Factors Contributing to Recurrent Homelessness Among Single Mothers Using Shelters

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FACTORS CONTRIBUTING TO RECURRENT HOMELESSNESS AMONG
SINGLE MOTHERS USING SHELTERS

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A DISSERTATION
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FACTORS CONTRIBUTING TO RECURRENT HOMELESSNESS AMONG
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By Favour Oghale Akhidenor

Dissertation Co-Advisors: Dr. James Artesani, & Dr. Janet Fairman

An Abstract of the Dissertation Presented
in Partial Fulfillment of the Requirements for the
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Building on the long-term benefits of early homelessness prevention and intervention. And scaling up support for single parents with children is essential to improving economic status, good health, human capital, and well-being across all areas of life expectancy. Chronically homeless people, homeless veterans, and homeless families have all been the subject of specific studies. Yet only a few studies have investigated single mothers' return to homelessness (Anderson, 2021). Studies suggest that between 4 and 25 percent of women, who were previously homeless, end up using shelter services again, despite being provided with "permanent" housing (Johnson, 2016). This indicates that, as significant as the problem of repeated homelessness is, there are some gaps in the literature and knowledge about this phenomenon. It is clear from previous research that recurrent homelessness deserves special attention because it can presage a chronically homeless trajectory (McQuistion et al., 2014).

Based on the factors identified in the literature, this qualitative exploratory study gathered data, using semi-structured interviews, to understand the phenomenon through the prism of complex and feminist theories. The study utilized an interpretative phenomenological approach to explore and describe the experiences and perceptions of nineteen (19) interviewed women experiencing the phenomenon of recurrent homelessness. This study is grounded in two theories,
complex systems theory and feminist theory. This study provides additional insights into why and when single women with children return to homelessness. Furthermore, this study revealed two contributing factors, personal and societal, and two new insights that hitherto were not mentioned in research literature. These insights will assist public health planners and policymakers, as well as greatly enhance homelessness intervention and prevention.
DEDICATION

I dedicate this dissertation to my grandmother, the late Agnes Egbara, lovingly called "Imami" which means our mother. She was a mother to the whole community. My grandmother was so committed to my success that at some point she sold her gold and clothes (her expensive African attire) just to send me to school. May her soul rest in the bosom of the Lord. To my children, Naomi, David, and Nicole, for their love, support and understanding. And most importantly, to God Almighty, who gave me the life, strength, and tenacity to carry on with my degree.
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CHAPTER 1
INTRODUCTION

Homelessness has been a growing challenge in the United States and worldwide. It is a deepening social problem that has significantly impacted individuals and families, including increasing numbers of women and children (McNulty et al., 2009; Stargel, 2020). Communities worldwide have difficulty dealing with the financial and human costs of homelessness, and marginalized communities are disproportionately represented among homeless people (Fowler et al., 2014). In 2016, there were about 550,000 homeless individuals in the US. In the previous year, 1.5% were homeless for at least one month, while 4.2% were homeless for at least one month (Tsai et al., 2017). By 2019, approximately 570,000 individuals in the US were homeless (Yoon et al., 2021). This shows an increase in the number of homeless people.

In the US, homeless families make up about one-third of the nation's homeless population, and most homeless households are single mothers with young children (Stargel, 2020); also, about one-fourth of these families being at a higher risk of becoming homeless again (Kim & Garcia, 2019). Unfortunately, children are included in this population, and their families comprise about thirty-five percent of the homeless population (Stargel, 2020). Families experiencing homelessness with children of any age spent a median of fifty nights in emergency shelters and four to five months in transitional housing, as estimated by total overall stay over the year, regardless of shelter entry and exit (Stargel, 2020). As a result of a large number of homeless families, homelessness is becoming a real setback for many single mothers with young children. Given the high number of homeless families, it is evident that more effort is required to understand the problems and difficulties that lead to homelessness (Williams & Hall, 2009).
Shelters have been a primary source of support for homeless single mothers and children by providing temporary homes. However, homelessness is not always defined consistently, and this may create barriers to accessing essential support when families do not fit the criteria for homelessness. Families and children that do not have a place to live or avenues to get assistance from health and social service providers are sometimes added to the homeless rosters to receive support (Mahoney, 2007). Questions have been raised regarding existing programs, services, and interventions for homeless families, giving rise to the idea that some criteria to meet eligibility for benefits may need to be updated.

Homelessness that lasts for an extended period or occurs repeatedly is considered chronic and often accompanied by one or more incapacitating health conditions (Reppond, 2015). Chronic homelessness has been one of the crucial challenges in urban planning, social service and public health providers.

In the following sections, I will discuss the statement of the problem, research purpose, study significance, my motivations for pursuing this study, the theoretical framework of the study and the dissertation organization.

**Statement of The Problem**

The problem this study sought to understand was what factors contribute to repeated homelessness for single women with child(ren) from their perspective. According to one source, 68% of individuals who were homeless were able to access a program for transitional housing, such as an emergency shelter or a location they referred to as their "safe havens." In contrast, 32% of homeless individuals did not have a place to live. Additionally, 22% are chronically homeless (Tsai et al., 2017). Children are included in these statistics on the homeless population. Yet, families with homeless children continue to be underrepresented in policies and programs to end
homelessness, even though 84% of homeless families include adult women who may have children (Reppond, 2015). Despite the implementation of policies intended to put an end to homelessness, the number of people living on the streets continues to rise (Fowler et al., 2014).

While the number of individuals who are homeless has increased in recent years, the Annual Homeless Assessment Report (AHAR) shows a slight decrease in the percentage of homeless families with children over the past few years, which is a positive finding (Stargel, 2020). Despite a decline in homeless families, these families still confront the major trauma, the disruption of homelessness, and new challenges even when they find shelter. Shelter users confront various challenges, such as a lack of privacy and issues related to the physical environment, such as noise, crowding, neighborhood characteristics, and dietary restrictions (Bush & Shinn, 2017). Further, Shelter designs, policies, and staffing may not be able to ensure the safety of families (Craine Bertsch, 2013). Women with children; however, still find shelters a viable option when they experience chronic homelessness. Single mothers' experience of having to find shelter for their children constantly reveals that chronic homelessness continues to be a human rights problem and a public health crisis (Craine Bertsch, 2013).

Disagreement over what constitutes homelessness and the role of the Department of Housing and Urban Development (HUD) in the homeless assistance system for addressing the needs of families have been a focus for policymakers in Congress (Duffield, 2020). HUD’s data is contradictory, indicating a substantial decline in family homelessness at lower severity levels. This has led to the conclusion that this issue is less of a public health and community concern.

As is often the case, this knowledge may be misinterpreted or excluded in other research data and subsequent public representations of their life. It has implications for the social and policy frameworks that regulate how women live their daily lives (Craine Bertsch, 2013). The mother's
experiences are not reflected in HUD's statistical data on homelessness, which is quantitative and reliable data on the number of homeless individuals. As a result, it is difficult for researchers and the general public to comprehend the gravity of this social problem faced by mothers with children (Duffield, 2020). Although HUD consistently collects quantitative data, this information does not necessarily enable us to fully understand the causes of homelessness or the experiences of those experiencing it. The firsthand accounts of mothers and the causes of their homelessness are significant. Challenges continue for developing effective policies to intervene and prevent chronic homelessness or repetitive shelter stays for families. There is little known about recurrent homelessness and the contextual factors related to returning to homelessness or homeless shelters (Duchesne & Rothwell, 2016).

In addition, some prior research failed to differentiate between homelessness and chronic homelessness (Craine Bertsch, 2013). Unfortunately, homelessness has persisted as an unresolved problem that has now expanded to comprise chronic homelessness (Anderson, 2021). Research suggests that approximately 40% of homeless individuals return to the shelter within a year of departure. This statistic likely understates the prevalence of chronic homelessness since it does not indicate those who utilize alternative shelters, live on the streets, are in jail or hospitals, or who return to the Shelter.

**The Changing Face of Homelessness and Gaps in Research.**

Over the past decade, there has been a change in the national trends of family homelessness, which has affected the planning and delivery of homeless services (Kim & Garcia, 2019). There are limitations within current research, with less attention on single women with children who experience recurrent homelessness and return to shelters after exiting. This will be discussed in more depth in chapter 2. Causal mechanisms that might lead to homelessness are referenced in
some studies; however, no account is given of what these mechanisms might be or how they might interact with other factors. "No connection is made between the identification of patterns of life events and the operation of these causal mechanisms. Indeed, no actual pattern of life events is even mentioned" (Somerville, 2013, p. 399). It is important to note that a definitive feature of homelessness is that it is not just about the lack of human habitation. However, it also includes "deprivation across several different facets: physiological (lack of bodily comfort or warmth), emotional (lack of love or joy), territorial (lack of privacy), ontological (lack of rootedness in the world, anomie), and spiritual (lack of hope, lack of purpose)" (p. 398). Consequently, additional studies of homelessness need to be explored to address contributing patterns of life events and how their connection as potential causal mechanisms can aid in the structure of prevention interventions to address this problem.

In recent years, there has been an increase in the use of administrative data from shelters to study homelessness (Chen et al., 2021). Various studies pull data from sources that might not provide comprehensive information on homeless individuals. For example, the data captured by the Economic Social Development Canada (ESDC) database does not collect direct information from individuals. Its database is a composite of other data sources such as the Homelessness Management Information Systems (HMIS). In these systems, quantitative data collected by shelters are entered by staff, and errors can occur, resulting in inaccurate data. This can contribute to sampling bias (Chen et al., 2021). Inaccurate data results in flawed government policies and procedures that may fail to satisfy the homeless population's needs. Budgeting and resource allocation for homeless individuals may also be affected.

Further, more than a numeric count of homeless individuals is needed to understand the factors that lead to homelessness or repeated homelessness. Research that explores the first-hand
experience of those experiencing homelessness is critical for understanding the sequence of circumstances and challenges that contribute to homelessness and for developing effective interventions and services to support individuals and families. This is especially important for vulnerable and marginalized populations who are often not given a voice or agency to express their circumstances (Synovec, 2020).

**Research Purpose and Question**

The purpose of this qualitative study was to investigate and understand factors that homeless single women with child(ren) believe contributed to their chronic homelessness and their return to a shelter in Maryland. The study used an interpretive perspective and narrative research methodology to explore and describe the experiences and understandings of 19 participants experiencing homelessness through individual interviews. This study seeks to provide additional insight into why and when single women with child(ren) return to chronic homelessness homeless shelters to guide future public health planning and improve intervention and prevention. This study was guided by one broad research question to understand the phenomena: In their view, what factors do chronically homeless single mothers believe contribute to their recurrent homelessness and their return to the shelter with their child(ren)?

**Significance Statement**

This study aimed to understand the recurrent homelessness among single women and their children. Theoretically, this study adds to the body of research knowledge on homelessness, particularly for this under-researched population of homeless families. This study will provide some initial data on this population and insights that may also serve as a good base for further research in the future. From a practical standpoint, findings from this study may inform policy decisions and provide insight to states, counties, local policymakers, homeless shelters, and non-
profit organizations (NGOs) that operate shelters and provide various services to help prevent homelessness and support individuals to avoid repeated homelessness. It will also provide a framework for the continued development of programs and interventions that address the needs of this population based on existing programs and research.

**Professional and Personal Motivation for this Study**

Growing up in Africa, as a little girl in a family with few opportunities, I experienced and witnessed various social problems plaguing families, including families in crisis, child abuse, and the struggle for education. The opportunity for the female child to be educated was not a given to me, as the prevalent gender norms prioritized male education. When I finally got to attend secondary school, I had to walk several miles daily. I could not proceed immediately to university after high school completion due to a lack of funds. I had to hawk various products such as bread, oranges, and candies after school every day to save up money for university. I graduated with bachelor's and master’s degrees in social work from the University of Benin, Nigeria. Thereafter, I pursued and achieved an MSW and Ph.D. in the United States of America.

Looking back, I realize that thousands of women and children cannot achieve their God-given potential because of childhood circumstances similar to mine, and as such, they are precluded from the opportunities that a community offers. This is what led me to a career in social work. Furthermore, my interest in homeless single mothers with children stems from my advanced qualitative research coursework, which allowed me to conduct a preliminary study that enhanced my understanding of this topic and was further nurtured by my professional experience. In Maine, my work as a school social worker expanded my knowledge of risk and resiliency and gave birth to my interest in prevention and intervention studies. I worked with K–12 students from
underserved communities struggling with academic and behavioral difficulties and housing challenges.

After moving to Maryland, I became interested in homeless single mothers when I was the case manager of a large emergency shelter that had 125 beds and served women and families. I noticed the drastic increase in homeless mothers with children housed by the county’s Department of Health and Human Services, Family Shelter. My responsibilities were to develop strategies toward self-sufficiency and provide intensive case management that concentrates on barriers preventing families from obtaining stability and transitioning into the community. Most importantly, my role as a social services director in early childhood and Head Start programs allowed me to work with and hear female-headed families' unique stories and barriers that have negatively impacted their attainment of stability. After speaking to several homeless single mothers, a common pattern becomes apparent. These events left me with strong feelings that made me even more determined to learn more about this problem and this population of homeless individuals.

**Theoretical Framework for the Study**

This study was grounded in two theories: complex systems theory and feminist theory. Based on prior research, these perspectives best suit the subject population of single women with children and the factors leading to their homelessness and were used to interpret the findings from this study. The study’s theoretical framework will be described in more detail at the end of Chapter 2.

Complex systems theory studies systems with many interacting parts that demonstrate behavior is not reducible to the interactions between the individuals’ parts. In other words, it consists of networks of complicated relationships. CST offers a structure for understanding the
components of an individual’s network of relationships, connections, perceptions, experiential interpretations, and attitudinal components (Touris, 2019). Further, it enables people to make sense of the world after they experience stressful or complex situations that challenge their perception of control (Fishman, 2014). Concerning this study, homelessness occurs between stable and complex situations or relationships, which evolve to less stable, and then back again in a circle perpetuating recurrent homeless cycles (Somerville, 2013). The CST theory and its relevance to this study of homelessness are discussed in depth in the next chapters.

Feminist theory is a critical theory that uses the lens of power and privilege to examine structural or societal inequities related to the experience of women (Van, 2013). It was developed from the standpoint of women, focusing on the social, emotional, biological, and psychological experiences of women and society. Its tenets center on the social world constructed around and experienced by women and applying questions, thoughts, and ideas to improve the social position of women (Van, 2013). Accordingly, it addresses issues women face in contemporary society and confronts injustices based on gender and aims to end all systems of inequality and injustice that affect the lives of women in general (Hirudayaraj & Shields, 2019).

It is known for its commitment to changing oppressive structures, examining the power difference between men and women, ascertaining the power in relationships, and ending oppression through social change (Mirchandani, 2003). The intricacy of homelessness and the inequality women encounter when they become homeless are explained by both the feminist theory and complex systems theory used in this study. A complex system seeks to provide homeless assistance built around key theories for bringing a solution to homelessness since the complex causes of homelessness necessitate complex solutions (Fowler et al., 2019). At the same time, feminist theory seeks to eliminate all structures perpetuating injustice and inequality against
women (Hirudayaraj & Shields, 2019). The following chapters will go into more depth about both theories.

**Organization of the Dissertation**

The dissertation is divided into six chapters. The chapter that follows summarizes vital research on chronic homelessness. The approach for data collection and analysis is described in the third chapter. The findings are presented in chapters 4 and 5. Chapter 4 examines the personal factors that contributed to initial and subsequent homelessness for the participants in this study. Chapter 5 describes societal factors that contributed to repeated homelessness. The sixth chapter concludes with a review of the findings and the broader themes of this study, a discussion of related research and theory, and suggests future research directions, as well as policy and practical implications.
CHAPTER 2

REVIEW OF THE LITERATURE

This chapter will discuss previous research, findings related to the causes of homelessness, research methods utilized, and existing gaps in the research literature. The literature review examines different aspects of homelessness. This topic is divided into five sections: 1. the prevalence of homelessness; 2. the causes of homelessness; 3. repeated homelessness or chronic homelessness; 4. homeless women with children; 5. the negative impact of homelessness. The chapter ends with a discussion of the two theories framing this research study—feminist theory and complex systems theory—and an explanation of my conceptual understanding of the problem of repeated homelessness for women.

The Prevalence of Homelessness

Homelessness has been studied previously by researchers interested in the prevailing circumstances and interventions for homeless individuals. There are several challenges to studying the recurrent homelessness among women with children. Much of the previous research focused on homeless individuals seeking housing assistance, intervention, systems of care, health services, and shelter stays for young adults, older adults, veterans people with disability, yet few studies have assessed the repeated or prevalence of homelessness among women with children in the United States. Recent national prevalence estimates in the United States suggests that over 5,60,000 people are homeless on any given night, and the demographic characteristics of people experiencing individual homelessness have shifted (Knight et al., 2022) to include women with children. One study suggests that "mother-headed single-parent families are one of the homeless population's fastest growing group. It indicated that approximately 40% of all homeless persons are homeless families, 53% are homeless families with dependent children, and 10% are pregnant..."
women (Tischler et al., 2007). Homeless families move from one place to another due to their chronic homelessness.

Homeless people are more difficult to reach than the general public since they are often transient, and accurately identifying their numbers and difficulties is challenging (Reilly et al., 2019). This makes it difficult to identify women and children that are experiencing homelessness. In fact, 80% of homeless households are headed by a single mother. Furthermore, according to data, more than half of all children suffering homelessness are younger than the age of six, and roughly 11% of children residing in homeless shelters are infants (Stargel, 2020). It has been reported that the number of women and children in the homeless population has increased, and this makes it a viable topic for exploration.

Government agencies, such as the Department of Housing and Urban Development (HUD), collect quantitative data on the number of homeless individuals from shelters. The U.S. Congress uses this data on the number of homeless individuals to make decisions about funding for programs that serve the homeless. However, one problem is the HUD data may not be accurate if shelter staff underreport the number of homeless individuals or enter incorrect numbers. Another problem is that some children who are homeless may not be counted, because of the rules for counting homeless individuals. The data profiles for homeless individuals are attached to an identified ‘head’ of household and, as such, children can be under-reported in the numbers (Duffield, 2020). Children who are homeless and not attached to an identified ‘head’ of the household cannot report themselves as homeless. HUD data is used to craft policies and allocate budgets and resources to families that experience homelessness (Duffield, 2020). Therefore, not including all homeless individuals in the count of homelessness may result in allocating fewer resources than are needed to address this problem. While the quantitative data helps to inform us about the prevalence of
homelessness, but it does not include the firsthand experiences of women and children and other homeless individuals.

**The Causes of Homelessness**

It has been argued that homelessness is more complex than simply a lack of a suitable place to live. There are numerous paths that lead to and keep people homeless (Wallace et al., 2014). Previous research has identified several factors that contribute to homelessness, including structural factors (e.g., poverty, lack of affordable housing, unemployment), as well as more individual factors such as physical and medical health issues, substance abuse, domestic violence, and mental and physical health issues. Prior research used the term “structural” to represent broader, societal factors or problems that lead to homelessness. In the current study, I chose to organize factors leading to homelessness into two categories using the terms “societal” or “personal.” A detailed understanding of the terms societal factors and personal factors will be discussed in both chapters 4 and 5.

Although similar factors are identified in the literature, there are some factors that were mentioned by participants in this study that have not been researched very much (e.g., loss of social support, lack of access to affordable childcare, or lack of transportation). Similarly, there are other gaps in prior research, such as personal budgeting challenges and rental policies, that also contribute to homelessness, as identified by participants in this study. Most of the research on homelessness relies on institutional data or survey data and does not include efforts to collect information or viewpoints from homeless individuals through in person conversation or qualitative interviews. And for those studies that relied on interviews, they had a small sample size of 8 to 15 participants. Some of the research was done in rural areas, and there was less research on homelessness in non-urban areas. Also, there has been less research on single mothers or women
with children who are homeless. Prior research identified factors that cause homelessness, as stated above. However, there are some gaps the literature related to the factors that cause homelessness. The next few pages will discuss research on factors that contribute to homelessness, some of the gaps in that literature, and limitations related to research methods or participant samples. Other research studies acknowledge the structural features of public and non-public systems that contribute to homelessness and support paying higher taxes to tackle the problem of homelessness.

**Structural Factors.**

Structural factors are broader, more systemic across society, and enable the environments within which homelessness occurs (Somerville, 2013). These factors are beyond homeless mothers’ own control. Structural factors such as low wages/poverty, unemployment, lack of affordable housing, and inequalities are some of the core causes of homelessness (Reppond, 2015). The literature revealed that “poverty is the primary risk factor for homelessness, while other factors are secondary” (Somerville, 2013, p.399).

**Poverty**

Poverty and homelessness are inextricably linked. Poor people frequently lack the financial means to pay for housing, food, childcare, health care, and education. For most single mothers, poverty means they may be an illness, an accident, or a paycheck away from being homeless (Lee, 2012). Poverty is more than just a fixed position in which a person lacks the fundamental tools and financial assets need to live. It is more of a social process in which people acquire, lose, and regain access to critical resources and objects (Sharam & Hulse, 2014). According to research, women who are single mothers have poverty rates that are more than five times higher than those of married couples and more than twice as high as those of single men. This is further exacerbated by the potential loss of benefits, which places women at higher risk of recurrent homelessness.
(Craine Bertsch, 2013). In one study, participants were able to acquire sustenance by using some income generation strategies, such as panhandling, and other activities, but they were confronted by law enforcement while attempting to do so (Easton et al., 2022). Poverty is detrimental to one's well-being. Low income was identified as one of the causes of homelessness and, for many families, the financial implications of homelessness continued even when their housing situation improved, making recovery more difficult for them (Sharam & Hulse, 2014). Although low income is one of the contributing factors to homelessness and linked to other factors, it remains under research.

