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UNIVERSITY OF SAN DIEGO
Hahn School of Nursing and Health Science
DOCTOR OF NURSING SCIENCE

HOMELESS MOTHERS' PERCEPTIONS
OF
PARENTING IN SHELTERS

by

Sarah E. Young Whitaker, MSN, RN

A dissertation presented to faculty of the
HAHN SCHOOL OF NURSING AND HEALTH SCIENCE
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In partial fulfillment of the
requirements for the degree
DOCTOR OF NURSING SCIENCE

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Abstract

Descriptions of parenting in a homeless shelter were obtained from nine single mothers housed in one of two shelters in a major southwestern border metroplex. Case study methodology was used to obtain their perspectives on parenting in this unique context. Content analysis was used to organize and analyze emerging themes.

Major themes that emerged from the study were (a) a lack of autonomy, (b) gaining access to material resources, (c) lack of privacy, (d) constant change and insecurity in the environment, (e) differing values, and (e) psychosocial support.

In memory of Mrs. Warren D. Young and Gremlin
and in honor of Mr. Warren Whitaker

Table of Contents

	Page
Abstract	
Chapter 1 Introduction	1
Justification for the Study	3
Implications for Practice	5
Study Aims	5
Lines of Inquiry	5
Method of Inquiry	6
Organization of the Dissertation	8
Chapter 2 Evolution of the Study	9
Family Theory and Parenting	9
Interactional Family Theory	10
Developmental Family Theory	10
Family Systems Theory	11
Structural Functional Family Theory	12
The World Health Organization View of Parenting	13
Hispanic Culture and the Family in a Southern Border Metroplex	17
Homeless Families and Parenting	20
Critique of the Literature on Parenting While Homeless	21
Path to Homelessness	34

Safety of Children in a Shelter	35
Loss.....	36
Stress and Depression	38
Coping Strategies Used in Shelters	39
Becoming Housed and Rejoining Mainstream Society	40
Summary.....	41
Chapter 3 The Method of Inquiry	43
Case Study Method.....	43
Environment.....	44
Macro Setting.....	44
Micro Setting.....	46
Data Collection... ..	47
Participant Selection.....	48
Protection of Human Subjects.....	48
Data Gathering.....	50
Data Recording.....	52
Data Analysis.....	52
Summary.....	53
Chapter 4 Discoveries	54
Demographic Profile of Participants	54
Parenting Profile of Sample	55
Review of the Cases	55
Case 1	56
Case 2	59
Case 3	61
Case 4	63

Case 5	65
Case 6	66
Case 7	68
Case 8	70
Case 9	72
Cross-Case Analysis	73
Free to Do What You Want	74
Material Support	75
No Separate Space	76
Another New Face; No Locks	79
Hard to Teach Your Kids What to Do	80
Like My Friend, Irene	82
Summary	83
Chapter 5 Reflections and Discussion	85
Comparison of Findings to Prior Studies	85
Educational Level	85
Family Composition	86
Emerging Themes	87
Free to Do What You Want	87
Material resources	89
No separate space	90
Another New Face/No Locks	91
Hard to Teach Your Kids What to Do	92
My Friend Irene	93
Summary	94
Establishing Trustworthiness of the Data	95

Limitations of the Study	98
Recommendations for Further Research and Practice	99
Summary	101
References	102
Appendices	109
Appendix A Protection of Human Subjects Approval	110
Appendix B Synopsis of Studies Regarding Homeless Parenting.....	112
Appendix C Letters of Support for the Study.....	120
Appendix D Letter of Invitation to Participate	124
Appendix E Informed Consent Form	125
Appendix F Interview Protocol	126

List of Tables

Table A-1	113
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Chapter 1

Introduction

Parenting is a challenging endeavor. When a mother is parenting in a homeless shelter, she is facing an environment that is unique. However, little is known about what it is like to parent through the perspective of the mothers taking care of children in a homeless shelter.

The number of homeless families in the United States is growing. The need for shelter reflects the growing enormity of the problem. From 2001 to 2002, there was a 15% increase in the number of requests for shelter by families. In 2002, an estimated 33% of homeless family requests for shelter were unmet (U.S. Conference of Mayors, 2003). The lack of shelter availability occurred even though there was an 11% increase in beds in homeless shelters and a 36% increase in beds in emergency shelters during the same time.

In 2002, it was estimated that families with children comprised 40% of the homeless population (U.S. Conference of Mayors, 2003). Females headed 80% of those families. Little is known about parenting in a homeless shelter (Friedman, Bowden, & Jones, 2003). If care providers could understand what it is like to parent in a shelter,

interventions and services could be better planned to enable the parents to perform their parenting function in a supportive environment.

Research did not address homeless families in a meaningful way until a landmark study by Garrett & Bahr (1963) created public awareness of the existence of homeless women and children in the United States. Homeless mothers and children continued to be seldom mentioned in the literature until the late 1980s. Historically, most research studies including homeless mothers and their children have focused on their prevalence alone or descriptors of the mothers and/or the children. Even obtaining a census of this population remains difficult. Homeless families and parenting issues within those families have been largely unrecognized by society and social programs.

Data are so limited for this population that national social program targets are difficult to set, even though professional consensus exists that these families are at higher risk for physical and psychological health problems than the general population (O'Connell, 2004). Knowledge building and better understanding of family life for homeless families are critical for the development of basic health policies and programs for the homeless.

The reasons for the lack of research in this area may include factors such as the lack of openness of homeless families, political incorrectness, social apathy, and the small number of this population at any one location; any or all of these factors could limit research possibilities. Time has done little to change several factors that impinge upon these families. Often, homeless women and children have tried to keep from being noticed, for fear of being separated by child welfare authorities (Garrett & Bahr, 1963; U.S. Conference of Mayors, 2003). Today, however, homeless mothers and

children are increasing in number. Their visibility and openness are increasing as well. A limited number of research studies are beginning to be reported.

Justification for the Study

The role of the nurse in addressing the needs of families began in the nursing literature in 1819 with R. A. Johnson's book *The Nurse's Guide and Family Assistant*. Nurses have worked with families in an official capacity since 1859, when the first nurse was employed for family visitation in England (Sheahan, 1949). The term *family nurse* and the role of the family nurse were established in Philadelphia in 1898 (Robb, 1898). Since that time, nurses have worked with families and developed nursing theory, as well as assimilated sociological and psychological family theory into the applied art and science of family nursing. Nurses have given service to impoverished and underserved populations. These experiences give nursing the platform from which to do further work with the population of homeless families headed by single females and to help resolve disparities in health care for this population.

Nurses have taken part in the development of interventions to promote the health of individual homeless clients. These interventions have included assisting homeless persons to utilize available resources and developing health education programs to promote self-care (O'Connell, 2004). The family and parenting within the family unit have not been a major focus of nursing research with the homeless population. A basic platform of knowledge should be built from which interventions can be developed to meet the needs of these families and guide health care providers who design programs and deliver care to homeless families.

Knowledge of parenting for this high-risk population would be helpful in

providing quality care and support to these families. The dynamics of the interaction between shelter environment and parenting should be explored in order to have a theoretical basis upon which to develop effective interventions and programs to achieve the best outcomes possible for homeless families. If nurses had information about how homeless, single female parents in shelter programs view parenting within the context of the shelter environment, effective nursing interventions could be designed to promote and maintain the best possible parenting in homeless families. The development of effective and efficient interaction between clients and nurses in shelters for the homeless could be facilitated through understanding the mothers' perspectives on parenting and problems experienced while trying to parent in a shelter. Nurses could also use the information about which elements facilitate parenting in a shelter program to consult and advise professionals from other disciplines in shelters (e.g., boards of directors and policymakers of shelters for homeless women with children). Shelter program design and policies may be affirmed or adjusted to assure program quality to help single homeless women to function constructively as parents in shelter programs.

In the long term, the consequences for homeless children of living in a shelter are unknown. Current descriptive studies do not infer an environment where children can be successful in gaining a foothold in mainstream society (Bassuk et al., 1997).

Health care providers must assist homeless families to maintain or regain the best family health possible. Fulfilling the function of parenting would be a crucial element in keeping the family together and working in a constructive way for all the members. The concept of parenting in the shelter environment and the elements that are helpful for parenting in this environment should be studied in order to determine the

best direction for care and shelter programs. Elements that characterize parenting among homeless families and how the shelter environment affects parenting remain to be discovered and described. How single female heads of household perceive parenting within the context of shelter living remains largely unknown. There may even be barriers to parenting in homeless shelters. This study sought to describe actual parenting in a shelter.

Implications for Practice

This study provides a description of parenting in a homeless shelter that nurses can use to better understand their homeless clients and their needs. Interventions and coordination of care can be planned with more empathy and effectiveness.

Community involvement by nurses on local, state, and national levels can involve influencing policies to bring about programs that best support parenting in the sheltered environment. Studies such as the present one can give nurses a foothold to work for change for the betterment of the homeless family and the community at large.

Study Aims

The aims of the study were to describe the perceptions of single homeless mothers regarding parenting while in a shelter situation and to identify factors that facilitate or impede parenting in the homeless shelter environment. The research question was *How do homeless mothers perceive parenting in a shelter?*

Lines of Inquiry

The general lines of inquiry for this study consisted of questions designed to capture elements that characterize parenting in homeless shelters for women with children. Questions of differences between parenting while homeless and residing in a

shelter and parenting in one's own home were explored. Factors that facilitated or hindered parenting in the context of the shelter environment were investigated and described.

Method of Inquiry

A naturalistic setting and context permitted more accurate and in-depth exploration of the phenomenon of parenting and how parenting was accomplished while in a homeless shelter. A case study method was used because the richness of description of parenting within the context of homelessness in a shelter would be missed using quantitative methods. The case study was an ideal way to obtain the answer to how a process is accomplished and what characterizes the phenomenon within a contemporary context (Yin, 2003a). The case study handles a situation in which there are many variables that must be discovered and described. In this study, parenting was the issue that was explored and described.

Specifically, a multiple case study method was employed because it provided a better understanding of the particular phenomenon within the context of its own world and resulted in a more robust description of the phenomenon (Yin, 2003b). Questions were developed to focus interviews on parenting. A combination of existing theory drawn from functional family theories, the Hispanic family, and homeless parenting in shelters was used lightly as a frame. The emerging parenting issues, in the homeless shelter context, and an interpretation of the phenomenon could then freely emerge from the data.

In this study, there were nine single homeless mothers living in one of two homeless shelters. Each of the nine mothers was considered as one case. The study

relied on interviews and validation of the data with homeless women parenting in shelters to provide a rich description of parenting in the context of a shelter environment. The sources of information were the mothers.

After obtaining approval from the University of San Diego Institutional Review Board (Appendix A) and gaining entry, two shelters for the homeless provided the study context. The facilities were located in a large, urban southwestern border metropolis. One of the facilities was classified as a combination emergency, temporary shelter, and transitional living facility, and the other shelter offered transitional living. Typically, each single mother had one to five children under the age of 12 years living with her in the shelter. Each shelter had different rules regarding the age of male children who could reside in the shelter. One of the shelters used the age of 10, while the other shelter used the age of 11 as the cut-off point for accepting male children. After reaching the age limit, male children are housed in a separate open ward with single men or are placed elsewhere, such as in foster care. The mothers, who all spoke English, were interviewed after obtaining their informed consent. The interviews were audiotaped and then transcribed.

The characteristics of parenting and what was helpful for parenting by single mothers in the environmental context of a homeless shelter were discovered and described, utilizing prior theoretical propositions to guide data collection and analysis (Stake, 2005). Each mother's perception of parenting is told in a narrative.

Next, the data about parenting in homeless shelters by single mothers were analyzed. First, the data were analyzed using Yin's (2003b) method for organization of the data, which provides a beginning point for understanding the essence of the

collected material and a succinct point for further research development. The unit of analysis was emergent themes from each mother, which included ideas or concepts expressed in words, phrases, or sentences describing parenting. Each mother's comments were grouped into themes. The information from all of the mothers was then combined under each emergent concept or theme. With this method, cross-case analysis, parenting was perceived as a social construct from which observations were made about the patterns and social processes of single mothers parenting their children within the context of a homeless shelter environment. Parenting and elements in the shelter environment that the mothers found helpful or detrimental to their parenting were identified and described.

Organization of the Dissertation

The background, aim, purpose, justification for the study, and methodology for the study were described in this chapter. A discussion of the literature regarding the homeless family follows in Chapter 2. The discussion includes concepts related to parenting, homeless families, and a description of the traditional family in an international border, southwestern culture. The method of inquiry, which was case study, is delineated in Chapter 3. The description of the research design includes the selection of participants, entry into the facilities, procedures for data collection, protection of human subjects, data analysis for emergent themes, and how the results will be described. Chapter 4 describes the information gathered from the homeless mothers. Chapter 5 compares study findings with prior literature on homeless families and addresses the limitations of the study, the trustworthiness of the data, ethical considerations, and implications for practice and future research.

Chapter 2

Evolution of the Study

Single mothers who head homeless families in homeless shelters are parenting in a complex environment. Outside the family, economic resources, health factors, shelter rules, and the environment of the shelter where they are residing influence family members (Kissman, 1999).

This chapter begins by examining pertinent family theories and the special dimensions that emerge when considering parenting by homeless mothers. Then the chapter considers the cultural and ethnic context of the southwestern section and southern border of the United States that may have influenced some of the participants.

Family Theory and Parenting

There is no consensus about parenting in the literature, but many views of the concept are discussed. Family theory literature provides a focal point from which to begin the exploration. Within family theory, parenting can be viewed as functions or relationships, roles, communication, or as an existential entity. Some of the major classical family theories and their relationships to parenting are described here to promote understanding of the themes that emerged in this study. These theoretical

perspectives include interactional, developmental, systems, and structural functional theories.

Interactional Family Theory

The interactional framework for understanding families is built on the work of Mead (1934). This approach centers on understanding the family by discovering how individual members define their situations. It includes perspectives of phenomenology, symbolic interaction, and role theory. Three basic premises undergird this framework. The first premise is that human beings act toward things on the basis of the meaning that the things have for them. The second premise is that the meaning of such things is derived from or arises out of interactions with others. The third premise is that meanings are modified through an interpretive process that people use in dealing with the things that they encounter. Concepts of self, interaction, communication processes, and role are central to the framework. The self is viewed as a constantly changing concept that arises from interaction with others. Roles are seen as emergent rather than static entities. Interactionists focus on understanding how individuals define their roles and the implications of how these roles are enacted. This theory reflects how a mother might develop a sense of herself as a mother, how she might communicate, and how she incorporates the influences of the people and environment within a homeless shelter. When the mothers are parenting, they might perceive the public environment of a shelter as having an influence on their parenting.

Developmental Family Theory

Parenting is a complex concept with many facets. Erickson, a classical human development theorist, shed light on one of these facets. Erickson's model (1976)

explained the stages of psychosocial development from which parenthood emerges in response to the developmental task of generativity versus stagnation. Following the resolution of the intimacy versus isolation stage of development, the young adult typically begins to experience the crises of generativity in decisions and feelings about parenthood. Erickson conceptualized the desire to care for others as a valued commitment to the past as well as to the future of society. However, just wanting or having children does not constitute true generativity. Some people are unable to develop as parents due to difficulties experienced at earlier points in their own development or in their current situation. From this developmental perspective, the circumstances, contributing factors, and characteristics of the homeless mother would seem to place her and her family at risk for problems as she enacts the parental role.

