather and spring arrived, the residents were given their marching orders.

Disabilities

I began my research study with a guess that people living in homeless shelters would have a history of disability and/or education difficulties. This guess was upheld with four residents, who stated that they were diagnosed with a learning disability when they were in school. Steve and Timothy said that they had attention deficit hyperactivity disorder (ADHD) and learning disabilities while David said that he was unable to read or write anything but his name. Ted mentioned that he had troubles in school; however he also stated that he missed two years of school while he worked as a gardener, so it may be that his school difficulties were the result of educational gaps. Even Mark, who said that he did not have a learning disability, had to repeat first grade because he missed so much school due to multiple foster care and school placements. Furthermore, the findings in this study are supported by the literature, as Gerber and Dicker (2008) explained:

With each foster care move, children are pulled out of one school, often abruptly, and set down in another. Too often, these children are not timely enrolled in school and experience gaps in attendance and instruction. As children move, their educational records fail to follow them or arrive far too late; in the process, they lose critical services and both general and special education entitlements. (p. 2)

Gerber and Dick also cited problems with special education placements for children living in foster care: “Many receive special education services in disproportionately restrictive settings, while others are not identified to receive services at all” (p. 3). Judy, a participant in this study who spent seven years in juvenile detention, may have qualified for Section 504 accommodations due to her anxiety and depression (Educational Setting, 2000), but it is unclear if she received any. Gerber and Dicker have argued that children who are placed in less restrictive foster care settings are more likely to have positive life outcomes and educational success, so one hopes that authorities weighed Judy’s options carefully. Since Carla and Mark also appeared to have had issues with mental impairment, they also might have qualified for Section 504 accommodations.

There was a wide disparity in years of education among participants. Only Mark, Timothy, and Miles had a high school diploma. Ted, Judy, and Vee earned their GED while Steve and David dropped out of school in seventh grade. Carla dropped out of school in the eleventh grade and said that she tried to get her GED seven times but failed every time.

The literature showed that young people growing up in foster care face multiple school and social challenges. Conversely, the literature showed that young people in traditional, intact families have a much better chance of finishing high school and going on to college. According to Wollin (2005), 60% of people who grow up in traditional intact families make it to college and 20% go on to graduate. For young people growing up in foster care, only 20% enroll and only 5% graduate.

Homeless children face even gloomier prospects for educational achievement: Fewer than 25% of homeless children complete high school.

Today's job market often requires that applicants possess advanced training in technology, the kind of training that most high schools do not provide. For a person who lacks specialized skills, the only jobs available may be service jobs, which do not pay well. Timothy, Miles, and Vee worked for outside employers. None made a living wage, so they were forced to live at a homeless shelter and pay rent for their accommodation. One resident, Mark, applied for several jobs and tried to enlist in the military, but was reportedly rejected by all the places where he applied. David, a 40-year-old participant who was unable to read or write, had only one job in his life.

Disconnected from Society

According to Penzarro (2003), human attachment theory states that children need secure and permanent relationships with adults if they are to achieve positive social development. Children growing up in foster care, who experience frequent placement moves may never know positive relationships, which may cause these children to become disconnected from society, which is known as "drift." Penzarro explained:

Those who drift from one placement to another while in care become separated from all family. Drifting contributes to a general disaffiliation from the institution of family. Finally, identification with the lifestyle of drifting may be an unintended consequence of growing up drifting through placements. (p. 230)

The concept of “traveling” from one shelter to another may conceivably have its roots in multiple foster care placements and drift. It is customary for social service agencies to move children from one foster care family to another when children exhibit behavioral issues, which may teach children that the best way to handle problems with people is to cut relationships and move on. As the child grows into adolescence and adulthood, the lack of connection to friends and family may cause some former foster youths to continue to drift, or travel, from one place to another, hence, the term “traveling.” Never having learned to trust people as they were growing up, these youths may feel that moving to another place is the only way to handle life’s difficulties. Steve said:

There are a lot of negative people that travel. I was one of them, I know. A lot of them suffer from addictions, or childhood stuff. They just don’t have a way of coping with it, so they just kinda stay on the road. Basically, that’s what I do.