**Unemployment**

The result of one study established that the structural problem of unemployment is another major cause of homelessness (Sadzaglishvili, & Kalandadze, 2019). For example, half of shelter users need career literacy and assistance in finding jobs even though they have high academic or professional education (Sadzaglishvili & Kalandadze, 2019). Career literacy is the skill of understanding the demands of a future career and using education to meet those demands (Akhidenor, 2018). According to research, employment stabilizes the economy and positively influences a person's perception of self. Employment also provides the essential income to acquire and maintain housing (Axe et al., 2020). Unemployment and underemployment issues often associated with this population have been the impetus for other studies on types of programs and resources that provide opportunities that meet the basic needs of the homeless, as well as studies on other co-occurring social, mental, and physical health challenges (Kim & Garcia, 2019).

Homeless single mothers have issues in obtaining jobs and keeping jobs due to their homelessness. Compared to men, women who are homeless are also more likely to face a higher rate of unemployment (Box et al., 2022). They find it difficult to obtain employment due to
inconsistencies in addresses, mental health issues, childcare and other challenges. Not much research has been done on homeless women with children experiencing unemployment issues.

**Inequality**

In the context of inequality, structural factors, and unequal ownership opportunities, such as discrimination in housing markets and home financing, are also major factors of inequality that can contribute to homelessness (Herring & Henderson, 2016). Minorities and economically disadvantaged families are often isolated from the larger community due to their culture, beliefs, and stereotypes. Their social participation is limited, further decreasing their chances of mobility to a better status (Akhideñor, 2018). Women, racial and ethnic minorities, and persons living in poverty are examples of groups that have a long history of marginalization in our society (Lee, 2012).

Everyone has a right to a standard of living that is adequate for their personal wellbeing and the welfare of their families. This right includes access to basic necessities including food, clothes, shelter, medical care, and important social services, as well as security in the event of unemployment. These are the rights to which we are all equally entitled, without discrimination (Lee, 2012). Research suggests discrimination is one of the significant structural risk factors, as marginalized minority groups are historically overrepresented among the homeless population in several countries. As a result of the over-saturation of a particular demographic, some families that need assistance may decline in social sector housing, which is more commonly known as affordable housing in the US.

**Stable and Affordable Housing**

One of the key factors contributing to family homelessness is housing insecurity. In the private rental market, housing instability is linked to affordability, and landlords' prematurely
ending leases is one of the leading causes of homelessness (Lee, 2012). Research suggests the lack of affordable housing is another core cause of homelessness. The absence of affordable housing increases the risk of homelessness (Piat et al., 2015). Research found that formerly homeless people frequently identified unaffordable housing as the key barrier to exiting homelessness. The study also revealed that lack of affordable housing might account for the comparatively high likelihood of return to the shelter (Duchesne, & Rothwell 2016). One study showed that the strongest risk factors among the structural factors are the housing variables. Although the data used for the study was from the 1980s, the availability of low-cost housing is still the strongest structural risk factor for individuals becoming homeless. The study’s findings show that rents and unemployment rates are statistically significant (Ji, 2006).

**Individual Factor Challenges**

As previously stated, the literature did not specifically differentiate these following factors as individual factors but rather as structural factors. Researchers categorized factors related to homelessness under one big umbrella using the term “structural." However, some factors appear to be more closely related to individual or personal life choices and circumstances, rather than systemic conditions. Therefore, I will use the term “individual” to refer to the other factors related to their individual lives that contribute to homelessness. I use the terms “individual” or “personal” interchangeably in discussing these factors in the findings of this study in chapters 4, 5 and 6.

**Alcohol and Drug Challenges**

“Drug and alcohol abuse are major contributing factors toward an individual's vulnerability to homelessness” (Mahoney, 2007, p.56). Research further suggests that alcohol and drug use are commonly associated with the experience of homelessness (McQuistion, et al., 2014). According to Dashora et al. (2012), substance abuse among homeless mothers with children is far more
widespread than among housed women with children. It was established that 50% of the homeless mothers reported substance abuse problems at intake, while 74% of the mothers reported using drugs within one year of the assessment and 12% reported selling drugs within the same period (Dashora et al., 2012). One study found that the prevalence of alcohol and drug misuse and dependency was extremely high when compared to the overall female population. However, that a significant percentage of women continue to abuse alcohol and drugs or are dependent on them, as evidenced by the high rates of consumption (Whitbeck et al., 2015) Socio-demographic factors, such as unemployment or being a single mother, anxiety and depression symptoms and treatment characteristics, have all been linked to continued substance use (Arnold et al., 202).

**Mental Health Challenges**

"Mental illness is a risk factor for homelessness, and the experience of homelessness is a risk factor for developing a serious mental illness" (Piat et al., 2015, p. 2368). Homeless women have been identified as being particularly vulnerable to negative mental health outcomes. Women experiencing homelessness had higher mental health difficulties than the general population, with anxiety disorders, depression, various mental disorders, and suicidality reported more frequently than men experiencing homelessness (Box et al., 2022). In one longitudinal study, researchers discovered significant changes in the health of homeless mothers, including increased reporting of major depressive symptoms and worse physical health (Lee, 2012).

In some studies, it was observed that the prevalence of psychiatric disorders among women experiencing homelessness was slightly higher than that reported in previous research. These women in the study presented complex histories of numerous, significant psychiatric problems in shelters and treatment facilities. Also, lifetime PTSD prevalence was more than four times that of
women in the general population, and past year PTSD prevalence was more than five times that of women (Whitbeck et al., 2015).

Therefore, mental health problems seem to contribute to homelessness and there is an increased risk of mental health issues when women become homeless. Within the medical literature, studies have examined the psychopathology of people who are homeless, with findings that focus on the effects and improvement of mental health issues among the homeless (Tweed et al., 2012). Such findings provide information for practice methodologies and approaches with a specific focus on service to homeless people. Most of the data on this topic was not collected via interviews; they were mostly collected through surveys and the shelter database system. The majority of the published research on the health of homeless people are not population-based sampling or a census too (Reilly et al., 2019).

**Physical Abuse and Domestic Violence Challenges**

Research suggests that one homeless woman in four experiences housing insecurity due to exposure to domestic and intimate partner violence (Moe, 2009). Also, individuals who sought shelter were more likely to have been physically abused than those who did not seek safety, and they were twice as likely to have been sexually abused. In one study, the needs of about half of the women with children were related to understanding how the abuse had affected their children, and counseling for their children (Perez-Trujillo & Quintane, 2016; 2017).

Research estimates that 1.3 to 2.1 million women yearly, suffer physical abuse from an intimate or ex-partner (Oths & Robertson, 2007). This is significantly high, and for mothers with children, it increases their chances of becoming homeless. Domestic violence calls are made more often to shelters than to the police. Calls are also made more frequently to shelters than emergency
room visits. The calls are typically made in search of temporary housing and not to report a crime or the effects of violence (Dashora et al., 2012).

In other words, domestic violence victims are seeking a safe haven instead of involving the police or receiving treatment. Also, finding temporary housing for mothers with children fleeing abuse may be difficult and daunting, especially in areas where shelters are overpopulated or have no capacity to house large families (Moe, 2009). This is especially true in rural states or cities with limited emergency housing options. For example, in 24 major cities in the United States alone, 88 percent of the shelters had to turn away families because of a lack of resources (Slesnick, 2013).

In summary, it is difficult to pinpoint specific models that completely explain why individuals become homeless and what models will be most effective based on the research data that is readily available. This has implications for evaluating the effectiveness of subsidies and programs that are geared towards families at lower income levels and at risk of homelessness. Therefore, research and development of prevention models aimed at reducing the risk of homelessness or that provide housing options for women with children, continue to be worthy of study (Craine Bertsch, 2013).

Repeated or Chronic Homelessness

Although the term "chronic homelessness" can have a variety of meanings depending on the study, it is generally understood to refer to periods of homelessness that last for an extended amount of time or occur more than three times in a three-year period (for example, longer than a year; three or more episodes) (Taylor et al., 2023). Some studies categorized this concept as having two or more episodes and lasting longer than three months. Homelessness is widely reported to be a cycle that regularly repeats itself, and as a result, families may find themselves homeless on more
than one occasion (Tischler et al., 2007). Little is known about how many people return to homelessness as well as the factors that are associated with their repeated homelessness. Unfortunately, repeated episodes of housing instability are common and serve to increase the overall duration of homelessness (Duchesne & Rothwell, 2016).

One study on the frequency of occurrence found that about one in every five individuals became homeless again in the 18-month follow-up period after being housed. In the literature, some of the core causes of homelessness are mentioned as some of the reasons that mothers become homeless again. According to prior research, some of the drawbacks of homelessness include difficulties managing childcare due to unstable housing placement, problems meeting physical and psycho-social needs, a lack of privacy, an increase in mental and emotional health issues, and physical and mental health needs. The literature revealed that imposed housing departures, mental and physical health diagnoses, and a lack of affordable housing are some of the major reasons mothers become homeless. These same factors can also contribute to repeated or chronic homelessness. Since research on mental health factors and the lack of affordable housing have already been described in the previous section, this next section will focus on research on forced housing departures.

**Imposed Housing Departure**

Imposed departure is one of the key factors of family homelessness, where tenants are forced to leave private rented accommodation for different reasons (Lima, 2020). Imposed housing departure could be an issue with the type and adequacy of services provided in rental housing services, inability to pay rent or mortgage, family disagreement and so on. However, studies have shown that forced housing departures can more often lead to recurrent homelessness compared to those of organized housing departures. According to one study, participants who were forced to
leave their housing had the highest rate of return to the shelter. This relationship was first noticed in the bivariate results and was maintained throughout the multivariate analysis. Further, when all other variables were held constant, those with imposed departures were more likely than all other departure types to return to the shelter sooner. This implies that imposed departures are associated with a higher likelihood of repeated homelessness than other kinds of housing departures (Duchesne, & Rothwell, 2016).

The need for affordable housing that can accommodate a wide range of family groups, from single mothers to large families, is a recurring theme in the research on causes of homelessness and repeated homelessness (Wallace et al., 2014). The lack of affordable housing, and excessive rental costs, families who are evicted from their homes and are unable to locate alternative housing all increase the risk of experiencing recurrent homelessness (Lima, 2020). Previous studies have shown that affordability and housing instability have a major detrimental impact on reducing or eradicating family homelessness. This is one of the factors that prompted decision-makers to pursue a rapid rehousing strategy to reduce or eliminate family homelessness (Kim & Garcia, 2019). Additional factors that often contribute to homelessness and repeated homelessness, particularly for single women, include: drug/alcohol use or misuse, mental health problems, and domestic physical abuse.

**Homeless Women with Children**

The previous sections summarized research on the factors that contribute to homelessness and repeated homelessness for single women with children. Some additional findings related to homelessness for women will be discussed in this section. Many studies have revealed that most families who become homeless are women with dependent children (Tischler, 2008). Research suggests that a woman’s chance of becoming homeless increases with the number of dependent
children under her custody, having the status of a single mother, and experiencing chronic financial insufficiency (Moe, 2009).

According to a combined stay throughout the course of the year, families with children of any age who were homeless in 2016 spent an average of 50 nights in emergency shelters and approximately 4.5 months in transitional housing (Stargel, 2020). Needs linked to children's safety, psychological well-being, education, and health were prioritized among women with children in one study (Perez-Trujillo & Quintane, 2016; 2017). A study of families shows that families that spent at least one night in a homeless shelter over a two-year period revealed that the death rate for children 1-4 years of age was higher in homeless shelters than in low-income neighborhoods or the general population (Reilly et al., 2019). Women with children fear that a report of their homelessness could lead to the removal of their children, and thus may not apply for shelter to avoid their children are not taken away from them because of the fear of child protective services (CPS). These factors are recognized as contributing to underreporting and perpetuating the lack of accuracy of the numbers of homeless individuals in this population. Due to the inconclusive nature of the existing data, a critical assessment of the existing literature is needed to further our understanding of single mothers who experience recurrent homelessness.

**Negative Impacts of Homelessness**

The general view of homeless communities, particularly homeless persons, is that they are disconnected or separated from family and friendship networks (Knight et al., 2022). Chronic homelessness' intricate interactions with family stress may be detrimental to various psychosocial needs in addition to the family system. The negative impact of homelessness is not only damaging to women but their children.
Lack of Access to Health Care

The main issues with homeless mothers' physical health include: poor nutrition, exposure to cold/heat, low immunity, sexual risk-taking behavior, and skin problems. These health issues are due to a lack of nutrition support, exposure to the weather if living without shelter, mental health problems and a lack of access to health care (Speirs et al., 2013). Further, findings indicate that homeless families, especially children, are not routinely offered health services by various programs (Curtis et al., 2013). Mothers willing to manage their health care have difficulties finding physicians for themselves and their children due to reimbursement complexities with insurance such as medical assistance (Medicaid, Medicare) (Reilly et al., 2019).

Homeless individuals qualify for medical assistance due to low income and lack of employment. For example, social workers and healthcare workers in shelters frequently call various doctor’s offices to ensure the clinics accept Medicare and Medicaid for homeless individuals living in the shelter. Frequently, clinics that accept Medicaid/Medicare have long wait times and sometimes no scheduled slots for homeless individuals.

Increased Health Risks

Women who live in temporary shelters and those who sleep outside at night have complex physical and psychosocial needs (Speirs et al., 2013). They share overcrowded, poorly ventilated spaces leading to a high risk of transmission of diseases such as tuberculosis (TB). Tuberculosis is a major public health problem and is not effectively controlled among homeless people. Within the homeless population, high prevalence rates of TB are noted. These individuals often living with untreated TB, may be poor adherents to treatment, are associated with fast transmission and surges, and are often lost to follow-up care (Story et al., 2017). TB control is based on early detection and ensuring patients complete at least six months of regular treatment.
Poor adherence to medication is a major barrier to successful treatment of TB or any disease such as skin infections and can lead to increased disease transmission, drug resistance, and relapse. Directly observed therapy DOT is widely used to manage tuberculosis (TB) disease. For example, in the United States, 86% of homeless individuals between 1994 and 2003 were treated with directly observed therapy (DOT) due to poor adherence to TB treatment (Story et al., 2017) in attempts to reduce the transmission of the disease. Directly observed therapy (DOT) is a strategy used by healthcare workers to observe patients as they take their medications. This is to ensure a patient receives and takes all medications as prescribed and to monitor response to the treatment. In one study, vulnerable individuals treated with the DOT strategy had higher treatment completion. DOT is recommended for patients who have been or are likely to be poorly adherent (Shin et al., 2011).

**Emotional Health Challenges**

Most homeless mothers lack emotional support. Studies have suggested that when individuals become homeless, they are socially isolated and experience breakdowns in their relationships with others (Tischler et al., 2007). Homeless single mothers sometimes demonstrate significant levels of ambivalence about the cause of their homelessness. They are known to minimize the contribution of their substance use, mental health, and quality of social support system on their lack of housing. This same pattern is noted among individuals using a shelter, who have indicated struggles with medication compliance, a pattern that may complicate their recovery or management of chronic health conditions (Story et al., 2017).

Homeless individuals are also at risk of existing conditions such as chronic pain that can be aggravated by their homeless situation (Speirs et al., 2013). Due to their chronic pain, they often become dependent on their opioid pain medications. However, many practitioners believe that
such individuals’ behavior is evidence of drug-seeking behavior (Markowitz et al., 2010). This perception negatively impacts substance abuse prevention, assessment, and treatment efforts.

**Increased Alcohol and Drug Use/Misuse**

Homeless women are more likely to be hospitalized for drug misuse concerns than low-income, housed moms, and long-term homelessness exacerbates such issues. Even when compared to low-income, housed mothers, homeless mothers had significant rates of drug and alcohol use in one study (Stargel, 2020). It was found that 74% of homeless women had used drugs within a year of the evaluation, 12% had sold drugs during that time, and 50% had substance addiction concerns at the time of entrance into shelter (Dashora et al., 2012). Homeless women with dependent children are also more likely to have alcohol or drug use problems, compared to homeless women without dependent children (Guo et al., 2016). Frequent drug and alcohol use has been shown to predict higher rates of future intimate partner violence. In addition to intimate partner violence and other stressors, homeless mothers struggle with substance abuse problems such as alcohol, marijuana, opioids, and other prescription drugs (Dashora et al., 2012)

**Increased Mental Health Challenges**

Literature suggests that about 50% of single mothers with a substance use disorder also suffer from mental health problems (Mahoney, 2007). Research established that homeless mothers with children are also more likely to have mental health problems compared to homeless mothers without children (Guo et al., 2016). In addition, more than one-third of homeless children, to be precise (36.3 %), show symptoms of mental health; with homeless children under the age of six years old being most vulnerable to developing emotional and behavioral disorders compared to school-age children and adolescents. (Guo et al., 2016). Homeless mothers diagnosed with major depression have a higher incidence rate of this illness, estimated to be 52.4%, and 15% that have
been hospitalized (Guo et al., 2016). It is evident that mental illness and homelessness are intertwined in a complex way and that some homeless mothers that suffer from poor mental health have been affected by traumatic experiences (Kirkman, et al., 2015).

**Increased Traumatic Stressors**

Trauma refers to a set of responses to extraordinary and uncontrollable life events (Goodman et al., 1991). Homelessness is known to be a traumatic stressor (Tischler et al., 2007). A growing body of literature suggests that a significant proportion of homeless people, especially women, have histories of traumatic experiences prior to and including the experience of homelessness (Goodman et al., 1991). The complex traumas that homeless or insecurely housed mothers have experienced can be traced to early childhood traumas, often underlying difficulties in relationships in their present circumstances. (Johnson, 2010). Studies have suggested that multiple traumatic events may increase the level of traumatic stress among individuals (Williams & Hall, 2009).

Traumatic stressors, such as homelessness, can affect an individual’s entire lifespan, especially when the individual internalizes such an experience. Unfortunately, only one study specifically investigated the number of potentially traumatic life events experienced by homeless mothers. That research considered only trauma exposure and did not include measures for traumatic stress (Williams & Hall, 2009). The results of prolonged stress can cause adaptive changes in cognition, behavior, neurophysiology, and physiology. Traumatic stress is one of the most prevalent yet often misunderstood disorders in mental health. Professionals often generalize the symptoms without accounting for individual experiences (i.e., what is traumatic to one person might not be traumatic to another). For example, an individual might migrate to a new town and consider the process manageable and less stressful, while the same experience might be traumatic
for another, depending on the individual’s processing pattern. Traumatic stressors often lead to a fear of rejection and inability to properly communicate needs and receive support. Studies state that women who become homeless may not be affected by traumatic experiences only, but may also suffer from deprivation, demoralization, and destitution and be exposed to related misfortunes such as rape or assault (Susser et al., 1997).

**Physical Abuse and Domestic Violence Challenges**

Several studies suggest that half of the homeless mothers are not only fleeing from domestic violence but have experienced intimate partner violence throughout their lifespan (Guo et al., 2016). Other findings indicate that homeless individuals who seek to stay at shelters were more likely to have been physically abused compared to those that did not seek shelter stay (Perez-Trujillo & Quintane, 2016; 2017). Research further indicates that women who access shelters are twice as likely to have experienced sexual abuse and more severe physical aggression than non-users of shelters (Perez-Trujillo & Quintane, 2016; 2017).

**Loss of Social Networks/Support**

Homeless people have few social networks and low levels of social support (Piat et al., 2015). Social support refers to the number of people an individual can access to obtain necessary assistance and the strength of support offered by those individuals and is a key aspect of coping with homelessness (Tischler et al., 2007; 2015). Further, social support is vital to enhancing the quality of life and can boost people’s resilience to the stresses of homelessness; however, most homeless women do not have any social network and have no contact with their families (Speirs et al., 2013). Mothers escaping violence that managed to secure shelter stay or are able to get housing assistance may also be relocated to another area far from their former home, likely alienating them from support networks (Tischler, 2008).
Homelessness may produce a psychological sense of isolation and distrust, and interfere with social bonds (Goodman et al., 1991). “Episodes of homelessness result in individual and social consequences, which are commonly detrimental to individual’s well-being and negatively affect social interactions within the community” (Nooe & Patterson, 2010, p.105). Homeless mothers sometimes have fragile support systems and lack strong relationships and interactions with people within their community.

**Childcare and Parenting Challenges**

Family relationships and dynamics are significantly affected by the experience of homelessness. Women with children are faced with little access to safe and affordable childcare once homeless, and their hardships are exacerbated by a lack of transportation (Reppond, 2015). Over time, homeless mothers experience various stressors and may unknowingly display inconsistent parenting skills that may cause behavior problems in their children. Parenting in the context of homelessness for homeless mothers is hard. There are different ways mothers choose to parent their children based on cultural differences, age, family norms, and history. There are many challenges and pressures that homeless mothers have to cope with regarding parenting.

**Foster Care Placement**

Studies show that most homeless mothers are preoccupied with basic survival, and the strains of homelessness may stress their ability to respond fully to their children’s needs (Guo et al., 2016). They are at a higher risk of needing to voluntarily put their children in the care of the state. Several studies on homeless adults established that foster care placement during childhood is a risk factor for homelessness and found that 22% of children who grew up in foster care became homeless within one year (Piat et al., 2015).
Research states that 62% of children and families seeking emergency shelter were placed in foster care (Guo et al., 2016). Foster care placement sometimes hinders the behaviors and relationships relating to others, and thus some people may not see themselves as skillful or get the support necessary to establish themselves as independent adults or live in the community independently (Piat et al., 2015). For those who obtain temporary shelter, coping with the constant observation and expectations of staff in terms of parenting skills may be daunting (Krane & Davies, 2007). They often experience a loss of power, autonomy, parental rights, and control over themselves, when shelter staff or other mothers interfere with the discipline of their child(ren). This lack of control may lead to mothers feeling undermined and may also disrupt the mother and child relationship (Tischler et al., 2007).

It is evident from prior studies that homelessness results from a complex connection among several factors (Somerville, 2013). One study suggests that for homeless people with existing issues such as substance abuse, mental and physical illness, the provision of housing upon hospital discharge effectively improves sustained/housing tenure and decreases substance use, risk behaviors, and health issues (Fitzpatrick-Lewis et al., 2011).