Family Systems Theory

The family systems theory approach views the family as a key unit of society. Several theorists have worked to develop this theoretical perspective. The family unit is open and has ongoing interaction among members that adds to the individual family member's personality (Jackson, 1968). Bowen (1971) conceptualized the family as a complex entity consisting of a series of interlocking systems and subsystems. The family system has various physical, emotional, and cultural needs on different levels. The system acts as a mediator between family members and society in order to meet established family and societal goals (Satir, 1971). In the case of a homeless family, the family system appears to have failed at negotiating for the physical needs of shelter and food.

Structural Functional Family Theory

The structural functional framework defines the family as a social system and was built largely on the work of Minuchin (1974). Using this approach, the family is defined in terms of its relationship with other major social institutions, such as health care, religion, education, government, and the economy. The primary goal is to determine how family patterns are related to other institutions and to consider the family in the overall structure of society. This framework places emphasis on the structure of the family and how elements of structure affect the ability to perform expected social functions.

There are four main family structures—power, role, communications, and values (Friedman et al., 2003). Power within the family and for the decision-making process for the family affects the interpersonal relationships within the family as well as the family's stability. How the homeless mother views her maintenance of power and control of family decisions is critical for the family to stay together and function. Role encompasses behaviors that are expected of a person in a given social position, such as a parent. How mothers in a shelter carry out parenting behaviors is just beginning to be described in the research literature that follows in this chapter. Communications structure is how the family expresses itself among its members and between the family and society. Family values are a system of ideas, attitudes, and beliefs that bind family members together. Family values are a reflection of the society in which a family resides, in which norms evolve and rules are adhered to. Family rules guide acceptable behaviors and promote stability for families and family members. In homeless shelters, it could be difficult to adhere to values and rules that meet one family's needs when

many families have to share living space and resources. In the following review of homeless parenting literature, the conflict emerges between family values and rules and shelter rules.

Social systems such as the family accomplish functions that serve individuals as well as society. Another goal is that individuals act in accordance with a set of internalized norms and values that are learned primarily in the family through socialization. A final goal is a family that is productive in society, not a drain on the society. When considering the structural functional family theory, a homeless family would have failed to relate constructively with the social institutions that can provide economic resources for a family and socialization into society. The family may also fail to achieve expected functions such as the provision of needs function.

The World Health Organization View of Parenting

Relevant theory that served as a framework for this study came from the functional perspective as applied by the World Health Organization (WHO). A family or parenting theory designed for application to homeless families has not been developed. However, WHO was faced with the same problem and applied principles of functional family theory to parenting. A pragmatic view of parenting emerges from examining how families function or what they do. Parenting is defined and described by WHO (1978) as the performance or fulfilling of parenting functions in the following areas—biological, economic, educational, psychological, and sociocultural. All areas within the WHO definition must be addressed to provide for the well-being of family members. WHO also recognized that, in order to facilitate parenting, each family develops certain common beliefs, values, and sentiments that are used as criteria in the

choice of actions that it takes to provide for its members. According to the WHO conceptualization, the family is expected to provide an environment that promotes the natural development of personality, offers optimum psychological protection, and promotes the ability to form relationships with people outside the family circle. These tasks require stable emotional health, common bonds of affection between individuals, and the ability to be mutually supportive, to tolerate stress, and to cope with crises. The areas that parents must function in are next examined in more detail.

Biologic functions of parents include reproduction, care and rearing of children, nutrition, maintenance of health, and recreation. The ability to perform such activities implies certain prerequisites—a healthy genetic inheritance, fertility management, care during the maternity cycle, good dietary behavior, intelligent use of health services, companionship, and nurturing of its members (WHO, 1978). Several aspects of the biologic function are jeopardized among homeless families. Seventy-two percent of children of homeless parents do not live with them (Culver, 2001). The challenges and rewards of parenting had been lost.

Health maintenance and need for more health care are evident for both homeless mothers and their children. Homeless children are in fair or poor health twice as often as other children and have higher rates of asthma, ear infections, stomach problems, and speech problems. These children also have more mental health problems, such as anxiety, depression, and withdrawal, and they are four times more likely to have developmental delays. The biologic function also includes the provision and inculcation of good dietary behaviors. However, homeless children are twice as likely as their housed counterparts to go hungry because of food instability (National Coalition

for the Homeless, 2001).

Homeless women are also challenged in performing the health function for themselves (U.S. Department of Health and Human Services [USDHHS], 2004). They have been found to be at risk for substance abuse, mental health problems, hypertension, gastrointestinal problems, neurological disorders, and arthritis.

Educational functions include the teaching of skills, attitudes, and knowledge related to the other functions. To be able to do this, family members must have knowledge, skills, and experience. One example of this type of parenting can be shown in the process of the parent teaching the child how to perform the tasks of daily living. The parent also teaches the child about relating to others within and outside the family unit (WHO, 1978). Role modeling by the parent and verbal transference of values and knowledge are key components of performing the educational function of parenting. The mothers with children in a shelter typically have a poor education and poor job skills (U.S. Conference of Mayors, 2003). From a sociological and psychological perspective, homelessness may be defined as disconnectedness from supportive relationships and traditional systems (Friedman, 2000). These homeless mothers seem deficient as role models in relating to the community at large and fulfilling the obligations of daily living.

Economic functions include earning enough money to carry out the other functions of parenting, determining the allocation of resources, and ensuring the financial security of family members. The family must have the necessary skills, opportunities and knowledge to accomplish these tasks (WHO, 1978). The U.S. Conference of Mayors (2003) identified economic factors relating to homelessness.

Some of those risk factors were poor education, poor financial management, poor job skills and job histories, and dependence on public assistance. A mother must be able to obtain and manage money to perform the economic functions of parenthood. Homeless mothers in shelters usually experience one or more economic risk factors (Friedman, 2000). Homeless mothers must gain economic stability in order to obtain a home and maintain the family in a home.

Psychological functions include coping strategies to deal with life's challenges. Family coping strategies provide the mechanism for carrying out the other parenting functions. Internal family coping is reflected in (a) family group reliance, (b) humor, (c) greater family sharing, (d) reframing or controlling the meaning of a problem, (e) joint problem solving, and (f) flexible roles. External family coping strategies include (a) seeking out information or knowledge about the stressor, (b) increasing linkages with community groups, (c) using social support systems, (d) using self-help groups, and (e) seeking spiritual support. Without effective family coping strategies, the family's functions cannot be accomplished (WHO, 1978). Homeless shelter programs try to assist families to connect to external family coping resources (National Coalition for the Homeless, 2001). Internal coping strategies have not been well researched. However, Choi and Snyder (1999a, p. 114) contended that homeless mothers lack coping skills—

Although children needed increased parental attention at the shelter, the reality was that their parents, being in crisis, were also stressed out, having to deal with their own emotional turmoil and search for shelter. The emotionally and physically worn out parents were not able to meet their children's emotional needs.

Sociocultural functions are associated with the socialization of children. The socialization of children includes the transfer of values relating to behavior, tradition, language, religion, and prevailing or previous social mores. It includes a variety of behavioral norms appropriate to all stages of adult life. To socialize members, the family must adhere to accepted standards and be sensitive to the varying social needs of children according to their ages. It must also accept and exemplify behavioral norms and be willing to explain, defend, and promote them. Although certain functions are relegated to one phase of the family's life cycle or are emphasized more in one phase of the cycle than in another, the care and socialization of children are part of the childbearing and child rearing phase of the cycle. Many of the functions are continuous for the survival and progress of the family (WHO, 1978). It would seem that mothers might be performing the maternal role at a basic survival level versus the higher level of socializing children. Lindsey's (1997) work would support this interpretation: "Many of the women were themselves emotionally upset at their predicament and therefore, they found it hard to attend to the needs of their children" (p. 60).

Functions of parenting are numerous and complex in nature. Classically, parenting is conceptualized as being performed by a mother and a father. However, the families that are in homeless shelters are most often headed by one parent, the mother. This study sought to discover how the homeless mothers perceived parenting in a shelter.

Hispanic Culture and the Family in a Southern Border Metroplex

Another issue in this study was the largely Hispanic population that lives in the geographical area and the predominant Hispanic culture that could have a bearing on

the responses of the mothers. In fact, the area population is 80% Hispanic, most of whom are Mexican Americans (U.S. Census Bureau, 2001). Values and traditions within that culture could influence parenting and give a unique view of parenting. Hispanic cultural perspective on family is explored in this section of the literature review. The implications for the homeless family are discussed after the culture is explained.

In traditional Hispanic culture, nothing is more important than the family (Figueredo, 2002). The traditional Hispanic family is typically a large, extended family. The family contains several generations who live together in one abode or very near each other. The elderly are respected and participate actively in the family. Grandparents often perform child care, cooking, or household chores. Older family members often attend school activities and family outings. Their views on financial matters, family issues, and the rearing of children are actively sought or taken respectfully into consideration. The aunts, uncles, cousins, in-laws, and close friends or unattached persons from the same town in the old country are all considered part of the family. In-laws are not referred to as in-laws but as relatives because the Hispanic does not believe that law can create a relative; only the heart can do so. Even after a divorce, the former in-law is still considered a family member. Godparents are also special in the traditional Hispanic family. They are included in family gatherings. If a child cannot turn to his parents, he turns to his godparents. As the godparents grow old, the godchild is expected to help care for them (Figueredo, 2002). Competition with each other is not valued. Being away from each other is a hardship.

Traditional Hispanic culture holds allocentric values regarding the family.

Allocentrism emphasizes the needs, objectives, and opinion of the group. It is a concept that emphasizes that, although each individual is valued and loved, the good of the many or the family group comes first. Interdependence among family members is promoted. Traditionally, the Hispanic extended family is the most important social unit (Figueredo, 2002).

In most traditional Hispanic families, the father is the head of the family, and the mother is responsible for the home. Children have a highly valued position in the family. The mother is expected to perform most of the child rearing; however, the whole family is responsible for helping with the children, and all members are responsible for nurturing the children. Quite often, Anglo Saxon Caucasians look forward to the time that the older child moves out of the family home, becoming independent, and establishing a separate lifestyle; the Hispanic family tends to prefer that the child remain at home until marriage (USDHHS, 2000).

Fathers teach values to male children. A typical male experience is for the father to teach the son that the first obligation of the male is to his mother (*Hispanic Fathers and Family Literacy*, 2004). Fatherhood is to be treasured, and starts with honoring women such as one's own mother, the children's mother, and all mothers. The concept of *machismo* is taught to the male child as including being a responsible, honorable adult and protecting women. *Machismo* is not about being authoritarian and paternalistic (Figueredo, 2002). In general, individuals within the family consider it a moral responsibility to help other members of the family if they experience financial problems, unemployment, poor health, or other life problems. It has been unusual, historically, for an individual or nuclear fragment of a family to seek assistance outside

the circle of family members (Burk, Wieser, & Keegan, 1995).

Most Hispanics belong to the Roman Catholic Church (Clutter & Nieto, 2004). The Roman Catholic Church's values and its teachings provide the final layer of cement that holds the family together. Church holy days and sacraments serve as family events, with all the members participating, and a gathering of the family members occurs along with a meal and socialization in addition to the church events.

Motherhood is traditionally seen as the foremost vocation for women, along with family maintenance (Figueredo, 2002). Children are viewed as the family treasure. However, the modern stresses of today's world have eroded the influence of family and church. Hispanic families on the country's southern border are affected by unprecedented rates of divorce, violence, and economic struggle (U.S. Census Bureau, 2001). The question arose of whether any of the Hispanic culture would be identified or be reported by the mothers in this study as having an effect on their parenting. The environmental context of this study as occurring within an Hispanic area could not be ignored when beginning this study.

The Hispanic single mother who is homeless has either been severed from her family or has depleted all the resources available from her extended family. The homeless Hispanic woman has lost not only her home, but the culture and support system of her family.

Homeless Families and Parenting

Since the classic study by Garrett and Bahr (1963) there has been a slowly growing body of research on homeless families. The majority of this research has used quantitative research methodology and has focused primarily on the demographics and

characteristics of homeless mothers and children or the conditions of shelter facilities and the services provided. There have been few studies examining the issue of parenting while living in a homeless shelter. Twenty-three studies emerged that were relevant to homeless parenting; all used qualitative research methods. These studies are summarized in Appendix B. The 23 studies that are summarized in the appendix do not always have parenting as the main purpose of the study. However, each of the studies has discovered or described one or more aspects of parenting in a homeless shelter. The part of the study that addresses parenting directly is the section reviewed here. The studies are examined in chronological order.

Critique of the Literature on Parenting While Homeless

The research studies that are most directly related to the task of parenting constituted the foundation on which this study was built. Each study focused on a different facet of parenting in a homeless shelter. Each study is reviewed, followed by a discussion of the similarities among them.

In 1990 Boxill and Beaty conducted research in a night shelter in Atlanta to describe mother/child interaction among homeless women and their children. Forty mothers, ages 18 to 42 years, were observed and interviewed. The theme that emerged was an intense desire by the children to internalize values as a way of asserting themselves. This was exhibited by children resisting attempts by adults to place them in a category of being poor or deprived children. The children did not feel that they were deprived. The time in the shelter was regimented, with no planned activities or options for recreational resources for the children. Stealing by the children was done as a game. The mothers and children had to leave the shelter during the daytime, even if they had

nowhere to go. Some of the children attended school but were afraid that their homeless state would be discovered. The children also had conflict over the need for attention and the demand for independence. The mothers identified that having no privacy was a great loss. They described their parenting as “public mothering.” One mother “expressed sadness and concern that her own mothering was influenced and often directed by the presence and needs of other mothers” (Boxill & Beaty, 1990, p. 58). The freedom to relate intimately and not be judged for any and all of their mothering behaviors was lost. The mothers also expressed a feeling of loss of control because they were no longer the providers, family leaders, organizers, or standard setters for their families. The limitations of the study were that it was not known whether all the mothers were single and that the interviews were based on the assumption that the mothers were telling the truth.

A dissertation completed by Gasper in 1991 in Massachusetts explored the organization of a homeless group of residents living in temporary housing in the Brooklyn Arms Hotel. A program called Parents on the Move was developed to empower the mothers and lead them to self-help. The program was built on the premise that there is a right to affordable housing and was designed to fight against economic oppression. The participants in the study were 20 women, ages 20 to 43 years, who were developing the program’s goals and objectives for self-help. Ninety percent of the mothers were single, but the ages of their children were not given. Thirteen mothers thought that the program was successful, 2 did not know whether the program was successful, and 3 did not offer an opinion. The largest group of parents was politically committed and willing to work for social action to obtain a better life for their families.

This study described how parents were motivated and willing to act when given the opportunity to provide shelter and resources for their own families. Overall, the program was successful; as the mothers obtained their own places or drifted elsewhere, so the program closed, a victim of its own success. Limitations of the study were that the researcher was a novice in performing research and that the interviews depended on the mothers not distorting the facts.

Eight mothers, ages 19 to 36 years, were interviewed in an attempt to describe home-seeking experiences of homeless mothers to see how nurses could help these mothers. This study was conducted by Francis in Massachusetts in 1992. The women experienced violation by physical and sexual abuse and suffered reduced income through divorce and/or health care expenses for themselves or family members. In most cases, when the mothers became homeless, they first searched for a place to stay with family or friends. The next step in seeking a place to stay was accessing a public shelter and finding information about obtaining income, rental aid, health care, and vocational and counseling services that were available at the shelter. It was recommended that nurses conduct crisis intervention with these mothers and collaborate with interdisciplinary team members to help these families. The sequence of events that the homeless families experienced was described. The lack of information about the numbers and ages of the children and whether the mothers were single was a limitation of the study. Parenting was not directly addressed in the study, even though the study described the experiences and reasons why a family might come to a shelter for help, which aids in understanding families who come to shelters.

