

The Impact of Homelessness and Shelter Life on Family Relationships

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Abstract:

This study explored mothers' perceptions of how homelessness and shelter life affected family relationships. Participants re-reported increased closeness and heightened quality and quantity of interaction with their children, but a disruption in their roles as disciplinarians and providers/caretakers. Factors which mothers perceived to affect relationships were shelter conditions (rules and interactions with staff and residents), the mother's emotional state, and the child's emotional state, temperament, and behavior. Implications for practice are suggested.

Article:

Members of homeless families currently comprise approximately a third of the U.S. homeless population, and homeless children comprise the fastest growing segment of the homeless population (McChesney, 1995; Reyes & Waxman, 1989; U.S. Department of Housing & Urban Development, 1994). The vast majority (80-85%) of these families are headed by single mothers. The first wave of family homelessness that began in the 1980s has been attributed to federal cuts in housing programs, loss of privately owned low-income housing stock, the failure of public assistance benefits to keep pace with inflation, increased rate of divorce, and failure of courts to enforce child support orders. At the same time, structural changes in the U.S. economy resulted in loss of higher paying jobs that were replaced by lower paying service sector jobs (Rossi, 1994). Recent changes in welfare programs threaten to create a second wave of family homelessness. With public assistance no longer an entitlement and benefits limited to 2-5 years (depending on the state), it is likely that the numbers of homeless families will increase, especially when the economy takes its next downturn and recent hires lose their jobs. Both service providers and formerly homeless mothers have asserted the pivotal role public assistance has played in helping homeless families emerge from homelessness (Lindsey, 1997; 1998). Without this safety net, families will find it harder to emerge from homelessness, and the length of time families are homeless is likely to increase. In addition, the absence of benefits may well precipitate some families into homelessness who would otherwise have managed to maintain their own residences.

Despite the fact that family homelessness has been increasing for over 15 years we still know very little about the impact of homelessness on family relationships. Research has focused primarily on precipitants of family homelessness (Bassuk & Rosenberg, 1988; McChesney, 1990; Weitzman, Knickman, & Shinn, 1990), characteristics of homeless family members (Bassuk, 1990; Johnson, 1989; Mills & Ota, 1989), and the effect of homelessness on mothers and children (Hall & Maza, 1990; Rafferty & Shinn, 1991). Much less is known about how homelessness affects the family itself, especially from the parents' point of view.

Family shelters have been built, existing shelters have been opened to families, and transitional housing programs have been initiated, often with very little attention paid to the unique issues presented by families. When shelters that previously served single men and/or women have been opened to families, frequently the same rules have been applied to families as to singles, regardless of how inappropriate or how destructive they are to family relationships. For example, formerly homeless mothers have reported having to leave shelters each

day, with their preschool age children, at 7:00 a.m. and not being allowed to return until 5:00 p.m., regardless of the weather (Lindsey, 1997). Many women have left their children with relatives or placed them in foster care rather than take them into a shelter (Liebow, 1993).

The purpose of this study is to explore mothers' perceptions of how homelessness and shelter life affect relationships in mother-headed families. The perceptions of these mothers can provide valuable information for shelter staff and other service providers about how to maintain the integrity of family relationships as parents attempt to resolve their housing crises.

Literature Review

Before reviewing the literature on family relationships, it is important to recognize certain qualities and characteristics of homeless mothers and children that can affect their relationships.

Homeless Mothers and Children

The average homeless female head of household is in her late twenties and has two or three children, generally of pre-school age (McChesney, 1990). African American families are overrepresented in the population of homeless families, as they are among the poverty population in general (McChesney, 1995). Many homeless mothers have not graduated from high school, have very inconsistent work histories, and are much more likely to rely on public assistance than on earned income to support their families (Burt & Cohen, 1989; Goodman, 1991). One third to one-half of these families become homeless because mothers are fleeing abusive relationships (Homeless Information Exchange, 1994). Other events associated with family homelessness include job loss, eviction or inability to pay rent, and conflict with family or friends with whom the family is living prior to becoming homeless (Weitzman et al., 1990).

While psychiatric or substance abuse problems are not a major cause of homelessness among families (Burt & Cohen, 1989), there is evidence that the conditions of poverty and homelessness have a "consistent negative effect on mothers' day-to-day mental health" (McChesney, 1990, p. 437), and high rates of depression and personality disorders have been documented (Bassuk & Rosenberg, 1988; Bassuk, Rubin, & Lauriat, 1986; Goodman, 1991). Goodman, Saxe, and Harvey (1991) have characterized the condition of homelessness itself as a psychological trauma that is a risk factor for emotional disorder.

Many homeless women have had extremely traumatic child-hoods and/or adult relationships (Browne, 1993). They are more likely than housed low-income women to have: lived in foster care, a group home, or institution; run away from home; been physically or sexually abused; and lived on the street or other public place. They also tend to have small social networks that they turn to and exhaust before entering shelters (Shinn, Knickman, & Weitzman, 1991).

The average age of children in homeless families is 6 years, with a majority of children being of preschool age (Burt & Cohen, 1989; Dail, 1990). These children are at grave risk for various health, developmental, and psychological problems including depression, anxiety, and serious behavior problems (Bassuk, 1990; Bassuk et al., 1986; Molnar, Rath, & Klein, 1990; Wright, 1990). These children are often absent from school and demonstrate poor academic performance (Rafferty & Rollins, 1989).