Steve realized that traveling was a way to cope with his problems. Traveling was also the way that Steve’s father dealt with trouble, he said. Both men may have used traveling and substance abuse to manage their stress. While these methods may help a person cope over a short period, these are not long-term solutions. After all, traveling and substance abuse are extremely hard on the human body.

David said that he grew up feeling attached to no one and no place. He was placed with numerous foster families, but none gave him a sense of belonging. Eventually, David joined a gang and “they took care of me.” Like Steve and his father, David used traveling and substance abuse as coping mechanisms. When I met

David, he was no longer an active gang member, but he still used traveling and alcohol to manage stress. Carla, another participant who spent time in foster care, traveled and hitchhiked a lot when she was young. As a teenager, she was a substance abuser. Carla's long-term stay at Northstar and the nightly breathalyzer policy indicated that she no longer used alcohol when I interviewed her.

Although traveling seemed to have been a way for some residents to avoid problems and remain disconnected from society, traveling also has positive aspects, as I explain later.

Spirituality

Steve, Mark, and Timothy expressed positive feelings towards Christianity in their interviews, and said that a belief in a higher power had helped them to overcome some of the negative experiences from their past. All three attended Bible studies at the Northstar shelter and visited a staff member's church to serve as "witness" to their Christian conversion. Neff (2006) reported that faith-based programs that employed spiritual traditions, such as prayer, singing, and Bible study, appeared to be more successful in treating substance abuse problems than recovery programs without a spiritual element.

Traveling

"Traveling" is an in-vivo term that describes a homeless person visiting a circuit of shelters. Traveling may increase a homeless person's sense of disconnection from society. Instead of facing challenges, the person moves on to a new location. Traveling can be considered a form of escape for some, but it also can provide a coping mechanism. Miles and Vee, a married couple from New Hope, traveled the

country, camping and staying at various homeless shelters. Steve, a participant from Northstar, also liked to travel. Traveling appeared to be common in people who have been homeless for a long period of time.

Women

Since women sometimes lack the strength of men, they are susceptible to assault and rape, which may lead to pregnancy, childbirth, and motherhood. Poor and homeless women who are forced to depend on the government for financial assistance may find themselves at odds with social services. Social service agencies may see poor mothers as unsuitable parents and place their children in foster care.

Two of the participants in this study spent time in foster care when they were children, then had their own children put in foster care. Both of the mothers admitted that they had substance abuse problems in the past; although, they did not mention substance abuse as the reason for their losing custody.

Mothers often are the glue that holds families together. When a mother is arrested or sent to a drug treatment program, the family sometimes falls apart. Although three fathers of the participants in my study tried to look after their children, they also lost custody. Two of the three fathers were substance abusers; so, once again, substance abuse might have been the reason that the judge terminated custody. Judges may assume that substance abusers make poor parents, feeling that parents who are high on drugs or alcohol will make poor parental decisions (Roberts, 1997).

There are serious consequences for women who indulge in substance abuse while pregnant. Although there are no state laws explicitly targeting substance abuse in women who are pregnant, women have been charged with child neglect, child

endangerment, and delivering drugs to a minor (Yu Lim, 2001). The logic of the charges goes thusly: Prenatal substance abuse is harmful for a developing fetus, so the woman who engages in this behavior is deliberately hurting her child; therefore, she is committing child abuse and must be punished. Moreover, some who follow this argument say that these women should not have more children, since their children may have birth defects due to prenatal substance abuse (Roth, 2004). Of course, this argument harkens back to the eugenicists who argued that women with defective genes should not be allowed to reproduce. Yu Lim (2001) wrote:

The prosecution of pregnant women who use drugs for crimes of child abuse is an example of how prosecutions can become legitimating force, validating eugenicist beliefs, which can result in pressuring an entire class of women to terminate their pregnancies. Because these prosecutions are not as blatantly inhumane as Nazism, or a policy which mandates the sterilization of imbeciles, they are less likely to offend the public's conscience, as would an otherwise patently obvious eugenicist policy. (p. 138)

The drawback to arresting women for substance abuse is that it makes the women afraid to attend their prenatal health care appointments, which may put the fetus at risk (Roth, 2005). This is a conundrum with no easy answers.

Recommendations

Although the nation currently spends \$24 billion a year on child welfare, the results of my study indicate that many children in the foster care system are not having their emotional, social, and educational needs properly met. Eight of the nine

participants in my study spent time in foster care. They described multiple placements, abusive foster parents, overcrowded conditions, and inadequate educational services as common factors in their foster care experiences.