Hodnicki, Horner, and Boyle (1992) interviewed eight mothers in a southeastern

city. The purpose of their study was to discover how homeless individuals interpreted their experiences and developed social behaviors. The mothers described a heightened awareness of their surroundings and concern for safety. They told of behaviors and strategies to keep themselves and their children safe. Some of the strategies were to avoid unsafe situations, determine ways to meet basic needs, such as networking with other mothers to share watching over the children and organizing their time to provide the extra time required to supervise children for safety. The mothers related that the first step to resolving their homeless situation was to identify their needs and to develop strategies to meet their goals. Some of their goals were to use available resources, maintain good health, find employment, and find housing. The study did not reveal whether the mothers were single, which would affect their resources, and the available resources were not identified.

Baumann (1993) studied 15 mothers in New York to gain understanding of how the mothers in three shelters interpreted their experiences in a shelter. The mothers struggled to maintain physical, social, and symbolic boundaries. It was hard for them to establish private space in any sense of the word. They felt “warehoused” and reported being in a whirlpool that was spiraling down. They felt that they had been stripped of their autonomy and they were rendered dependent or helpless, which led to a decrease in self-respect, loss of motivation, and decrease in healthy behaviors. The study did not state whether the mothers were single or provide the ages of the children or what each shelter offered in resources.

Hodnicki and Horner (1993) conducted interviews with mothers to answer the question of how homeless mothers perform family caring in a homeless shelter. The

mothers reported sacrificing for their children while struggling to meet needs with limited resources. The mothers also reported guarding the children from harm. Behaviors that the mothers had to learn in order to solve the problems of homelessness and the struggle for independence were also described. The researchers stated that what the mothers were describing “reflects the pain and hardship these homeless families experience while living a human disaster” (p. 349). Two of the six mothers had sent their children away so the children could live in a better situation or recover from illness.

In 1993, Scherer published a dissertation in which interviews with 3 mothers examined ways in which the mothers were afforded the opportunities for motivation to pursue and fulfill their various roles, including parenting. The researcher described passivity in the mothers that was related to fear and self-doubt. The mothers reported perceived decreased options and resources available to them. The primary motivator for the mothers was their children. The mothers demonstrated a decreased ability to articulate sequential plans to solve their problems. The researcher noted that the mothers lacked dialogue with their children about homelessness. The mothers felt that their role as mothers was suspended during the shelter stay because they had lost autonomy. Mothers had decreased confidence in their decision-making skills and their ability to impact their environment, compared to when they had had their own place. The researcher did not validate or clarify the data collected with the participants.

Survival strategies used by 64 women with children residing in a homeless shelter were described by Banyard in 1995. The study was conducted in a Midwestern city. The mothers revealed that directly confronting the problem was the most helpful

approach. Developing relationships with others was also critical for social support and increasing resources. The mothers valued two characteristics as helpful. The characteristics were patience and trying to think positively. The mothers identified that the stressors with which they dealt were problems with parenting, sheltered-related stress, bureaucratic stress, health problems, and being viewed negatively. At times they had felt frustration, sadness, fatigue, and depression, brought on by their homeless situation and problems. The major limitation of this study was that it did not specify how many of the mothers actually had children with them in the shelter, the ages of the children, or how many of the mothers were single.

Thrasher and Mowbray (1995) found that four major themes emerged during interviews with 15 single mothers in Detroit. The themes were that a shelter is the last resort, a shelter is not a place to care for children, finding a house is difficult, and help comes from many people. The study was conducted to provide social workers with information to develop a practice model for their work. One of the stressors that the mothers reported was that a child's misbehavior could lead to eviction from the shelter. The mothers felt that parenting problems and stress were exacerbated when parental authority was undermined and often superseded by shelter rules. They felt that there was a need on the part of the shelter to promote the mother as the head of the family and to have authority. The study assumed that all of the families were functioning and performing role-appropriate tasks prior to the shelter stay. There could have been preexisting problems regarding family functioning and role performance before they became homeless or entered the study. The sample in the study was composed only of mothers who volunteered.

Four factors were identified as affecting the process of restabilization of homeless families in interviews of 10 mothers in Georgia in 1996 by Lindsey. The mothers described children, personal resources, external resources, and the socioeconomic environment in which they lived as being influential. Shelter staff and other social work providers had an effect on their ability to find housing. Their children proved to be a strong motivator in getting the mothers to work toward regaining a home and independence. A limitation of the study was the wide range of ages of the mothers (25 to 52 years). With the small size of the sample, it seems that the women of different age groups would have different concerns and strengths. The ages of the children ranged from 1 year to 16 years. The developmental needs of the children would also have a major influence on a parent; this fact was not explored in the study.

In 1997, Lindsey conducted another research study in Georgia to explore the process by which mother-headed families became rehoused. It appears that the same sample as the previous study was utilized to reveal a three-stage process—meeting the immediate needs of the family, creating a new home, and then maintaining stability. Meeting the immediate family needs included locating shelter, maintaining the parental role, keeping up morale, and trying to preserve stability in the family. The mothers found the shelter rules to be a hindrance to parenting. The stage in which a new home was created addressed managing cash flow, handling personal and interpersonal problems, and locating and furnishing a home. Maintaining the family was composed of managing finances and reestablishing family relationships. The women were chosen to participate by the shelter workers, who were asked to identify mothers who were successful. This may have biased the sample and the findings of the study.

Menke and Wagner (1997) sought to describe the experience of homeless families in a study in Ohio that included 16 single mothers. Five major themes were identified in the interviews that were conducted. The mothers reported a loss of freedom, a sense of being different, feeling down, a sense of living under pressure, and struggling to maintain their maternal power and functions. The mothers thought that the shelter rules were difficult to follow, and they missed being able to do their own cooking. The limitations of this study were the small size of the sample, the fact that the mothers lived in churches, were doubled up with another family, lived on the streets, had subsidized housing, or resided in one of three shelters. It would seem that these mothers would have different resources available and different types of experiences due to the different living environments.

Formerly homeless mothers were interviewed in 1997 by Styron. They were asked what their lives were like before and after they were sheltered. The mothers reported that this was the first time in their lives that they had been away from abusive relationships, experienced independence, and could receive counseling and support. They had made new friends, gone back to school, learned new skills, and improved their relationships with their children. They felt that they had been able to get decent housing. They were enjoying their housing, independence, and better relationship with their children. The limitation of the study is that it looked retrospectively at the experience of only those women who were successful in getting their own apartment and using follow-up services. The study did not report how many of the mothers were actively parenting through the experience. One child was reported as being 36 years old. So, it would appear that some of the mothers experienced the shelter by

themselves.

In 1997 in North Carolina, Fogel attempted to determine how residents of a group transitional housing program developed and used skills to secure self-sufficient housing and become integrated back into the community. Twelve women were interviewed. Factors that had an influence on them becoming rehoused were place, identity, safety, adaptation, alienation, and home experience. The shelter rules were a point of contention. The rules regarding parenting, chores, living mates, eating times, entertainment, sleeping time, waking time, location where smoking was permitted, and limits on bedroom space were all seen as problems for their functioning and ability to regain housing. What was helpful was learning to budget, making friends, and accepting the rules and environment so that they could create a constructive plan for future goals. The mean age of the sample was 34.5 years, which is older than the national average for homeless mothers. The ages and numbers of children were not reported, nor was marital status of the mothers. These are all factors that could influence the views and resources of the mothers.

Fogel and Dunlap (1998) synthesized the studies that they had done. Dunlap has not published or made available the independent piece of the work, so one can only speculate about its validity. Some of the families were intact in the combined studies. One study did three interviews with each mother, which was following by questioning staff members. The other study interviewed women during a series of 12 monthly interviews with residents who had gained homes and conducted weekly staff interviews. The researcher participated in shelter activities in this segment. The findings were reported as revealing that the physical structure of the shelter, staffing patterns, agency

program, and shelter rules shaped daily existence of the families and influenced the residents' ability to achieve self-sufficiency. The perceptions of shelter residents were compared to those held by staff members. The qualifications of the staff, the education level of the staff, and previous experience of participants of being homeless were not addressed. Different approaches were carried out in two diverse samples. These factors raise concerns about the validity of the study.

Forty-nine homeless women in the northeast were interviewed by Choi and Snyder (1999a). Seventy-eight percent of their sample was composed of homeless mothers. The majority of participants reported stress related to living doubled up before coming to the shelter. In the shelter, the mothers identified fear for safety, gratitude that they had shelter and basic resources, and self-blaming that they had arrived at the state of homelessness and depression. They also voiced frustration over loss of control of their lives, being humiliated, and suffering indignities in their situation. The mothers focused on daily survival more than on the future. The women told of feeling disrespect from the staff and their own children. They mourned their loss of freedom, lack of privacy, and loss of peace. Loss of control over their children, lack of stability for their children, and hunger were concerns. Some of the participants had partners, but the exact number was not disclosed. Thirty-three of the mothers were black. Being a woman who is also a member of a minority may have influenced the experiences of these women.

Choi and Snyder (1999b) reported using a similar sample of participants in the northeast in a project to discover homeless parents' perceptions of the circumstances under which they had become homeless. They also sought to discover the effect of

homelessness on the children's well-being, as reported by the mothers. The mothers reported having become homeless in a variety of ways—eviction, leaving hazardous environments, being cheated out of the home by landlords who preyed on welfare checks of single parents, seeking refuge from unsafe neighborhoods, fleeing alcohol or drug problems of family members or roommates, leaving a domestic abuse situation, or losing their home because of their own drug or mental health problems. The mothers worried about their children's safety, hunger, residential instability, emotional well-being, and education. The staff at the shelter chose a convenience sample of participants for the study, so a question could be asked about whom they chose and why those mothers were chosen. Perhaps they were chosen because those mothers were more successful in the shelter system and could place the shelter in a better light. This study used the Eyberg Child Behavior Inventory for the children, revealing scores for behaviors similar to those of low-income domiciled children. The use of a quantitative research method with the homeless population is unusual. The validity of the tool with homeless children has not been established.

The fact that the onset of homelessness was different for working and nonworking women was found by Johnson (1999) in a study in Connecticut. Twenty-five women were interviewed to investigate women with children becoming homeless and coming to live in a shelter. The working mothers became homeless as a result of health problems, leaving harmful relationships, and seeking a better life. In contrast, the nonworking mothers became homeless because of drug abuse, prostitution, crime, eviction, and seeking a better life. Most of the mothers viewed homelessness as one in a series of steps. They conceptualized homelessness as a place to stabilize and

reestablish their household. They viewed the shelter as a safe space to recover from problems and to seek a better life and reorganize their parenting. Fourteen of the mothers were working. A limitation of this study was that working mothers have more skills, experiences, and resources than mothers without work experience. This is the first study to identify subgroups in the population—working and nonworking. The nonworking mothers listed experiences with drugs, prostitution, crime, and teenage pregnancy.

Kissman (1999) evaluated a camp program for homeless mothers and children and identified issues related to parenting and the mothers' self-development. Forty-two mothers participated in this study that took place in the Midwest. The issues related to parenting that were of concern to the mothers were that the shelters were crowded and afforded little privacy. The lack of power that the mothers felt that they had in the shelter as parents was a main concern. The rigid rules of the shelters were reported as contributing to the stress and disempowerment that the mothers experienced. Of the 42 participants, six were not mothers and five were married, which made their resources and experiences different from those of single mothers. Another limitation of the study was that the staff selected the participants, which could have reflected a bias. The researcher reported that the mothers said that they did not like direct questions about their lives, but preferred to just tell the story of their experience. It could be that the mothers did not like to face the stark reality of their situation but could weave a story more to their liking that perhaps distorted the facts of their situation in being homeless.

A study in Massachusetts done by Friedman (2000) found that parents had few resources and social support networks and that they had been stigmatized and

marginalized as a result of relying on public assistance. Friedman interviewed 39 mothers and 55 shelter directors. As a result of her study, Friedman proposed that shelters utilize social interaction theory in designing programs within shelters to provide family social support and empowerment to revolutionize shelter organizations and their philosophies about the families as not patronizing and authoritative. Her study accepted the shelter directors' reports and the homeless women's accounts on an equal footing. The shelter directors were trusted to give a view of the positive and negative aspects of their programs. It would not be in their interest to report negative aspects. The homeless women were chosen by convenience, which could have biased the study.

Styron, Janoff-Bulman, and Davidson (2000) examined the experiences of family homelessness through interviews with 24 single homeless mothers in New York City. These families had experienced poverty, neglect, abuse, troubled interpersonal relationships, and mental health problems. The majority of the mothers spoke positively of the system. However, the system was not the usual type of offering that is available everywhere. This system had clean, safe, facilities. Each mother had her own apartment with cooking facilities, not a barracks or hotel type facility with no cooking resources for a family. These mothers had also been housed on their own. This was a retrospective study of those mothers who had been successful in the program; it did not include the mothers who had not been successful in the program.

Three discoveries were made about homeless women who were sheltered with and without their children by Page and Nooe (2002), who reported that 68 women were interviewed to gain the information. One finding was that women without children were more likely to report health problems and a history of psychiatric hospitalizations.

The second finding was that women with children had higher levels of vulnerability due to restrictions on welfare benefits. The third finding was that children had high levels of distress related to mothers' experience of childhood risks, chronic homelessness, residential instability, and food sufficiency concerns. The study used the Pediatric Emotional Distress Scale, which was developed for assessing trauma related to symptoms in children ages 2 to 10 who had experienced Hurricane Hugo in 1989. The scale has 136 items on three subscales—anxious/withdrawn, fearful, and acting out. Only 12 of the mothers were asked to complete the instrument. The mothers' answers identified the children's distress symptoms as defined by the tool. The tool had not been reported as being used before for homeless children.

When these studies are examined, six major themes emerge regarding homeless parenting—(a) how the families became homeless, (b) safety of children in the shelter, (c) perceived and experienced loss, (d) the mother's stress and depression, (e) coping strategies, and (f) how the mothers were working to resolve homelessness for their families. Each of these themes is discussed.

Path to Homelessness

The 23 studies illustrate the trends that continue in data reported by the U.S. Conference of Mayors (2003). In three of the studies the mothers reported that they became homeless as a result of drug dependency (Fogel, 1997; Gasper, 1991; Kissman, 1999). Drug dependence could deplete the economic resources and put the child at risk of being neglected. A history of domestic violence was the reason for the family becoming homeless in five studies (Francis, 1992; Lindsey, 1997; Menke & Wagner, 1997; Montgomery, 1994; Styron, 1997). The mothers in four studies (Choi & Snyder,

1999b; Gasper, 1991; Menke & Wagner, 1997; Styron, 1997) related that condemned housing or unlivable living conditions contributed to the family needing to come to a homeless shelter. Families experienced unaffordable rent or eviction in four studies (Banyard, 1995; Choi & Snyder, 1999b; Francis, 1992; Gasper, 1991). Situational crises were given as the reason for the family's homelessness in two of the studies (Francis, 1992; Gasper, 1991). Eight studies (Choi & Snyder, 1999a; Fogel, 1997; Francis, 1992; Gasper, 1991; Johnson, 1999; Lindsey, 1997; Scherer, 1993; Styron, 1997) listed divorce or separation from a spouse or significant other as a major reason that the family had come to the shelter. Mothers reported living with relatives or friends for many weeks or months before coming to a homeless shelter in two of the studies (Choi & Snyder, 1999b; Thrasher & Mowbray, 1995).

All of these paths to homelessness indicate stress on the parent. Risk factors that are associated with a parent committing physical child abuse include situational life stressors, loneliness, poor conflict resolution in the marital or partner relationship, and drug use (Gelles, 2000). The homeless parent is at risk of child abuse and not being able to fulfill the parenting functions in a constructive manner.