Despite the challenges homeless mothers face, they possess strengths as well. For example, Dail (1990) reported "surprisingly good overall psychosocial status" (p. 298) among a sample of homeless mothers, and Wagner and Menke (1991) noted no significant difference in the types of coping behaviors used by homeless and housed poor mothers. Banyard (1995) reported specific coping strategies that homeless mothers use, including doing something to confront the problem directly, getting social support, having patience and enduring, and positive thinking. In a study of homeless and formerly homeless mothers, Montgomery (1994) found such personal strengths as pride, a positive orientation, clarity of focus, determination, and a moral structure these women used to guide their lives. Participation in a community, commitment to personal relationships (especially with their children), religious beliefs, and finding purpose in helping others were valuable coping resources for these

mothers. It is also important to note that women who enter shelters with their children have managed to maintain enough stability to avoid having the children placed into foster care. Thus, while mothers who are homeless with their children may have difficulty fulfilling some aspects of their roles as parents, many are able to keep their families intact and find ways to cope with the stress of homelessness and conditions that precipitate homelessness.

Relationships Within Homeless Families

Based on an observational study of parent-child relations in an Atlanta shelter, Boxil and Beaty (1990) noted "the overarching theme/concept that emerged was the difficulty mothers and their children as family units face in establishing and maintaining ordered mother/child relationships" (p. 53-54). Three dynamics that affect family relationships were noted: (a) public mothering; (b) the unraveling of the mother role; and (c) the mothers' experience of being externally controlled by shelter rules. Public mothering refers to the fact that family interactions are often observed by other residents and staff. Thus, parents find their decisions and actions judged by others, and frequently their mothering is "influenced and often directed by the presence and needs of other mothers" (p. 58). In families with both teenage girls and younger children, researchers observed "unraveling" of the parental role as the older girls took on parental responsibilities for younger children. Rather than seeing this dynamic as an abdication of responsibility by the mothers, the authors saw this as an attempt by older children to "soothe" their mothers and noted that "in an unkind and often assaulting world, mothers were comforted by their children's special acts of assistance and caring" (p. 59). The third dynamic that seemed to affect family relationships was the mothers' experience of being externally controlled by shelter rules and characteristics of group living. Mothers no longer had control over daily family routines such as when and what their children ate, when they went to bed, or when they bathed and felt as though they had lost their roles as "provider, family leader, organizer and standard setter" (p. 60) while living in the shelter. This finding has been supported by later research which indicates that many homeless mothers experience "difficulties and frustration in child caretaking and in the parent-child relationship because of the stress of homelessness and shelter rules that exacerbated already diminished parental authority" (Thrasher & Mowbray, 1995, p. 97). Boxil and Beaty (1990) concluded that homelessness and shelter living creates "out-of-order" mother/child relationships.

Hausman and Hammen (1993) asserted that, for many families, relationships during periods of homelessness are not merely "out-of-order . . . but, rather, instances in which the pillars of successful parenting . . . are fractured" (p. 361). These authors see homelessness as a "double crisis: the disruptive and traumatizing experience of losing a home as well as impediments to a parent's ability to function as a consistent and supportive caregiver" (p. 358). Hausman and Hammen describe three factors which can disrupt parent-child relationships: (a) the environment, which sets resource constraints and generates stressors; (b) the mother's own level of psychological distress; and (c) the child's temperament and behavior. The reciprocal interactions of highly distressed mothers with highly distressed children who are acting out may lead to serious consequences for parent-child relationships. These authors note that "virtually all the high risk conditions that have been studied for their negative impact on mothers and children come together in the situation of homelessness" (p. 365). Hausman and Hammen drew on the literature on effective parenting and perceptions gathered from human service professionals serving homeless families, but did not include perceptions of homeless parents in the development of their schema.

Other studies have also noted difficulties in parent-child relationships in homeless families. Molnar et al. (1990) reported a high degree of ambivalence in homeless preschoolers' relationships with their mothers and a high prevalence of depression among homeless mothers; they also discussed the risk that sustained parental depression creates for children. Homeless mothers tend to report significantly higher levels of intrafamily strain than housed poor or low-income mothers, citing such difficulties as emotional problems among family members, increased arguing between parents and children, and an increase in the number of family problems that are not resolved (Wagner & Menke, 1991). In one study, 52% of homeless mothers reported that "child problems" were a frequent source of stress for them (second only to housing problems) (Banyard, 1995). Higher rates of child abuse and neglect have been reported for homeless families than for low-income housed families (Alperstein, Rappaport, & Flanigan, 1988).

Most research into the impact of homelessness on family relationships has relied on observations of researchers and service providers and data from psychological or psychiatric tests, from which researchers have derived implications for parent-child relationships. Although some of these studies involved homeless mothers, they were not directly focused on mothers' perceptions of the impact of homelessness and shelter life on their family relationships. If family-friendly services are to be developed, it is imperative that parents' experiences be taken into account. This study extends the existing research by systematically studying mothers' perceptions of the effect of homelessness and shelter life on family relations.

Methodology

The idea for the present study emerged during an earlier qualitative study of the process of restabilization among homeless families in Georgia (Lindsey, 1996; 1997). Family relationships were not the focus of the original study, but during interviews almost all of the participants began talking about the impact of homelessness on their family relationships. The research question for this study emerged directly from conversations with participants in the restabilization study.