In the last twelve years, three programs have been implemented to make the transition to independence for youths in foster care smoother, which include the Chafee Foster Care Independence Act of 1999, the Chaffee Education and Training Voucher, and the Fostering Connections to Success and Increasing Adoptions Act of 2008. Unfortunately, the above-mentioned programs are optional, so some states have decided against accepting the funds.

Programs that provide in-service help to the family of origin also show promise, although this plan will not work for all situations. For example, if the family of origin refuses to allow case workers to make home visits, this lack of cooperation would disqualify the family from the program. Since children often run away from their foster care homes because they miss their birth families, this program shows merit, especially if the money that is now used to pay foster care families is directed towards helping the birth family. I am reminded of what Mark said, “They took me away from my parents—do they expect me to be happy?” Mark’s father was an alcoholic; if his father had access to counseling and a support system through an in-service program, it is possible that his father could have kept Mark and his brother and raised them in a more effective way. The boys were in at least eight foster homes; all but the last home physically abused them. In-service programs also may enhance placement stability, which would decrease the number of school transfers.

Multiple school placements have been shown to negatively impact a child's education, so I recommend that children in foster care be allowed to stay in one school, despite transfers in foster care families. This provision is part of the McKinney-Vento Homeless Assistance Act for homeless children and has been instrumental in keeping children connected to their schools.

Although programs to increase the high school graduation rate can be costly, Levin, Belfield, Muennig, and Rouse (2006) performed a cost benefit analysis and found that the programs were a bargain in comparison to the cost of providing welfare assistance and other related programs. Levin et al. found that high school graduates have more income, better health, less crime, and a decreased need for welfare assistance. The authors projected \$45 billion in increased taxes and reduced social services if the high school dropout rate could be cut by half. They listed suggestions for increasing the high school graduation rate: (a) small school size, (b) high levels of personalization, (c) high academic expectations, (d) strong counseling, (e) parental engagement, (f) extended-time school sessions, and (g) competent and appropriate personnel (p. 20).

I also offer the following recommendations:

1. Provide truancy prevention programs for families looking after vulnerable children.
2. Limit the number of foster care children in one family and provide a \$1000 bonus to all foster care parents who have a youth graduate from high school.

3. Enact a new campaign to encourage middle-class and upper-class families to care for foster care children. This program would not pay families to have children in their homes; instead, generous tax breaks would be offered. Faith-based organizations, such as pro-life organizations, would be asked to help launch this program on a volunteer basis. By linking pro-life values to helping foster care children, families who never considered becoming foster care parents might be willing to apply.
4. Limit the number of caseload sizes for case workers who deal with foster parents. If we are able to recruit middle and upper class families to become foster parents, caseworkers may experience less burnout and lower turnover since there would be a larger pool of foster parents. Although this would necessitate hiring more caseworkers, in the long run, this could save the government money.
5. Provide driving instruction and a way for responsible youths to acquire a vehicle. Scholarships for foster care youth with passing grades would be offered so these youth would have the opportunity to take driving instruction in the 10th grade. If the youth continued to have passing grades in the 11th grade, the state would agree to pay half the cost of car insurance for a year; if passing grades were continued in the 12th grade, youths would get a car provided through a program that allowed the general population to donate old cars (in good condition) in exchange for

a tax deduction. Another idea might be that the state would provide old cars once used by state employees.

6. Provide a HUD Section 8 Voucher for all youth aging out of foster care. This way, youth would not have to experience homelessness when they age out. Since many emancipated foster youth resort to crime because they need money, having a place to stay while they attend school or look for a job is imperative.
7. Inform high school guidance counselors about on-campus college programs for foster care youth, such as the Guardian Scholars. Dworsky and Perez (2009) interviewed 98 college students about their experiences in college support programs and found that high school guidance counselors did not inform the youths about the program. More than half of the respondents said that they heard about the program from a social worker or case worker. Over 40% learned about the program from a college official who worked in the program.
8. Provide a long-term mentor to help youths transition to independence. Ahrens, Dubois, Richardson, Fan, and Lozano (2008) found that youth who had a mentor reported a more positive transition into adulthood, especially if the mentoring relationship lasted more than two years. Since youth did not have family to provide emotional support, having a mentor to call upon in times of trouble was extremely useful. Since social workers and teachers often interacted with youth for only a year or two, having a mentor over many years was especially helpful.