Safety of Children in a Shelter

According to the studies, safety of their children was a major issue for mothers living in shelters. Mothers in several studies (Choi & Snyder, 1999a; Fogel & Dunlap, 1998; Hodnicki & Horner, 1993; Hodnicki et al., 1992; Menke & Wagner, 1997) described having to be constantly vigilant to identify and guard against dangerous situations for their children. One of the studies (Hodnicki & Horner, 1993) revealed that protecting the children was a shared activity among the mothers, as they were

watchful of each other's children. The mothers stated that they had developed a sense of security because of the other mothers watching over their children.

In performing good quality parenting, the mother must attend to the physical functions of a parent, which includes the provision of not just shelter and basic necessities but also safety (Friedman et al., 2003). A parent must protect a child against danger. If a mother cannot perform this basic function, it could adversely affect her sense of confidence in parenting and her ability to function effectively as a parent. The homeless shelter environment and her parenting skills in the shelter could each or both contribute to the security of the family.

Loss

The feeling of loss after becoming a resident at a homeless shelter was described by mothers in seven studies (Banyard, 1995; Boxill & Beaty, 1990; Choi & Snyder, 1999a; Fogel, 1997; Lindsey, 1997; Scherer, 1993). The loss of their homes was just the start of what they experienced. When they became shelter residents, mothers spoke of loss of privacy, freedom regarding a variety of activities, parental authority, and respect from others. First, the physical or material elements of living were lost, followed by the loss of the more emotional and personal elements. In Lindsey's (1997) study, ten mothers related that they had to address the family losses by locating shelter, maintaining the parenting role, and keeping up morale. These measures served to stop the spiral of loss.

Friedman (2000) used the Massachusetts family shelter system to conduct an in-depth examination of the realities of life for parents and their children. They found that autonomy was lost when parents relied on shelters and public assistance to provide for

their children's basic needs. The system tended to stigmatize and isolate the families from society and to subject the families to public scrutiny and criticism of their lifestyle and parenting while in the shelter system. The system used this to further take away autonomy from the parent.

The mothers often felt that they lost control over a variety of activities that adults normally have freedom to control (Fogel, 1997). The women listed shelter rules that they had to follow about parenting and discipline, chores, eating, sleeping and waking times, visitors, entertainment, and even no fraternizing with the men in the shelter. However, most mothers related that the rules were necessary to maintain order in the shelter, as so many people with different values and lifestyles were living together.

Thrasher and Mowbray (1995) reported that homeless shelter staff interfered with the role of the mother by not allowing her to be the primary nurturer and teacher of her children. Mothers were not allowed to discipline their children as they wanted. Many shelters had rules against corporal punishment, and mothers felt that they were inhibited from being good parents and maintaining their parental authority when even the rules of daily living were dictated (Choi & Snyder, 1999a; Lindsey, 1997). Mothers stated that the shelter staff had reprimanded them for infractions in front of their own children, which contributed to diminished parental authority and feelings of loss of respect from their children (Banyard, 1995; Scherer, 1993).

Boxill and Beaty (1990) observed that the mothers and their children were not able to interact in private; they were forced to express their feelings of love, anger, caring, and frustration in communal settings. These women had to be parents in full

view of the other residents and the shelter staff, as the shelter had no private spaces, just shared space. Most shelters are designed with little or no private space for families.

The mothers often felt that they lost privacy as adults because they had to keep their children in their physical presence all of the time to comply with shelter rules (Fogel & Dunlap, 1998). The mothers worried about children witnessing their own displays of emotion in response to the stresses with which they were coping. The mothers in four studies (Choi & Snyder, 1999a; Fogel & Dunlap, 1998; Hodnicki et al., 1992; Thrasher & Mowbray, 1995) worried about the emotional health of their children because the children witnessed their mothers' struggle with emotions. The loss of autonomy, parental authority, and privacy infers that some of the parenting functions have been taken over by the rules, staff, and shelter environment restrictions. This may diminish the mothers' concept of their own ability to parent. Part of the parenting functions are being taken away from them while they are residents in a homeless shelter.

Stress and Depression

Mothers spoke of having to contend daily with feelings of frustration, sadness, fatigue, and depression (Banyard, 1995). Researchers in other studies have labeled the feelings experienced by homeless mothers in shelters as "feeling down" (Menke & Wagner, 1997), "experience of distress" (Banyard, 1995), and "self blaming and depression" (Choi & Snyder, 1999a). Johnson (1999) reported that the mothers spoke often of crying and feeling depressed. Stress can cause family instability and family functioning can deteriorate (Friedman et al., 2003). Stress and depression in the mother places the children at risk for abuse (Gelles, 2000). Homeless shelter environments can

be quite stressful (Friedman, 2000). The question arises as to whether the shelter environment is detrimental for the parenting that the mothers are trying to do for their children. Only the mothers can provide the answer.

Mothers in a study by Kissman (1999) reported being affected by stress while parenting in shelters because they were performing the parenting task in public. Those things reported as causing stress included shelter staff, shelter rules, welfare agency personnel, and other mothers or adults present the majority of time or all the time.

When a mother is stressed, anxious, or depressed, she is unable to function as effectively as a parent not under those strains. When a mother is stressed, she tends to be more irritable toward her children and unable to meet the emotional needs of the children.

Coping Strategies Used in Shelters

The research addressing homeless mothers in shelters has revealed that the mothers experience stress. Yet, few studies further explored ways that the mothers used to cope with the stress. Five studies revealed that the mothers used several ways to cope. Religion, support from other mothers in the shelter, and support and motivation from their children became sources that the mothers utilized.

The mothers told researchers in several of the studies about praying or receiving support from shelter staff and from other mothers in the shelter or from their own children. Banyard (1995) found that the mothers tapped into their religious faith for strength and prayed regularly. Lindsey (1996) reported that some mothers felt that God was with them and therefore they did not feel that they were going through the homeless experience alone. Some mothers felt that they had received helpful support

from staff in the shelter through individualized counseling services, parenting classes, support group meetings, and counselors supplying information about financial and community resources (Fogel, 1997; Hodnicki et al., 1992). Homeless mothers drew strength from their relationships with the other mothers in the shelters. Other mothers were also significant providers of support. Several women referred to the other shelter mothers as family (Johnson, 1999). Feelings of isolation and stigma seemed to be reduced when mothers connected with other mothers living in the same circumstances.

Children were also a source of support for mothers (Banyard, 1995). The children served as a distraction that helped mothers to take a break from the situation and from their almost constant worrying. The mothers also reported being motivated by their children to keep trying.

If the homeless mothers in a shelter can find ways to cope in the shelter, their frustration and stress level will go down, enabling them to better perform as parents. Coping strategies consist of problem-solving efforts when faced with demands (Friedman et al., 2003). By finding constructive ways to cope, the mother is also performing the educative function of positive role modeling for a parent's behavior when facing adversity. Some shelter programs have resources to assist the mothers to find a method of coping, while other programs offer no resources for the homeless mother to use in coping (Friedman, 2000).

Becoming Housed and Rejoining Mainstream Society

In the literature, mothers viewed their time in shelters as one of personal growth and development (Hodnicki et al., 1992). They were able to summon strength from within themselves to deal with their problems. The mothers searched for solutions to

their problems and for opportunities that would improve their situations and prevent becoming homeless again (Hodnicki & Horner, 1993). Strategies that the mothers developed to resolve homelessness centered on getting more education, finding employment, and securing permanent housing (Hodnicki et al., 1992).

A home provides a sense of origin and continuity with one's ethnic roots, a sense of privacy, safety, and security, as well as a sense of familiarity and consistency (Taylor, 1995). However, the homeless family has lost their home. Scherer (1993) reported that homeless mothers seemed to suspend part of their mothering role while they were homeless. The mothers did take much responsibility for their children on a day-to-day basis but felt that they could not influence their children's long-term development while they were in a shelter. The mothers felt that this condition would change when they had their own place to live. Friedman et al. (2003) reinforced this view. They said that home territory is an area where the family has more freedom of behavior and a sense of control and power over its members. The homeless mothers reported trying to regain housing. How mothers view being without a house and its effect on parenting is the focus of this study.

Summary

The concepts of parenting, the cultural/ethnic influences that affect parents in the geographical area in which the study took place, and parenting in homeless shelters have been examined in the literature review. None of the previous studies addressing parenting in the homeless population took place in the southern border area of the United States and Mexico. An exploratory study of parenting in a homeless shelter in the context of a southern border metroplex that includes the edges of three states

(Texas, New Mexico, and Chihuahua, Mexico) could lead to discovery of a description of parenting through the perspective of the mothers performing in the maternal role.

The research design for this exploratory study is described in Chapter 3. Findings are presented in Chapter 4.

Chapter 3

The Method of Inquiry

The aim of this study was to explore the perceptions of parenting of homeless single female heads of households living with their children in shelters for the homeless. The elements that facilitate or hinder parenting in the homeless shelter environment were also explored. Case study was the chosen method of research for this study.

Case Study Method

Case studies are ideal for discovering the characteristics or variables comprising a complex entity and how it operates. The case study yields an explanation or rich description. Yin (2003b) offered the definition of case study as a method of inquiry that “investigates a contemporary phenomenon within its real life context, especially when the boundaries between phenomenon and context are not clearly evident” (p. 13). There are three conditions that should be met to make case study the most appropriate research method. The first condition is the type of question posed. Case study is the preferred research strategy when the research question asks “how,” such as “How do mothers perceive parenting in a homeless shelter?” The other two conditions that should be met are that the researcher does not have control over the phenomenon being studied and the

research is focused on an ongoing event. In this case the researcher has no control over the behavioral events of parenting, and the focus is on the ongoing phenomena of parenting while living in a shelter. Theory has described the family in housed society but not in the sheltered homeless population. The context of a homeless shelter may alter parenting.

The case study method provided a way to explore the topic and data in a depth not allowed by other methods. Case study method covers contextual and complex multivariate conditions (Yin, 2003a). The method can capture a description of the parenting process from the mothers' reported experiences of parenting in a shelter. This study focused on the situation of parenting by single mothers in the context of a shelter for the homeless. The method allowed the researcher to derive in-depth descriptions of inherent dimensions and themes of parenting by female heads of households residing in homeless shelters.

Environment

Denzin and Lincoln (2000) supported the idea that a phenomenon cannot be understood in isolation from the context in which it occurs. They also stated that naturalistic ontology emphasizes that an entity's separate parts cannot be fragmented for study and its full meaning be retained. The physical and social environments are discussed in the macro setting (a southwestern metroplex in the United States) and in the micro setting (the homeless shelters) in which the study took place.

Macro Setting

The study took place in the El Paso, Texas, metroplex area. El Paso in 2001 was the fourth-largest city in Texas and the 23rd-largest city in the United States. The

estimated population of El Paso County in 2001 was 679,622; Ciudad, Juarez, had a population of 1,217,818, and the neighboring New Mexico population was over 100,000. The total metroplex population was over 2.5 million. In the 2000 census, the composition of the metroplex population was 80% Hispanic, 16% Anglo, 3% Black, and 1% others. Out of the 431,875 Hispanics living in El Paso County, 82% were Mexican American (U.S. Census Bureau, 2001).

The Hispanic culture is the most prevalent culture in the geographic setting. It was also the predominant culture or historical culture (if they have not been assimilated into Anglo-Saxon, Protestant, middle-class society) of the mothers in this study.

The economy also has a strong effect on the society of the area. Among U.S. cities with populations of 500,000 or more, El Paso ranks as the third poorest (Guzman, 2001). The third-poorest zip code in the United States is located in El Paso. Based on the 2000 census, the poverty rate for El Paso was 26.8%, compared to 26.9% for Texas and 20.8% for the nation. The poverty rate for children in El Paso was 33%.

There are nine Independent School Districts in El Paso County, with a total of 145,436 students enrolled. The range for economically disadvantaged students was from 59.6% to 97.3% of a district's total enrollment. The unemployment rate in El Paso remained over 10% (6.6% statewide) from 1996 through 2004. Businesses on file in the City Planning Office (13,000) revealed that 77.5% employed nine or fewer employees. Most jobs are in low-paying manufacturing and trade positions. The Texas Department of Human Services reported that 30% of the population in the county was uninsured and that 11% of the residents received Medicaid. The Pan American Health Organization in El Paso estimated an uninsured/underinsured rate in excess of 50% of the county

population (Guzman, 2001). The mean household income was \$46,844 and the median value of a house was \$147,000 (U.S. Census Bureau, 2005).

Micro Setting

The study occurred in two shelters for the homeless, both of which required application for shelter admission by the families. The transition shelter mothers were referred by social workers from emergency, temporary shelters. Each mother then went through an interview at the transition shelter to assess her needs and motivation.

At the other shelter, the mothers came on their own or were brought to the shelter by ministers or police who were helping to arrange shelter upon requests made by the mothers. At first the mothers were given emergency shelter. Then they were placed in short-term or transition shelter, as was appropriate for their needs. However, in order to be admitted, the mother could not be psychotic or actively abusing drugs. According to the written policies of the facilities, family members were required to be legal residents of the United States.

One of the shelters, the transition shelter, has suites of one to two rooms for single mothers and their children. This shelter has space for 17 women and, at the time of the study, the shelter was full. The 17 women living there had a total of 24 children, ranging in age from 3 months to 14 years. Children more than 10 years old must be female in order to reside in this shelter according to this shelter's rules. Mothers may not have more than three children living with them because of available room space. The suites are on the second story of a two-story complex. The first floor contains the dining area and living room. There are several large rooms available for activities. One room is used for play by the children, one is for watching television, one is for study,

and several can be used for meetings and educational or recreational purposes. The first floor also has private offices for facility counselors and administrators. The women may stay in the shelter for 12 to 18 months; however, during that period, they must achieve objectives designed to help them to attain self-sufficiency and gain independence from welfare and homelessness. The women who do not progress in accomplishing objectives (mutually set with counselors) must leave the program.

At the second shelter, the total number of women that can be sheltered depends on the number of children that each woman has. The residents live in a combination of wards and private rooms. The rooms are filled first, and then the wards. Each mother may have all of her children with her, except for males over the age of 11. Boys over age 11 are placed in the male ward. Each mother must attend chapel at least every third day and do assigned chores for the facility. The mother must also seek employment, welfare, and housing, based on goals set with the caseworker.

Data Collection

Formal entry into the facilities was obtained prior to conducting interviews. The director or chief executive officer of each facility was contacted and an appointment was made to gather information about the facility and the program and to explore the possibility of gaining access. A key contact person was identified to facilitate access to the site and to furnish information about the facility, staff, resources, and clients.

The researcher volunteered at one of the shelters for six semesters and was accompanied by undergraduate nursing students who were enrolled in a course for maternal, neonatal, and women's health at the local university. This allowed the researcher to develop a relationship with the staff and the clients based on trust. This

activity also allowed more experience in the context of the homeless shelter and the phenomenon of parenting while in such a shelter. A letter of support (Appendix C) was obtained from each agency, with the stipulation that the study was also subject to review and approval at the agencies and by the Institutional Review Board of the University of San Diego (Appendix A). The agencies did not have formal review boards. The Institutional Review Board at the university was petitioned to review the adequacy of the participant safeguards. The onsite counselors agreed to provide counseling, if participants became anxious or upset as a result of the interview. The Institutional Review Board at the University of San Diego approved the research.