Because the purpose of the current study is to explore mothers' perceptions of the impact of homelessness and shelter life on their relationships with their children, the qualitative research paradigm was selected as most appropriate. Qualitative methodology is particularly useful in studying families because of the emphasis on meanings, interpretations, interactions, and subjective experiences of family members (Daly, 1992; Gilgun, 1992). The theoretical underpinnings of the qualitative research paradigm in family research are phenomenology and symbolic interactionism. Phenomenology attempts to "understand the meaning of events and interactions . . . and the subjective aspects of people's behavior" (Bogdan & Bicklen, 1992, p. 34). Symbolic interactionism asserts that "human experience is mediated by interpretation. . . . Objects, people, situations, and events do not possess their own meaning, rather meaning is conferred on them" (Bogdan & Bicklen, 1992, p. 36). Thus, to understand how homelessness and shelter life might impact family relations, it is important to explore the subjective experience of families within the context of homelessness and how mothers interpret and make meaning of that experience.

The current study involved secondary analysis of data from the Georgia restabilization study (Lindsey, 1996; 1997) and analysis of new data collected during a follow-up study in North Carolina. Specific questions regarding family relationships were added to the interview guide for the follow-up study. Therefore, the present study comprises two phases: (1) the original research conducted with 10 Georgia women in 1993-94 and (2) the follow-up research, conducted with 7 North Carolina women in 1994-95.

Sample Selection

Phase 1. A purposeful sample, consisting of formerly homeless female heads of household that were currently stably re-housed with their children, was chosen for Phase 1. The criteria of successful restabilization was selected because the thrust of the original research was to discover how mothers were able to successfully restabilize their families after periods of homelessness. The specific strategy used was criterion sampling. Key informants who worked in homeless shelters in three small Georgia towns were asked to nominate formerly homeless mothers who they perceived to have been particularly successful in stably re-housing their families. The sites were limited to nonmetropolitan areas, as the experience of homeless families in such areas has not been well studied. Two shelters cooperating with the study primarily served women and children while the third shelter served all homeless people.

To be included in the study, nominated participants had to meet the following criteria: (a) They must have stayed in a shelter with at least one of their children; (b) at least one of the children who stayed in the shelter must have been under the age of 18 during the episode of homelessness; (c) the family must have been in a stable living situation for at least 6 months prior to the interview (i.e., the family did not experience an episode of homelessness during that period). If the family had moved during the past 6 months, it must have been to improve their living situation, not because of an inability to pay rent or eviction; and (d) participants had to be mentally capable of participating in the interview and articulating their experience.

Several potential participants who were known to have psychiatric illnesses or who appeared to the researcher to have limited mental capacities during telephone conversations were excluded from the sample.

One of the women included in the Phase 1 sample did not meet criterion (c), having only been stably rehoused for 4 months. I decided to include her in the sample because later contact with this woman confirmed that she was still employed and living in the same residence nine months after leaving the shelter.

The sample size was determined by the criterion of redundancy, that is, interviewing stopped when additional interviews ceased to generate new data (Lincoln & Guba, 1985). In Phase 1, redundancy began appearing rather soon in the data analysis. After the sixth interview was conducted and analyzed, only minor modifications were made to the findings. Subsequent interviews validated the findings. The total number of participants for Phase 1 was 10 (6 African American and 4 White).

Phase 2. The process and criteria for sample selection were similar for Phase 2. Participants were nominated by staff from four shelters in three North Carolina towns that reflected a more urban demographic profile than the Georgia towns. In addition to studying family relations, a second major purpose of Phase 2 was to validate findings regarding the process of restabilization that had emerged during the original study. By interviewing respondents in another state and in a more urban area, I hoped to establish a basis for generalizing the findings beyond the original sample and geographic area. Two of the shelters that cooperated with Phase 2 served all homeless populations while the other two were battered women's shelters.

Again, a purposeful sample was selected, and participants had to meet the same criteria as specified for Phase 1. The sample size was determined by the principle of redundancy, resulting in a sample of seven participants (6 African Americans and 1 White).

Thus, in terms of the racial composition of the entire sample (Phases 1 and 2), of the 17 participants, 12 (71%) were African American and 5 (29%) were White. While I was interested in assuring that both White and African American mothers were included in the sample, there was no attempt to sample in direct proportion to the racial makeup of homeless families in either geographic area. Nevertheless, the racial make up of this sample was not dissimilar from that of the population of homeless families in general, in which African Americans are overrepresented (McChesney, 1995).

A note about the sample representativeness and generalizability of findings within the qualitative research paradigm is in order. Within the qualitative paradigm, generalizability is conceptualized as "transferability" or the extent to which "findings fit into contexts outside of the study situation that are determined by the degree of similarity or goodness of fit between the two contexts" (Krefting, 1991, p. 216). It is the researcher's responsibility to provide enough "rich, thick description" (Geertz, 1973) to persuade the reader of the validity of the findings and to enable readers to decide the extent to which these findings are transferable to other situations of interest. Use of a nominated sample has been suggested as one strategy to enhance the applicability or transferability of qualitative findings (Krefting, 1991). In this study, participants were nominated by key informants who were in a position to know whether the participants met the criteria of the study and the extent to which potential participants were typical or atypical of homeless female heads of household.

Data Collection

Phase I. Phase 1 data came from the initial restabilization study (Lindsey, 1996; 1997). Data was gathered through in-depth interviews that lasted from one and a half to two hours. I conducted all of the interviews which usually took place in participants' homes (one interview was conducted in my office and another in a hotel room). Participants were informed of the purpose of the project, asked to give informed consent, and were paid \$25. The semi-structured interview guide used primarily open-ended questions, and the interviews were conversational in nature rather than conforming to a rigid order or wording of questions. Main topic areas included: demographic information, family composition and history, homeless episode(s) and precipitants, experience of homelessness, process of restabilization, role as mother (this area of inquiry was added as the

importance of the issue emerged during initial interviews), and current living situation. In addition, a enogram (McGoldrick & Gerson, 1989) was developed to identify family structure, relationships, and nodal events in the life of the family. Interviews were audiotaped and transcribed in their entirety. Summaries of the interviews were prepared and sent, along with the genograms, to participants to review for accuracy.