It is important to find mentors and foster care parents who genuinely care about children. Kids who have been abused or neglected know when they are being treated with insincerity.

Conclusions

This research attempted to discover the issues that force people to reside in homeless shelters instead of living independently. Early in my research, I guessed that the residents would have special education, or disability issues. Relying on their childhood recollections, participants told me stories about their education difficulties, which were frequently related to growing up in foster care and experiencing numerous school and placement changes. For some participants, the foster care families may have been no better than the original home situation. The numerous school and foster care placements, and the lack of an adult advocate to ensure that the participants had their educational needs met, resulted in a patchy and incomplete education which did not prepare the participant to be self-supporting.

At the time of my study, some participants struggled—and still rebelled—from occurrences in their past. Ted and Mark appeared angry at times, when they described being abused; in their telling, the negative emotions of the original events appeared to resurface. Timothy said that his birth parents, “gave me up for drugs.” For Carla, the story of giving birth and never seeing the baby, resurfaced time and again, and along with it, the original pain. David, a Native-American, rejected the white culture that sent him to foster care, and joined a gang. Steve, who had good people skills, admitted that he used “traveling” and substance abuse to escape the pain of relationships. Over

and over again, the participants told of irregular and sometimes chaotic childhoods. Along with the retelling, old and painful memories sometimes resurfaced. It appeared as if former hurts still had power over them.

The poverty that the participants experienced as children and adults failed to nourish their emotional, social, and educational growth. Substance abuse and domestic violence, which many of my participants described in their life histories, are commonly associated with poverty. These factors may magnify and amplify family dysfunction, and force social services to terminate parental custody. The results of these family separations have been discussed at length in this work.

Miles and Vee, who used traveling as a coping skill and source of resilience, were the only participants who seemed to have a positive outlook on life. Although Vee was abused by her father, she found positive ways to connect to people. Instead of becoming angry about the abuse, she laughed and said that her father was “too mean to die.” She refused to allow negative feelings to overwhelm her. Although her jokes might have seemed silly at times, they allowed her to put distance between herself and the original stressor, which helped to regulate her emotions.

Trapped in a Time Warp

A major shortcoming of this research was that the participants were trapped in a “time warp.” The participants never grew older, nor did their circumstances change. For readers of this dissertation, the participants appeared fixed in limbo at the shelter forever. This was a disservice to the participants. This project would have been improved by observing the participants over a longer period of time. That way, I could have provided a more accurate understanding of the participants’ lives. Just

because I met the participants when they were staying at a homeless shelter did not mean that they lived at a homeless shelter for their entire lives. Unfortunately, it was impossible to conduct this study for a longer period of time.

George Vaillant, a professor of psychiatry at Harvard Medical School, reviewed a longevity study of eleven men who lived in a Boston slum that had a high rate of poverty and juvenile delinquency. Although the men were not homeless, they experienced severe life challenges similar to what participants in this project encountered when they were growing up. When the men were questioned at age 25, Vaillant (1997) said that they “appeared to be broken beyond repair” (p. 287). As the men matured and reached their fifties, eight of the eleven men found ways to cope and achieve a satisfying life which included a permanent home, stable job, and supportive friends and family. The secret to the men’s resilience was their ability to form close interpersonal relationships. Coping skills, such as using sublimation, altruism, creativity, suppression, and humor were also mentioned as factors, but positive relationships was the universal attribute. To overcome adversity, the subjects needed the ability to recruit mentors and friends to help them in difficult circumstances.

Homeless shelters are not thought of as places where a person can work on resilience and relationship skills, but interviews with the participants, especially Mark, demonstrated that shelters offer this opportunity. When I first interviewed Mark, he seemed angry at the world and distrustful of me, but by the fourth interview, Mark seemed more relaxed and willing to talk about painful issues, such as why his grandparents, who could afford to have a winter home in Texas, had refused to take him and his brother into their home. While at Northstar, Mark became friends with

the staff and other residents of the shelter. Mark described the relationship that he had with Ted and Carla:

Ted and his wife, they were kind of like my parents for a bit, I felt.