In conclusion, identifiable characteristics have been noted by these researchers, implying that homeless individuals have the most severe psychosocial problems, have more severe income deficits, human capital deficits, substance use struggles, mental health challenges, and social support problems than housed individuals (Eyrich-Garg et al., 2008). Recommendations from existing literature support the development of policies, interventions, and programs that offer flexible service delivery strategies that minimize barriers to accessible housing. Rapid rehousing strategies that reduce the qualifications and timeline between application and approval for housing have been noted to positively influence stable housing.
Limitations of Prior Research

Looking broadly at the research on homelessness, there are some limitations related to the location of prior research, study populations and participant characteristics, sample size, and the choice of research methodologies. Numerous studies have been conducted on homelessness in various countries, such as Canada, Britain, and Sweden. In the United States, studies on homelessness have been carried out in different states, counties, and cities. However, few studies have been conducted on the topic of recurrent homelessness in Maryland. The current study focuses on homeless mothers living in shelters in Maryland.

Previous studies on the topic of recurrent homeless focus on individuals with disabilities, such as physical and mental health issues, drug/alcohol abuse, and domestic violence, specifically to men and women, but often do not include a focus on homeless children (McQuistion et al., 2014). Also, there were few studies conducted on single adults or single women with children, especially those in the shelter system (not those entering the streets, private shelters, or informal dwellings) (Perez-Trujillo & Quintane, 2016; 2017). This study addresses that gap and builds on prior research to deepen our understanding of the factors that contribute to homelessness and repeated homelessness for single women with children who are living in shelters.

Participants' characteristics, such as age, economic status, race, and marital status, were mentioned in some previous studies. However, that age range was not considered a core part of these studies, but in the context of homeless people’s life histories. (Somerville, 2013). For instance, previous studies did not include a comparative analysis of the impact of participant age on the likelihood of their homelessness. In other words, is it possible that an older mother will be more effective in managing her housing stability than a younger mother? The previous literature reviewed could not determine the answer to this question.
Several methodologies to examine homelessness are of interest to this review. Quasi-experimental designs that typically allow researchers to control the assignment of participants and knowledge about the data to be approximated were utilized by Fenelon, et al. (2018). Emphasis on child involvement in their work on homelessness suggested no significant impact of housing assistance on child outcomes. Other suggested studies draw on HUD's nationally representative data that combines data from a national household survey with administrative records on episodes of homelessness which rely on quantitative methods such as surveys and incomplete data collected from homeless shelters. Also, one study used an electronic database to search for literatures and consulted experts as a method to examine the effectiveness of an intervention to improve the health of people who were homeless, marginally housed, or at risk of homelessness (Fitzpatrick-Lewis, et Al., 2011).

Further, administrative data from emergency homeless shelters and first-time shelter users, which were used as a proxy for those experiencing first-time homelessness was examined through case studies in one study. Several of these articles rely on case studies as evidence. It is critical to include people who have firsthand experience with homelessness. Qualitative research and consumer experience reflections provide useful information. This is especially important for underrepresented and vulnerable communities, which are regularly denied a voice or agency (Synovec, 2020). Prior qualitative interview-based studies have a very small sample size. My study provides another perspective by using in-depth interviews with 19 single mothers who were homeless, to probe their own perceptions about the factors that contributed to their homelessness. The use of qualitative interviewing as a research method allowed me the opportunity to hear the story of participants first-hand, the series of events that led to their homelessness, and to identify
interconnections between societal and personal factors that led to repeated homelessness for these participants.

Finally, previous studies did not utilize complex systems theory and feminist theory to understand the topic of recurrent homelessness. The use of a theoretical lens provides the opportunity to understand the phenomenon of recurrent homelessness in a broader way, and from different perspectives. The study’s focus on single mothers and the challenges they face both prior to and during their homelessness make the choice of a feminist perspective a logical one. Complex systems theory also provides a useful framework for understanding the interconnected factors that lead to homelessness and repeated homelessness.

**Theoretical Framework of the Study**

In addition to previous research findings that identified certain systemic and individual factors that contribute to homelessness, I will draw on two theories—feminist theory and complex systems theory—to help make sense of this study’s findings. This will be explained in more depth in chapter 6. However, I would like to give some explanations of both theories in this chapter and the reason for using these theories to guide my study.

Research on homelessness has a theoretical gap as a result of disagreements over the social factors that cause homelessness. For instance, despite substantial research, it is still unclear why some people suffer homelessness while others do not (Seelos, 2021). Homeless single mothers constantly experience everyday events, stressors, and situations that obstruct their capacity to engage adequately in their community and society. Sometimes, the pendulum swings from a picture of rational behavior to that of the irrational. Therefore, how do we monitor or understand such behavior? Bandura (2001) suggests that "monitoring one’s pattern of behavior and the cognitive and environmental conditions under which it occurs is the first step toward doing
something to affect it." Further, "people regulate their behavior by self-evaluative outcomes, which may augment or override the influence of external outcomes’ (p. 8). Often, individuals utilize internal strategies, actions, or processes to deal with challenges they face in their lives. This study utilized two theoretical perspectives—feminist theory and complex systems theory-- to better understand the phenomenon of homelessness and factors that contribute to this condition.

Homelessness has a number of aspects that make it a complex issue, that makes it difficult to comprehend, assess its significance, and come up with solutions. The absence of a precise definition of homelessness from both theoretical and empirical perspectives was stated as one of these characteristics (Seelos, 2021). Researchers and professionals utilize theoretical frameworks to inform their practice and research as a base for conceptualization, analysis, and interpretation of focal topics, and this writer will do the same in exploring the phenomenon of homelessness. Practice theories are a meaningful set of ideas about human nature, which include health, illness, homelessness, normalcy, and deviance, that establish explanations for behavior and rationales for intervention (Walsh, 2013). There are many other definitions, but this definition of theory is suitable as a basis for reflecting on the social problem of homelessness, which is relevant to social work practice, prevention, and intervention in this study.

This study was grounded by two practice theories, in commitment to rigorous academic knowledge. Complex systems theory and feminist theory best suit the subject population and aided in extrapolating the meaning of the individual stories and findings from this study.
The diagrams above describe complex systems theory and feminist theory as known and used in this study. Complex systems theory shows that the system interferes with individual networks and reveals perceptions, behaviors, experiences, etc. that are not stable and are complex in nature. Feminist theory helps to examine power differences, relationships, and injustices that women experience in society.

**Complex Systems Theory (CST)**

Complex systems theory (CST) is one of the fastest-growing research theories in the natural and social sciences and highlights resources and limitations that can be useful for understanding and addressing the problem of homelessness in an effective way (Fowler et al., 2019). Complex systems theory is a study of systems with many interacting parts that demonstrate behavior is not reducible to the interactions between the individual parts. In other words, it consists of networks of relationships (Touris, 2019). How complicated systems work together affects what happens,
including things that affect people's health and well-being. Each of these systems is made up of a lot of different, but connected, parts or variables that change how the system works when they combine. These methods are flexible and change over time because of this. They make their own schemes. Self-organization means that complicated systems can put themselves in order on their own. They also have factors that combine in ways that are hard to predict. This means that small changes to a small part of the system can have big effects (Green, & McDermott, 2010). There is little research on homeless single mothers and recurring experiences of homelessness. Using complex systems theory, studies from the past show practitioners important ways to understand the dynamics and causes of modern problems, such as homelessness, as well as new ways to understand the relationship between people, their bodies, and their surroundings (Green, & McDermott, 2010).

The complex systems theory utilized in one study throws light on how structural factors can generate complex behavior (Somerville, 2013). It used multiple regression to estimate the effects of poverty, lack of affordable housing, economic conditions and low level or reduction of entitlement benefits. This study further explained that, within complex systems, the transition cycle between more stable to more complex behaviors is the pathway followed by homeless people. From observation it was found that when mothers were given the opportunity they connected with resources and programs as they transitioned from the shelter to the community. They leveraged programs and resources to get employed and obtain lease rental, transitional or permanent housing. However, within a few months of exiting the shelter, they often returned to the shelter. This cycle of recurrent homelessness continued even after initially securing stable housing. It was established from the literature that recurrent homelessness is defined as one or more new episodes of homelessness transpiring at any time after securing housing for a period of time (McQuistion et
al., 2014). Complex systems theory enables people to make sense of the world after they experience a stressful situation that challenges their perception of control (Fishman, 2014).

Homelessness occurs between stable and complex situations or relationships to less stable and back again, in a circle that perpetuates recurrent homeless cycles (Somerville, 2013). The experience of a mother who is homeless reveals a lot about her need for support and service provision. Several studies have addressed the experiences of powerlessness and loss that homeless moms suffer. (Tischler et al., 2007). Social institutions are not constructed with mothers' needs in mind, and they typically do not support or value the responsibilities of mothers as they frequently confront obstacles to their independence (Craine Bertsch, 2013). For example, mothers in shelters face childcare challenges and find it difficult to find work. Because most shelters do not provide childcare, moms must determine where their children will be cared for while they work. Despite their strong relationships, shelter rules forbid other mothers from being accountable for others.

Also, findings from the stigma and discredited identities studies call for the regulation of panhandling and other activities linked with homelessness that help some women generate income (Meanwell, 2012). This demonstrates how the system is not geared to accommodate homeless mothers with children. Within the past fifty years, the world has become more complex, with families’ systems feeling the direct influence and impact of these global complexities (Tourish, 2019). The issue of homelessness reverberates as a socio-political concern for many developed and developing nations. Hence, it makes more sense to see homelessness as a complex social problem that needs to be understood from a complex systems theory perspective. These systems are intricate, flexible, self-regulating, and constantly evolving in complexity. With this viewpoint, we must address the inherent interdependence of not only components of a single system, but also parts of other systems (Green & McDermott, 2010).
Therefore, Complex systems theory offers a structure for understanding the properties of an individual’s network of relationships, perceptions, experiential interpretations, and attitudinal components (Fishman, 2014). This approach or theory will help to interpret and describe the experiences of single mothers, policies and practitioners on recent efforts around addressing the complex problem of homelessness. The approach can determine both the capabilities and the limitations of potential solutions to the problem of homelessness as illustrated by Fowler et al.

**Feminist Theory (FT)**

Feminist theory was developed from the standpoint of women, focusing on the social, emotional, biological, and psychological experiences of women and society. Its tenets center on the social world constructed around and experienced by women and applying questions, thoughts, and ideas to improve the social position of women (Van, 2013). Accordingly, feminist theory addresses issues women face in contemporary society and confronts injustices based on gender (Hirudayaraj & Shields, 2019). It is used to investigate the experiences of women in society (Van, 2013). It is known for its commitment to highlighting and challenging oppressive structures, examining the power difference between men and women, ascertaining the power in relationships, and ending oppression through social change (Mirchandani, 2003).

Feminist ideas have often focused on traumas, such as homelessness, that affect women. Being homeless results in a feeling of helplessness and many of the contributing factors are broader, societal structures that create inequalities and make people feel like they have no control in their lives. Feminist theory calls for responses to the trauma of homelessness and its structural causes. This perspective would advocate for building individual power through programs and professional interactions that concentrate on self-determination and mutual relationships (Lewinson et al., 2014). This will improve access to affordable housing and childcare while also
providing techniques for preventing and addressing homelessness caused by systemic inequities that disproportionately affect women.

In one study, feminist theory was used to investigate recurrent episodes of homelessness and how government support is provided to single moms. In order to produce a more accurate picture of women's social lives. Also, the study exposed a gap in past literature, which failed to distinguish between homelessness and recurrent episodes. It identified the precipitating events and specific barriers that cause recurrent homelessness, which include the lack of affordable housing and adequate transportation. Its focus centered on the women’s own knowledge from their daily experiences to secure stronger objectivity in scientific inquiry when illustrating their lives and to reveal power relations. Multiple sources of oppression were found at the intersection of gender, class, and race (Craine Bertsch, 2013).

In addition, it was acknowledged that gender shapes the social realities of women; a naturalistic qualitative interview approach was applied, which is often favored in feminist research (Craine Bertsch, 2013). Women's research is regarded as preventative in the sense that it seeks to uncover disparities in social structures, particularly the family, and to reclaim women's concerns by focusing research on issues of importance to women (Lindsey, 1997). The study was from the 90’s, however, the goal of the study was to incorporate feminist theory and use it in a qualitative study of family stability after homelessness. This study did not look into repeated homelessness of women.

I utilized this theory because it is instrumental in helping to understand the way systems, structures, policies, processes, and cultures respond to homeless families. It provides a unique viewpoint of women with respect to their life experiences. In addition, it is a theoretical framework based on gender differences, gender inequality, gender oppression, and structural oppression and
is well suited for this study on the oppressive nature of homelessness for single female mothers (Van, 2013). It has been noted that several studies relied on one theoretical framework for their analysis which could be a limiting factor in interpreting the causal factors of the problem.

It is proposed that using complex systems theory in conjunction with feminist theory allows for a more comprehensive scope for interpreting the research findings on the causes of homelessness. To further this discourse, consider this issue from a complex systems theory standpoint. A complex system is neither totally sequenced nor totally chaotic, but based on repetitive cycles in which the output from one cycle becomes the input to the next. From this perspective, homelessness is not a social fact that is independent of people’s experience. It is an event or episode experienced by an individual, and illustrated further by those individuals via their diverse relationships to the environment in which they live (Somerville, 2013). This is complex, and reminds us that behaviors, processes and outcomes are intrinsically hard to predict (Tourish, 2019).

Consideration from a feminist theory perspective also offers an expanded view. Feminist theory notes that “knowledge must be grounded in lived experience and that women’s experiences systematically differ from men’s own experiences (Sweet, 2020). Women make meaning for themselves from their social environment (Craine Bertsch, 2013). Explicitly linking both feminist theory and complex systems theory together help to underscore how theorizing from the perspective of recurrent homeless generates more relational explanations of gender-based homelessness.

In conclusion, components of complex systems theory and feminist theory are used in this study to strengthen current research and give voice not only to women but also to aid our understanding of other homeless populations in our society. Although existing research has
explored external mechanisms related to the causes of homelessness among mothers, prior research has not used these two theories to examine the internal mechanisms of recurrent homelessness among women with children.

The following chapter (three) describes the research methodology for the current study, concentrating on research design, data collection, transcribing, coding, analysis of the data and the limitations of the study.
CHAPTER 3

METHODOLOGY

The purpose of this narrative study was to investigate and understand what factors cause recurrent homelessness for single mothers with children in shelters. This study was guided by a broad research question as stated below. Through in-depth interviews with 19 homeless women living in shelters with their children, qualitative data were gathered to explore the following research question: In their view, what factors do chronically homeless single mothers believe contribute to their recurrent homelessness and their return to the shelter with their child(ren)?

This chapter describes the study's research design, participant recruitment and selection criteria, study locations, interview data collection and data analysis methods.

Research Design

The study design utilized an interpretive perspective with qualitative research methods. An interpretive or phenomenological approach was used to explore the homeless mothers' individual, lived experiences (Crewell & Poth, 2018). It is an appropriate method since it outlines the facts of the different experiences mothers with homelessness have had. An interpretive approach allows me to delve into the mothers’ subjective perceptions rather than looking for a single, objective truth that the positivist research paradigm assumes.

The focus of narrative analysis is on the language employed by participants to describe their experiences. In contrast to the view that language is irrelevant, this methodology assumes that language conveys meaning and that how a story is told is as significant as what is said (Esterberg, 2002). This research design employed a narrative methodology to collect mothers' accounts of the events that led up to their homelessness and to highlight their stories in this dissertation by using longer excerpts to amplify their perspectives. The narrative content of this
study consists of first-person accounts of the experiences of these women as suggested by Merriam (2002). This method helps capture these women’s stories and their voices. Using qualitative research methods afforded me the opportunity to speak with participants directly and offered participants the freedom to express their stories in their own words.

Qualitative research methods, such as interviews, are recognized as an appropriate approach to explore more complex social phenomena, and the lived experiences or views of others (Creswell & Poth, 2018; Rosenthal, 2016; Seidman, 2019). Due to the complexity of the topic under study, I felt a qualitative research approach was appropriate for the study. The complex circumstances, causes, and effects that contribute to homelessness include substance abuse, unemployment or underemployment, mental illness, and domestic violence, among others. Therefore, I require a complex and exhaustive understanding of the issue. An interview was useful for identifying the various factors and interrelationships. “Because when people tell stories, they select the details of their experience from their stream of conscience” (Seidman, 2013, p.7). This information can only be obtained through direct interaction with mothers and allowing them to tell their stories. An interview is a conversation-based social interaction (Creswell & Poth, 2018)

Qualitative methods are also helpful for understanding research questions that involved a process, such as factors that contributed to homelessness and repeated homelessness (Merriam, 2002). I was interested in learning more about the phenomenon of recurring homelessness and the process of becoming homeless for different single mothers. Researchers use qualitative methods to understand human behavior and the meaning that individuals gave to their own experiences (Merriam, 2002). It necessitates that I maintain the significance of these mothers' narratives and lived experiences, as well as their interpretations of the experience (Seidman, 2013). Another justification regarding the suitability of using a qualitative approach for this study was that it
enabled me to interact more closely with participants. According to Creswell & Poth (2018), collaboration through dialogue in the context of the interview with participants is useful to gain a thorough understanding of the problem or phenomenon under study and participants’ experiences with the phenomenon.

Interview methods allowed me to obtain the diverse stories of the participants and richer, more in-depth data. Interviews provided an opportunity to probe further into participants' statements, to clarify or ask questions within the context of a face-to-face conversation (Seidman, 2019). Those opportunities are not available in quantitative methods and more indirect data collection methods such as survey methods.

Another reason to use qualitative methods according to Creswell & Poth (2018) is when the researcher wants to study a phenomenon or subjects in a natural environment. In this study, the phenomenon of study are the life experiences that lead to the condition of homelessness for women with children. The participants were recruited from and interviewed in the homeless shelters in which they were residing with their children at the time of the interview.

This study used interviews as the primary method of data collection and analysis. In addition, I wrote field notes after each interview and created reflective research memos. All of these strategies helped me make sense of the interview data, and different participant perspectives and voices were made visible in the findings (Creswell & Poth 2018).

**Participant Sample and Selection Criteria**

This study focused on participants who were single mothers between the ages of 20 to 50 who had been in shelters at least twice with their children and were currently staying in a shelter. The researcher lives in one of the counties included in this study and formerly worked in one of the county shelters. This was beneficial to the study because it allowed me to identify different
county shelters and the target population. It aided in identifying and recruiting 19 single mothers with children in the age range required. Prior to when the interviews were conducted, I worked with five of the nineteen women as a social worker in one of the shelters.

**Recruitment Criteria**

To be eligible for the study, participants had to be at least 20 years of age, be Maryland residents, be single mothers with dependent children, have lived in a shelter, obtained housing, and then returned to a shelter in Maryland, as the study focused on the phenomenon of recurrent homelessness. Participants had to be able to speak English. As part of the recruitment, the researcher sent emails to shelter managers to post in their shelters and visited each shelter to speak about her research to recruit residents for the study.

**Age Requirement**

Based on a review of the relevant literature, it was established that women within a particular age range tend to experience homelessness with children. Somerville (2013) noted that homelessness typically begins during the adult years, from age 20-50 years. It was further noted that this adult span is also associated with a specific set of “risk factors” such as changes in family size, relationship breakdown, and mortgage/rent responsibilities. Furthermore, at 20 years of age or over, a woman could exercise responsibility for a child. In other words, they are legally adults. Many homeless women are pregnant by age 20 or have a child. While at age 50, women may experience menopause, which could cause physical and psychological changes. These responsibilities and changes at different points in a woman’s life could shape their perceptions of how they view their homeless situation and the challenges they have in becoming independent.
Gender Requirement

The literature also revealed that gender was an important variable affecting the different pathways through homelessness (Somerville, 2013). According to one estimate, homeless women make up an estimated 84 percent of individuals in homeless families (Reppond, 2015). Scholars argue that homelessness is predominantly a gendered experience. There are also essential distinctions within the female homeless population, especially between mothers with children and those without children, and between fathers and mothers (Slesnick et al., 2012). For example, most research on homelessness focused on mothers instead of fathers because mothers were significantly more likely to have dependent children in their custody as companions than fathers were when experiencing homelessness. Women were also more likely to be regular shelter users compared to homeless men (Meanwell, 2012). In addition, in one study housing opportunities were denied to single mothers than to single individuals or married couples. In that same study, discrimination against single mothers was more severe than against single fathers based on their status (Lauster & Easterbrook, 2011).

Location of the Study

The study was conducted in Maryland, which is one of the most diversified states in the nation. It shares borders with several states, such as Washington, D.C., Virginia, Delaware, and Pennsylvania. Although it’s one of the smallest states, it remains one of the most populous. Interview data for this study were collected in four out of the twenty counties in the state, which include Baltimore County, Baltimore City, Anne Arundel County, and Howard County. These locations were chosen based on their unique characteristics. For instance, Baltimore County and the city are two of the most populous counties in Maryland. Nonetheless, both counties continue to endure poverty relative to other counties in the state. Howard County is frequently cited for its
affluence and is recognized as one of the richest counties in the state. Anne Arundel County is known for its history and is home to the capital of the state. These countries are known for their diversified economies, histories, education, governments, manufacturing, and health care. Also, they have shelters that operate 24 hours a day, year-round, for homeless people.

During the interviews, I was allowed to use a private office in the shelters in order to interview residents who were willing and consented to be interviewed. This allowed for the interviews to be conducted in a private and confidential space. Prior to starting this research study, I had worked as a case manager in one of the homeless shelters where data were collected. This connection with that particular shelter proved to be beneficial to the research, in that I already had a positive relationship with five of the 19 residents that I interviewed from that shelter. That sense of established trust and rapport helped to make those interviews feel relaxed and friendly for the participants.

**Data Collection**

Approval for this study was received from the Internal Review Board (IRB) at the University of Maine before interviews were conducted. The interviews were conducted between November 2022 to January 2023 with 19 women using a semi-structured interview protocol (see Appendix A). The interviews with each participant ranged between 30 to 55 minutes with an average duration time of 31 minutes. Women were interviewed based on their willingness to participate, their availability at the shelters, and their suitability in meeting the study’s selection criteria as described earlier. At the start of the interviews, participants received a hard copy of the informed consent form that they verbally consented to. The researcher proceeded by asking mothers if they had any questions regarding the study consent form, or interview process. The
interview protocol focused on factors that may cause or contribute to mothers’ initial and recurrent homelessness.