Phase 2. The Phase 1 interview guide was modified to add questions regarding family relationships during times of homelessness. These questions emerged during the Phase 1 data analysis, as described above. For example, participants in Phase 2 were asked, "What was it like for you to try to be a mother to your children while you were without a home?" "What was it like trying to parent your children in a shelter?" "Do you think this time in your lives had an effect on your family relationships? If so, how?" and, when appropriate, "How did the experience of being homeless affect relationships among your children?" After asking such open-ended questions, I described the findings regarding family relations from the secondary analysis of Phase 1 data and asked participants to reflect on the extent to which their experiences were similar to or different from those described by Georgia participants. A student assistant and I conducted the interviews, which were audiotaped, transcribed, and checked for accuracy. Participants received copies of interview summaries and genograms to review for accuracy.

Data Analysis

Phase 1. Data from Phase 1 was analyzed first, using elements of the constant comparative method (Strauss & Corbin, 1990). It was not possible to create the interplay of data collection and analysis which is a hallmark of the constant comparative method because this was a secondary analysis of data which had been conducted during the original study of the restabilization process of homeless families. However, I did conduct open coding in relation to the question of interest to this current study: What are homeless mothers' perceptions of how homelessness and shelter life affect their family relationships? Specifically, I read through each of the 10 transcripts from the Georgia study with this question in mind, looking for themes, commonalities, and distinctions. As the findings emerged, I developed a set of initial conceptual categories which were very specific, based on open coding of the first several interviews. This initial set of categories expanded as additional interviews were analyzed and new information emerged. The initial categories were modified to create a schema (set of higher level categories which encompassed the more specific initial categories) that I then used to reanalyze each transcript to assure that data had not been lost in the process of expanding the original categories as data analysis proceeded. At this point, I also began coding specific interview segments as exemplars for each category. Only minor modifications to the conceptual categories were made during this process. Finally, I used the Ethnograph (Seidel, Kjolseth, & Seymour, 1988) computer software package to code interview segments and organize data according to conceptual categories and subcategories.

Phase 2. Phase 1 data was used to conceptualize questions that were added to the Phase 2 interview guide regarding family relations. Phase 2 data was analyzed by using the conceptual categories that emerged during Phase 1. That is, I read through the transcripts and coded interview segments according to the coding schema based on the findings of Phase 1. At the same time, I looked for evidence that existing categories did not adequately describe the experiences reported by Phase 2 participants. Phase 1 conceptual categories were for the most part adequate to encompass the Phase 2 data, and only one minor change was made to the schema (see the Findings section and Table 1). Again, I used the Ethnograph (Seidel et al., 1988) computer program to code and organize interview segments for purposes of study and retrieval.

Participant Characteristics

Participants ranged in age from 19 to 52 years. The families had stayed in shelters an average of 3 months, with a range of from 2 weeks to 8 months. An average of 2 children (range 1-5) had stayed in shelters with their mothers, with an average age of 7 1/2 years (range 6 months-16 years). Some of these families had been homeless more than once, but the interviews focused primarily on their last episode of homelessness. The primary reasons these families became homeless were: job loss (2), leaving abusive partners/spouses (4), mother's substance abuse (3), substance abuse of mother's partner/spouse (2), conflict with mother's family of origin (4), and eviction due to nonpayment of rent or conflicts with landlords (2). At the time of the interview,

participants had been out of the shelter an average of 19 months (range 4 months-4 years). Pseudonyms are used in reference to all participants.

Table 1
Dimensions of Family Relationships Affected by Homelessness and Shelter Life

Quality of parent-child relations
Emotional closeness
Quality and quantity of interaction
Parental role
Disciplinarian
Provider/caretaker
Role reversal ^a

^aThis subcategory emerged in Phase 1 but was not supported in Phase 2.

Findings

Two sets of findings emerged from Phase 1: (a) dimensions of family relationships that were affected by homelessness and shelter stay and (b) factors that affected those relationships. These findings were largely validated by data from Phase 2, with only one exception as described below and in Table 1.

Dimensions of Family Relationships Affected by Homelessness and Shelter Life

Mothers perceived that two specific aspects of family relationships were affected by homelessness and living in a shelter: (a) the quality of parent-child relations and (b) the parental role (see Table 1). Although participants were asked specifically about sibling relationships, they perceived very little if any impact on relations among their children. However, they all (except for the one participant who was in a shelter with an infant only) experienced a significant impact on their own relationships with their children.

Quality of Parent-Child Relations

Mothers found that two aspects of their relationships with their children seemed to be affected by the experience of homelessness and shelter life: emotional closeness and the quality and quantity of their interactions. Almost all the mothers reported that relationships with their children became closer while they were living in the shelter. For instance, Beth noted the impact of living in the close proximity of a shelter family room: "I think it brought [us] closer together. You're cramped in a room smaller than this. . . . And we talked." Mandy said of her preschool age son, "We're closer . . . because there were not many children that would come through that was his age. He only had me." Jean also noted that she and her young son "became friends moreso. . . . It might have actually improved [our relationship] on the friendship level instead of a parent-child thing."