Participant Selection

Criteria for participant selection included women with children who were single, spoke English, and had entered one of the two homeless shelter facilities in which the study was conducted. Each female was required to be actively parenting one or more dependent children in the homeless shelter environment. Potential participants were approached by a shelter admission counselor. The women were asked by the counselor if they wanted to participate in the study and to be contacted by the researcher. If the woman agreed to be contacted, her name was given to the researcher, who then approached the woman in the counselor's office or in the receiving lobby. The women were informed that it was not necessary to participate in this study in order to gain any services or privileges of the shelter and that there would be no penalty of any kind for not participating.

Protection of Human Subjects

When the researcher met with the potential participants, she explained the

purpose of the study and the parameters of participation. Participants were given verbal and written explanations of the purpose and method of the study after they were admitted to the shelter program. They were also provided with a statement of the aim of the study and an invitation to participate (Appendix D). No woman who was invited refused to participate. Confidentiality for the participants was maintained at all times. The consents, tapes, and transcripts from the taped interviews were kept in a locked closet within a locked office.

After the participants agreed to sign the informed consent (Appendix E), they were questioned to demonstrate their understanding of the agreement and had the opportunity to ask questions before signing. Each woman signed an informed consent form and was given a copy and a contact phone number for the researcher in the event she had other questions. Upon signing the consent, a time and place for the interview were established.

The names of the participants and facilities were not revealed in the written material in any way. Interviews were coded by numbering the cases such as “case 1 mother” or an assigned fictitious name such as “Linda” that did not include the actual name of the participant or facility.

Participants often experience self-reflection, reappraisal or even catharsis during the process of self-disclosure to a researcher. Each facility had counselors readily available, should the participants have experienced distress. All participants were given notice, in the informed consent form, that the counselor was available and how to contact the counselor if they chose to do so on their own at a time when the researcher was not present. None of the women sought a counselor for this purpose.

The women were told that they could withdraw from participation at any time during the study or refuse to answer any question that they did not want to answer. No mother refused to answer any of the questions. None of the mothers withdrew from the study.

The major ethical concern was that the researcher would discover neglect or abuse of minors, which she must report to the state authorities. The participants were told verbally and in writing in the consent form that, if child abuse were suspected, it would be reported to the authorities. The safety and care of minors overrides the concern of the parent. It is against the law and morally incorrect not to keep a child from harm. No cases of child abuse were discovered during the study.

Data Gathering

A separate room in each shelter was used for interviews to provide quiet and privacy. The room lessened the number of distractions that might have interfered with the attention given to the interview. The room also provided the opportunity for confidentiality that was needed to build trust and to put the participants at ease and make them more comfortable with disclosure.

Each mother was asked whether she would like for the researcher to provide, at the researcher's expense, a sitter for her children. All of the mothers declined. Seven of the mothers had children in school or activities and two of the mothers had children playing on a playground area nearby or asleep in the interview room.

Data gathering included the use of semistructured interviews using probe questions (Appendix F) with homeless single women who had their children living with them in the shelter. The questions served as reminders regarding the information that

needed to be gathered. The questions were actually for the investigator. The investigator sought to answer these questions in each case study and across multiple cases. The interviews were 60 to 90 minutes long and of the type called *intensive interviewing* (Lofland & Lofland, 1995). The intensive interviews were designed to discover information about parenting in a homeless shelter. Inquiry questions were used to provide a guide or focus to the conversation and to develop the relationship. The goal was to elicit detailed data that were then used to identify characteristics of parenting and barriers or facilitators to parenting in a homeless shelter.

The interview method was particularly valuable in case study. The interviews focused on the mothers to provide the data for the study. They allowed for the mother and her parenting to be the topic of research. Interviewing preserved the unique essence of what parenting was like in a shelter and provided material that was rich, textured, and suited to descriptive research (Yin, 2003b). As the mothers spoke, they consciously and unconsciously made associations that were personally meaningful and presented the researcher with a good foundation to begin building a description of parenting in a shelter context.

There are limitations to the interview approach. Lofland and Lofland (1995) warned that the interview method does not allow observable examination of how people behave, nor does it assure that the participants' representations of themselves or other people are objective. However, ideas about the self and the relationship to others may be explored for richness.

The criterion of redundancy (Lincoln & Guba, 1985) was used to determine termination of data collection when additional interviews failed to generate new

information. Interviews were conducted with nine homeless mothers in one of two homeless shelters, at which point the data began to exhibit redundancy.

Data Recording

The purpose of the data record was to have the construct of parenting emerge, along with what was helpful (or a hindrance) to single female parents in a homeless shelter. The recording units were the words, phrases, and sentences spoken by the mothers, which were audio recorded and transcribed. A portable tape recorder was used to audio record the interview. The tapes were then transcribed verbatim, using standard computer word processing software. The tapes and transcripts were kept in a locked drawer in a locked office.

Data Analysis

Data must be representative of real phenomena. Therefore, the data were gathered from the actual interviews of single female heads of households in shelters. The contents of interview transcripts were read, reread, and analyzed to obtain propositional units and kernels in the form of words, phrases, or whole sentences that described parenting in the context of the homeless shelter environment. This study followed the beginning steps of basic content data analysis as described by Yin (2003b). The data were read thoroughly to familiarize the researcher with the context and details of the information. The input from each element was compared to the others.

The content analysis clustering process was utilized with a line-by-line analysis of the data from each data set. Clustering grouped objects that shared some observed qualities. This divided a set of objects (units or themes) into mutually exclusive classes (Yin, 2003b), the boundaries of which reflected differences in the observed qualities of

their members.

Cross-case synthesis extends data analysis, as each individual case is treated as a separate study (Yin, 2003b). Each mother was considered as an individual case. The interview data from the nine cases is reported in nine narratives. Narrative is the selected form of reporting the evidence because it renders descriptions that are complex and holistic and involves a variety of factors (Denzin & Lincoln, 2005). Each narrative was analyzed and themes related to parenting were identified. Cross-case synthesis was then performed and themes from each case were compared to identify patterns among the cases.

Summary

The macro and micro setting of the study were described. The macro setting was a large southwestern metroplex and the micro setting was composed of two shelters. The methodology for the study was presented. Case study was selected because it is a method to answer “how” research questions when the researcher does not have control over events and the focus is on a contemporary, ongoing phenomenon. Entry into the shelters, participant selection, and obtaining informed consent were discussed. Data were gathered through interviews that were audio taped, transcribed verbatim, read, and analyzed to identify themes related to parenting in a shelter. Each mother was considered a single case whose story is reported in narrative form. Then all of the cases were synthesized in a cross-case analysis to identify common and unique patterns. The cases and cross-case synthesis are presented in Chapter 4

Chapter 4

Discoveries

Single mothers living in homeless shelters with their children shared insights into what it is like to parent in a shelter. Interviews were conducted, after obtaining informed consent, with 9 single mothers who had children living with them in one of the two shelters utilized for this study. Five of the mothers lived in one shelter and 4 lived in the other shelter.

Demographic Profile of Participants

The study sample consisted of nine participants. The ethnic background of the women exhibited diversity, with five Caucasian, three Hispanic, and one Native American mother participating. The ages of the women ranged from 23 to 43 years. Six women were in their mid-to-late 20s, two women were in their 30s, and one woman was in her 40s. Four of the mothers had graduated from high school, while two had an 11th-grade education and three had completed the 10th grade. Five of the participants reported being divorced, three stated that they had never been married, and one woman claimed to be married but was unable to provide legal documentation. Four women reported no college or additional job training, one reported being a graduate of a 2-year

college nursing program, 1 reported 2 years of college, and one claimed to be currently obtaining training with the state employment agency. Employment information was unavailable for the other two participants.

The length of time sheltered by the mothers in the study ranged from two weeks to four months. Six of the nine mothers reported that their family had been in shelters of some type before the current shelter experience. Most were reluctant to admit that they had been in a shelter before or actually denied being in a shelter at first during the interview and then revealed it later in the interview process.

Parenting Profile of Sample

The mothers in this study were parenting a total of 15 children, whose ages ranged from 2 days to 17 years. Four of the children were infants, three were toddlers, five were of school age, and three were teenagers. Eight of the nine women were actively parenting one or two children, and one mother had five children with her. One mother had children who were grown, while two others had other children living with relatives.

Review of the Cases

Each mother described how she parented in a homeless shelter. The mothers also discussed what helped or hindered parenting in a shelter. Themes identified in each of the nine interviews are presented, and similarities and differences are discussed in the cross-case analysis. Each case mother was assigned a fictitious name in the discussion that follows.

Case 1

Sandy was a 27-year-old Caucasian mother with two children living with her in the shelter. The children were 3 and 6 years old. Her other two children, who were 10 and 8 years old, lived with her mother in another city. Her relationship with her husband ended over 2 years ago, and she was left with almost no assets. She dropped out of school after the tenth grade. Her job as a waitress did not cover the bills for her family of four children, and her assets were soon gone. They lived with her mother for almost a year, but the strain was too much for her mother. Sandy had no place else to turn. She took her youngest two children with her to a series of hotels and apartments until she ended up in this shelter. At the time of the interview, she was living in emergency or temporary space and was hoping to get a space for her family in the transitional shelter as a next step to regaining her own apartment with all of her children.

The first thing that Sandy talked about was the environment of the shelter. “It can be real stressful here. Just being around everybody here. It’s just noisy and you don’t have many options.” The presence of many people in one facility created some crowding, noise, and loss of privacy. The phrase, “you don’t have many options” alludes to the schedule and shelter rules that have to be followed. There is a time to get up, eat, shower, go to bed, do laundry, and attend work, class, or chores. The individual loses the ability to decide when she will perform simple activities of daily living.

Sandy described the regimentation of her day in the shelter in discussing her parenting:

We get up every day at 6 a.m. They call us over the speaker. I dress before

breakfast. At seven, we eat breakfast; I dress my kids and take the oldest to get on the school van. Then, I take the youngest one to the little playground by the side of the building and play with him on the swings. After that I do my chores and go to class about budgeting while my youngest child goes to a class where they have a story and crafts. Then we eat lunch. He takes a nap and I go to ironing the kids' clothes for the next day. The adults are not allowed to lie down or take a nap during the day. Then we go down and meet the school van. I help with the homework. Then we eat dinner. We go to church, then it is time to shower. By 8:30 p.m. we have to have our kids showered and in bed. By 9:30 the mothers or adults have to be in bed and lights go out at 10.

Sandy follows the shelter regimen because she must in order to live there. Attending church service is mandatory twice a week and on Sunday. Her parenting consists of directing the children in the dictated schedule. Such behavior offers her family a way to survive off the streets.

Discipline was another issue of concern to Sandy—"You know, at home I'm so used to, you know, whipping my kids on the bottom. But here you're not allowed to whip 'em, you have to put 'em in time out, and they take advantage of that." She related that she had to follow the rules regarding discipline methods or that there would be an unwelcome consequence: "They will call Child Protective Services on you here. They will call them in a heartbeat." She was afraid that she could lose her children or have to work with a social worker if she did not observe the rules on discipline.

When she was asked about the reason for the rules, she admitted that they were helpful in some ways. "Because not whipping your children here teaches you how to

cope, how to deal with other things besides just a spanking.” After she thought about it, she discovered a new avenue of behavior even though she had to give up her old ways.

Sandy voiced some frustration with the continual sameness of every day: “Sometimes you just get tired of looking at the same faces every day.” Describing the monotony, she added, “It gets very boring here.”

Sandy found it helpful to receive assistance with material things for her family. They get clothing items from the local stores as well as participate in programs for food stamps and health care such as Medicaid. They also have a liaison with Region 19 public school program. The liaison gets “all their [her children’s] school supplies, socks, underwear, markers, anything their school requires them to have in the way of supplies.”

Sandy and her children were dealing with living in a communal setting where people have different habits, culture, and values—

Some things irritate you that you’re not used to. You know, at home I was always taught when it’s time to eat, you say your prayer to God and you be quiet while you’re eating, no talking at the table. But it’s so noisy in there. And then in the family room it’s different, too. Everybody in the family room is looking at television and you’re so interested in a movie and every body else is talking. You just got to put up with stuff that you wouldn’t have to in your own home. It’s hard to teach your kids what to do.

Sandy had to deal with not only raising her children according to her values and traditions but also having to deal with the conflict between others’ behavior and values and her own culture. She also had to deal with teaching her children about culture and

supporting them as they are barraged with conflicting values and behaviors of other people in the shelter.

In summary, Sandy's parenting was performed in an environment that is not quiet and calm, but noisy, stressful, boring, and highly regimented. She had to develop a different way of disciplining her children within a different and diverse aggregate culture at the shelter. She saw a positive value to learning a different way to discipline her children. The assistance programs were helpful to her and she was grateful for the help that she received.

Case 2

The next woman to share her experience of mothering in a shelter was Maria, a 23-year-old Hispanic with a 21-month-old child. They had been staying in the shelter for one month. She had not been homeless before and would not talk about how she came to be in the shelter. She arrived there with a male companion, and they claimed to be married. However, having no legal documentation to this effect, they could not live together in the shelter. She stated that she missed sharing the bed with him at night. She and the child stayed in the women's dorm at night while he stayed in the men's dorm. Also, he was not allowed to remain on the premises during the daytime hours. The child stayed with her during the day, so Maria cared for her child 24 hours a day. She had finished high school but had no work experience.

When asked to describe parenting in a shelter, Maria replied, "Well, I don't see the difference, you know, being in my house and being in a shelter. You still have to do the same basic things, though, like feed your kid, be sure they are fed and clean." She acknowledged that the activities of daily living go on, no matter where you live, but she

also identified some differences between living in her own place versus a shelter: “It’s kind of hard here because [kids] cannot do the things [children like to do] play around, run and yell and everything. Right here they are strict about it. I don’t feel the same being here.” Her expectations regarding a child’s behavior were different from what was expected in the shelter. Maria felt that her child, who is less than 2 years old, should be able to run and yell in the building, and shelter rules prohibited that behavior. Likewise, she felt that it was difficult to control a child all the time.

Privacy was another area that was different in the shelter when compared to one’s own home. “You have privacy here,” Maria stated, “but not like you are used to in your own place. You have no separate space from your kid. I mean, you have to be with your kids all the time and, well, it’s kind of hard for me to be a parent here because it is not the same.” Shelter rules required parents to supervise their children at all times. The rules were to ensure safety of the child, provide parental guidance for the child in proper behavior, and encourage the development of close family relationships. However, Maria was not used to constantly having to supervise her child at home.

Maria identified some positive aspects of her current living situation—

As a parent, the shelter has some things that are helpful to me. Like, here is a place for my son to sleep, eat, and take a shower. There’s a playground, TV, clothes, healthy food, a budget plan to save money, rules, counseling, [and] tutors for the children if they are in school.

As with the previous participant, Maria found the shelter’s material resources to be very helpful. However, the shelter rules were seen as both positive and negative. Many of the rules, such as the curfew, lights out, staying with her children constantly

were perceived as negative, but she would also use the rules to give her authority to discipline her children. Maria found the authority aspect of the rules to be helpful and positive for her control of her children.

In summary, Maria reported the activities of daily living to be similar to those to which she was accustomed before coming to live in the shelter. However, the shelter rules conflicted with her conception of how to parent by requiring her to constantly supervise, guide, and/or control her child's behaviors. She did not like the lack of privacy. She found the material resources helpful for the basics of daily living with regard to a place to sleep, perform hygiene, and find food. Her usual life style and autonomy when she was in her own housing were negatively affected.

Case 3

Lupe, a 35-year-old Hispanic woman, was parenting her two daughters, ages 17 and 15, in the shelter. Like Sandy, she had become homeless after divorcing her husband. During the past 3 years, she and the children had been in other shelters. They had also lived on the streets. This time, she had been living in the shelter for four months. She had been a cheerleader in high school. She was extremely proud of her cheerleading activities and had completed her high school education. Her 17-year-old child was a senior in high school and the 15-year-old was a freshman.