I audio recorded each interview to ensure accuracy and took handwritten notes. Field notes were also written after the interviews to allow for identification of emerging themes, coupled with the audio-taped data, which were used to remind me of factors that may be important during data analysis. In addition to the narrative content, I noted the mothers’ environmental contexts of each interview, participant behaviors, and nonverbal cues that may not be captured solely through the audio-recording. Although field notes were informal, they contained pertinent information for making sense of the data and were kept in a secure file on a private computer along with the audio recordings and digital transcripts.

**Data Preparation, Coding, and Analysis**

The analytic procedures conducted with the interview data will be detailed in this section. These include data transcription, preliminary analysis prior to coding, coding techniques, memoing and fieldnotes, and further analysis. Several procedures were performed prior to coding to arrange and better understand the data. To characterize initial perceptions, the first step was to accurately listen to the audio-taped interviews and transcribe the data. Following that, descriptive field notes were created with written summaries of the contexts, themes, participants, and interview questions to better comprehend the data and begin to think about future coding and interpretation. Notes were taken during each interview and after transcribing the data to make sense of themes and patterns. Later on, analytical memos and tables were created for the analysis.

**Transcribing**

After the recorded interview, I transcribed each interview verbatim using the audio recording before beginning the coding and data analysis process. This ensured an accurate
transcript of each interview and trustworthiness of the data. Once the transcription was complete, I read through it again while listening to the recording and corrected any spelling or other errors. I also anonymized transcripts by de-identifying the data in order to comply with ethical and legal requirements. The procedure included the creation of a key code that assigned each participant a pseudonym to conceal the identities of research participants and locations mentioned in interviews (Heaton, 2022). The post-interview field notes included my impressions, environmental contexts, participant behaviors and nonverbal cues.

Methodologists suggest that in qualitative research and data analysis, it is important to be true to the participants’ own words and views in reporting the findings (Sutton & Austin, 2015). For a narrative study using a feminist perspective, it was imperative that participants' stories of homelessness and individual voices were reported accurately. Starting with verified, verbatim transcripts was the first step in making sure the data represented participants’ statements and voices accurately. As described, my field notes and memos also helped me with initial interpretation of the data.

**Use of Theory for Interpretation**

Selected theoretical perspectives from my review of the research literature influenced how the data were interpreted (Sutton & Austin, 2015). I analyzed the data on recurrent homelessness of single mothers through the lens of feminist and complex system theory. For example, analyzing the data from a feminist standpoint, which focused on marginalized groups and the lived experiences of women in society, allowed the me to examine factors unique to the experiences of women who were homeless (Sutton & Austin, 2015). Some of the codes that I created that relate to prior research on the experience of homeless women are mental health problems, low or lack of income, substance use, housing, eviction, domestic violence, etc. Complex system theory also
provided a framework for understanding the inter-relationship of multiple factors that contributed to homelessness and repeated homelessness. This was incorporated into my code list. For instance, lack of income was coded as not having a job or a stable income; being unable to secure childcare due to a loss of job or low income was coded as a lack of affordable childcare; losing income and being unable to secure housing was coded as a lack of affordable housing, etc. This process helped me to see the complexity of the challenges that women experienced and the multiple factors that combined to precipitate their homelessness. Concepts and variables from these two theoretical perspectives were included in the code list developed by the researcher and also guided data analysis after the data were coded.

**Coding and Data Analysis**

Once all of the interviews were transcribed and verified, I began the process of qualitative coding. The steps outlined below, which were the core elements of qualitative data analysis, were utilized to analyze the data in line with Creswell & Poth's (2018) recommendations. Both inductive and deductive techniques were used for coding and preliminary data analysis. The coding process was also facilitated by my field notes written during and after the interviews to support data interpretation. A preliminary code list was developed by the researcher based on the research question, interview questions, concepts from the research literature (including feminist and complex systems theories), and findings from an earlier pilot study I had conducted. The initial code list allowed for coding data related to initial homelessness separately from subsequent episodes of homelessness and reflected two major categories of factors that contributed to homelessness: personal factors which related to the individual’s own circumstances and societal factors which related to challenges that are associated with broader, more systemic societal problems such as the lack of affordable housing or affordable childcare.
The first three interviews conducted were open coded inductively to allow for additional codes to be added to the preliminary code list. The revised code list was used to deductively code each of the remaining interview transcripts. A few additional codes emerged from coding and were added to the code list. In order to improve the usefulness of the code list, it was necessary to consolidate and condense the final coding categories, particularly as I moved to the next stage of data analysis after the coding was completed.

According to Creswell & Poth (2018), using computer software in qualitative data analysis can facilitate the coding process and the researcher’s ability to easily retrieve the coded excerpts for further analysis. I used the online Dedoose platform for data coding in this study. In addition to organizing the data through the coding process, data analysis also involved comprehending and representing the data more broadly. I used computer tools to analyze the coded data to identify recurring themes, for example, by looking at the coding frequencies and patterns. Then I read through excerpts or coded data code by code to better understand the range of experiences and views shared by the participants. I wrote analytical memos about these codes and my interpretation of the data. Finally, working outside of Dedoose, I also created tables and graphic representations to make sense of the data as a whole. Focusing on core categories of high frequency in the coding was an important strategy for focusing the data analysis for me.

Thematic Coding

Data analysis was guided by Sutton & Austin's (2015) thematic analysis (TA) approach, which allowed me to incorporate the words used by participants for each coding cycle. The process of "theming" involved moving from some of the specific codes to broader, conceptual themes to represent the findings. This process occurred outside the software program. I created tables to capture the broad findings. After the data had been organized into categories for display, I created
a header for sections in the tables (personal and societal factors). Each theme (factors) was followed by a list of the individual codes, initial and subsequent homelessness, and the occurrences as suggested by Sutton & Austin's approach to qualitative data analysis (2015).

Research results needed to be further reduced and synthesized to effectively portray the most frequently mentioned and relevant findings from the study. In writing up the findings related to the major themes, I included representative quotes with the participants' own words and summarized the stories of the participants, making an effort to describe the range of different experiences these women described. Some of the broad categories for coding and data findings included: factors that contributed to initial or recurrent homelessness and personal factors such as mental health challenges, loss of support, loss of income, domestic violence, substance use, budgeting challenges, loss of housing and eviction. Societal factors were: low income and wages, lack of affordable housing, lack of childcare, rental process, eviction policies and lack of transportation. Conceptual mapping was utilized to provide a visual representation of the factors that contributed to participants’ recurrent homelessness and was informed by complex systems theory.

In summarizing the findings, the data narratives included rich and thick descriptions. Table 3.1 shows the preliminary codes that were refined and the final codes Table 3.2 for the personal and societal categories of factors that contributed to homelessness for the participants.
Table 3.1 Final Codelist

<table>
<thead>
<tr>
<th>Coding Group</th>
<th>Individual Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Factors</td>
<td>Mental Health Challenges</td>
</tr>
<tr>
<td></td>
<td>Loss/lack of Support</td>
</tr>
<tr>
<td></td>
<td>Loss Income/Welfare</td>
</tr>
<tr>
<td></td>
<td>Housing &amp; Eviction</td>
</tr>
<tr>
<td></td>
<td>Budgeting Challenges</td>
</tr>
<tr>
<td></td>
<td>Domestic Violence</td>
</tr>
<tr>
<td></td>
<td>Substance Use</td>
</tr>
<tr>
<td>Societal Factors</td>
<td>Low Income/Wage</td>
</tr>
<tr>
<td></td>
<td>Lack of Affordable housing</td>
</tr>
<tr>
<td></td>
<td>Lack of Affordable Childcare</td>
</tr>
<tr>
<td></td>
<td>Eviction Policies</td>
</tr>
<tr>
<td></td>
<td>Rental Process</td>
</tr>
<tr>
<td></td>
<td>Lack of Transportation</td>
</tr>
<tr>
<td></td>
<td>Natural Disasters and Pandemic</td>
</tr>
</tbody>
</table>

Table 3.2 Preliminary Codelist

<table>
<thead>
<tr>
<th>Coding Group</th>
<th>Individual Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Factors</td>
<td>Loss Income/Loss Welfare</td>
</tr>
<tr>
<td></td>
<td>Loss Housing</td>
</tr>
<tr>
<td></td>
<td>Mental Health Problems</td>
</tr>
<tr>
<td></td>
<td>Loss lack of Family Support</td>
</tr>
<tr>
<td></td>
<td>Domestic Violence</td>
</tr>
<tr>
<td>Societal Factors</td>
<td>Affordable housing</td>
</tr>
<tr>
<td></td>
<td>Sufficient wages</td>
</tr>
<tr>
<td></td>
<td>Childcare</td>
</tr>
<tr>
<td></td>
<td>Transportation</td>
</tr>
<tr>
<td></td>
<td>Loss of income</td>
</tr>
<tr>
<td></td>
<td>CPS/Foster care system</td>
</tr>
</tbody>
</table>

**Validation of Findings**

The four general characteristics that contribute to the trustworthiness of qualitative research are credibility, transferability, dependability, and confirmability (Sutton & Austin, 2015). They further state that credibility includes the truth or accuracy of the findings. Merriam's strategies (2002) for strengthening the validity and trustworthiness of qualitative studies also include the
recommendation to ensure the reliability of data analysis and interpretation, as well as to reduce potential researcher bias.

One strategy already described to ensure the accuracy and trustworthiness of the data interpretation was the effort to start with accurate transcripts through audio recording of interviews and validation of transcripts. During the interview with the participants, I sought clarity and did in-the-moment member checking to confirm my understanding of participants’ statements, by asking additional probing and clarifying questions. The transcript was not shared with participants, but a verbal summary was provided to participants at the conclusion of each interview. Notes were taken during the interview and field notes were also written after each interview.

Peer review was another strategy that was used to validate my interpretation of the data. I worked with members of my thesis committee who read through some of the raw data, code list and coding of transcripts to assess if the findings were plausible based on the data. We also discussed multiple aspects of both data collection and analysis steps, including initial coding ideas and preliminary findings. This aided in establishing credibility in representing the findings. Both the member checking strategy and the peer review feedback resulted in code or thematic revisions and aided in clarifying and validating my research interpretation (Sutton & Austin, 2015). These strategies also helped to minimize potential researcher bias and strengthened the validity of the findings.

Summary

This chapter described the research design and methods for this interpretive, narrative study. Specifically, participant selection criteria and recruitment were described. The process of data collection, coding, and analysis were also outlined. Finally, the researcher's role in data collection and interpretation were described, as well as the measures taken throughout the research
process to reduce researcher bias and strengthen the trustworthiness of the findings. Chapter 4
describes the study’s research sample and participants, along with the findings related to the
personal factors that contributed to initial and recurrent homelessness. Chapter 5 describes findings
related to societal factors that contributed to homelessness.
CHAPTER 4

PERSONAL FACTORS CONTRIBUTING TO HOMELESSNESS

This study investigated the broad research question: What factors do homeless single mothers believe contributed to their recurrent homelessness and their return to the shelter with their child(ren)? The findings presented in this chapter and the next draw on interviews with 19 homeless single mothers who live in different shelters in Maryland. This chapter begins with a description of the participants, and then describes the personal factors that contributed to initial and subsequent homelessness for these women. The next chapter will present findings related to societal factors that contributed to their homelessness. In both chapters, extensive quotes are shared to understand the mothers’ stories more fully. Combining a phenomenological and narrative approach in this study, I hope to give more voice to the individual women who described firsthand their own lived experiences.

Description of the Participants

A total of 19 homeless mothers with children were interviewed for this study during the period of November 2022 to January 20023. All of the women were living in homeless shelters at the time of their interview. Some had lived in various city and county shelters in Maryland. In total, women were interviewed from four different shelters from four different counties of Maryland. Eight women were interviewed in Baltimore County, nine in Baltimore City, one in Howard County and one in Anne Arundel County. The women varied by race and ethnicity. There were fourteen African Americans, two Caucasians, one Hispanic American, one woman who identified as Italian/ German and one British/ Irish American. The age of the participants ranged from 26 to 53 with an average age of 32 years. They had all experienced recurrent homelessness an average of two to three times, and all met the study's criteria for participation.
Most mothers had three children, had a high school diploma, were unemployed, and received some kind of government assistance such as food stamps or temporary cash assistance (TCA). The Department of Social Services oversees the food stamp and TCA programs. Some mothers also received social security disability insurance (SSDI) or supplemental security income (SSI). The Social Security Administration oversees both SSI and SSDI, which are disability programs. To preserve confidentiality, the women are referred to by number in this report, and their stories are presented in numerical order. Table 4.1 shares key demographic information about the women interviewed for this study.

Table 4.1 Description of Participant Sample

<table>
<thead>
<tr>
<th>Participant</th>
<th>Race/Ethnicity</th>
<th>Age</th>
<th># Children</th>
<th>Income</th>
<th>Highest Education Level</th>
<th># Times Homeless</th>
<th>Factors for First Time Homelessness</th>
<th>Factors for Subsequent Homelessness</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>British/Irish</td>
<td>48</td>
<td>3</td>
<td>None</td>
<td>Some college</td>
<td>2 times</td>
<td>Eviction</td>
<td>Income/Mental health/Support</td>
</tr>
<tr>
<td>2</td>
<td>Black/American</td>
<td>26</td>
<td>1</td>
<td>TCA</td>
<td>High school</td>
<td>4 times</td>
<td>Eviction</td>
<td>Relationship/Mental health</td>
</tr>
<tr>
<td>3</td>
<td>Black/American</td>
<td>31</td>
<td>3</td>
<td>TCA</td>
<td>Some college</td>
<td>5 times</td>
<td>Poor housing</td>
<td>Support/Mental health</td>
</tr>
</tbody>
</table>
Table 4.2 Cont. Description of Participant Sample

<table>
<thead>
<tr>
<th></th>
<th>Race/</th>
<th>n</th>
<th>Grade</th>
<th>Education</th>
<th>Frequency</th>
<th>Reason</th>
<th>Other Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Black/African</td>
<td>37</td>
<td>5</td>
<td>None</td>
<td>Some college</td>
<td>3 times</td>
<td>Poor housing / Mental health</td>
</tr>
<tr>
<td>5</td>
<td>Black/African</td>
<td>53</td>
<td>2</td>
<td>None</td>
<td>12 grades</td>
<td>2 times</td>
<td>Loss support / Mental health</td>
</tr>
<tr>
<td>6</td>
<td>Black/Hispanic American</td>
<td>26</td>
<td>3</td>
<td>TCA</td>
<td>Some college</td>
<td>Several times</td>
<td>Income / Mental health</td>
</tr>
<tr>
<td>7</td>
<td>Black/African</td>
<td>36</td>
<td>3</td>
<td>TCA</td>
<td>High school</td>
<td>Several times</td>
<td>Domestic violence / Mental health</td>
</tr>
<tr>
<td>8</td>
<td>Black/African</td>
<td>33</td>
<td>2</td>
<td>None</td>
<td>In college</td>
<td>2 times</td>
<td>Unknown Budgeting</td>
</tr>
<tr>
<td>9</td>
<td>Black/African</td>
<td>28</td>
<td>6</td>
<td>SSI</td>
<td>10 grades</td>
<td>2 times</td>
<td>Domestic violence</td>
</tr>
<tr>
<td>10</td>
<td>Black/African</td>
<td>38</td>
<td>3</td>
<td>None</td>
<td>JD</td>
<td>7 times</td>
<td>Landlord/Mental health</td>
</tr>
<tr>
<td>11</td>
<td>Caucasian/African</td>
<td>27</td>
<td>1</td>
<td>None</td>
<td>Some college</td>
<td>2 times</td>
<td>Landlord / eviction / Mental health</td>
</tr>
<tr>
<td></td>
<td>Caucasian/African</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Childcare / Income / Mental health</td>
</tr>
</tbody>
</table>
Table 4.3Cont. Description of Participant Sample

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>12.</td>
<td>Italian/German</td>
<td>32</td>
<td>1</td>
<td>None</td>
<td>Some college</td>
<td>5 times</td>
</tr>
<tr>
<td>13</td>
<td>Black/American</td>
<td>26</td>
<td>1</td>
<td>None</td>
<td>High school</td>
<td>2 times</td>
</tr>
<tr>
<td>14</td>
<td>Black/American</td>
<td>37</td>
<td>5</td>
<td>No Income</td>
<td>High school</td>
<td>4 times</td>
</tr>
<tr>
<td>15</td>
<td>Black/American</td>
<td>28</td>
<td>2</td>
<td>TCA</td>
<td>Some college</td>
<td>6 times</td>
</tr>
<tr>
<td>16</td>
<td>Caucasian/American</td>
<td>47</td>
<td>3</td>
<td>No Income</td>
<td>High school diploma</td>
<td>3 times</td>
</tr>
<tr>
<td>17</td>
<td>Black/American</td>
<td>34</td>
<td>2</td>
<td>TCA</td>
<td>Some college</td>
<td>2 times</td>
</tr>
<tr>
<td>18</td>
<td>Black/American</td>
<td>46</td>
<td>6</td>
<td>No Income</td>
<td>Some college</td>
<td>3 times</td>
</tr>
<tr>
<td>19</td>
<td>Black/American</td>
<td>46</td>
<td>1</td>
<td>No income</td>
<td>High school</td>
<td>2 times</td>
</tr>
</tbody>
</table>

While women shared many similar characteristics, the specifics in their stories of homelessness varied in some ways. Some had been homeless since they were teenagers while others had not experienced homelessness until they were more mature adults with children. Some
lived in the foster care system when they aged out and had nowhere to live. Some had lost their housing and others had lost a family member who died. Table 4.2 and Table 4.3 describe some of the key events and variables in their stories of homelessness.

Table 4.4 Foster Care System and Early Age Homelessness

<table>
<thead>
<tr>
<th>Participant</th>
<th>Foster Care and Early Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Homeless since teenage age. She was in the foster care system. She just had a baby</td>
</tr>
<tr>
<td>3</td>
<td>Chronically homeless since a teenager, she has been on and off the street since she was 14 years old.</td>
</tr>
<tr>
<td>6</td>
<td>Lived in a shelter with her mom. Mom died, and she was too young for a shelter to take her in, continuing in homelessness.</td>
</tr>
<tr>
<td>12</td>
<td>Homeless since teenage years and aged out of foster care system.</td>
</tr>
<tr>
<td>15</td>
<td>She has been homeless intermittently since age 17.</td>
</tr>
</tbody>
</table>

Table 4.5 Key Events in Stories of Homelessness

<table>
<thead>
<tr>
<th>Participant</th>
<th>Key Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Homeless since teenage age. She was in the foster care system and had a baby with no income.</td>
</tr>
<tr>
<td>3</td>
<td>Chronically homeless since a teenager, she has been on and off the street since she was 14 years old. She has a new baby, which has exacerbated her depression.</td>
</tr>
<tr>
<td>4</td>
<td>Her partner got shot and died. He was her support, and her name was not in the lease, so she could not renew her lease.</td>
</tr>
<tr>
<td>5</td>
<td>Widowed, arthritis-stricken, and wheelchair-bound She is grieving for her son-in-law, who got shot.</td>
</tr>
<tr>
<td>6</td>
<td>Her mother died in the shelter where she was raised. She was too young to live in a shelter, and her uncle sexually abused her.</td>
</tr>
<tr>
<td>9</td>
<td>Unstable housing has caused CPS concerns. She's battling custody. Pregnant, and has 2 out of her 6 children in the shelter.</td>
</tr>
<tr>
<td>12</td>
<td>She has been homeless since teenage years and aged out of foster care system. She started using substances at age 11 and struggled with it for a long time. She has a new baby.</td>
</tr>
<tr>
<td>15</td>
<td>She slept in abandoned buildings for years. She has been homeless intermittently since age 17.</td>
</tr>
<tr>
<td>16</td>
<td>Husband died and she has low income to get a place to live. she is in shelter with her son</td>
</tr>
<tr>
<td>18</td>
<td>Homeless due to Hurricane Sandy and partner had kidney failure. She relocate to Maryland from Newyork with no support</td>
</tr>
</tbody>
</table>
Personal Factors Contributing to Initial and Recurrent Homelessness

The factors that women identified as contributing to their initial and recurring experiences of homelessness fell into two broad categories: personal factors related to their individual lives and societal factors that related to broader, systemic factors beyond their own control. While there were some minor differences that will be described, there was a strong similarity in the factors cited for both initial homelessness and subsequent episodes of the mothers’ homelessness.