This closeness seemed to develop because of the amount of time they spent together and because they perceived themselves as banding together in a time of crisis. Although most mothers did report increased closeness in their relationships with their children, the almost constant interaction required by shelter life became a burden for some of the women. Ann and Lois reflected on their sense of being overwhelmed by the shelter requirement that children always be with their parents, regardless of age:

The kids is supposed to be with you at all times. [Even] at 15, they supposed to be with you at all times. . . . You're supposed to know where your kid is at all times, but it's very hard to do, . . . to keep your child 24-7 when you're here.

The only time I really got peace was at night, cause we had to be in bed by 9:30. And that's the only time I got peace and quiet because sometimes I would ask [the shelter staff] just to let me sit downstairs by myself.

Several mothers noted that, upon leaving the shelter, relationships with their children eroded. Conflicts that had remained unspoken during the period of shelter stay emerged. For example, Beth said,

When we moved out of the shelter [family relationships] were strained at first. I think it's because we were so cramped and the rules had changed so much that everybody wanted to spread their wings, crow a little. . . . It was difficult at first.

Thus, while mothers' overall perception was that they and their children became closer, they also noted how difficult it was for them and the children to be constantly in each other's company. Sometimes conflicts erupted once the family moved into its own home, perhaps reflecting some children's ability to suppress their emotions during the housing crisis, but a need to express those emotions once the crisis was resolved.

Parental Role

All of the mothers (except the one who had the infant only) found it difficult to parent their children while living in a shelter. Specifically, it was hard for them to be disciplinarians and to fulfill the provider/caretaker role because they were not able to meet their children's basic needs for shelter, food, safety, and emotional nurturance. Mothers tended to attribute disciplinary problems to shelter rules that prohibited corporal punishment and to the interference of other residents, a dynamic that will be explored in the next section. Regarding the overall parental role and caretaking functions, mothers often reported feeling inadequate. For instance, Ellie, whose family had stayed in several shelters and had finally gotten stabilized, found her family once again in a shelter. She said:

All we had accomplished, we turned around and lost it once we went to the shelter, cause they was frightened. And they looked for me to fight all their battles for them. So they got where they trusted me more, but . . . they got wherein that I had to do everything for them.

Katrina and her children were only in a shelter for about a month, but still she felt

like I was just doing them wrong. It was like I was letting them down. All I could do for them, I did: make sure they didn't get hurt; make sure they got food. It was hurting me, like I was doing them wrong, cause they hadn't ever had that experience, and I hadn't either.

Three of the parents from Phase 1 indicated that, at times, their children seemed to be taking on a parental role, a phenomenon observed by Boxil and Beaty (1990). During Phase 2, participants were asked directly whether they had observed role reversal or caretaking of them by their children during the housing crisis. Only two of the participants responded affirmatively, but they were not talking about the children taking on parental roles with other children, as Boxil and Beaty (1990) found. Instead, mothers tended to perceive mutual support among themselves and their children, rather than perceiving that their children were taking care of them or younger children. For instance, Susan, said, "I think we probably helped each other. Who knows where I would have been if I hadn't 'ye had her, I mean emotionally. I may never have come out of it." Tammy also denied observing any role reversal with her 15-year-old daughter, but saw their support as mutual, what family members do for each other:

Table 2
Factors that Affect Family Relationships During Homelessness and Shelter Stay

Shelter conditions
Rules
Family members' interactions with staff and other residents
Mothers' emotional state
Frustration, impatience with children
Emotional unavailability due to stress
Children's emotional state, temperament, and behavior
Reactions to mother's emotional state
Degree of disruption in the child's life
Child's temperament and/or behavior

No, I don't think that happened, but I can understand that. . . . It's like you saw an [inkling] of that right here when my daughter saw me crying [during the interview]. She came out and she hugged me. Yeah, we've actually had to depend upon one another. . . . I can remember when my mother was upset and I'd do the same thing. It's just part of caring about the people that you love.

Factors that Affect Family Relationships During Homelessness and Shelter Stay

The participants believed that three main factors influenced their family relationships while they were living in

a shelter: conditions of shelter life; their own emotional state; and their children's emotional state, temperament, and behavior (see Table 2). Conditions of shelter life were also perceived to influence mothers' and children's emotional states as well as the family relationships.

Shelter conditions. All of the mothers complained that shelter conditions such as certain shelter rules and behavioral expectations hurt family relationships. Homeless shelters usually held families to the same rules they had for singles. Mothers objected strongly to requirements that they and their children leave the shelter during the day, regardless of weather. Other problematic rules and regulations involved curfews, rigid mealtimes and no access to kitchen facilities, and the requirement that children always be with their parents in the shelter. Residents and staff were not always understanding of children's normal activity level or misbehavior. Shelters designed for women and children tended to be more family-friendly, although they usually had rules against male children over a certain age (as young as 8) staying in the shelter, which meant that some boys had to stay with friends, relatives, or at another shelter. The following quotes illustrate ways in which these rules created problems for families:

It was a very difficult situation, because it didn't make any difference how cold it was or whether it was rain or shine, you had to be gone . . . had to find a place to go during the day. . . . How can this mother go out and look for a job or even look for a place to live when she's got three kids, and it's raining, or it's cold?

We had to eat the main meal at 4:00 . . . [and you] couldn't bring any food in there. . . . Little boys eat all the time, and they don't eat their main meal of the day at 4:00, 4:30 in the evening.