When asked how she perceived parenting in a shelter, Lupe responded:

It's a little harder, I think, because, first of all, I have to be a mom and a dad; and for my kids I try, because bad news is always coming and [when] you wake up, you have another new set of questions, another new face and we don't know them Eating is a little different, and you have to eat what they serve and look out for other

people here. This is what is hard for me.

Lupe had discovered that there was no stability in a shelter. People were always coming and going, and persons did not always behave in an acceptable or safe manner. Since others' backgrounds were unknown, one had to be cautious. The ability to decide something as simple as what type of food one was going to eat or how it was prepared was gone. Lupe expressed concern over this loss of autonomy. On the issue of food, Lupe said, "If the kids are hungry, they could go to the refrigerator and get something to eat when we had a home. Here, they can't do that. At home, you can also cook what you want. In your own home, you're free to do what you want." Lupe and her family were missing the freedom and autonomy associated with having their own home.

In addressing the shelter schedule, Lupe commented, "Here you have to do your laundry at a certain time and shower at an assigned time as well. There are no choices as to when those activities are done." At the shelter adults were required to make an appointment to use the laundry facilities. They were allowed to use the laundry once a week for two hours. The various facilities were limited and regulated so that as many people as possible could have access to them. Lupe was dealing with regimentation, scheduling, and loss of autonomy.

Lupe also expressed some concerns about her oldest child: "I have a 17-year-old son. He can't play football or go to evening activities because children here have to be in bed by 8:30. That is hard on him." The regimentation of the shelter provided structure. However, most of the children at the shelter were preschoolers, and the routine often did not recognize adolescent developmental needs such as social skills development and autonomy.

Lupe vowed, "I'm not going to have to go to another shelter. My children want the freedom and security of their own home. My children want their own room and privacy." She expressed the desire to provide her children with their own home and acknowledged their need for space and privacy as they grow into adolescents. She continued:

I am grateful for the things they offer here. Helpful things for parents here are the counselor, tutors for the kids that need help with homework, and rules. It's [like the rules are] a daddy talking to them that they have to be in within a certain time. They have to do the rules or get kicked out. We have a bed, food, showers, and shelter here.

Again, the shelter rules were not always liked, but sometimes the mothers found a good aspect to them. For instance, Lupe found the rules to be helpful as justification for enforcing certain behaviors in her children.

Case 4

Linda was a 26-year-old Anglo with a tenth-grade education. She had not lived in a shelter before. She had been there for three months with her two children. Her daughters were 12 and 3 years old. When asked how she perceived parenting in a shelter, Linda replied,

It's more work in a shelter. You know, for children to go by the rules, you know, they have to be in bed at a certain time. On the weekends kids don't get to stay up and watch TV or play; they still have to go to bed at 8:30. In my own place, I let them stay up on weekend nights.

Once again, there was concern expressed over the loss of autonomy. Shelter rules dictated what she and her children did in terms of a daily schedule. Her family

was not allowed to make their own decisions as to when they would go to bed. Another example of loss of autonomy was reflected in her comment, “You have to eat at a specific time or you miss out on dinner. You know, everyone’s home has their own rules and regulations that you have to abide by, and they do have to have rules in a homeless shelter.” Linda rationalized that such a facility had to have rules but she also expressed concern over her loss of choice of the rules.

Linda also felt that her autonomy to discipline her children was compromised.

You have to battle with your kids every once in a while; and it’s really hard to try and get the children to behave when you have other people that you don’t know, to try and do that job for you, telling your children what they can and can’t do, and how to do this and how to do that. I think I know how, God leads me in my life.

Her children’s reaction to living in a shelter was a major concern to her—“My children have become insecure in a lot of ways, living in a homeless shelter. And it has made them feel, how do I put it, like, something’s missing on the inside of them.”

A positive thing that Linda identified was finding a friend at the shelter for herself—“There’s no income here, but I do have a friend here to talk to. There is a warm bed for your children to sleep in, food, clothing, and laundry.” For her children, the positive aspect of the shelter was material, while the personal one was friendship.

Linda, like those previously interviewed, shared that there was a loss of autonomy in parenting regarding schedule, discipline of the children, bedtime, and determining when they would eat. She was also concerned about her children’s insecurity and reaction to living in the shelter.

Case 5

Cathy was a 33-year old Caucasian who had dropped out of high school in the middle of her junior year. She was divorced and puzzled about why her husband divorced her, since she had always put hot meals on the table on time, cleaned the house, kept the ashtrays emptied, and kept her husband's coffee cup filled. She had lived in the shelter three and a half months. She had four children. Her former husband, who lived in another state, had custody of the older two boys, and she had two children, a 13-month-old and a 2-day-old. So, like several of the other mothers, she had young children with her in the shelter.

When asked how she would describe parenting in a shelter, Cathy replied,

What I actually do as a parent here in the shelter is stay in our room all day and we [play] little games, and sing children's songs. I let my daughter watch educational movies like Sesame Street. She watches Barney; that's her favorite. And we just do a lot of things together. I try to spend as much time as I can with her, playing with her.

Cathy valued spending time with her children and keeping her 13-month-old entertained. However, from the tone of her voice, she didn't seem pleased with having to spend the whole day in one room.

The issue of shelter rules emerged again when it came to discipline.

Because you don't [ever] know really how to discipline them. When I was in my own place, I could spank my little girl's hand. But you're kind of afraid to really do it here. I try to make her sit in timeout, but she just won't sit in timeout because she is too young. It's really hard being a parent in a place like this.

She went on to describe frustration with the rules and expected behaviors in the

shelter:

It would be easier to have a place of our own, but I know that can't be helped right now. They [the shelter staff] get onto us if they [the children] scream too much, if they're hollering. That's hard, especially with a 13-month-old, to keep her from screaming, pitching tantrums. She wants to throw herself on the floor when it comes to timeout, and slap herself in the face. There's not much I can do but just let her throw her tantrum.

Cathy found some things to be helpful at the shelter—"They help furnish diapers, extra bus tokens, getting medications, and personal item. They have beds and cribs for all the children."

She described the difference between parenting in one's own home and parenting in a shelter in the following terms—

When comparing parenting in your own home to parenting in a shelter, it would be easier if we had a place of our own. In our home, [the children] have their own space. They can run, they can holler. They can't get loud like they do at home, and it makes it hard, especially at feeding time. The meals they serve [aren't] what the children are used to or what they like.

Her major concerns seemed to be not being able to fix her own food, shelter rules, and loss of autonomy in deciding how to discipline her children. She missed having space and freedom for her children to run and shout.

Case 6

Tash had an eleventh-grade education and lacked a high school diploma, like Sandy, Cathy, and Linda. Tash was 24 years old. She was Caucasian. Her family

consisted of two children, 6 and 4 years old. The 6-year-old attended kindergarten and the 4-year-old went to preschool in the morning. Before they came to the shelter, they had lived in a car.

Tash's story about parenting in a shelter revealed that she felt that it was hard to discipline her children in the shelter. "It is hard to parent here because there are other kids around and, when there's kids all together, it's hard to discipline them. They just want to be running around with other kids. In here, you just live with the children behaving differently."

Tash talked about the need to pay more attention to children in a shelter because of the shelter's rules and safety. "You have to give the kids more supervision here. When you have your own place, they can be over there in their room playing and you don't have to be watching them all the time. Here, you have to be with the kids at all times."

Tash had different expectations of parenting behavior from what was actually happening in the shelter. The other mothers exhibited a reliance on yelling, even though, according to shelter rules, they were not supposed to yell. "Here all the mothers are yelling at their kids and all this and that, and it's kind of hard, you know. I mean, I would discipline my little girls by sitting them in the corner or something, and here it's all about yelling."

The resources available for the children were appreciated and mentioned as a positive thing that helped her to parent. "We have food and clothing. They gave backpacks to the school children."

However, the food was also not always of the quality that she liked. She gave

an example—"The food is not everything it could be. Yesterday, they had mashed potatoes with hamburger, gravy, mixed vegetables and bread. Today, we only had macaroni."

She noted, "You're more responsible at home. You have your groceries, you can cook, move your furniture around. At your own place you can cook; here, you can't cook. Here, it's not like you're paying any bills." She had noticed a loss of autonomy and accountability in several ways in the shelter setting. Tash attributed the loss of power to her lack of money.

Tash advised, "It's better to have your own house. You just got to cope with everything that's going on around. You try your best to get along with everyone. It's hard to discipline the kids. You just have to be with your children and watch them all the time here." The difference between parenting in a shelter versus a home was that it was harder because a parent might also be dealing with a diverse group of people with many needs, while the shelter had its own expectations of behaviors that were often different from those of the family.

Tash described problems that had already been identified by the other mothers—shelter rules, methods of child discipline, and issues about the food. The unique theme that emerged was the lack of power or autonomy in relation to the lack of money. She also felt that paying her own bills would empower her to have freedom to decide about her own life.

Case 7

Dora was a 43-year-old Native American. She was the oldest mother in the study. Her husband had divorced her and she had had trouble finding employment. She

had dropped out of high school in the middle of her junior year. She had five children. Three of the children were grown and lived near their father. They were 19, 23, and 24 years old. Her youngest two children lived with her in the shelter. They were girls, 11 and 13 years old.

Dora described parenting in a shelter as follows—“It’s no different than taking care of the children at your own home. Everything is fine the way it is here. The food is plain, but we have shelter and a bathroom.” Mention of having a bathroom is interesting because homeless people on the street definitely have a problem in accessing bathroom facilities. She placed a value on having bathroom access. She denied having been homeless before when we started the interview.

When asked how her day was spent as a parent, she replied,

It’s no different than living in a house. You have your chores to do and all. It’s no different than taking care of the children at home. The only thing that I miss is the cooking. I used to fix the girls a lot of different foods. I’ve noticed here that a lot of the kids don’t eat vegetables. They do things different.

Dora noted that there are tasks to perform in activities of daily living, no matter where one lives. However, like several of the other mothers, she missed the autonomy of choosing her own food and method of preparing the food.

She went on to describe her day as a parent—

I get the girls up, make them get ready for school, make sure they go to breakfast. I make sure that, the night before, they shower, have their clothes ready for the next morning, so they won’t have a hard time. They can eat breakfast and make sure they’re not late for it. So actually, it’s no different from your own home.

Dora was planning ahead for her daughters and providing guidance and assistance in carrying out their daily work. She approached it as a natural and expected behavior on her part as a parent, no matter where they lived.

When asked what was helpful to her as a parent, her reply was unique among the women in the study. She was the first mother in this study to talk about working with a social worker as being a helpful experience and giving her hope of changing her situation.

We all work with a social worker here. I write down goals and options with the social worker. This is helpful to me. It lets me know that there is a light at the end of the tunnel; that we will get back on our feet. We will get back in our own place again.

She had a positive attitude and felt that she was making progress toward her goals.

Case 8

Jennifer is a 26-year-old Hispanic who had been divorced about 17 months earlier, and her assets were gone. She had completed high school. The other mothers all had more than one child; she had only one child. Her 8-year-old son lived with her in the shelter. They had lived in the shelter about three months. Her answer to what it was like to parent in a shelter was simple—"I discipline, that's about it." Controlling her child to meet the behaviors and rules required to stay in the shelter was her main concern as far as parenting was concerned.

She had started out trying to convince herself that the shelter was like home in some ways. The difference between parenting in a shelter versus a place of her own, she described as follows: "It's not bad. It's about the same as living at home in a lot of

ways.” Then she pointed out differences between her expectations and standards and what some other mothers were doing.

She described the differences between her standards and those of the shelter. One of the differences was the method of discipline of the children—“It’s the others [mothers] here, though. I wish they would discipline their children right. Quit hollering at them.”

Another difference that she noted was the cleanliness of the living quarters.

[Parents] keep [their] rooms clean. I offer to help to do the rooms and stuff, the family room. They [the other mothers] say no and just leave it, and it’s a bad mess, dirty diapers on the floor. It’s real bad in some rooms. It’s a whole lot different here than home.

Jennifer found the availability of basic resources very helpful as she worked to provide for her children. She identified the food and clothing availability as valuable. “The most important thing here is the food and clothing. I’d be lost without having food and clothing.”

The food was both a positive feature and a negative feature—“But sometimes the food is so bad that I can’t stand it. I wish that there was someone better here to cook.” Note that this mother did not say that she missed grocery selection and food preparation; she wished for a different cook or better quality of food.

Jennifer found the food and clothing helpful but she did not like the quality of the food or the hygiene of others and what she considered a lack of cleanliness of the facility. Her standards and practices were different. Her first response when describing parenting in a shelter was about controlling and disciplining her children. The other

functions of parenting were not described except for providing food and clothing.

Case 9

Bernie was a 28-year-old Caucasian who lived in the shelter with her 1-year-old child. She had never been married. Bernie had completed high school and was interested in taking college-level classes. This was the second time that she had lived in this shelter. She had lived in the shelter for three months this time. She described the experience of parenting in a shelter as, "Sometimes it's easier, sometimes it's harder."

When asked to explain how it was easier to parent, she replied,

We have so many women back there . . . it makes it more convenient for us moms because if we need to run to the store or just whatever, we've always got a babysitter right there because we got so many other moms and so many other women, so they help out a lot on keeping an eye on the kids and that type of stuff.

Bernie was able to form relationships with other women in order to exchange childcare and find a social support network for her family.

On the other hand, she related, "It can also be so much more difficult because we are so crowded right now. It makes it hard because it's very noisy. It's real hard to find a little private space where you can have one on one time with your kids." She was actively searching for privacy to have personal time with her child [to do] child-related activities that were beneficial to the child and not just a function of providing activities of daily living.

When asked directly how she parented, she replied, "Basically, I look after my child's basic needs, make sure her diapers are dry, she's well-fed, and happy and healthy. Just let her know that she's loved, you know, just spending time with her."

Bernie was concerned with providing emotional care as well as physical care for her child. She was the only mother who discussed child care beyond the basic physical and controlling level.

Bernie described how she found parenting in a shelter different from parenting in her own home.

I do the same things with my child that I did before we came to the shelter. The kids become closer to their parents in a shelter. It almost opens up a closer relationship, because everything else in their life is so unstable, and their parent is their stability.

This mother had a positive outlook. Dora was the only other mother who was so positive about her situation and future prospects. Bernie was making the assumption that the parent is stable even though the parent often had been through a host of challenges before coming to the shelter.

Bernie reiterated the positive aspects of being in a shelter—

We get diapers, formula, baby food, basic necessities. The agencies around town try to work together to provide training and housing. This is a real good shelter. They have a lot of people around here that really care.

Bernie also mentioned that there was training and a program to regain housing. These programs required work on the part of the mother in order to participate and be successful. Bernie was the only mother to mention the availability of training or education.

Cross-case Analysis

Cross-case analysis was performed on the above nine cases. Originally, in reviewing the cases, 33 categories were identified. After further review, the categories

were collapsed and reduced to six. Labels for each of the emerging six categories were taken from either “in vivo codes” or were more globally developed from recurring content in the interviews. The following labels were assigned to the remaining categories—(a) “Free to Do What You Want,” (b) Material Resources, (c) “No Separate Space,” (d) “Another New Face; No Locks” (e) “Hard to Teach Your Kids What to Do,” and (e) “My Friend, Irene.”