The personal factors contributing to homelessness will be described in the sections that follow. Broadly, the personal factors these women described fell into seven categories. Personal factors that were highlighted by nearly all or most of the women included: mental health challenges, loss or lack of family support and loss of income. More than a third of the women had experienced eviction from their housing. A quarter of the women described having challenges in managing their personal finances and budget. About one sixth of the women cited domestic violence with a partner or substance abuse as factors leading to their homelessness. Tables 4.4 shows how many times participants mentioned each of these factors in the data coding and Table 4.5 shows the number and percentage of women who cited these factors, broken down by initial experience of homelessness and subsequent episodes of homelessness. Mothers were more willing to discuss their recent or repeated homelessness than their initial homelessness. Some saw initial homelessness as a tragedy they didn’t want to talk about. One mother (participant 8) said she could not remember what led to her initial homelessness as illustrated in the following tables. Therefore, there were far fewer comments about the factors causing initial homelessness than for repeated episodes of homelessness because mothers talked about their repeated episodes and did not discuss their previous episodes.
Table 4.6 Coding Frequency for Personal Factors

<table>
<thead>
<tr>
<th>Timing</th>
<th>Loss/ lack Family Support/ Relationships</th>
<th>Mental/ Physical Health Challenges</th>
<th>Loss of Income</th>
<th>Domestic Violence</th>
<th>Loss of Housing/ Eviction</th>
<th>Personal Budgeting Challenges</th>
<th>Substance Use/ Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>25</td>
<td>8</td>
<td>9</td>
<td>16</td>
<td>7</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Repeated</td>
<td>74</td>
<td>25</td>
<td>24</td>
<td>14</td>
<td>7</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>99</td>
<td>33</td>
<td>33</td>
<td>30</td>
<td>14</td>
<td>12</td>
<td>5</td>
</tr>
</tbody>
</table>

Table 4.7 Number and Percentage of Women Reporting Personal Factors

<table>
<thead>
<tr>
<th>Timing</th>
<th>Mental/ Physical Health Challenges</th>
<th>Loss/lack Family Support/ Relationship</th>
<th>Loss of Income</th>
<th>Housing and Eviction</th>
<th>Budgeting Challenges</th>
<th>Domestic Violence</th>
<th>Substance Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Repeated</td>
<td>15</td>
<td>12</td>
<td>13</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>17</td>
<td>16</td>
<td>15</td>
<td>7</td>
<td>5</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>%</td>
<td>89%</td>
<td>84%</td>
<td>79%</td>
<td>37%</td>
<td>26%</td>
<td>16%</td>
<td>16%</td>
</tr>
</tbody>
</table>

Figure 4.1 below illustrates the complexity, connections, and interrelationships between each factor, as one factor often led to another challenge for these single mothers with children. The diagram shows that mental health, loss of support and loss of income were the major reasons that mothers become homeless, and they connect to other factors that were less common.
In their stories, women described major changes and events that contributed to their homelessness. Yet they continued to experience significant challenges in their lives over time which led to their recurrent homelessness. As mothers, these women faced even greater challenges in trying to care for their children as well as themselves. Many of the women shared similar kinds of challenges, such as loss of housing or loss of income. However, some of the mothers faced more unique kinds of challenge and more complex circumstances. One example is Participant 18, who is a 46-year-old mother with six children. She suffered multiple life changes such as impacts from Sandy hurricane; lost her job because of the hurricane, legal issues, and "went from being in a two-parent household (with spouse) to a one parent household," as evident in her narrative below. Two other stories sharing major life events and a complex intersection of challenges are also highlighted here.

Life changing experience as this is not a situation that you want to be in. I left my previous job on bad terms, and I am currently facing legal proceedings that prevented me from
obtaining housing in New York, so I decided to relocate to Maryland for a new beginning (change and a new start). I used all of my emergency funds and did not properly plan before relocating to Maryland. Being in the shelter is rocky and depressing. I’m working on building myself back up and it is extremely hard. I went from being in a two-parent household (with spouse) to a one parent household and had to take on all of the responsibilities myself, which has been extremely hard and a huge weight on my shoulders. (Participant 18)

I was at a stage, so I just was giving up because I'm like all this stuff just happened like is anything good going to come out of me, so I was thinking like that too, so it, it ties in with a lot, yeah. (Participant 13)

In general, when a lot of people are going through things it can't coincide with each other and whatever issues you have overshadow the next ones and it just keeps going. You know it's too much for people to deal with. Which is understandable, but at the same time, when you're homeless chronically with children too, going from house to house to house to house, that's a lot. (Participant 3)

In the following sections, each of the seven major categories of personal factors that contributed to homelessness is described, along with some representative excerpts from the mothers’ narratives. These mothers' stories and experiences are compelling and distinct from one another, yet there were some common themes. Personal factors are discussed in the order of most common to less common across the participants.

**Mental and Physical Health Challenges**

Most of the women (17, 89%) described having mental and physical health issues prior to becoming homeless. Their homelessness, however, also exacerbated their mental and physical
health issues, which in turn made it more difficult to find a job or stay in a job. In addition, many of the women also described that when their family became homeless, their children also exhibited signs of mental health issues. Furthermore, the women provided substantial insight into the causes of some of their mental and physical health difficulties. About a third (6, 32%) of the women believed their mental health problems were caused by childhood trauma—exposure or emotionally painful events that overwhelmed their ability to cope. Child abuse, homelessness, foster care, parental divorce, and drug abuse were examples of such events they described. The following section highlights three key points about mental health factors revealed by a close examination of the data: mothers' mental health prior to being homeless, increased mental health issues during homelessness and their children's mental health issues.

**Mothers' Health Prior to Being Homeless**

Most of the women (15, 79%) struggled with mental health problems and two (11%) reported physical health issues before becoming homeless. They believed that their mental and physical health problems were a factor in their inability to maintain employment or secure stable housing. The following stories describe mothers' mental and physical health problems.

My mental health didn't start from me being homeless. It started from my childhood and then I guess it got worse as I got older. but it didn't start from me being homeless. It got a little worse by me being homeless, but it wasn’t, to be honest. (Participant 10)

My mental, my mental health played a part too. Because I was at a stage, I just was giving up. Because I'm like all this stuff just happened like is anything good going to come out of me, so I was thinking like that too, so it ties in with a lot, yeah. (Participant 13)

It caused me to lose my job because I kept missing too many days due to my anxiety, I was missing too many days. (Participant 17)
For the two women who described health issues that made it difficult to work, one was disabled and used a wheelchair and the other had a hernia that was not addressed.

**Increased Mental Health Issues While Homeless**

Over half of the women (11, 58%) believed that being homeless made their mental health problems worse. Which contributed to their repeated homelessness because they could not participate in programs such as housing counseling, case management, and job placement that would have enabled them to secure stable housing in shelters. When their time at the shelter was up, they had to leave for another shelter. As shown below, one of the negative impacts of a mother's being homeless was increased mental health problems.

The experience was exhausting. Mentally exhausting. I became more depressed, and I am still seeing two Physicians, a therapist and my primary doctor had to put me on medication because of the fact that it happened twice. (Participant 1)

I was dealing with postpartum depression, postpartum anxiety, and postpartum PTSD because I had a C-section. They never referred me for extra help. All they did was got Authority involved. That's concerning. (Participant 2).

My personal experience again when I first came, I was okay, I went from being okay, to being fine. My room was spotless. Then went from being spotless to being clean, and from clean to being messy. Right now, is messy because I was declining mentally, yeah, I was declining mentally. (Participant 3)

I had PTSD, I have anxiety and I have um chronic depression right now. (Participant 4)

I've been going through depression from being in the shelter. (Participant 8)

It definitely caused a lot of mental breakdowns in my case. (Participant 14)

Being in the shelter is rocky and depressing. (Participant 18)
**Mental Health Problems in Children**

When mothers become homeless, their children's mental health suffered as well. Four mothers (21%) reported changes in their children's emotional and behavioral health after the family became homeless. The statements below describe this negative consequence.

> And I just don't wanna right now being, my kids just suffering the tragedy. (Participant 4)

> We are seeing a therapist, my son and I. My mental health, yeah, really plays a big part in it. Yeah, we were really going through a lot. (Participant 15)

> She, (daughter) you know, behavior wise, she didn't know what was going on. But not only that, it was just like affecting her mentally, physically too. (Participant 13)

> My oldest son…he has separation anxiety. (Participant 17)

**Loss or Lack of Family Support or Relationships**

Most mothers (16, 84%) viewed the loss or lack of family support and relationships as one of the core causes of their repeated homelessness. They believed that if they had had support of any kind or some sort of trusted relationship, they would have been stable. Loss of family support included the death of a family member or spouse who provided financial support and/ or housing, or divorce. While a lack of family support was viewed as a lack of nuclear or extended family support or structure, that includes the foster care system. On the other hand, the loss or lack of relationships was also viewed as an inability to connect socially. The experiences of these mothers show that homelessness can cause psychological isolation, distrust, and disruption of social bonds. The excerpts from the data show the different ways that mothers perceived a loss or lack of family support and relationships and how that challenge contributed to their homelessness.
Loss of Family Support

Loss of family support resulted from the death of a family member or spouse or from divorce. About half (9) of the mothers (47%) described the loss of support caused by their sole providers being killed by gun violence or health problems, loss through divorce, or other issues.

“‘Well, my kids' father we were together for 19 years and he got killed in April, so that's what caused the homelessness. Though he was the Sole Provider and everything like that was in his name. (Participant 4)

My husband passed away. There was financial difficulty as a result of my husband passing away. (Participant 5)

I said family issues, then on top of that my mother passed. (Participant 10)

My father owned the home. He signed documents to have the house remodeled and neglected to read/ understand the documents in its entirety. However, when he passed, I learned that the documents specified that he would no longer be considered the homeowner. (Participant 19)

Lack of Family Support

About half (10, 53%) of the women reported their lack of family support that contributed to their homelessness. One mother grew up in the foster care system with no social bond or relationship with her foster parents, and when she aged out, she became homeless. Two mothers had nuclear and extended family, but the families were not supportive nor extended any sort of help to them.

And then it's like I don't have my own family like my parents. I grew up in the system. So, I can't go to my mother and ask her if I can stay at her house until I get myself back together. (Participant 2)
I came back to the shelter each time because I became homeless, like I said no support. (Participant 9)

I didn't have a lot of support for a long time. Even though I have a big family, I grew up in foster care. So that kind of speaks for itself. I didn't have support. (Participant 12)

Not really. I have a whole lot of family and nobody to open their doors or care for me and my children, no support. (Participant 14)

It's just lack of support not having a good family structure, Participant (15)

**Loss or Lack of Relationships**

Over a third (7, 37%) of the women described the loss of a close relationship, such as a boyfriend or other friend, as contributing to their homelessness when that person was providing some financial or housing support. The women described the end of a close friendship with a male or female friend who was an important part of their lives but was no longer there.

I mean I've been chronically homeless since I was a teenager, I’ve been on and off the street since I was 14. um now my children's father we were together before my first child was born, stayed at his mom's, so I mean in a technical way kind of because she put us out, okay so it's more of a relationship (Participant 3)

Put me out the second day because our girlfriend gave an ultimatum; either me or your sister. So, she picked her, and told me I had to go. (Participant 6)

I was in a relationship with a man for a few years, his father and he was in a really tough spot as well. We both were and he used to live with me, and I guess long story short he never…he made promises, you know, and I pretty much put my trust in him to step it up. (Participant 12)
Loss and Lack of Income

Most of the women (15, 79%) described the loss of income or insufficient income as a major factor causing their homelessness. Losses in income occurred in a variety of ways. Some mothers lost their jobs or government assistance. Income loss from losing employment or job termination, occurred as a result of missing too many days of work due to personal factors such as mental health problems. Loss of income also occurred when a family member left them or died. This section discusses the different reasons for the loss of income and low income that contributed to homelessness.

Loss of Income

About half (9, 47%) of the women described various reasons for a loss of income. They believed that losing their job or any source of income resulted in their financial difficulties and was a major factor that contributed to their homelessness.

I was working but I lost my job” “I actually was going half on the rent but once he...he started working and then it got complicated in the relationship and then I just lost my job because I couldn't go to work. (Participant 10)

Well one of them I was fired falsely because the ceiling had fallen on me and they fired me before I got to or anything like that. And then other than that, I think it was just, I lost. You know yeah, I lost my job at the time I wasn't working and couldn't pay my rent. (Participant 14)

Yeah, and before that I had another job, so I've always worked. It’s just like I said when my husband passed away. I lost his income so then I just couldn't afford anything. (Participant 16)
The main thing was issues that I faced financially as I was no longer able to afford the rent.

(Participant 18)

**Lack of income**

Six women (32%) indicated that they did not have any steady source of income. This included not having a job that would provide income or not being able to secure government assistance. Some representative quotes included the following:

Unfortunately, unemployment has put me on hold as well because at the time of being on the leave of absence I was due to return in September of 2022. I was not able, because my car was repossessed because of no income. I was not, I was paid one time, that's all.

Yeah, June 19th was my last day physically at my work and July 6 was my last paycheck.

(Participant 1)

I don't have a job, I don't have any income, so I don't have pay stubs. So, who's going to rent to me?” (Participant 4)

Lack of money, lack of money, fighting with Social Service, dealing with them, and trying to get extra money. The money that is owed to me because you're supposed to be receiving TCA for my two younger kids and it just, it comes down to a Breaking Point.

(Participant 9)

**Loss of Housing/ Eviction**

More than a third of the women (7, 37%) became homeless after eviction from their homes. Some mothers believed that their housing departure was based on financial reasons, such as inability to pay the rent or mortgage, or due to issues with the type and adequacy of services provided in rental housing services, or due to family disagreements. One 26-year-old mother and her daughter were dependent on their evicted mother. Another mother felt she was not given
enough time to find affordable housing. One mother, who has been a single mother for 29 years, is also a participant in the Maryland Housing Section 8 program, which determines the percentage of her housing payment loss her home by eviction. The statements below shed light on the situation.

When the eviction happened in January of 2020, I didn't get a place until September of 2020. I'm also on the state of Maryland Housing section 8 program. And they get to regulate 40 percent of my salary, of what I'm in charge of and what they pay, and still it was too high, and I could not keep up with the amount that they were asking me my portion to be. (Participant one)

The reason why I initially became homeless is because I got evicted from my apartment. (Participant 2)

Creepy landlords, you know that you're a woman living alone and if you don't have your rent money you know they think that they have power and control to ask you know favors of you and you know it's kind of like blackmail. And just very unclean unsanitary unsafe living environments. (Participant 12)

So, the second time, well honestly, we kept getting evicted from where we were staying at, so it was like financial issues. No, I lived with my mom, and she got evicted. Yeah, I was with my mom pretty much all my life. (Participant 13)

**Personal Budgeting Challenges**

Five women (26%) believed one factor contributing to their homelessness was due to their lack of financial planning. As previously stated, some mothers had jobs or other sources of income before becoming homeless. They believed, however, that if they had knowledge of budgeting and financial literacy, they could have prevented their families from becoming homeless. Financial
budgeting would include the process of planning and managing financial responsibilities. Allocating and identifying available cash flows for required spending is part of this process. The statements made below by some mothers shed light on this issue.

I should have been more financially responsible. (Participant 2)

Like us, a lot of a lot of us in here we have trouble trying to budget our money by us having kids and it's like we need help trying to budget or at least somebody here that can help us they just like need a lot, they need a lot of stuff in this place because they really had no kind of help in here. (Participant 17)

Lack of knowledge pertaining to owning a home, mismanagement of finances (budgeting), and financial literacy. (Participant 19)

**Domestic Violence**

Only three women (16%) indicated that an immediate cause of their homelessness was the result of domestic violence. One mother left her home suddenly because of partner violence and spent money on a motel just to have a roof over her head. This situation further depleted her financial resources. Situations involving domestic violence are reflected in the statements below.

Yes, domestic violence. It most definitely put me in a bind of being homeless because we were staying with his parents, and they didn't like it because he's a drunk and they didn't like the fussing and arguing so me and my children have been homeless for almost two years. (Participant 9)

Well, It's just family and domestic. I had a house, and he was….it in a mess around this relationship and he would destroy the house and stuff like that. (Participant 7)
It's a mixture. There’s a little bit of domestic violence, he wasn’t helping me out with the bills, so once we did divorce everything was left on me, and I ended up here. Participant (15)

Substance Use

Only three of the women (16%) said they had drug use problems before becoming homeless and used drugs as a coping mechanism. According to one mother, she began using drugs at a young age. And she said that she "found solace" in it because she had been subjected to a lot of abuse and trauma as a child. She explained that her use of drugs increased after someone who provided housing kicked her when they had issues in the relationship. Further, substance abuse contributed to homelessness because she missed several days at work and used most of her money to purchase drugs instead of paying rent; as a result, she lost her apartment. The excerpts below shed light on the situation.

So, I started the first time I ever found the drug I was 11 years old and that was one of my foster parents. It was in the home, and I don't, actually you know what…my apologies, it was an older child who introduced it to me first but then I found out that the same thing was in my home and it I was, you know I've been through a lot. I've you know a lot of abuse, a lot of trauma, and I loved it. I felt okay for the first time when I took that drug. So, I started using it and it just progressed and so you know I feel like I never, for a lot of my life I was just in a lot of pain, and I found solace in drugs and it definitely just destroyed my life for a long time. It almost killed me several times when I was younger. (Participant 12)

Yeah, in the past. So, when I got my apartment, I was working a lot at a live casino as a cashier and then we got sick and then I lost the job right before I got my apartment. And
then also in the midst, my mother was supposed to be my babysitter too and I found out she was doing drugs and so that was a big no. So, I didn't have any help and then I found work working from home, but it was through a temp agency. So, once the job ended, I was out of work and then it took long for them to get me into another position and at that point I was already too far behind on everything and then I had sciatica in my back, and I had to be out by November 6th in order to avoid being charged another month. (Participant 11)

For me, yeah, I've got a lot of depression, anxiety, and substance abuse. It made me go towards smoking, you know, try to think that I'll cope but it didn't. (Participant 13)

**Chapter Summary**

This chapter described the personal factors that contributed to initial or subsequent homelessness for nineteen women with children. These women mentioned different personal factors. Which often involved major events or changes in the mothers' personal life circumstances. For many women, one factor or difficulty precipitated another negative factor or loss in ways that created a complex web of challenges. These mothers described the seven categories of personal factors in order of frequency, as including: mental health, loss or lack of support, loss of income, domestic violence, loss of housing or eviction, personal budgeting challenges, and substance use. Overall, mental health problems, a loss or lack of family support and loss of income were the primary factors that led to homelessness for most of the participants in this study.

Both initial and repeated homelessness factors were mentioned as the cause of their homelessness. However, these factors were frequently mentioned in the context of recurrent homelessness. Mothers were more willing to discuss their recent or repeated homelessness than their initial homelessness. Some saw initial homelessness as a tragedy they didn’t want to talk about. One mother (participant 8) said she could not remember what led to her initial homelessness.
The most common factors were mental health challenges, a lack of support and a loss of income. The less common factors cited were substance use, domestic violence, personal budgeting challenges and housing eviction.

Also, the increased challenge of coping with these problems and caring for children in the midst of these significant life difficulties meant that women could not secure their basic needs (income, shelter, safety, etc.). In some cases, women faced several major life events that kept challenging them, (for example, their mental health and their children's mental health), sometimes making it difficult to secure work. There is a complex interaction among some of these factors—a domino effect—as loss of a family member or supporting friend leads to loss of housing; or loss of income leads to loss of housing; or loss of support leads to loss of income or job; and mental challenges lead to loss of employment and income, which then leads to loss of housing.

In the next chapter, the societal factors contributing to the mothers' recurrent homelessness will be discussed.
CHAPTER 5

SOCIETAL FACTORS CONTRIBUTING TO HOMELESSNESS

The previous chapter described the personal factors that contributed to homelessness for the 19 women interviewed for this study. This chapter describes the societal factors contributing to homelessness for this research sample. The societal factors shed light on the multi-faceted and complex issues that mothers face, leading to their repeated homelessness. These factors are significant because they affect mothers' housing situations as well as the quality of life and health for themselves and their children. Among the societal factors cited by participants were low income/ wages, lack of affordable housing, lack of affordable childcare, eviction and housing conditions (not giving enough time to find alternative housing, etc.), rental policies, and lack of transportation. Table 5.1 below describes how often women mentioned these themes in the interviews or coding frequency, and Table 5.2 shows the number and percentage of women who cited these factors as contributing to either their initial homelessness or subsequent homelessness. When describing personal or societal factors, mothers were more inclined to discuss their recent or repeated homelessness than their initial homelessness as illustrated in the following tables. Thus, the number of comments about these factors were fewer for initial experience of homelessness than for repeated episodes of homelessness.

Table 5.1 Coding Frequency for Societal Factors

<table>
<thead>
<tr>
<th>Timing</th>
<th>Low Income/Wage</th>
<th>Lack of Affordable Housing</th>
<th>Lack of Affordable Childcare</th>
<th>Rental Process</th>
<th>Eviction/Housing Conditions</th>
<th>Lack of Transportation</th>
<th>Disaster/Pandemic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>17</td>
<td>12</td>
<td>2</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Repeated</td>
<td>38</td>
<td>34</td>
<td>19</td>
<td>22</td>
<td>12</td>
<td>7</td>
<td>2</td>
</tr>
</tbody>
</table>
Continued Frequency of Coding for Societal Factors

<table>
<thead>
<tr>
<th>Total</th>
<th>55</th>
<th>46</th>
<th>21</th>
<th>22</th>
<th>18</th>
<th>7</th>
<th>3</th>
</tr>
</thead>
</table>

Table 5.2 Number and Percentage of Women Reporting Societal Factors

<table>
<thead>
<tr>
<th>Timing</th>
<th>Low Income/Wage</th>
<th>Lack of Affordable Housing</th>
<th>Lack of Affordable Childcare</th>
<th>Eviction/Housing Conditions</th>
<th>Rental Process</th>
<th>Lack of Transportation</th>
<th>Natural Disaster/Pandemic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Repeated</td>
<td>12</td>
<td>10</td>
<td>8</td>
<td>9</td>
<td>8</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>15</td>
<td>12</td>
<td>10</td>
<td>8</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>%</td>
<td>84%</td>
<td>79%</td>
<td>63%</td>
<td>53%</td>
<td>42%</td>
<td>32%</td>
<td>11%</td>
</tr>
</tbody>
</table>

The complexity, interconnection, and interrelationships between each component of the societal factors contributing to homelessness are depicted in Figure 5.1 below. For these mothers who were raising their children by themselves, one difficulty frequently led to another difficulty, and so on. There is a connection between some of these aspects of societal and aspects of a personal factors. For instance, a poor income or wage, which is a societal factor, is linked to the loss of housing and eviction, which is a personal factor. Additionally, a societal problem such as lack of affordable housing (an inadequate supply of homes that is within a reasonable price range) can lead to the personal experience of eviction or loss of housing. These aspects shed light on the difficulties that moms experience during various iterations of homelessness.
In the following sections, each of the seven major categories of societal factors that contributed to homelessness is described, along with some representative excerpts from the mothers’ narratives. These factors were: low income or wages, a lack of affordable housing, a lack of affordable childcare, eviction/housing conditions, the rental process, a lack of transportation and natural disaster/pandemic. They are discussed in the order of most common to least common across the participants.