[My son] was more or less suffocated because you couldn't really be a child. . . . You could sit there and play with their toys, look at their books, and watch TV up to a point, but just to get wild, like a child likes to do, you couldn't do it. . . [Shelter staff expected children to] act like adults. . . Basically, they were to be seen and not heard.

Probably the most troublesome aspect of shelter life to mothers was prohibition against any type of corporal punishment in the shelters (Rossi, 1994, notes that 66.5 % of shelters have this rule). Parents were expected to make their children behave but were not allowed to use their main form of discipline. At times, shelter staff corrected the mothers in front of their children, undermining their parental authority. For instance, Ellie was very angry at how a staff member informed her she could not spank her children:

Maybe if he had of took me to myself and told me [about the no spanking rule] . . . instead of saying it in front of the child, then they probably wouldn't have got as far out of hand as they did . . . that undermined me.

Ann talked about how children would use the no spanking rule against their parents:

If [staff] found out that you hit your child, they would call social services on you. What happened was the kids knowed that, so therefore, they try your patience. They know, "Mama can't hit us in here." . . . Sometimes it's very hard to discipline them and you know your child and how far you can go, but once that child find your place, your game, they'll play you every time.

Delores had a solution for her discipline problem with her daughter, one that other mothers used as well: "She thought I couldn't whip her, but I would actually take her out in the parking lot off the premises and just tear her up. So I knew how to work that, too. I wasn't just going to allow her [to misbehave]."

Although several of the shelters offered or required parenting classes to teach nonviolent disciplinary approaches, participants' reactions to what they learned varied. One mother said, "I really enjoyed the parenting classes. They kind of helped, just the group. I liked being in a place with women that understood me, that were

going through the same thing." However, it was unclear whether the techniques she learned were useful in disciplining her children. Toni did not find the parenting skills she was taught to be very helpful: "I learned things, but I don't know, maybe it's just me. My kids just don't abide by time out and stuff. They just don't. So I just spank them every now and then."

Interactions with other residents and shelter staff also contributed to family difficulties. Some mothers found that other residents interfered with their parenting. This seemed primarily to involve either telling children what to do or "spoiling" them. For example, Beth said, "[My daughter] didn't like that there was other people trying to boss her around. Marie was not a very good person for taking authority from anybody but me." Jean said,

The people that are . . . in the shelter are sorry to see a child there, and so it took me awhile to get Aaron unspoiled after leaving there because everybody was always overriding your authority. . . . So that we had a bit of an attitude problem, not from having been homeless and being in the shelter, but from having people interfere with your authority in raising your child. . . . guests and, sometimes the staff as well.

Tammy also noted the impact that disciplining children in front of other residents had on parents, similar to what Boxil and Beaty (1990) called the phenomenon of public mothering.

I think that some times the women that had children were maybe a little critical of some of the other women that had children, as far as, if someone was acting like a good mother or not a good mother or lost their temper. I think that they felt that they were being watched, observed, and judged accordingly.

Sometimes mothers found that their children were in danger from other residents who were "angry and hostile." Ellie threatened to fight a resident to protect her daughter:

One of them was getting fresh with my oldest girl, kept on trying to feel them, or talk about how good she supposed to look and all this stuff. . . . A lot of times [my kids] were missing out on eating the way they should because we'd wait till everybody else done eat. . . . It was more violent there.

The sanitary conditions in shelters were also of concern to some mothers, as Toni indicated: "There's some nasty people in there. You wear your bedroom shoes in the shower. You hold your children when you place them in there, you don't let them crawl on the floor. It's things you can do to avoid nastiness."

Although there were many complaints about negative effects of rules, conditions, and interactions with other residents on children and parent-child relations, some mothers appreciated certain rules and aspects of shelter life that they saw as necessary for harmonious communal living. For instance, two mothers said,

They have a bedtime for the children, 8:00. . . . And if you can't get them in the bed, they require that you put them in the room if you can, and keep them occupied until they're sleepy. Which, you know, they need those rules with that many people.

It was a clean environment. . . . [The director] let me bring my TV, my VCR, my Nintendo, cause these are things my children weren't used to being without. . . . And it was hard enough. . . . You were in a loving, caring environment. They had their rules, but everybody has rules, but it was home. It smelt good, it looked good. I didn't want to leave.

Similarly, relationships with residents and with staff were often seen in a positive light. Denise's 14-year-old son "got along with everyone. I think he liked it because of the guys that was there. They were all older than he was, but they all like took him under their wing." Ellie also noted that one of the shelter staff took a special interest in her son, and they "would play ball in the evening. . . . I could just sit back and just see how happy my kids were. And it was all coming from these people that was strangers to us." Ellie went on to note that, "I was closer to people in the shelter, even though people was going and coming, and the staff, than I was with my own

family."

Mothers' emotional state. The mothers' emotional state also affected family relationships. Since mothers rarely enter shelters with their children until they have exhausted other resources, it is not surprising that they report being depressed, full of despair, and impatient with their children once they come into a shelter. Several mothers talked about how their own stress level made it very difficult for them to deal with their children. For example, Mandy and Ann said,

I started getting really stressful. . . . I come from a very dysfunctional, abusive family, and it was starting to cycle, and I had to break it. . . . My stress level had reached its breaking point with [my son] one night, and I went, BAM [she "back-handed" him].

For the first month . . . when both our emotions got together it was very traumatizing, and I found myself hollering at them or I found myself getting a little bit angry. . . . Some-times I got upset at myself and took it out on them, and it shouldn't have been that way, but it did.