They listen to me. I listen to their stories and stuff. Everything that is happening is what I wanted out of a home.

Although Mark seemed to feel disconnected from his foster families when he was growing up, he was able to form a bond with Ted, Carla, and many other people at Northstar. I find it ironic that Carla, who may have had her children put in foster care, was able to act like a parent to Mark, a former foster child. It is possible that helping Mark deal with his longing for family also helped Ted and Carla deal with their own personal issues. This was an example of what Vaillant (1997) described as the “altruism” attribute.

About a year ago, I ran into Carla in the pet food section at Walmart. I had heard that Carla and Ted had moved into an apartment, so I asked her if this was true. She said “yes,” then grabbed several cans of cat food from the nearby shelf. I asked her if the food was for her cat and she said “yes,” then hurried towards the checkout stand. I am positive that she did not remember me. This seemed strange since the details of Carla’s life have been constantly in my mind while I wrote this dissertation.

Eight of the eleven men who Vaillant cited experienced considerable turmoil when growing up, but they were able to overcome adversity through positive social relations. For this reason, it is important to remove the participants from the “time warp” of the homeless shelter and imagine them

enjoying productive and happy lives in their own homes. If Carla, who faced enormous life challenges and lived at Northstar for 20 years, was able to move into independent housing, surely the other participants could find their own places also.

APPENDICES

APPENDIX A
CONSENT FORM

This consent form is being presented to you by Sandra Arnau-Dewar, a graduate student in Higher Education at the University of North Dakota. As part of the requirements for her degree, she is conducting a qualitative research study, titled, "Gimme Shelter: The Ethnography of Giving Hope to the Homeless."

Simply stated, qualitative research tries to understand the meaning that individuals place on experiences; it does not look for right or wrong answers. As a result, the researcher in this study will not be expecting particular answers to particular questions.

Participation is voluntary. If you decide to participate in this study, you will be interviewed at twice by the researcher, Sandra, for 30 minutes each. The interview, which will ask questions about your experience in this shelter, will be audio taped. The researcher also will transcribe a portion or all of the interview.

No risk is expected for the interviews. If at any time during the interview you become uncomfortable, you may terminate the interview and/or request that you interview data be withdrawn from the study. The interview will be confidential and the researcher will not disclose your name to anyone. To maintain confidentiality, the researcher will assign you a code name that she will use in all interview transcripts and in the final research report.

Any information that is obtained in connection with this study and can be identified with you will remain confidential and will be disclosed only with your permission. Occasionally, UND conducts audits of research projects. If this particular research study is chosen for an audit, all identifying names and characteristics on research materials will be deleted before the materials are shown to the auditors. All research materials will be stored in a locked filing cabinet. Coding information will be locked in another locked cabinet. After three years, this consent form and the transcripts of your interviews will be shredded. The audiotape will be erased at the same time.

If you have any questions about this study, please feel free to ask them at any time before, during, or after the interview to me, the researcher, Sandra Arnau-Dewar. Any questions you have after the interview can be directed to Sandra at (701) 555-5555, or to her advisor, Dr. Kathleen Gershman (701) 555-5555.

Signature

Date

APPENDIX B

SAMPLE SURVEY QUESTIONS

1. Where and when were you born?
2. Where did you grow up?
3. Did you live with both parents?

If participant lived in foster care:

How many years were you in foster care?

How many families did you live with?

How were you treated by your foster parents?

Were you placed with your siblings when you were in foster care?

Did you have to change schools when you were placed in a new foster family?

4. How many years of schooling did you finish?
5. Did you have any troubles in school? Were you diagnosed with a learning disability?
6. What kind of jobs have you had?
7. When was the first time you ever stayed in a shelter?
8. Where were you before you came here? When you were in (previous shelter) before you came here, why did you decide to come here?
9. How long do you expect to stay here?

10. Do you stay in touch with your family?
11. Who are the people who have helped you at this shelter?
12. How does this life of traveling and staying in shelters work? Where do you get the money to pay for traveling? Do you hitchhike?
13. Do you have friends whom you meet up with at shelters?
14. Do you travel according to the weather?
15. Do you have a job while you stay here?
16. Have you ever had issues with substance abuse?

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