Free to Do What You Want

Shelter rules and regimentation were the focus of content during many of the interviews. Eight of the nine mothers viewed the shelter rules and regimentation as an issue. The rule-related content most frequently centered on discipline of children and the structure of personal and child time. Several participants made comments along the lines of this one regarding discipline—“It’s when you discipline your children at home, I’m so used to . . . whipping my kids on the bottom. . . . But here you’re not allowed to whip [them], you have to put them in time out.” Overall, the discipline-related comments reflected a conflict between personal, home-based, styles of disciplining children and those required by shelter rules.

Another area frequently mentioned by mothers in this group of eight was that of shelter rules related to how they or their children were required to structure their time throughout the day. Many of these comments also suggested that shelter rules extended to where and under what conditions a person was to spend their time. Typical comments along these lines were, “[Here] you have to be in your room”; “You have to get permission to be with your husband”; “[You] have to be [with your children] all the time.” Also, two mothers noted the strictness of shelter rules in relation to their

adolescent children—“My son is a teenager. He likes to go out . . . play football after school, but he can’t do that [here]”; and, “It’s a freedom issue with him because he’s a teenager . . . he should have more freedom than what’s allowed here.”

Three of the mothers talked about the rule that required them to look for a job. They saw the rule in a negative light because job hunting required time, energy, and organizing for transportation and child care. It was their impression that there were not many jobs available and that the jobs that were did not offer enough money or benefits for subsistence.

Two mothers mentioned that the zero tolerance for use of alcohol and drugs impinged on their right to enjoy themselves on a date. However, the other mothers thought that it was a good rule, as they did not want to have people under the influence of alcohol or drugs around their children.

In general, the rules and regimentation in the shelters were viewed mostly as necessary to maintain order at the shelter. A prevalent perception on the regimented schedule and rules was best captured in the statement of one mother—“That’s all we do all day, over and over. It’s that way all seven days of the week.”

Material Support

If what was helpful to being a parent in the shelter environment could be identified, perhaps that could form the basis for interventions or lead to the development of more research in this area. One of the major areas in which the homeless shelter was helpful to parenting in this study was in the provision of material resources.

Five of the nine mothers related positive elements about parenting in the shelter environment. They reported being helped in concrete, tangible ways. When asked to

expand on this topic, four mothers said that the provision of physical shelter and food was most valued. “We have a place to stay” and “They feed us three healthy meals [per day]” were two comments representative of this helpful aspect of sheltering. Other material resources reported to be helpful by the mothers included transportation, toys, recreation and school equipment for the children, and laundry facilities.

These five mothers also mentioned other elements of material support such as assistance with child care/babysitting services, transportation, welfare issues, education, and job training. These participants described these support elements in comments such as “[The staff] helps you out,” “[They] help you to stay,” and “[They] provide you with everything.” One mother found a new friend and described that person as supportive. Help with supervising their children and their safety, help with containing noise in the immediate surroundings, not having the feeling that they were alone, and having a chance to learn were all elements that were positively valued in the shelter environment. Overall, these five mothers perceived the environment as helpful and stated that their needs were being met.

No Separate Space

The issue of assigned space in the shelter and the environment had three distinct aspects. One aspect revealed the lack of private space and the freedom that results from having such a resource. The second aspect was relief at having a sheltered space, no matter the lack of a space for the luxury of privacy. The third aspect was yearning for a better, private space where there could be choices and autonomy for themselves and their children.

“Parenting can also be so much difficult because we are so crowded right now.

It's very noisy here," related a mother. Another mother said, "I don't mind really, being in a place like this; it's better to stay here than being on the streets." Another mother was concerned for her son—"But, my son, he can't go in the lady's part so he has to go outside and it's cold and there's no privacy for him in the male quarters."

The shelter environment was described as different from a home:

It's not the same as being in your house as being in a shelter. When you are in your house, I mean, you let 'em play all over the house and everything. I let my kids know this isn't a place where you want to be at. You know, I'm not trying to make this a home.

This mother is acknowledging the lack of privacy and autonomy that a home allows its occupants. In a shelter, behaviors have to be modified or given up because there are many people living in a small community where the resources are shared. The same observation about the loss of privacy was made by another mother—"It's kind of hard here because you cannot do the things, like kids like to play around, you know, run around and do, yell and everything, and right here they're strict about it." There is no place available for the children except a small common living room for all females and children in the facility. Another mother said, "You're more responsible when you have your own place. And the kids. When you have your own place, they can be over there in their room playing and you don't have to be watching them all the time." Yet another mother reflected on the same problem—"In our home they have their own space, they can run, they can holler."

One mother missed the freedom afforded by the lack of resources to have somewhere to rest. "At home, you could relax, lie down on the couch and everything.

and here they're not allowed to do that, you know." She noted the loss of choices along with the loss of resources—furniture that is comfortable and space.

On the other hand, two of the mothers were grateful for the shelter. They made two strong statements—"They're helping me, you know to stay here. I have a place to stay. It would be pretty bad if my son dies in the street." "I just thank the Lord that we have a roof over our heads."

Yet another mother described the shelter environment—

I mean it's OK to temporarily stay until you get back upon your feet again, because you want a warm bed for your children to sleep in and food, clothing and to be able to do your laundry and stuff.

One mother had the goal of obtaining assignment to a larger, private room in the shelter. A second mother reported, "I know my goal is to get a better home for my kids. Get a little house trailer. I'm trying to better ourselves. I want a good home and a good environment." Concern for her children's welfare was evident in what the third mother related—

My kids want a home, they want the security, you know of having their own home. . . . You're not goin' to have to live in a homeless shelter for a long period of time. . . . I want to give them a secure home, and they're going to be in a home with their own room and can have the privacy that they want so they don't have to be bothered.

The fourth mother wanted more room. "I want absolutely more space and more room. Private areas where parents and their kids can go just to have one-on-one time because I think that's real important." The fifth mother said, "I don't feel the same, you

know, being here. You have privacy here but not like you used to. I'd like a home. There's more freedom, you know, being in your house."

In summary, it is evident that the mothers were grateful to have shelter but they and their children were missing privacy. They were missing more than just privacy, however. Privacy provides the possibility of choices, autonomy, and accountability. These are luxuries that the families did not have very much of in the shelter. They yearned to regain a space with privacy and the elements that privacy permits.

Another New Face; No Locks

Four of the mothers had thoughts about the security of the shelter. There were no locks on the rooms at the shelters. The other women and children could roam through the rooms at will. The other shelter had very few private rooms; mostly, the beds were in an open ward. However, the men were not supposed to go in the women's side of the dorm at either facility. Everyone had to come through the front desk at the shelters, and one of the shelters had a camera surveillance and intercoms. Two of the mothers felt that there was protection and safety in the shelter, and two definitely did not think that there was enough security. Two of the mothers reported having had possessions stolen, and one of those mothers reported that her wallet had been stolen while staying in the shelter. A typical comment was, "You never know who's going to go into your room." Another mother believed that there was security for her children in the shelter—"The kids are protected here; they'll eat, they have a place to sleep. I mean, a bed. They'll take a shower." Several of the mothers reported that the other mothers supervised children, which was helpful and/or gave them a sense of security.

Hard to Teach Your Kids What to Do

The mothers did not always find the shelter environment helpful in teaching their children behaviors that they valued. Parenting was described as being more difficult in a shelter for several reasons. “It’s a whole lot different here than at home,” is the way one mother described it. Some of the major concerns were discussed. Behaviors that were being taught by some of the mothers were an issue.

One mother gave two examples of this problem.

1—I’m so used to, you know, at home I was always taught when it’s time to eat, you say your prayer to God and you be quiet while you’re eating, no talking at the table. But it’s so noisy in there.

2—Everybody in the family room is looking at television and you’re so interested in a movie and everybody else is talking, and you want them to be quiet but they’re like, “We ain’t got to do nothing, we’re grown up too.”

This particular mother noted behaviors that were difficult if not impossible to teach to her children as well as behaviors being displayed that she did not want her children to copy.

Several of the mothers related that they were told by staff or other mothers how to deal with their own child. The advice was not welcome. A mother stated, “I don’t like nobody to tell me how to treat my kid.” The mothers were seldom alone with their children, and most of their parenting interactions occurred in front of other people, who often felt free to offer their opinions or, in the case of the staff, their rules or values.

There was no autonomy for making rules. The children had a curfew, a bedtime, mealtimes, and arising time set for them. The mothers had no input into the

decision. Even when and how they showered was already decided for them. One mother voiced her frustration—“Well, you have certain time limit on child washing now.”

One mother found that other mothers and children did not have the same values or behaviors that she had been practicing, and she found a conflict. “There are problems I didn’t have with my children before I brought them here. They get around other kids here and they don’t want to mind at all.” Another mother discovered, “Parents are real different with their kids.” She was trying to keep her child away from other children in the shelter.

The mothers found that their authority as a parent was taken away or compromised by the shelter rules. Most of them recognized that, in a communal setting, rules were necessary. The mothers said things such as, “Everyone has to go by rules and they have restrictions in life.” Other mothers sometimes preferred that the onus was not on them for the rule—“It’s like a daddy speaking to them and they have to listen or we’re going to get kicked out.” However, “Sometimes, children find it hard to remember and stick to the time limits, you know, and the rules. They tend to forget ‘cause they get into doing something. They just don’t always remember.” It is natural for children to have this type of problem but the consequences of not obeying the rules can be loss of shelter for the family. There is an extra stressor and a difference in how to respond to the rules and parenting in a shelter as compared to one’s own home.

Two of the mothers viewed teaching as part of raising children. One mother found that she had some opportunities to teach her children as she had done in their own home; however, the time available was different. “I’m trying to teach them little things,

like their numbers and little songs.” The second mother said, “I’m trying my best, you know, to be the right parent, to be a model parent for him, teach him what’s right and wrong. I don’t want him to learn bad things in a place like this, you know.”

On the issue of parenting, one of the mothers found the structure of a schedule and rules to be helpful. She said, “I have learned, you know, a lot of things about parenting here. At least I have learned how to take care of my kid.” Structuring and scheduling seemed to be a new concept to her that she found useful.

Raising children and trying to teach them values, behaviors, and traditions were a challenge in several ways that were different in a shelter than when the mothers had their own homes. The mothers reported that learning to be patient and listening were becoming skills for them as they faced parenting challenges in the shelter. Their children and frustration with the situation could be motivators for the women. One mother told, “I’m trying to get myself together here and reach my goals and get out of here.”

Like My Friend, Irene

Five of the nine mothers gained social support from the other women in the shelter. One mother related how she valued her new friend, Irene, whom she had met in the shelter. The mother shared her problems and searched for solutions with her friend’s input. “When I have a problem I was taught to keep it to myself and find the answer on my own. So I just pretty much kind of stay to myself or talk to my friend, Irene.”

Another mother noted that there were “a lot of people around here that really care.” She found the other women in the shelter to be helpful, in addition to the

counselors. She stated that their needs were being met and, “if the shelter can’t handle something for us, they usually know what can help us.”

“Getting input from the other ladies that are here” was helpful to a third mother. The mothers shared information about helpful resources, experiences, and problem solving. The mothers found that they had common problems that they were working through. Mothers found that they could talk, listen, and be listened to as they shared feelings and challenges that they had to work through.

A fourth mother related that one of the women sharing her room “helps out with my daughter.” She found sharing supervision of children helpful. “If you need a sitter there’s someone there to watch ‘em.” A fifth mother found the support from other women a helpful element to parenting in a shelter. “They help out a lot on keeping an eye on the kids. You are not stuck dealing with a kid every minute by yourself.”

The social support was a positive, valuable component to the parents. The mothers shared information, problem solving, and child care tasks. They were able to “not feel stuck here alone.”

Summary

The stories of nine mothers parenting in one of two homeless shelters were told. Each mother described what it was like to parent in the context of a shelter. A description of the special challenges that they faced emerged. Six major *in vivo* codes emerged: (a) “free to do what you want,” (b) material resources (c) “no separate space,” (d) “another new face, no locks” (e) “hard to teach your kids what to do,” and (f) “my friend Irene,” which described the value of social support. The majority of the mothers reported the same perception of the problems and issues that they discovered as parents

in a shelter environment. Chapter 5 includes a discussion of the findings, establishing the trustworthiness of the data, limitations of the study, and suggestions for future practice and research.

Chapter 5

Reflections and Discussion

This chapter addresses three aspects of the study. First, major concepts and themes that emerged are compared to the findings from previous research. Second, the method of evaluating validity and trustworthiness of the data is described. Then the limitations of the study are discussed. Finally, implications for nursing practice and recommendations for further research are presented.

Comparison of Findings to Prior Studies

The typical mother in a homeless shelter in other studies is single, is in her late 20s, and has 2 children less than 6 years of age (Bassuk et al., 1996; Rog, McCombs-Thornton, Gilbert-Mongelli, Brito, & Holupka, 1995; Shinn & Weitzman, 1996). The mothers in this study ranged in age from 23 years to 43 years, with a mean age of 29.3. All of the mothers in this study were single. Mothers in this study were also similar to and differed from prior studies in other ways.

Educational Level

In this study, four of the mothers did not have a high school diploma, 4 mothers had completed high school, and 1 mother had a General Education Diploma and 2 years

of college. The mothers in this study had a higher level of education than the largest studies done previously. For example, Basuk et al. (1996) gathered data that reflected that the majority of homeless mothers did not have a high school diploma. In the study by Rivera (2003), all 50 homeless or formerly homeless women interviewed in Boston lacked a high school diploma.

Family Composition

A report regarding the population in the shelter released by the City Rescue Mission of Saginaw (2004) stated that 84% of homeless families were headed by females. In general, 60% of homeless women had children 1 to 17 years of age and 62% of these children were 8 years old or younger.

The last census (in 2000) and study regarding the homeless population on a national level was analyzed by many governmental agencies, including the Urban Institute. The Urban Institute (2000) revealed that 39% of the homeless population was composed of children. The families that came to shelters were frequently limited to two children due to the space available. In this study, all but one mother reported having one or two children in the shelter. The average number of children present with each mother in this study was 1.67 while the ages of the children ranged from 2 days old to seventeen years of age. The typical mother in a homeless shelter is single, is in her late 20s, and has 2 children less than 6 years old ((Bassuk et al., 1996; Rog, McCombs-Thornton, Gilbert-Mongelli, Brito, & Holupka, 1995; Shinn & Weitzman, 1996). Two mothers had other children but were separated from them. It is a typical occurrence for a mother in a homeless shelter to be separated from some of her children (Urban Institute, 2000).

Rosenbeck, Bassuk, and Salomon (1998) conducted one of the most definitive studies on characteristics of the homeless population. Their surveys revealed that the trend for a homeless family in a shelter was to have children younger than 6 of age. The families in this study were similar in age composition to those reported in other homeless shelters.

Emerging Themes

Each of the themes that emerged during the interviews is briefly described. Then each emerging theme in this study is discussed and compared to findings in previous studies.

Free to do what you want. The women in the present study perceived a loss of personal freedom. As one mother put it, “I don’t feel the same, being here. There’s more freedom, you know, being in your own home.” The lack of freedom and autonomy was a problem with which the majority of mothers were trying to deal. Eight of the nine mothers in the shelters viewed the shelter rules and regimentation as a negative aspect of her life. The rules were largely viewed as a necessary evil because of the large number of diverse people living together. One of the mothers believed that the rules were good in the shelter and that the rules were helpful. Other concerns that limited the mothers’ freedom included shelter rules prohibiting socialization with men, inability to discipline children as desired, and the need to supervise their children at all times. Children’s freedom to play, run, and make noise was also limited by shelter rules.

The regimentation of shelter life was also viewed as a loss of freedom. For example, mothers complained about having to eat, shower, and do laundry at specified

times. Shelter rules regarding curfews and lights out were other examples of lost autonomy.