Other mothers did not take their frustrations out on their children in such harsh ways, but they described such high levels of stress and emotionality that it is questionable how emotionally available they could have been to their children. For instance, Beth said, "I wanted to kill myself. I wanted to die. I wanted somebody to take away the humiliation and the pain away. . . . It was too hard for the girls; it was too hard for me." Susan described herself as being

in a daze. . . . I really didn't know where to turn. My nerves were gone. I couldn't sleep. I was about afraid to close my eyes, and I didn't feel safe when I first got there. . . . I had a 3-year-old, and I was like panicking, "What am I going to do?"

Jean, who had stayed in several homeless shelters, supported this researcher inference regarding emotional unavailability when she observed,

the children need about the same thing as the woman does. And that's reassurance and knowing that everything is going to be okay. And if you can get the mom settled down, she's the best one to settle the kids down, and she can't do that as long as she's upset and scared and worried.

Children's emotional state, temperament, and behavior Mothers believed that their children's emotional state, temperament, and behavior also affected their relationships. Children's emotional state seemed to be influenced strongly by the mother's own emotional state, whether the child had any existing behavioral or emotional difficulties, and the extent to which their lives have been disrupted prior to shelter entry and by living in the shelter.

If mothers were themselves highly distressed, their children tended to pick up on that and acted out themselves. As Jean observed in the above quote, when mothers calmed down and got their own emotions under control, often they noticed their children calming down, and their role as parent became easier. For instance, Ellie said, "I learned that once I get me happy, [the children] will be happy, too." Susan echoed her sentiments: "If you're not happy, your children are not going to be happy. And if you're not in frame of mind to help yourself, then they're in trouble because you can't help them."

The extent to which children's lives were disrupted also affected their emotions and behaviors, and, as a result, their interactions with their parents. Age seemed to play a significant part in the extent of life disruption, with older children's lives tending to be more disrupted by homelessness and shelter life than those of younger children. For example, older children tended to be embarrassed about living in a shelter, leading to stress in the parent-child relationship as parents often felt guilty about what their children were having to go through. Older children also presented more challenges for their parents in terms of discipline and maintaining a normal routine

of daily life. For instance, older children who had to change schools and leave behind friends were often angry at their mothers and acted out. Tammy found that her daughter "was going through a tough time emotionally, too. . . . She had to leave her friends when we left her dad. . . . We couldn't go there be-cause I was afraid . . . he'd see me." Sissy's daughter reflected the feelings of many adolescents: "She had a problem with staying there. . . . She thought it was degrading, embarrassing." Lois noted how disruptive shelter life was to her oldest son:

My 12-year-old, oh gosh! He was so depressed. His attitude changed. His personality changed, and I had to learn how to deal with that. And it was so tough because he had always been such a sweet child . . . but his attitude became rotten. He was fed up with the rules. . . . He couldn't play with the kids down the block because we was at the shelter. He had no friends. . . . And he said, "I love my brothers and sisters. And I love playing with them, Mama, but I need somebody my age."

Ann noted a difference between how her two sons handled living in the shelter:

My 10-year-old, he wasn't too bad, but my 15-year-old was. I had to make sure that his feelings wouldn't get hurt too bad. He didn't want to stay here. He would rather walk all the way to school instead of catching the bus out here be-cause kids would tease him. . . . My youngest son did, too, but he would punch them. I know it isn't being nice. This is how he would get his anger out.

Children with emotional or behavioral problems or who had experienced traumatic events such as being abused themselves or witnessing their mother's abuse, often acted out in shelters. Betty, whose daughter had been physically abused by her father, found out how difficult it was to deal with children's emotional problems in the shelter:

They say after a child's been abused, once they are in a safe place they have to act out, they just completely show off. . . . When we got to the shelter . . . I wasn't equipped to handle it. . . . I was afraid I was going to hurt her because she was just that bad. . . . It was like she was just compelled to do the opposite of what I tell her to do, everything, and to beat up on her brother. . . . And I thought I was going to lose it. . . . Once I started going to Mental Health, it helped a lot.

Mandy's son had a particularly difficult time fitting into shelter life:

It was tough on him, it was real tough on him. My son's ADD, and there he had to be quiet and still, play quietly in the bedrooms, no running around. And you could only play in the backyard where you couldn't be seen by traffic.

Children who were younger, more sociable, did not have already existing behavioral or emotional problems, and had not had traumatic experiences themselves tended to adapt to shelter life more easily and posed fewer problems for their mothers in terms of discipline and caretaking. For some children, the safety and security of the shelter was a vast improvement over the instability of their lives before coming into the shelter. A number of younger children liked the feelings of safety and security and the attention they received from residents and staff and did not want to leave. Kate said that, after leaving the shelter, her two sons "used to ask me, 'When are we going back?' They liked it, the playing, and they liked the people." Susan thought that "it's probably a smaller child that would finally realize, Well, I'm safe here, and my mama is going to be okay.' "

Discussion

This exploratory study used qualitative methodology to understand and describe mothers' perceptions of the impact of homelessness and shelter life on family relationships. The mothers perceived that the dimensions of family relations that were most effected were quality of parent-child relations and their own fulfillment of the parental role. They believed that shelter conditions, their own emotional state, and their children's emotional state, temperament, and behavior most influenced these relationships. These findings are consistent with those

of previous studies that used other methodologies and data sources.