**Low Income/Wages**

The majority of mothers believed that income insecurity was the most significant societal factor contributing to their homelessness. They described how their income was too low or insufficient to meet the high cost of living, and often made it impossible for them to meet their rental obligations, resulting in the loss of housing and ultimately homelessness. In terms of societal
factors, sixteen (84%) mothers attributed their homelessness to a loss, lack or low income. They saw their insufficient income as a systematic issue, referring to the way the system is set up. For example, the percentage they pay for housing (government housing) is high in comparison to their wages, leaving them with insufficient funds to meet other basic financial obligations.

They also took income into account as a factor in socioeconomic status (SES), and felt that SES can influence access to resources to rent an apartment. They believed that wages were too low and that living expenses were too high. Natural disasters like Hurricane Sandy, as well as the COVID-19 pandemic, have also contributed to some mothers not having income streams and therefore becoming homeless. The statements that follow shed light on these women's experiences.

The wages are very poor, rising housing costs like I said, lack of income, lack of stability. (Participant 2)

I don't have a job, I don't have any income, so I don't have pay stubs. So, who's going to rent it to me? (Participant 4)

Salary. We get that one check, it's not enough for three people. (Participant 6)

Lack of money, lack of money, fighting with Social Service, dealing with them, and trying to get extra money. The money that is owed to me because you're supposed to be receiving TCA for my two younger kids and it just, it comes down to a Breaking Point. (Participant 9)

Yes, so the first two; poor housing costs and poor salary. I mean you're working for pennies and unless you have a trade, unless you have a skill, unless you have, you know something like that. (Participant 12)

My income was low when the housing is high, Same reasons, housing too expensive and not making enough money. (Participant 16)
I didn't have a job. Lost a job, housing, try to get childcare, low income. well, the first time was me losing my place to COVID but I recently I guess that like the no income not having the income, no childcare because that was the main thing. (Participant 17)

**Lack of Affordable Housing**

More than half of the mothers stated that they were homeless due to high housing costs and a lack of affordable housing. Specifically, fifteen (79%) women blamed their homelessness on a lack of affordable housing and the rising cost of renting a home. According to one mother, Maryland housing is expensive, and wages are low in comparison to her previous home state of New York. Some mothers, on the other hand, were concerned about rising housing costs and the inability to cover them. They believed that rising housing costs consumed a significant portion of their income, leaving them unable to meet not only housing but also other housing responsibilities. Another aspect relates to losing housing due to losing the vouchers. One mother expressed her concern about the state funds after learning that her affordable housing voucher had run out of funds, she couldn't get the help she needed, and she and her children had no other options but to go to the shelter. The following statements shed light on the issue of affordable housing.

The rent was too high, and I needed help with getting the rent lowered or help to catch up. (Participant 1)

All of that because a lot of people, I mean, bump TCA you know that because that doesn't always work these houses are going up and up and up yeah, so that TCA is not even enough to get a place. It's not. That's only one check a month. $800, what am I gonna do with it. (Participant 6)

The rent crisis now, yeah by going up so high, so housing cost yeah, and I feel like now it's super high. (Participant 15)
The main things like the housing situation, like the voucher they had me on, I would have still had my place if that voucher hadn’t run out of funding. (Participant 17)

When I came to Maryland, I found that there’s a low rate of pay and the housing opportunities are expensive, so I am still trying to find the right annual income to afford housing. (Participant 18)

**Lack of Affordable Childcare**

According to the interview data, a majority of mothers (12, 63.2%) blamed their homelessness on childcare issues or lack of access to affordable childcare. Some mothers lost their jobs after missing too many days due to their inability to afford childcare. Some mothers believe that one of the reasons they can't get childcare for their children is a lack of adequate childcare vouchers. Some mothers would prefer to pay for professional childcare, but they are unable to do so, or some daycares do not accept childcare vouchers. Some mothers are afraid of leaving their children because of personal experiences with trauma or abuse. The personal stories that follow shed light on these mothers' struggles with finding affordable childcare.

I want professional ones, somebody that I feel comfortable with. I'm not leaving my kids with anybody, they're very fragile. My kids are very fragile at the moment. They just suffered a traumatic loss. (Participant 4)

The lack of childcare definitely, because like I just got my five-year-old in the school, but I still got a two-year-old, so I don't know, I can go do the vouchers, and do daycare okay. But how is that gonna work with me going to work and picking him up from school and I’m only one person, I don't have everything. (Participant 6)

I personally do not want to put him in daycare. My experiences I've worked in daycares before but also my personal experiences of abuse and things like that I don't trust it. It's a
personal decision of mine, for me and my child. I don't want him to just go into any daycare with strangers. So, you know it's hard. (Participant 12)

No childcare because that was the main thing. I had a problem with the childcare because I missed days of work because I didn't have anybody to watch my kids. (Participant 17)

One of the problems is trying to find childcare while I am working. Trying to maintain two jobs with six children was an issue because I did not have anyone to watch my children. (Participant 18)

**Eviction and Housing Conditions**

Just over half of the mothers (10, 53%) said they became homeless because they were evicted from their homes or had housing problems. Several women mentioned there were problems with lead, mice, mold and cockroaches in their apartments, which led them to feel that their landlord didn't care about them or the homes they lived in. One mother blamed the state and the landlord for her eviction. She believed that the state did not act quickly enough to assist her with her payment and that her landlord also treated her poorly. Another mother believed her landlord was "creepy," attempting to "blackmail" her by exploiting her inability to pay her rent. The following accounts provide insight into the problem.

When the eviction happened in January of 2020, I didn't get a place until September of 2020, because the rent at that time in my place was too expensive with the two children that I had living with me and in that time, it became over my head. (Participant 1)

I have an eviction on my credit from 2017. So, I'm trying to get that off as well. That's another thing that's going to help one if you have an eviction, you have no resource to pay off the eviction. There are no resources that help you get the eviction off of your credit. They say it takes seven years but that's not true my mom's 55 she has an eviction
from 1992 still following her. So, it's like Where is the help. (Participant 3)

The landlord did not want to fix anything, and it was a problem. it was the landlord; the place wasn't not up to standards. (Participant 5)

Yes. with a real landlord not a slum Lord, you know some people be moving in abandoned houses, some people take abandoned houses and give them to people. (Participant 9)

**Rental Policies**

Over a third of the mothers (8, 42%) believed the rental process or policies is a factor in their recurrent homelessness. They believed the rental process was broken and needed to be fixed. Their concerns were also related to a lack of a defined process and support for low-income people to secure affordable housing. Mothers felt the process of renting a place can be daunting and believed others don’t act swiftly enough to help mothers who are at risk of imminent homelessness. Some mothers believed credit scores checking is not a good idea, and application fees and security deposits were too high. The statements that follow shed light on these women's experiences.

And I told them I'm homeless and they don't, I feel like it's so simple, like you could easily print out some apartment applications and give them to me and I'll fill them out or like find the money to pay a money order for the application fee. Because, for apartment applications you got to pay an application fee. I didn't know that. Nobody told me that, and it's just stuff like that, like it's just something so simple that could really help me in a lot of these programs. (Participant 2)

I was in 2018. Well, I didn't get into the shelter I was at. I had actually before I even came into the shelter, I went to the apartment place and got, and signed the contract by my own self. (Participant 7)
They want to check your credit score which tells me more than that, I don't know why they find that so important. I think if I make enough money to pay the rent, that's all they should be worried about. Other places want you to make four or five times what the rent is so if your rent's a thousand dollars they want you to bring home four thousand dollars a month and I think that's ridiculous I think if you can pay the thousand you should be okay and your credit you want you to have a 700-credit score, I mean and that's just hard to keep a good credit score. (Participant 16)

Okay why I came back this time just not having the housing and my husband passing away, landlord selling my house, not having enough time to find another place 30 days is not enough time. They weren’t communicating with me, like I would try to call housing or whatever try to talk to someone I could never get through to nobody. Like I was saying I would leave voicemails, I would send emails like nobody will respond back. (Participant 17)

**Lack of Transportation**

Only three (16%) mothers believed that transportation issues contributed to their homeless situation. Some mothers saw transportation issues as the inability to go to job placement, take their children to school, or go grocery shopping, among other things. One mother believed she was underpaid at work, so she couldn't pay her car loan and her car was repossessed, leaving her unable to get to work. There is a clear link between low earnings and lack of transportation. Mothers relied on their income to pay for car loans or even bus passes. The stories that follow shed light on the subject.

Money. Transportation. Which I do have now. I was actually blessed with a vehicle, but uh yeah Transportation. I couldn't even get to the grocery store you know, so how am I
supposed to get to work and then add childcare? Or just an opportunity to work from home. (Participant 12)

We were not paid, even more we're not paid the whole time I was out, so I lost my vehicle, I lost my house. (Participant 14)

My family was there for only three months, and we all stayed together, they helped a lot. I'm in the city, I'm close to my family I guess but that doesn't really make a difference really, but I just don't like that my kid has to go from here to Baltimore County on the bus early in the morning to go to school. (Participant 8)

**Natural Disasters and Pandemic**

Only two (11%) mothers believed that natural disasters or pandemics such as Hurricane Sandy or COVID-19 issues contributed to their homeless situation. These mothers believed that if these disasters had not occurred, they would not have experienced homelessness. Natural disasters like Hurricane Sandy, as well as the COVID-19 pandemic, have also contributed to some mothers not having income streams and therefore becoming homeless. One mother described the impact of the COVID-19 pandemic on her housing situation:

The housing program was understaffed because we were still going through COVID at that time, and when the property people told me about the unit where I was staying, the owner wanted to either sell it or make the rent go up, and they did not want to renew my lease, My lease was up on August 31st, 202. But then you also have to factor in the time it happened. The first time I was homeless was during COVID, right before the shutdown. Once the shutdown happened, no one could move, no one could find a place. (Participant 1)
Another mother became homeless after hurricane Sandy. She lost her job and then her income, and the incident made her lose her home. One mother described the impact of the hurricane Sandy on her housing situation:

It was natural disaster: hurricane Sandy and loss of income, then relocating and not having family support. I have the ability to do and be whatever I want to be, so I decided to move to start over and move forward without having to repeat. (Participant 18)

Chapter Summary

This chapter elaborated on the seven societal factors that contributed to single mothers' recurrent homelessness. The factors included: loss of income or low wages, a lack of affordable housing, a lack of affordable childcare, eviction and housing conditions, the rental process and a lack of transportation. Together, they illustrate the difficulties that homeless mothers face in their daily lives.

For most of the women (16, 84%), income had a significant impact on whether or not they become homeless. Mothers viewed their low income or wage as socioeconomic and structural factors that could affect their access to resources and services. Most of the mothers (15, 79%) also ascribed their homelessness to a lack of affordable housing and increasing rental costs. They believed that their income was insufficient to cover the rising rental costs. Further, a majority of the women (12, 63%) cited a lack of affordable childcare as significant challenges that contributed to their homelessness, for example by making it difficult to work and earn income.

Some mothers attributed their homelessness to eviction for various reasons, such as the landlord evicting them for personal reasons, because they were behind on rent or because of the type of housing they rented. For some mothers, the rental process can be overwhelming because the rental agency asks for too many documents, fees, and security deposits, discouraging them
from renting a place. For mothers seeking housing vouchers, they believe the state is slow to act, putting them at increased risk of losing their housing. Three mothers (16%) believed transportation issues contributed to their homelessness because they were unable to go to job placement. One mother referenced the natural of Hurricane Sandy and another mother talked about the COVID-19 pandemic as the core causes of their homelessness.

In conclusion, there are similarities in the ways that these women encountered challenges from both societal and personal factors; one challenge or factor sparked another negative factor. The frequency with which the societal factors were mentioned is an additional similarity. The causes of initial and repeated homelessness were discussed. However, these factors were frequently cited in conjunction with repeated homelessness. When describing personal or societal factors, mothers were more inclined to discuss their recent or repeated homelessness than their initial homelessness.

In the next chapter, the broader themes and findings from this study will be summarized, and the findings will be discussed with connections to the research literature and with the lens of feminist theory and complex system theory. Additionally, the implications and recommendations for future research and policy will be discussed.
CHAPTER 6
DISCUSSION OF FINDINGS AND CONCLUSION

I will summarize my findings, provide implications for practice, make recommendations for future research, discuss limitations of the study, and draw a conclusion in this chapter. I will discuss the findings of this study in connection with my research question and previous research on chronic homelessness. The key findings of Chapters 4 and 5 will be briefly summarized and then explored with an emphasis on identifying the factors that cause single moms to experience repeated homelessness with children. A theoretical framework that incorporates both complex systems theory and feminist theory will be used to examine the patterns that emerged from the data. Finally, suggestions for future research and implications for policy and practice will be discussed.

The goal of this narrative study's goal was to learn more about the variables that lead single mothers to experience repeated homelessness. The following is the broad research question that served as the premise for this study was the following: In their view, what factors do chronically homeless single mothers believe contribute to their recurrent homelessness and their return to the shelter with their child(ren)? In order to answer the question, I interviewed nineteen homeless women living in shelters with their children in Maryland during the year 2022–2023. Through in-depth interviews with these women, qualitative data were gathered, and transcripts were analyzed using an interpretive approach and a narrative methodology to explore how the women experienced the phenomenon of homelessness.
Review of Broad Findings

In the fourth chapter, the personal factors that contributed to the initial and recurrent homelessness of 19 women with children were outlined. Different personal variables, which frequently involved significant life events or changes, were discussed. For many women, one factor or difficulty triggered another negative factor or loss, thereby forming a complex web of obstacles that ultimately led to homelessness. In order of frequency, there were seven categories of personal factors, including: mental health, loss of social support, loss of income, domestic violence, loss of housing or eviction, budgeting difficulties, and substance abuse.

The primary causes of homelessness for the majority of this study's participants were mental health issues, loss or lack of family support, and loss of income. These women cited similar factors as causing their initial and recurrent homelessness. These factors were frequently cited in conjunction with chronic homelessness. Mothers were more inclined to discuss their current homelessness than their initial experience of homelessness. Some viewed initial homelessness as a painful memory or calamity they did not wish to discuss.

As described in Chapter 4, it was also observed that there was a complex interaction between some of these factors, which acted like a domino effect, leading to homelessness. In this thesis, the fifth chapter described the societal factors that contributed to the recurrent homelessness of the mothers. Loss of income or low wages, lack of affordable housing, lack of affordable childcare, eviction, housing conditions, the rental process, and lack of transportation were among the societal factors. A natural disaster or the COVID-19 pandemic were also mentioned as factors by two women. These factors illustrate the challenges homeless mothers confront on a daily basis. For the majority of women, income had a substantial impact on whether or not they became homeless. Mothers perceived low wages or income as a socioeconomic and structural factor that
restricted their access to resources and services. Additionally, some mothers attributed their homelessness to a dearth of affordable housing and rising rent prices. They believed that their income was inadequate to cover the increasing rent. In addition, women cited a lack of affordable childcare as a significant obstacle that contributed to their homelessness, by making it difficult for them to work and earn an income. While some mothers associated their homelessness with eviction, other mothers were discouraged from renting a home because the rental agency required too many documents, fees, and security deposits, making the rental process burdensome. For mothers pursuing housing vouchers, they believed the state was slow to act, increasing their risk of homelessness. A few of the mothers believed that their inability to obtain job placement due to transportation issues contributed to their homelessness.

There were similar patterns in the ways in which these women faced challenges posed by both societal and personal factors; one challenge or factor led to the emergence of another negative factor. The frequency with which societal factors were mentioned was a further point of similarity. The causes of initial homelessness mentioned by mothers were also frequently associated with repeated homelessness. As stated earlier, when discussing personal or societal factors, mothers tended to focus on their recent or recurrent homelessness rather than their initial experience of homelessness.

Many of this study's findings are similar to those of prior studies on chronic homelessness and the factors that contribute to it, which will be examined in this chapter. This study, however, reveals some gaps in our understanding of repeated homelessness. This chapter will also explore discrepancies with the prior literature.
Connections with Prior Research

As previously noted, the findings of this study show both similarities and differences with existing research on homelessness. There has been an increase in the use of administrative data from shelters to investigate homelessness in recent years (Chen et al., 2021). The vast majority of chronic homelessness research has been conducted quantitatively using administrative data. Various studies draw data from sources that may or may not have complete information on homeless people. Both the US Homelessness Management Information Systems (HMIS), and the Economic Social Development Canadian (ESDC) databases do not gather qualitative experiences from homeless individuals surveyed. These databases are made up of information from other sources. Errors could occur in these systems that rely on quantitative data collected by shelter personnel if the data entered is not accurate or complete. This can lead to sampling bias (Chen et al., 2021). By contrast, this study used an interpretive approach with qualitative data collected directly from in-depth interviews with homeless individuals, probing the events of their lives leading to homelessness. The hope was to gain not only more complete information about the causes of homelessness, but also to hear the voices of the homeless women and how they understand the events that led to their experiences. This methodological choice is a departure from most of the prior studies which used quantitative methods such as surveys or institutional data.

Given the focus of this qualitative study on chronic homelessness, the findings correlate with broader patterns reported in prior literature while also highlighting additional potential areas of behavior, structures, and experiences unique to this population. Several specific findings from this study will be reviewed in connection with past research on the causes or factors, and negative impacts of homelessness for single moms and their children will be discussed in the following section.
Causes of Homelessness

The causes of homelessness that were described in the literature review in Chapter 2 were similar to this study’s findings. Previous research identified several factors that contribute to homelessness, including structural factors including poverty, lack of affordable housing, and unemployment, and personal factors such as physical and medical health issues, substance abuse, domestic violence, and mental and physical health issues contributing to homelessness. All of these factors were identified by the women in this study as well. However, the women also described some additional factors which contributed to their homelessness that included personal factors such as budgeting challenges and societal factors that included rental policies and processes. These personal or societal factors I found in this study have not been highlighted much in prior research and will be discussed in more detail in the below section below on findings that contrast with prior research. As many of the same factors causing initial homelessness were also found in this study to contribute to repeated homelessness, these factors will be described in more detail in the section below. Areas where the study’s findings agree with or extend prior research findings will be discussed.

The women who participated in this study universally reported major changes and events that contributed to their homelessness, similar to prior research. They believed that their continuous experience of significant challenges in their lives over time was the cause of their homelessness. It has been argued before that there are numerous paths that lead to and keep people homeless (Wallace et al., 2014).
Causes of Repeated Homelessness

The emergent themes from this study that mothers shared related to factors causing homelessness or repeated homelessness were divided into two broad categories—personal and societal factors. While prior research indicated some interconnections exist between these different factors, this study elaborates the complexity of those interrelationships in more detail. The most frequent themes for personal factors were mental and physical health issues, loss or lack of family support, and loss of income. The most frequent themes for societal factors were low income or wages, a lack of affordable housing, and a lack of affordable childcare. Both the personal and societal factors contributing to homelessness in this study were similar to previous studies. However, some additional factors emerged in this study that will be described again here: Personal budgeting challenges and rental process or policies which is a societal factor.

Figure 6.1 Personal and Societal Factors of Homelessness.
Personal factors that were highlighted by nearly all or most of the women shown above included mental health, loss of support, and loss of income. These were the major reasons that mothers become homeless, and they connected to other factors that were less common. This will be discussed in connection with prior studies. In this study, about 90 percent of the women in the current study described having mental and physical health issues prior to becoming homeless. Their homelessness, however, also exacerbated their mental and physical health issues, which in turn made it more difficult to find a job or stay in a job. Prior research also suggests that people suffering from severe and persistent mental health issues are more likely to experience repeated and prolonged homelessness than other groups experiencing homelessness (Piat et al., 2015). In addition, many of the women also described that when their family became homeless, their children also exhibited signs of mental health issues, which was similar to prior research. As stated by Guo et al. (2016), homeless children often show symptoms of mental health, emotional, and behavioral disorders. Women reported their children's emotional and behavioral health became worse after the family became homeless in the current study.

Furthermore, the women in this study provided substantial insight into the causes of some of their mental and physical health difficulties. The women believed their mental health problems were caused by childhood trauma—exposure or emotionally painful events that overwhelmed their ability to cope. Child abuse, homelessness, foster care, parental divorce, and drug abuse were examples of such events they described, which are in line with prior studies. This study revealed that several of the women viewed a lack of support from family and friends as a main factor that caused their homelessness. For example, most mothers (84%) viewed the loss or lack of family support and relationships as one of the core causes of their repeated homelessness. They believed that if they had had support of any kind or some sort of trusted relationship, they would have been
stable. Loss of family support included the death of a family member or spouse who provided financial support and/or housing, or divorce. While a lack of family support was viewed as a lack of nuclear or extended family support or structure, that includes the foster care system.

While prior research on the causes of homelessness does not emphasize the loss of social support as a major factor, there is some discussion of this in the literature. At least one study noted that, “episodes of homelessness result in individual and social consequences, which are commonly detrimental to an individual’s well-being and negatively affect social interactions within the community” (Nooe & Patterson, 2010, p. 105). For many of the women in the current study, the loss or lack of relationships was also viewed as an inability to connect socially. The experiences of these mothers show that homelessness can cause psychological isolation, distrust, and disruption of social bonds.

Homelessness produced a psychological sense of isolation, distrust, and interference with social bonds, which is similar to findings in some prior studies (Goodman et al., 1991). Mothers in this study also reported domestic violence as a traumatic stressor that led to their repeated homelessness. They believed it was one of their main causes of homelessness and produced traumatizing stress. Other research study findings indicate that homeless individuals who seek to stay at shelters are more likely to have been physically abused compared to those who do not seek shelter (Perez-Trujillo & Quintane, 2016; 2017). Traumatic stressors, such as homelessness, can affect an individual’s entire lifespan, especially when the individual internalizes such an experience. Homelessness is a traumatic experience, and studies have suggested that multiple traumatic events may increase the level of traumatic stress among people (Williams & Hall, 2009).