The participants in this study confirm some of the phenomena reported by Boxil and Beaty (1990), especially the difficulty in maintaining parent-child relations due to the public nature of parenting in shelters and interference from other residents and shelter staff. However, the extent to which there is "unraveling" of the parental role or "soothing" of parents by older children as described by Boxil and Beaty remains unclear. It is possible that children are more likely to try to take care of their parents in certain types of situations (e.g., when mother has a substance abuse problem or a physical disability). It is also likely that some mothers may be reluctant to recognize the possibility that some role reversal may occur. However, some of the behaviors that professionals may see as role reversal or parental caretaking may be defined by mothers as family members helping each other out during times of crisis. As long as children are not being exploited or expected to take on roles which are harmful, it may be that the mutual support parents and children give each other during their housing crisis strengthens their family bonds.

The participants in this study highlighted two issues that have not received much attention in earlier research. The first issue is the sense of becoming closer to their children while living in the shelters and, the second is the intensity and depth of their feelings about shelter rules that prohibit corporal punishment. Despite the stresses and strains of homelessness and shelter life, almost all of the participants reported increased emotional closeness with their children during this time. They attributed this phenomenon to the amount of time they had to spend with their children, the fact that they slept in the same room, often in the same bed, and to the fact that all they had was each other. At times, the constant presence of children was a burden, especially when mothers had to take their young children out of shelters during the day while they looked for work and housing or kept appointments at social service agencies. However, for the most part their children were a source of comfort, and several mothers indicated they got to know their children in new ways. For some families, the parent-child relationship may grow stronger during periods of shelter stay, and that closeness may extend after the family moves into a home of their own. There is also evidence that, in some families, these relationships may become conflictual after leaving the shelter, as children finally feel safe enough to express emotions they have contained while living in the shelter.

The factors mothers identified as having an impact on their relationships with their children parallel the categories developed by Hausman and Hammen (1993) based on their review of literature and their study of perceptions of service providers: (a) the environment of the shelter, including rules, conditions, and interpersonal interactions; (b) mother's level of psychological distress; and (c) children's emotional state and temperament (which this study indicates is affected by the extent of disruption of the child's life, existence of previous emotional or behavioral problems, and their mother's emotional state). The fact that such similar categories of factors emerged in the two studies from different data sources (service providers and mothers) provides strong support for the validity and reliability of these factors.

Mothers were almost uniformly unhappy about the shelter rule against corporal punishment. While the purpose of this rule is to reduce violence within families and help parents learn alternative discipline techniques, mothers perceived these rules as undermining their parental authority and often find ways around them. Many of these mothers do not know any other way to discipline their children. They often felt caught in a bind because if their children acted out, the family was in danger of being ejected from the shelter. Parenting classes helped some mothers learn new ways to manage their children, but it may be unrealistic to expect women in the throes of crisis to learn and use new parenting techniques. No spanking rules do not necessarily prevent corporal punishment since some mothers just take their children away from the shelter to administer discipline.

Implications for Shelters Serving Homeless Families

Since this was a qualitative research project using a small nonrandom sample, implications for practice must be offered with caution. The nature of the sample must also be considered: these women had all been judged by key informants to have been particularly successful in restabilizing their families. Their experiences may not be typical of mothers who are not as successful in achieving stability after homeless episodes. Furthermore, these

implications are based on mothers' perceptions only; it is likely that service providers have other perceptions which must be taken into account in developing and operating shelter programs. Nonetheless, the fact that the study involved participants from seven different shelters in two different states over two different time periods adds credibility to the findings. In addition, findings from Phase 2 of the study supported almost all of the Phase 1 findings, and the findings are largely consistent with previous re-search. Although we have much left to learn about how family relationships are affected by homelessness, the knowledge gained from this study, combined with findings of previous studies suggest the following implications for practice in shelters which house homeless families:

1. Parents should have as much authority and control as possible regarding such daily matters as bedtimes, bath times, and eating arrangements. Requiring families to leave shelters during the day and that mothers supervise their preschool age children 24 hours a day while they are also trying to look for work and/or housing actually exacerbate parent-child conflicts. Shelter staff should look for ways to better support parents, including provision of day care, having shelters accessible to families during the day, and making kitchen facilities available.
2. Punitive approaches toward parents who rely on corporal punishment do not necessarily prevent parents from spanking. Shelter staff need to find ways, in addition to parenting classes, to help parents learn and use nonviolent disciplinary practices. Zeifert and Brown (1991) offer some excellent ideas about how service providers can serve as parental consultants regarding discipline.
3. Service providers should be particularly aware of emotional needs of parents and children. Children's emotional and behavioral reactions to being homeless may be largely mediated by their mothers' emotional states. If shelter staff and other service providers can help mothers resolve their emotional crises, they will be more effective in fulfilling their parental roles and taking care of their children's emotional needs. Counseling with these women should focus on the mother's strengths, accomplishments, and ability to be successful in restabilizing their families. Support groups among homeless mothers could also be a valuable resource.
4. Mothers perceived that some types of interactions had positive effects on their families. For example, when residents or staff "take children under their wing," or play with them, both children and mothers benefit. These findings have implications beyond the provision of formal counseling services, indicating that how staff interact on a daily basis with residents can have a large positive impact on family members. Shelter staff should examine their day-to-day interactions with mothers and children to determine ways in which they support or detract from mothers' attempts to maintain family integrity. They can also look for ways to promote constructive interactions among shelter residents so that shelters are safe and warm places for families to live.
5. Policies that prevent boys over a certain age from staying with their families should be changed. Whenever possible, children who are still under parental authority, regardless of age, should be allowed to stay with the family unless specific problems arise with an individual situation. If it is necessary to impose some type of age restrictions, preteen boys should certainly be able to stay with their families in shelters.

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