The homeless women interviewed for this study described alcohol and drug use as factors contributing to their homelessness. In some cases, it led to other factors, such as the loss of income.
However, substance misuse also developed or worsened as a result of other factors, such as domestic abuse, childhood trauma or homelessness. Some mothers had drug use problems before becoming homeless and used drugs as a coping mechanism. According to one mother, she began using drugs at a young age. And she said that she "found solace" in it because she had been subjected to a lot of abuse and trauma as a child, as stated earlier. Another mother explained that her use of drugs increased after someone who provided housing kicked her out of the house when they had issues in their relationship. Drug use further contributed to her homelessness because she missed several days at work and used most of her money to purchase drugs instead of paying rent; as a result, she lost her apartment. Prior research has found that homeless mothers are more likely to have alcohol or drug use problems compared to homeless women without dependent children (Guo et al., 2016). It was established that homeless mothers reported substance abuse problems at intake, while some mothers reported using drugs within one year of the assessment and selling drugs within the same period (Dashora et al., 2012).

In both personal and societal factors, women highlighted insufficient income as being the most often cited factor leading to homelessness in the current study. Mothers also viewed their insufficient income as a systemic issue, referring to the way the system is set up, which is similar to prior studies. In the literature, structural factors such as low wages, poverty, and inequalities are some of the core causes of homelessness (Reppond, 2015). The majority of the mothers in the current study viewed income as having socioeconomic and structural significance that could affect their access to resources and services. The lack of sufficient income included the loss of jobs or government assistance, loss of employment, or job termination due to economic instability or a result of missing too many days of work due to personal factors such as mental health problems or lack of childcare or transportation. Also, mothers believed that their income was insufficient to
cover the rising rental costs, which means low wages led to eviction and then to homelessness. Overall, insufficient income or a loss of income was a major cause of homelessness, similar to prior studies.

In the current study, some of the societal factors, as stated earlier in Chapter 5, were similar to those in prior studies. However, some of the mothers faced more unique kinds of major life events and a complex intersection of challenges. While there are similarities in the factors identified by women that contributed to their recurrent homelessness, there were differences in the manner in which they were presented by the participants. The next section will discuss the current study’s new findings that were not identified or emphasized in prior research on factors contributing to homelessness.

**Findings that Contrast with Prior Studies**

The unique ways these 19 women viewed and described their challenges make this study rich and also fill some gaps in previous studies on the factors that cause repeated homelessness. There are two new insights that were not mentioned in the research literature. These factors are: budget challenges, described in Chapter 4 as a personal factor contributing to homelessness, and challenges with the housing rental process and natural disaster/pandemic, which I described in Chapter 5 as a societal factor. The figure below shows the insights of the two new factors revealed by this study. This study found that rather than a single issue, multiple interrelated factors contribute to women's recurrent homelessness. Personal and societal elements are included in this list.
Some mothers believed one factor contributing to their homelessness was their lack of financial planning. About 26% of the women in this study said that their budget challenges were one of the reasons they became homeless. They believed that if they had knowledge of budgeting and financial literacy, including the process of allocating and identifying available cash flows for required spending, that would have prevented their families from becoming homeless.

The second new insight from this study is that the rental process or policies of renting a place or apartment, which falls under the category of societal factors, also contributed to homelessness and repeated homelessness. These women believed the rental process was broken and needed to be fixed. And they believed credit score checking was not a good idea, and application fees and security deposits were also ways to keep people homeless. They also believed the process of renting a place could be daunting because the system doesn't assist them when they need immediate help to avoid becoming homeless.
The third new insight is that either a natural disaster or pandemic, which are also societal forces beyond the control of these women, can lead to homelessness. Two mothers (11%) said they would not have been homeless if either Hurricane Sandy or COVID-19 had not occurred. It was a life-changing experience for these mothers.

In prior research, the interplay between structural variables and personal factors as repeated homelessness risk factors is less clear (Craine Bertsch, 2013). In addition, the terms societal and personal were not used in prior studies to differentiate the factors. Instead, prior studies referred to any contributing factors as “structural.” However, this study sought to differentiate between these two categories of variables more clearly to better understand women's experiences of repeated homelessness. This study revealed that repeated homelessness among women is due to both personal and societal factors, and multiple, interrelated factors, rather than just one single factor.

In addition, this study looked at homelessness using two theoretical perspectives and explained these women’s experiences through the lens of complex systems and feminist theory. The relevance of these two theories for understanding this study’s findings will be discussed in the next section.

**Theoretical Perspectives for Understanding Repeated Homelessness**

This study is framed by two interrelated theoretical perspectives, specifically the complex systems theory and feminist theory. The first theory helps us to understand the complexity of factors contributing to homelessness and the second perspective helps to highlight the unique challenges of women's experiences leading to repeated homelessness. It has been noted that several studies relied on one theoretical framework for their analysis, which could be a limiting factor in interpreting the causal factors of the problem. Homelessness has numerous causes which differ across different individuals, and hence requires a multi-faceted approach to understand this
phenomenon. Using complex systems theory in conjunction with feminist theory allows for a more comprehensive scope for interpreting the study’s findings on repeated homelessness. Components of complex systems theory and feminist theory utilized in current research strengthen this research and give voice not only to women but may also aid our understanding of other homeless populations in our society.

Although existing research has explored external mechanisms related to the causes of homelessness among mothers, few have included a theoretical lens that is gender-based to understand this social problem. However, Somerville’s study (2013) examined the effects of poverty and access to housing in relation to the problem of homelessness, using the complex systems theory. That study showed homeless individuals moved from stable to more complex situations, and that women often returned to a state of homelessness. Another study (Craine Bertsch, 2013) used feminist theory to investigate recurrent episodes of homelessness and on how government support is provided to single moms. In order to create a more accurate picture of women's social lives. Also, the study exposed a gap in past literature, which failed to distinguish between homelessness and recurrent episodes. It is worth noting that very little is written about these two theories as related to the societal and personal mechanisms of recurrent homelessness among single women with children. And no prior studies have used both theories to examine the causes of homelessness. By explicitly linking both feminist and complex theories together, it helped to underscore how theorizing from the perspective of recurrent homelessness will generate more relational explanations of gender-based homelessness.

Applying complex systems theory to this current study as a way to better understand the findings related to factoring causing repeated homelessness, I identified several systems that contribute to the complexity of recurrent homelessness of mothers. These systems are as follows:
societal structures which include values and stereotypes, social welfare system, housing policies and practices, income instability, childcare/welfare and mental health. Societal structures have been well documented as built to disenfranchise women and in particular, women at the lower socio-economic levels (Craine Bertsch, 2013). In addition, from the narratives shared we learned that interactions with the social welfare system provided less than optimal services for those with children. The social welfare and shelter laws that governed the lives of these women and children, frequently thwarted their efforts to acquire independence.

It was identified from the literature review in this study that the housing authority lacked a defined process and of support for low-income people to secure affordable housing. Rising housing costs consumed a significant portion of their income, leaving them unable to meet not only housing but also other housing responsibilities. These housing issues were directly tied to systemic problems with income stability. Instability in income has been generally found to be tied to the societal disenfranchisement of women in work opportunities and wage earning (Sharam & Hulse, 2014). For women who have experienced recurrent homelessness, they had to leverage programs and resources to get employed and obtain lease rental, transitional or permanent housing. Despite these maneuvers women still found this inadequate and returned to the shelter. Some mothers lost their jobs after missing too many days due to their inability to afford childcare. Some mothers believe that one of the reasons they can't get childcare for their children is a lack of adequate childcare vouchers. Further, findings indicate that homeless families, especially children, are not routinely offered health services by various programs (Curtis et al., 2013). Those who are willing to manage their health care have difficulties finding physicians due to reimbursement complexities with insurance such as medical assistance (Medicaid, Medicare) (Reilly et al., 2019). Indicating again, the lack of understanding of the real
issues these women were facing and the interrelation and correlation of the systems that they were encountering.

The figures in Chapters 4 and 5 show the complexity, interconnection, and interrelationships between each variable of the societal factors and personal factors contributing to homelessness or repeated homelessness. For these women who were raising their children by themselves, one difficulty frequently led to another difficulty, and so on. Both figures show that complex systems are neither totally sequenced nor totally chaotic, and unpredictable, they are repetitive cycles and patterns in which the output from one cycle becomes the input to the next. From this perspective, homelessness is not a social fact that is independent of people’s experiences. It is an event or episode experienced by an individual, and illustrated further by those individuals' diverse relationships to the environment in which they live (Somerville, 2013). The behaviors, processes, and outcomes are intrinsically hard to predict. Because these women have to connect and interact with all these systems at the same time. This creates incredible strain and stress for these women and their children (Tourish, 2019). These women encountered competing supports and strains that had a negative impact on their stability, which was symbolized by cycles of stability and instability in their lives. The demand for homeless aid is brought on by the necessity for shelter when stresses outweigh available resources. One of the largest roadblocks to aiding homeless single mothers is the lack of established collaborative networks to do so. How well the system functions in practice is intimately related to the rules set up for allocating resources (Fowler et al., 2014).

From this standpoint, it is important to understand the role of the system such as societal structure, which includes the way resources are distributed, jobs, income social services benefits, housing vouchers, childcare vouchers, etc., and how it is connected to the complexity of these
women’s homelessness experiences. These narratives of the mothers revealed that social structures were not designed with their needs in mind and frequently did not support or value the mothers' roles. They were frequently presented with challenges to their independence (Craine Bertsch, 2013). The findings show these women's experienced significant struggles to constantly find stability for their children, revealing that recurrent episodes of homelessness need special attention as they continue to be a human rights problem as well as a public health crisis. It was also discovered that homelessness happens between stable and complex situations or relationships, which progress to be less stable, and then back again, in a pattern that provides a repeated homelessness crisis (Somerville, 2013). For example, take into account the following statements of one of the women:

In general, when a lot of people are going through things it can coincide with each other and whatever issues you have overshadow the next ones and it just keeps going. You know it’s too much for people to deal with. Which is understandable, but at the same time, when you're homeless, chronically with children too, going from house to house to house to house, that's a lot. (Participant 3)

This shows that the complexity of some mothers' life changes are uniquely different from other mothers. It also shows how the system has failed them and made it complex for them to recover from homelessness. For example, one new finding in this study revealed that the rental process and policies as systemic factors were beyond the women’s own control. Some mothers believed the rental process or policies were a factor in their recurrent homelessness. They believed the rental process, which includes checking credit scores, application fees, and security deposits, was too expensive, and support for low-income people to secure affordable housing was broken and needed to be fixed. They believed the system was set up to keep mothers homeless.
The complexity of homelessness is also revealed by the fact that research on this topic includes variety and diversity among low-income women of all races and ethnicities. Also, the fact that these women have been homeless more than once shows how their personal lives have changed and the complexity of this social problem. These women mentioned different personal factors, which often involved major events or changes in their personal life circumstances.

Using a complex systems theoretical lens in this study is helpful for understanding a social phenomenon that occurs when various systems interact and evolve in both linear or predictable as well as nonlinear and unpredicted ways. Consequently, it is essential to recognize that the repeated homelessness of women is of a complex nature. Thus, society’s efforts to address and reduce homelessness need to become more complex or nuanced (Green, & McDermott, 2010).

Feminist theory also offers an expanded view that provides insight into the challenges that disadvantaged women face in maintaining stable households over time. Homeless women are particularly vulnerable to lifetime trauma and victimization, which result in a sense of powerlessness as a result of oppressive structures in society (Lewinson et al., 2014). As earlier stated, one of feminist theory's defining features is an acknowledgement of the influence that gender has on many aspects of women's everyday lives in society. Women are known to be responsible for their children. My research sheds light on the commitment of these women to their families, as well as their desire to work, which were fundamental to the meaning and purpose of their everyday lives. Individuals make their own meaning of their lives from their social environment (Craine Bertsch, 2013). In contrast to the majority of past studies of homelessness, which primarily relied on quantitative data, the personal narratives of these 19 women and the meanings they ascribed to their experiences provide valuable insight into their identities. The significance of the women's perspectives showed that they viewed their repeated homelessness as
a real and traumatic experience, not simply as a statistic or theory. In addition to being responsible for themselves, these women were all responsible for the safety, education, medical and psychosocial needs of their children.

Feminist theory notes that "knowledge must be grounded in lived experience and that women’s experiences systematically differ from men’s own experiences (Sweet, 2020). Feminist theory can also help to expose the gaps in programs and services given to homeless men compared to women. The account of one woman sheds more light on the issues women face every day and the perception that there is gender inequity in the supports for homeless individuals.

It's more help for single men than a single mothers okay. I met a fellow who got out of prison in February. He had a [housing] voucher by that March, he had his place by that April, he had a car. But single mothers who've been here for two years have absolutely nothing so it's just like, you know, I touch on things a lot of people don't speak on. It's like the help is not for families. They're trying to really keep families apart in the lower scales of society because there is no help. (Participant 3)

Women in this study expressed dissatisfaction with the system providing more or the same services and programs for men compared to women with children. And they believed such approaches are a recipe for repeated homelessness. The experiences of women in this study were captured in a holistic way, through their narrative stories, and feminist theory is useful for understanding these women’s unique lives (Mason, 1997).

The findings in this study also highlight certain attributes of the homeless women who were interviewed, such as their individual resiliency, dedication, and values (Craine Bertsch, 2013). These characteristics reflect the ways they demonstrated individual agency or power to control their lives to some extent. In respect to their resilience, my study revealed that the women's
daily routines demonstrated their resilience in their efforts to provide stability and housing for their children. Women are known to be the primary caregivers and responsible for the day-to-day activities of their children. Childcare issues are ostensibly the core issues women face throughout their daily lives. As stated in Chapter 5, more than half of the women blamed their homelessness on childcare issues or a lack of access to affordable childcare. Some mothers lost their jobs after missing too many days due to their inability to afford childcare. Some mothers believed that one of the reasons they can't get childcare for their children is a lack of adequate childcare vouchers, and some daycares do not accept childcare vouchers, making it difficult for them to work.

The women in this study understood they were responsible for their children, and that they needed to exert tenacity and consistency to deal with whatever life threw their way. For example, consider one mother's account:

And consistency. Stability that is consistent just for a little period of time and then having it, that’s why most of the time I don't even unpack my things. I don't unpack my things because I know it's temporary. I know that I'm gonna wind up having to move somewhere else and move to another place, until I do get housing, or I do get some type of help, because this is no way. (Participant 6)

The increased challenge of coping with these problems and caring for children in the midst of these significant life difficulties showed great tenacity and the need for stability that mothers desire in their everyday lives.

In this study, women’s resilience and tenacity to provide for their children was a recurring theme. The study also revealed the dedication women showed towards their children in order to secure housing and stability, even in difficult or challenging situations such as homelessness. It also demonstrated they valued their commitment to their family, and that being mothers gave them
a source of inspiration or motivation that reinforced their resilience in the face of significant challenges.

**Limitations of the Study**

As stated earlier, Maryland has twenty-three countries, but only four counties were represented in this study. The state operates a variety of emergency shelters that are available 365 days a year for people who are homeless. It is possible that women in other shelters might have shared somewhat different experiences and views than my study sample.

As with all research that depends on voluntary participation or self-selection to participate, it is possible that women who did not participate may have some other views not represented in this study’s findings. Thus, the findings from this study may not reflect the whole range of experiences leading to homelessness for the population of single mothers as a whole. Interviews rely on people recounting their own experiences honestly and accurately in the presence of another person, which may influence what they choose to share and how they express it. However, as explained in Chapter 3, several measures were taken to improve the trustworthiness of the study and minimize bias. My committee's feedback on the interview outcomes, data, analysis, and interpretation was invaluable throughout the research process. Furthermore, during the interviews, my interpretations of the data were cross-checked with participants. My background in social work further enabled me to delve deeper into women's experiences of repeated homelessness.

A total of 19 mothers were selected and interviewed for the study. Qualitative, interview studies typically have somewhat small samples. However, this sample was larger than the samples in prior qualitative studies and was sufficiently large to allow for a range of different ages, experiences and factors across the participants. No attempt was made to interview a certain percentage of mothers at particular shelters. Rather, participation depended on the interest and
availability of the residents at each shelter. One shelter was a large family emergency shelter that housed families with a total of 125 beds. However, a relatively small number of participants, seven of the nineteen, were interviewed from that shelter, which may not have been sufficiently representative of the entire population in the shelter.

**Implications and Recommendations**

The implications of the study's findings, as well as suggestions for further research and improvements in social worker practice and policy in Maryland, will be examined in the following sections. While this study's data are limited to the geographical area of Maryland, the findings suggest several possibilities for future research, including social work practice and state approaches to policies on recurrent homelessness among women with children.

**Implications for Social Work Practice**

Homelessness is yet to be fully understood by the public, policymakers and researchers, and the unique experiences of mothers are also not completely understood. Social workers that are employed in social agencies such as non-governmental organizations, shelters, and across the globe should advocate for programs in shelters that will help mothers connect to services. The social work profession is dedicated to the values of human dignity, personal autonomy, self-realization, and self-determination. These are the areas where women and their families are severely damaged because people have not come to embrace or understand the social issues experienced by these mothers and their children.

In this study, mothers expressed the need for qualified and easily accessible mental health counseling. These women frequently struggled with the detrimental effects of homelessness, leading to increased mental health problems and the use of substances. The current homeless situation and pressures, income deficiency, historical trauma, and loss or lack of support...
experienced by these women all had a negative effect on their mental health. Numerous indications of trauma and mental health were seen in these women and their children. Some mothers made reference to inexperienced housing counselors and shelter staff not providing support and shaming them for being homeless.

Women talked about their therapeutic experiences when referred to doctors, as they were given medications instead of being allowed to share their homeless experience in a therapeutic way. Social workers can carry out a number of jobs, including providing mental health services, in shelter service or out-of-shelter service referrals, housing counseling, and linking women and their children to community and social service programs.

While mothers expressed the need for new resident shelter orientation, they advocated for more social workers in shelters to take the lead in such orientations and not frontline shelter staff such as receptionists. Transportation is an essential requirement for coordinating the mothers’ everyday responsibilities, including attending job interviews. Women expressed issues with transportation and job placement. Social workers can advocate on their behalf and should give transit tokens, bus routes, and schedules to mothers. Budgeting challenges are issues mothers face as they become homeless even when they start working. Social workers should organize budgeting classes by collaborating with community banks and inviting them to meet with women in shelters to teach budgeting classes as part of new residents’ orientation in shelters.

Childcare or daycare was one of the issues mothers in the study advocated for in the shelter. According to the interview data, the majority of mothers blamed their homelessness on childcare issues or a lack of access to affordable childcare. Some mothers lost their jobs after missing too many days due to their inability to afford childcare. Some mothers believed that one of the reasons they cannot get childcare for their children is a lack of adequate childcare vouchers. Social workers
should collaborate with social services to secure childcare vouchers for mothers who are in the process of securing job placement. Programs that coordinate childcare or daycare, affordable and safe housing, reliable transportation, and employment can help remove obstacles that these women's stories outlined. Social workers should assist women who are homeless in achieving their goals through intensive case management and creative housing initiatives that include assistance tailored for women with mental health challenges or those who show drive for education and job training.

Social workers should not be substituted with other related professional staff because they do not perform the same functions. Social workers are known as change agents and can advocate for change in policies and processes, such as with rental policies and processes, which mothers believed were broken and needed to be fixed. Their concerns were the lack of a defined process and support for low-income people to secure affordable housing. Mothers felt the process of renting a place could be daunting and believed others didn’t act swiftly enough to help mothers who were at risk of imminent homelessness. Some mothers believed credit score checking was not a good idea, and that application fees and security deposits were too high. Mothers advocated for social workers to assist them in filling out paperwork, use their skills in negotiating security deposits, and enlighten them on how to build their credit scores. In these areas of prevention, social workers can advocate for change and use their skills to provide education and work with women for legislation to address this social problem of homelessness.

It is generally known that the way in which individuals experience or perceive the world around them influences their behavior. This being the case, there is a need to work towards behavior-changing communication. The public needs to be aware that homelessness is a social problem that affects not only women but also children and the atmosphere in which they live. It is
also important to understand the generational nature of recurrent homelessness in families. The implications of this for social workers are that they can assist in developing various programs using social media to educate the public on this social problem. Also, they should strive to empower others to promote social change and justice and to protect homeless women and children from discrimination and oppression.

**Implications for Shelters and NGO’s**

Mothers asked that shelter staff show grace and support towards them. They advocated that shelter contractors, or NGOs, in charge of some of these shelters should employ the right staff with the right background and mindset that understand the dynamics, the situation, and the experiences of homeless mothers. Shelter staff should understand that many homeless individuals have already experienced various kinds of trauma in their lives, which includes the experience of being homeless itself. Staff should show support and see homeless mothers as people who have challenges that are not of their own making but are sometimes caused by situations that led to them living in shelters. Mothers expressed dissatisfaction regarding the constant threat received and reported by shelter staff to Child Protective Services (CPS). Mothers reported that shelter staff are constantly monitoring their relationships and questioning their parenting skills. They are careful in administering discipline or even just talking to their children to stop problematic behaviors.

Mothers believed that their children's mental health was worse because they were experiencing homelessness. They reported that their children picked up behaviors as they moved from shelter to shelter to secure a place to stay, which were not good behaviors for them or for society at large. They advocated that the shelter should assist in providing parenting skills topics as part of orientation/skills classes and discuss issues with them pertaining to their children's behavior or their parenting skills instead of involving them with CPS. Mothers who grew up in the
foster care system have increased fear of their children being taken away from them, due to their own negative experience in foster care homes, homeless situations, and the threats they receive from staff. For some of these mothers, they believed that the shelter was not a safe or built to be conducive place to stay, and subsequent surveillance, shelter regulations, and threats from staff made them worry about their future as mothers.

Mothers felt that they were treated like people in jail who have committed a crime and were being punished for their homeless situation. Some mothers, who had issues with the law, believed that being in the shelter reminded them of jail. Staff were not supportive of them and shamed and gossiped about them in front of other staff and residents. Mothers complained that shelter staff were not able to comply with HIPAA and that they talked about their mental health and homeless situations to staff and other shelter residents in open spaces. Shelter staff should be given the right training on HIPAA compliance, attend conferences on working with homeless populations, and provide professional development to understand the issues of homelessness and the experiences of women experiencing this social problem.

For some mothers who were breastfeeding, they wanted the shelters to provide a nursing room for privacy. They advocated for private rooms to enable them to spend time and breastfeed their babies. The open spaces given to them, including their rooms, were seen as a way of distracting them, preventing them from bonding with their children and their babies. They also advocated for childcare in the shelter. Some mothers suggested that the shelter can also recruit them to take turns in the childcare, assisting the childcare staff that are brought on board in the shelter to assist in the daycare or childcare. They believed that one of the reasons they can't get childcare for their children is a lack of adequate childcare vouchers. Mothers advocated that shelters should work with social workers that manage their cases and should assist them with
childcare vouchers, especially when they are ready to leave shelters after securing housing, so they don't return to the shelter with the same issue that brought them there in the first place. This is important because collaboration brings promotion. If shelter staff work with mothers to understand their needs and experiences of homelessness, that will help in better attending to not only mothers that are homeless but to other homeless populations. They should employ staff with the necessary background and certification and show empathy for the homeless. Support is important to homeless mothers, as any kind of support will go a long way toward giving them the zeal to work out and boosting their self-esteem by showing them that the system cares about them and their children, which will prevent repeated homelessness.

**Recommendations for Future Research**

This study presented the first-hand narratives of homeless women with children, discussing each of the precipitating events leading to their recurrent episodes of homelessness. This study revealed many of the challenges they faced in trying to provide basic needs for themselves and their children. They presented their experiences with the system and shelter staff and the reasons for their repeated homelessness. Through their own experiences and narratives with the system and in shelters, they opened the door to explore research on mothers' experiences in shelters, including the positive and negative experiences mothers face in the shelters, the programs offered, and housing issues. In addition, these mothers' narratives raise many questions related to affordable housing and the way it is distributed among mothers. It further raises questions about the system, the way it was designed, the perceptions of social welfare administrators and their workers, and how they understand the dynamics of homelessness, which further studies could deeply explore. Understanding the rental policies and processes for homeless mothers, including homeowners who receive Section VIII or other rent subsidies. In additional studies can help us better understand the
specific problems and needs experienced with rentals, the percentage being asked by mothers to pay, and the upkeep of rentals. Similar studies that deal with increased mental health challenges in shelters and their causes for children and support could help identify specific needs and interventions that could minimize the risk of such issues and prevent repeat homelessness. Studies could identify factors, target interventions, housing preventions, and support housing safety issues and programs that could help mothers prevent homelessness should be deeply considered. Most importantly, research on homelessness from the theoretical lens of feminist theory should be explored, as little research with feminist theory has been done with this population. These studies would expose the policies and social structures that often govern women’s daily lives and challenges. They could also evaluate how individual aspects of shelter living arrangements could serve as barriers or as protective factors in providing stable housing. Research on bio-psycho-social interventions related to mental health, physical health, substance abuse, and other social needs for homeless mothers and their children needs to be explored as well to give us the baseline and current situation of this population.

**Implications for Policy**

The purpose of this study was to understand the factors that cause repeated homelessness among single women with children. This study identified several pathways to repeated homelessness, which included both societal and personal or individual factors. Women described their experiences and the responsibilities they hold as breadwinners. They believed that the government or policymakers should make an effort to utilize the experiences of homeless women in their planning and legislative decisions. Homeless mothers described their experiences as challenges that are complex and need to be addressed in a comprehensive way. Findings from this study suggest that there is a need for serious interventions from both the public and private sectors.
A key finding in this study is the different factors that lead to homelessness among women and their children.

Several important policy implications can be drawn from these findings. A fundamental one is the need for equitable, affordable housing for this vulnerable population. This is important because mothers expressed the need for affordable housing that will help with securing housing vouchers to pay their rent while the government still regulates the percentage that is due for them to pay. Providing information on affordable housing and how to access vouchers to homeless individuals in a shelter is vital, as it makes them aware of the amount due to them and informs them if they qualify for such programs while still in the shelter. Mothers expressed a need for rapid rehousing along with payment housing. They expressed that the government or NGOs in charge of rapid rehousing programs should act swiftly to house or rescue people when they are falling behind in rent.

Preventive programs or measures, such as follow up or aftercare upon release from shelters, should be implemented. This study established that mothers felt unsupported from family and society (especially those that pass through the foster care system) when they were first experiencing homelessness and that if they had support of any kind, it would have prevented them from experiencing homelessness. Preventive programs should include shelters and social workers reaching out to mothers every 90 days to know where they are with their rent, mental health, income status, childcare, if they are still working, or even asking about their basic needs. This will give background information on their present situation and how to handle this social problem properly. Other preventive measures can be added in school systems that are centered on work readiness and young adulthood. These school-based programs could focus on topics such as money management, budgeting, housing security and threats to homelessness. At risk girls in particular
could be paired with women who have overcome these hurdles as a way to gain knowledge about prevention strategies.

A lack of childcare is one of the chief factors contributing to homelessness in this study. Some mothers advocated that policymakers should help in creating legislation that will take into consideration the experiences of mothers as it relates to childcare. They advocated for childcare in shelters and ensured mothers were given childcare vouchers that would help them pay for childcare. Women believe most of their income goes towards childcare. The government should ensure that mothers secure jobs and tie that to childcare vouchers. This will encourage mothers to work or further their education for those who want to return to school or get some vocational training. This will minimize their return to the shelter and boost their self-esteem. The government should act swiftly to assist mothers who are on the verge of losing their home.

Government policies such as coordination of care for homeless women suffering from mental and physical health challenges need to be developed. This study revealed that increased mental health for women and their children was on the rise. It was established that mothers' mental health challenges prevented them from working or securing income after missing several days of work due to their mental health challenges. The coordination of care should be carried out while mothers are still in the shelter and continue after they leave the shelter. It should be included in their aftercare services as well.

Budgeting challenges are one of the new factors that have been revealed to be one of the contributing causes of repeated homelessness. For most of the women, their housing departure was based on financial reasons. They believed one factor contributing to their homelessness was their lack of financial planning. As previously stated, some mothers had jobs or other sources of income before becoming homeless. They believed that if they had knowledge of budgeting and financial
literacy, they could have prevented their homeless situations. It is imperative that a policy be made for mothers who receive some kind of funding from the state to undergo. They should be involved in some budgeting classes while in the shelter or after leaving the shelter. A financial budgeting class that would include the process of planning and managing financial responsibilities. Allocating and identifying available cash flows for required spending should be part of this process. This will give mothers an understanding of their financial obligations and how they can save to meet them.

Policies and processes that enable homeless women to rent a place need to be overhauled. This study revealed a new finding that rental policies and processes are a factor in recurrent homelessness. Mothers believed the rental process was broken and needed to be fixed. They are concerned that the lack of a defined process and support for low-income people to secure affordable housing is a way for them to remain homeless. The process of renting a place can be daunting, and they want the government or NGOs to act swiftly to help mothers who are at risk of imminent homelessness. Also, policies and processes set up to check homeless mothers credit scores before they can rent a place need to be overhauled. Most importantly, policies that enable application fees and security deposits that are too high need to be looked into and regulated. In doing so, mothers would have the opportunity to rent a place without feeling overwhelmed, build trust with the system, and feel a sense of belonging to the community.

Conclusions

In conclusion, this chapter examined the findings of this study with respect to prior literature on women's repeated homelessness. There were several factors contributing to repeated homelessness that were divided into two broad categories: societal and personal or individual factors. This study investigated the broad research question: What factors do homeless single
mothers believe contribute to their recurrent homelessness and their return to the shelter with their child(ren)? These 19 women’s narratives provide clear understanding of the obstacles homeless mothers face to provide basic needs and stable housing for their families. Various social systems posed significant obstacles to the independence of the homeless women. The women and their children frequently lost their homes, their jobs, and were subjected to a variety of rules and surveillance as a result of repeated homelessness. Findings from the study suggest that there is a need for serious intervention of both public, private sectors and community in repeated homelessness issues for future generations. As stated earlier, homelessness exists worldwide.

The women’s own experiences and narratives of their daily struggles illuminate the work of feminist theory scholars who make the connection between power and gender, and who advocate for an end to gender-based inequity and oppression through social change (Mirchandani, 2003). The government should act swiftly to assist women who are on the verge of losing their home. In addition to providing women with tools and services, educate them about homelessness and its impact on them, their families, and society.

Feminist theory also helps to understand the way systems, structures, policies, processes, and cultures respond to homeless families. It provides a unique viewpoint of women with respect to their life experiences. The problems that they encountered related to homelessness and the stigma associated with it. It further shows that despite their willingness to take sole responsibility for their children, they are often seen with a disregard for their psychological needs, and the role that gender has played in homelessness as described in the preceding chapters.

More importantly, complex systems theory sheds light on how complicated systems in the lives of homeless individuals interact and influence what happens, including things that affect women's health and well-being. Each of these systems is made up of many different, yet
interconnected, pieces or variables that modify how the system works when they are combined. The descriptions of the 19 women's difficult challenges demonstrate how complicated the factors are that lead to homelessness, as they combine in various ways for each individual. The increased difficulty of coping with these obstacles and caring for children in the face of these substantial life challenges demonstrates that women are unable to secure their basic requirements, which precipitates further webs of complex challenges.

Homelessness happens between stable and complex settings or connections and less stable conditions, in a circle that sustains recurring homeless cycles (Somerville, 2013). As previously noted, the world has become increasingly complicated in recent years, with family systems feeling the direct effect and impact of this global complexity (Tourish, 2019). Homelessness is a socio-political issue that affects both developed and developing countries. Therefore, it makes more sense to consider homelessness as a complicated social issue that requires the input and first-hand perspective from individuals who have experienced it. Homelessness, as revealed through the personal stories of mothers in this study, is not just as a statistical notion.
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APPENDIX

Appendix A: Introduction Letter
Appendix B: Interview Protocol
Appendix C: Oral Scripts
Appendix D: Recruitment Script
Appendix E: Email Script
Appendix F: Informed Consent
Appendix G: Invitation Flyer
Appendix A: Introduction Letter

Hello,

I am a PhD student in the dissertation stage at the University of Maine at Orono. As part of the completion of my program, I am conducting a research study, and the purpose of this research is to investigate and understand what factors do homeless single mothers with child(ren) believe contribute to their chronic homelessness and their return to a shelter in Maryland. The interview should take approximately 45–60 minutes. The interview will be audio recorded and notetaking will be included. If you prefer not to be recorded, you will have the option of still participating in the interview via note-taking only. The audio recordings and interview transcripts will be kept on a password-protected computer. The audio recordings will be destroyed after they are transcribed or by July 2023. All information will be kept confidential. Your name and identity will not be identified in any way. If you have any questions, please let me know, and thank you for your willingness to participate.

Thank you.

Favour Akhidenor
Appendix B: Interview Protocol

Demographic information:

- How old are you?
- Have you been married, single, partner etc.
- How many children do you have and ages?
- What is your ethnicity? Race?
- What is your educational background?
- Are you employed? Or have income e.g., TCA, TDAP, SSI/SSDI?

Background questions:

- Are you currently living in a shelter with your child(ren)?
- How many times have you lived in a shelter?
  - Follow up question: Did you stay in the same shelter each time or different ones?
- How long have you been in the shelter? (Including this time and previous times?)
- Did you have children with you during the previous time or not?

Experience in Shelters:

- Please describe what your experience has been like for both you and your child(ren) in this shelter.
- What were some of the bad experiences when you stayed at the shelter with your children?
- What are your most crucial needs that contributed to your returning to the shelter?
- Please tell me about the programs or assistance you have received in this shelter.
- Please describe your experience with shelter resources, assistance and after care.
- Follow up questions: What resources were most helpful and why? What else do you need that you are not receiving through the shelter?
• What other services do you hope the shelter can provide for you

  Recurrent homelessness:

  • Describe what your housing situation was prior to coming to the shelter; did you live in a rental, live with someone, or own your own home?

  • Could you please tell me why you came back to the shelter each time? Probe for landlord connections- family, boyfriend, children etc.

  • What problems did you experience with your previous housing situation before you came to the shelter?

  • List the factors for each situation that led to the homelessness.

  **Reflection:**

  • What do you think the shelter can do to help residents avoid repeated homelessness?

  • Do you believe there is anything you could have done differently to prevent your current homeless situation? Please describe what that might be.

  • Do you feel it’s important to use all resources offered by the shelter? Please explain why or why not.

  • Do you have any other suggestions on how this shelter or community can better assist residents with services offered?
Appendix C: Oral Scripts

Hello,

My name is Favour Akhidenor. I am a researcher and PhD student in the dissertation stage in the College of Education and Human Development at the University of Maine at Orono. The faculty sponsor of this research is James Artesani, who is the Associate Dean of Graduate Education, Research, and Outreach and an Associate Professor of Special Education in the College of Education and Human Development. I am very pleased to be here to share my research topic and interests with you all. I am conducting a research study about factors homeless single mothers with child(re) believe contribute to their chronic homelessness and their return to a shelter or homelessness with their child(ren). The Interviews are projected to take 45–60 min. The interview may take place in the shelter but could also take place at allocation agreed upon by the researcher and participant. The interview will be audio recorded with a handheld recorder and with note-taking on my password-protected laptop. I will ask you if you want your interview to be audio recorded. And, if you are not interested in an audio recorded interview, you will still have the option of participating, and I will just take notes on my password-protected laptop. To be eligible for the study, you must be at least 18 years old, a resident of Maryland, a single mother with dependent child(ren) during the period living in a shelter, then obtained housing, and then returned to a shelter. The interviews will be conducted on a first come, first served basis. If you are interested in participating in this interview, we can set up a time now or you can call me to let me know when a good time would be to schedule it. If you have any questions, I can be reached at 908-514-0996. Thank you again very much for your time and help in advance.
Appendix D: Recruitment Script

Hello, my name is Favour Akhidenor. I am a researcher and PhD student in the dissertation stage in the College of Education and Human Development at the University of Maine at Orono. The faculty sponsor of this research is James Artesani, who is the Associate Dean of Graduate Education, Research, and Outreach, and an Associate Professor of Special Education with the College of Education and Human Development. Thanks for reaching out to me and indicating interest in the research studies. The research study is about factors that homeless single mothers believe contribute to their chronic homelessness and their return to a shelter with their child(ren). The interview may take place in the shelter but could also take place at an agreed upon location. Wherever you and I are meeting for the interview, steps will be taken to ensure the privacy of the interview. You will be interviewed while your child(ren) is at school or participating in the shelter's daycare program. Interviews are projected to take 45–60 min. The interview will be audio recorded with a handheld recorder and with note-taking on my password protected laptop. I will ask you if you want your interview to be audio recorded. And, if you are not interested in an audio recorded interview, you will still have the option of participating, and I will just take notes on my password-protected laptop. To be eligible for the study, participants must be at least 18 years old, Maryland residents, single mothers with dependent child(ren) during the period living in a shelter, then obtained housing, and then returned to a shelter in Maryland. The Interviews would be conducted on a first come, first served basis. If you are interested in participating in this interview, we can set it up now or you can let me know when a good time would be to schedule it. If you have any questions, I can be reached at 908-514-0996.

Thank you for your help.
Appendix E: Email Script

I am a PhD student in the dissertation stage at the University of Maine at Orono. As part of the completion of my program, I am conducting a research study that is only about single mothers in Maryland. The faculty sponsor of this research is James Artesani, who is the Associate Dean of Graduate Education, Research, and Outreach, and an Associate Professor of Special Education in the College of Education and Human Development. I received your information through______________, one of the shelter managers in Maryland. I don't wish to be introduced to any residents. I would, however, like to pay a visit during a group meeting and discuss my research study with residents. Flyers will be shared and distributed at the meeting shelter to the single mothers who will be present at the shelter. Any resident who is interested in the study should contact me, and I will schedule a meeting with them at a designated location or an agreed-upon location. I will not call residents to be participants in the study. They will reach out to me if they are interested in the study as a result of my flyers posted in the shelter and my discussion at the group meeting. The interview will be conducted on a first come, first served basis. I am hoping to recruit 12-20 participants that meet the criteria for the study. The interview should take approximately 45 -60 minutes, the interview will be audio recorded and notetaking will be included. If a potential request is not to be recorded, they have the option of still participating while the interview is documented via note taking. The audio recordings and interview transcripts will be kept on a password-protected computer. The audio recordings will be destroyed after they are transcribed or by July 2023. All information will be kept confidential, the organization’s name and identity will not be identified in any way.

Thank you for your time and I hope to hear from you soon.
Appendix F: Informed Consent

You are invited to participate in a research project being conducted by Favour Akhidenor, a graduate student in the Department of Education and Human Development at the University of Maine. The research will be overseen by Dr. A. Jim Artesani, who is a professor in the Department of Education and Human Development at the University of Maine. The purpose of the study is to investigate and understand factors that homeless single mothers with child(ren) believe contribute to their chronic homelessness and their return to the shelter in Maryland. Through this research, I hope to get a better understanding of the treatments and programs that meet the needs of mothers with child(ren) who experience homelessness. To be eligible for the study, you must be at least 18 years old, a resident of Maryland, a single mother with dependent child(ren) during the period living in a shelter, then obtained housing, and then returned to a shelter.

What Will You Be Asked to Do?

If you decide to participate, you will engage in an interview that will take approximately 45 - 60 minutes. The interview will be audio recorded with a handheld recorder with note taking on my password protected laptop. I will ask if you will allow me to audio record your interview. And, if you are not interested in an audio recorded interview, you will still have the option of participating, and I will just take notes on my password-protected laptop. Some examples of the questions I may ask you include: What were some of the positive and negative experiences when you stayed at the shelter with your children? What problems did you experience with your previous housing situation before you came to the shelter? The interview will take place at the shelter at a time that is mutually convenient for you and the researcher. If you prefer, the interview could also be conducted in a private office in any library location of your choice.
Voluntary Participation

Your participation in the interview is voluntary. You may skip any question you do not wish to answer, and you may choose to end the interview at any time.

Confidentiality

All information from this project will be kept private and confidential. Individual names will not be identified. Your name will be replaced with an alphabet code or a number. If your interview is just involves note-taking, the interview notes will be kept on the researcher’s password protected laptop and will be destroyed after they are transcribed or by July 2023. The researcher will de-identify the data. Even though field notes will be informal; they will contain pertinent information for making sense of the data and will be kept in a secure file on a private computer along with the audio recordings and digital transcripts. The audio recordings and interview transcripts will be kept on a password-protected computer. The audio recordings will be destroyed after they are transcribed or by July 2023. Transcripts will be kept for an indefinite period of time for future analysis. Research findings, published data, or presentation data will be shared in summary form.

Risks to Being in the Study

Breach of confidentiality will be a risk to you, but I will minimize the risks with the safeguards described in the confidentiality section. Furthermore, you may feel uncomfortable answering some questions. You may skip any question that makes you uncomfortable and may end the interview at any time.

Benefits of Being in the Study

There are no direct benefits to you for participating in this study. Findings will inform state and local policymakers and local governments, counties, politicians, homeless shelters, and
nonprofit organizations (NGOs) in charge of some shelters as they pertain to improving outcomes. It will also provide a foundation for the ongoing development of treatments and programs that address the needs of this population based on existing programs and research.

**Compensation**

A one-time VISA or Nordstrom gift card of $25 will be provided to you at the end of the interview session.

**Contact Information**

If you have any questions about this study, please contact me at 908-514-0996 or by email: favour.akhidenor@maine.edu. You may also reach the faculty advisor on this study at 207) 581-2444 or by email: arthur.artenari@maine.edu. If you have any questions about your rights as a research participant, please contact the Office of Research Compliance, University of Maine, 207-581-2657 (or e-mail umric@maine.edu).
Appendix G: Invitation Flyer

Invitation to Participate in a University of Maine Research Study

**YOU ARE INVITED TO PARTICIPATE IN A RESEARCH STUDY ON THE FACTORS THAT HOMELESS SINGLE MOTHERS BELIEVE CONTRIBUTE TO THEIR CHRONIC HOMELESSNESS AND THEIR RETURN TO THE SHELTER WITH THEIR CHILD(REN).**

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**Eligibility**
- Must be 18 years plus
- Must be resident in Maryland
- Single mother with dependent child(ren) during the period living in a shelter
- Must have obtained housing, and then returned to a shelter

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**What To Expect**
- Participate in an interview that may last between 45-60 minutes
- Interview to be recorded with a hand-held recorder
- Interview notes will be taken on a password-protected laptop
- Participation will be on first come, first served basis
- Interview is strictly confidential
- Receive a $25 gift card for participating

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For more information:

908-514-0996 📞

favour.akhidenor@maine.edu 🌐

When: Fall of 2022 📍
BIOGRAPHY OF THE AUTHOR

Favour Akhidenor attended high school in Nigeria and was the head girl of her high school, graduating as valedictorian. Thereafter, she gained admission to the University of Benin in Benin City, Edo State, Nigeria. Where she graduated with a BSW in 2006 and an MSc in Social Work in 2012. Following admission to the University of Maine in the summer of 2013 to study Social Work, she graduated in 2017 with a MSW, receiving several awards, among which were the 2014, 2016, and 2017 Best Advisor Awards and the 2017 Graduate Mentor Award. Since then, she has pursued a PhD in Prevention and Intervention Studies in the College of Education and Human Development at the University of Maine.

Favour has been in the field of social work for the past several years, serving in various human services and non-governmental organizations. As the Coordinator for Special Populations for the College Opportunities for Readiness Education (CORE) program at Howard Community College, which is a unique adult program serving students with special needs. Favour is excited and committed to providing oversight, time, resources, and support to the students and instructors of the program. Also, as a Program Director at 211MD/Maryland Information Network, her current research ties into her work for the 211Maryland Care Coordination program, which facilitates referrals for Emergency Department patients needing community-based behavioral health services.

Favour is passionate about helping underserved and minority populations. She deeply values her doctoral work, as it has given her an opportunity and platform to elevate the voices of women and hopefully provide insights into the complex challenges women experience. She is the President and CEO of the Saint Naomis Foundation, (Saintnaomis.org) a non-profit that
promotes female education and rights through advocacy, capacity building, and public awareness. She is a candidate for the Doctor of Philosophy in Education with a concentration in Prevention and Intervention Studies at the University of Maine in August 2023.