Three of the mothers talked about the rule that required them to look for a job. They saw this in a negative light as requiring much time, energy, and organizing for transportation and child care for them to fill out applications and go to interviews. The mothers stated that there were not many job openings. The jobs that were available to them were viewed by the mothers as not offering enough money and benefits for their families to realistically be independent.

Two of the mothers stated that the zero tolerance rule to the use of alcohol and drugs impinged on their right to have a good time on a date. However, the other mothers stated that the zero tolerance rule was a good rule, as they did not want to have people under the influence of alcohol or drugs around their children.

The findings of this study are similar to those of prior research with homeless mothers with children living in shelter settings. Hodnicki and Horner (1993) reported that mothers in a shelter found that they struggled to gain independence within their circumstances. The study findings are also consistent with an earlier study that addressed shelter rules (Fogel, 1997). Fogel found that mothers reported loss of control over several aspects of their lives because of the shelter rules that they had to follow about parenting, discipline, chores, eating, sleeping, time to get up in the morning, and fraternizing with the men in the shelter. Fogel also reported that the mothers agreed that there had to be some rules to maintain order in a communal setting.

Menke and Wagner (1997) indicated that the mothers in their study reported a loss of freedom. Rules and regulations in a transitional shelter in North Carolina were

also viewed by the mothers as conflicting with family life in research completed by Fogel and Dunlap (1998). When asked by Choi and Snyder (1999a) to describe how they thought that homelessness and living in a shelter affected their parenting, the mothers told of frustration over loss of control and autonomy. The mothers in Kissman's (1999) study also reported that the shelter rules were rigid and the mothers felt stressed and disempowered by them. Friedman (2000) made similar discoveries in her study of the mothers in the Massachusetts family shelter system.

In conclusion, even though the mothers realized that there had to be rules and regulations of some type, the rules were someone else's. The rules were not the same rules that they had valued and maintained in their own homes. The shelter rules took away self-determination and expression of values from the mothers. These findings are consistent with those of other studies of homeless women with children in shelters.

Material resources. In this study the mothers valued the resources that were available to them and their children in the shelter. They mentioned having shelter, including a bed, showers, food, and clothes. Five of the nine mothers recounted that the material resources that were available to them in the shelter were extremely helpful to them. Shelter and food were the most mentioned material resources, followed by toys, recreation equipment, and laundry facilities. The services most mentioned as positive resources were child care, educational services and transportation.

Styron et al. (2000) conducted research in New York City in a shelter that provided clean, safe, private apartments with cooking facilities for their families. Those mothers had a positive view of the environment and most regained housing for their family. The mothers in Johnson's (1999) research reported that they felt that the shelter

was a safe space to recover and reorganize. In Georgia, the mothers in Lindsey's (1996) study perceived that their restabilization was negatively affected because of the struggle for external and personal resources. It is evident that the material resources that a shelter provides were critical to these mothers. They could easily identify shelter, food, and laundry facilities as important to their families, but the lack of personal possessions, such as pots, pans, dishes, and linen that would have to be obtained to live independently was not mentioned by any of the mothers in this study. Social workers in the two shelters used in this study, however, mentioned that the struggle to find these items for each family was not an easy task.

No separate space. The one thing on which all of the mothers agreed was the lack of privacy for themselves and their families. One mother summed the desire well—"Absolutely more room and space; private areas where parents and their kids can go just to have one-on-one time; a place where a mother can have some privacy for herself as well." One of the shelters did not allow a mother to rest during the day; she always had to be doing something and could never lie down or nap. A private space would allow a mother to do what she wanted without being under constant observation and open to having her behavior judged every minute of the day.

Previous research identified similar results. Kissman (1999) reported that the mothers felt crowded, with little privacy, and disempowered. In Baumann's (1993) study the mothers went so far as to say that the loss of privacy threatened individual and family integrity. Public mothering and the lack of privacy was also a major problem related by the mothers in a study by Boxill and Beaty (1990). The loss of privacy and the autonomy that it would afford a mother or family are aspects that have not been well

explored in the literature. One of the punishments meted out to prisoners is an open jail room and toilet facility. Is that what is happening to families in shelters, who are already under stressful circumstances?

Another new face: No locks. Stability and security were another concern for some of the mothers, even though some were satisfied and viewed the shelter as safer than the street or where they had previously been. People of various backgrounds were always coming and going in the shelter environment. Four of the mothers in the current study expressed concerns about the stability and security of the shelter. There were no locks on the rooms at one shelter. Although men were not supposed to go in the women's side of the dorm, any woman could easily enter another mother's room. All people had to come through the front desk at the shelters, and one of the shelters had camera surveillance and intercoms. Two of the mothers stated that there was protection and safety in the shelter and two stated that there was definitely not enough security. Two of the mothers reported having had possessions stolen and one of those mothers also reported that her wallet had been stolen. The women reported, "You never know who's going to go into your room." Another mother stated that there was security for her children in the shelter. She said, "The kids are protected here, they'll eat, they'll have a place to sleep. I mean, a bed. They'll take a shower." Several of the mothers reported that the other mothers would also supervise their children, which was helpful or gave them a sense of security.

There were mixed findings in other studies regarding security. The findings of the current study concur with previous research (Choi & Snyder, 1999b; Fogel & Dunlap, 1998; Hodnicki & Horner, 1993; Menke & Wagner, 1997). The mothers in

those studies reported a lack of stability in the environment within shelters and that security was a major issue. They reported that they were constantly alert to identify and guard against danger for their children, and that they had developed a sense of security because of the other mothers watching over each other's children. Mothers in a study by Hodnicki et al. (1992) described having to guard themselves and their children. The mothers related that they devised strategies to keep safe, such as avoiding unsafe situations, determining ways to meet basic needs, and learning to deal with time.

On the other hand, the mother in the current study who reported feeling secure in the shelter mirrors the reports from other studies. For example, Styron et al. (2000) conducted research in New York City in a shelter that provided clean, safe, private apartments with cooking facilities. Those mothers had a positive view of the environment and most regained private housing for their family. The mothers in Johnson's (1999) research reported that they felt that the shelter was a safe space to recover and reorganize. The mothers in Johnson's study had come to the shelter in order to recover from "accidents, harmful relationships, and poor lifestyles."

Hard to teach your kids what to do. The mothers in the current study indicated that one of the differences between having one's own home and living a shelter was dealing with different values and practices in raising children. Examples included differences in eating and manners while watching television, giving snacks to children, and teaching children appropriate behaviors. The mothers commented on the behavior of the other children in the setting as poor examples of appropriate behavior.

When compared with other studies, some indirect similarities are noted. Page and Nooe (2002) revealed that the children of mothers in shelters had high levels of

distress related to mothers' experience of childhood risks, chronic homelessness, residential instability, and food insufficiency. In the same study the mothers were thought to be more vulnerable to instability and to have less opportunity because of the restrictions on welfare benefits. These factors could influence a sense of self and loss of identity. Teaching family values and traditions is an extension of identity. Fogel (1997) reported that the mothers in a transitional living shelter could function better and regain a place in the community of housed people if they kept a sense of identity. Montgomery (1994) found that the mothers overcoming homelessness had to create a new self. Shelters tend to take away or reinforce the loss of identity because of the communal aspects of living and the dictation of behavior according to the values of the shelter personnel or owners, such as the values of a charity that was sponsoring the shelter. This aspect of mothering in a shelter has been poorly explored.

My friend, Irene. Five of the nine mothers in this study reported that they had gained social support from the other women in the shelter. One mother especially valued a new friend. Friends were rare for these mothers, so this particular mother very much treasured her new friend, "Irene." The mothers found that they could share their problems with others and search together for solutions. They found that they had common problems to work through and shared their experiences, resources, and knowledge of how to deal with the challenges that they were facing. The social support was a positive and valued influence for the mothers. The mothers were able to feel "not stuck here alone."

Other research completed with homeless mothers reported similar findings. Friends and social support were valued and contributed to a positive experience and

progress toward regaining stability for the mother and her family. Parents were reported to have few social support networks in public shelters in Massachusetts in Friedman's (2000) study. Styron (1997) examined the experience of family homelessness by single mothers before and after they had left a shelter. The mothers reported that interpersonal relationships gave them social support that they needed to work toward and keep an independent living situation. The mothers in Thrasher and Mowbray's (1995) study reported that they needed the help and social support of many people to regain an ability to live independently. Banyard's (1995) research reported that the mothers living in a homeless shelter had used developing relationships with others for social support and to increase resources as a survival strategy. Similarly, mothers in Montgomery's (1994) study related that one source of personal strength that allowed them to overcome homelessness was mobilized by participating in the community and acting positively with others, which allowed them to bond and even find a purpose in life by helping others. Baumann (1993) reported that the mothers in a shelter in a New York found that it required energy to maintain connections to people and sometimes it was difficult to have the energy that was necessary to maintain social support networks. Indeed, social support is an issue for homeless mothers in shelters. They need the energy and knowledge to cultivate a social support network and to maintain or regain their networks.

Summary. The results of this study have been compared to previous work on the topic of mothers of families living in shelters. The themes reveal the need for more study in certain areas. Resources are critical to the survival of these families, but how such resources are furnished should be examined further to find the most positive

manner in which to accomplish this task. Researchers must question the type of counseling offered and the effect of shelter rules on these mothers. More self-governance of shelters, as proposed by Friedman (2000), would be helpful. It is clear that these mothers need resources and the opportunity to regain or develop a social support network. It does not appear that present practices are facilitating the development of a social support network for these mothers.

Establishing Trustworthiness of the Data

Based on the work by Lincoln and Guba (1985), constructs of credibility, transferability, dependability, and confirmability were used to examine the trustworthiness of data generalized in the study. The goal of *credibility* is to demonstrate that the study was performed in such a way as to ensure that the subject of interest was accurately identified and described. In qualitative informed research, credibility is obtained by verification of the collected data. The emerging schema identified by the researcher in the interviews was reviewed (when possible) by the participants for verification, and participants were given the opportunity to add data. The situation afforded the researcher the opportunity to verify the data with six of the nine mothers. These mothers reviewed transcripts of their interviews and agreed that what they had said and meant was accurately captured in the transcript.

Information can emerge continuously during a study and it is valid to keep adding to the information base as it becomes known to the researcher (Schatzman & Strauss, 1973). Lincoln and Guba called this process a *member check*. All of the mothers who met criteria for the study were invited to a focus group, an informed consent form was signed by each mother, and the categories with the quotes that formed

themes were distributed to the women. The women were asked whether these accurately described the theme category and whether they had anything to add to quotes already listed. In each of the two facilities, the mothers agreed that the material was accurate and that what they had to say was reflected in the content of the quotes already listed. At one facility only two of the original mothers were in the focus group because the other mothers had already left the shelter. There were a total of five mothers in the group, three of whom were not part of the prior interviews but who were parenting young children in the shelter setting. At the other facility, three of the original mothers participated in the focus group, and they were joined by one other mother. In each of the two facilities, the mothers agreed that the material was accurate and reflected their perceptions of parenting in a homeless shelter. What the mothers had to say during the focus groups confirmed that data gathered in the individual interviews. The mothers agreed that they had little privacy while trying to parent. One mother said, "Someone is always there watching." All of the mothers had something to say about the rules. They thought that the rules were necessary but somehow negatively affected their family. A mother stated, "Can you believe that there is a limit on the time for child washing? I just can't get over it." They thought there were too many rules. "There's always a rule, If one thinks you might get any rest-you don't-there is a rule against it." They were in agreement with the categories and quotes. One mother who was not previously interviewed said, "I didn't say that stuff on the paper, but I could have. It's the same for me."

Transferability is the applicability of the findings to another context or place. Lincoln and Guba (1985) purported that a "thick" description of the event creates the

possibility of transferability. However, they did not specify what is meant in a delineated fashion by the term *thick*. The data should provide for the widest range of information possible. Sampling should continue until no new information is obtained in the interviewing process. Depending on the researcher's judgment and experience, the findings may be applicable in another setting or population. However, caution and weakness in such application cannot be ignored. The gathering of data from two sites helped to enhance the transferability of the findings, as did continuing interviews to the point of data saturation. Another consideration is the restrictions of the geographic site, which may limit the transferability of the findings to another location.

The *dependability* of a study occurs in the accountability of the researcher to explain changing conditions in the setting or research design. The ability of the research to provide rationale and clear definition of steps taken in the study is important to the possibility of future replication of the study. The steps taken in this study are detailed in chapter 3 to facilitate replication of the study by other researchers.

The objectivity of research is reflected in the construct of *confirmability*. The inherent characteristics of the researcher must not intrude on the data, and the researcher's objectivity must be preserved. The data should evolve and be interpreted from its own strength. In order to preserve the objectivity of the data, the researcher must be careful to be a "devil's advocate" to question the analysis, engage in the search for the negative instances, practice value-free note taking, and devise tests to check for objectivity, utilizing the guidance of previous researchers. Other people who contribute in this way are called *auditors*. In this study, the auditors were the members of the dissertation committee.

Limitations of the Study

The limitations of this study affect the future interpretation of the research and the utilization of findings in practice and theory building. The work of Marshall and Rossman (1989) was used to identify the following limitations of this case study.

1. The researcher may have failed to identify some of the relevant data because of the large amount and complexity of the data.
2. The data may be open to misinterpretation due to socioeconomic or cultural differences between the researcher and the research respondents.
3. The data are dependent upon the cooperation of a small group of informants.
4. The data were subject to observer effects, such as unintentional obtrusive and reactive responses or actions on the part of the researcher or other people in the field setting.
5. Data collection and interpretation were dependent upon the ability of the researcher to be resourceful, systematic, and honest, as well as able to control bias.

The data was protected from the above five errors by having an objective panel- the members of the dissertation committee- to control for bias, ensuring the data were recognized and systematically analyzed. The group of informants was small, which can be a limitation, but continuation of data collection to the point of saturation helped to address this issue. The requirement of the shelters for residents to be legal residents of the United States excluded a significant portion of the population of homeless women with children who are undocumented aliens. However, the requirement of citizenship protects the data from being confounded by immigration issues.

The concern of transferability of the findings is a prime factor in the future

utilization of the data. However, the emerging themes give direction as to what concepts could be further developed. The study is not intended to be a definitive work but rather a starting point on which to begin further research and theory building.

Recommendations for Further Research and Practice

Further study is needed about parenting by mothers in homeless shelters and their children. For instance, the description of what is helpful or a barrier to parenting for mothers in homeless shelters could be validated other studies. Interventions could be designed based on the identification of what factors are facilitators to parenting and outcomes could be evaluated for improved satisfaction and better parenting. Quantitative tools should be developed or modified to better understand this phenomenon. There are no research tools that have been designed to study parenting in a homeless shelter.

Despite the vulnerability of homeless children, relatively little is known about them compared to homeless adults. Tallies of shelter and other services users usually count children if they are present but may not separate results for children and adults. Most interview-based studies of homeless people include only adults. It is important to gain knowledge about the children in order to understand the parent-child dyad within the parenting context. We have no way of knowing how many male children are homeless or how many families are afraid to access a shelter because their male children are too old to stay in the family unit at the shelter. It is not clear what becomes of the older male children.

The facilitators to parenting in this study were the material resources that were provided. However, the manner in which those resources and other shelter services

were provided could be questioned as to their efficacy. The best resources for the identifying the changes to remedy this problem are the mothers. More research is certainly needed to find the best way to help the mothers regain a place in mainstream society if they desire to do so.

The mothers seemed to agree that it is safer to be in a shelter than on the streets. However, there were still issues of safety in the shelter. There are many people admitted to a shelter. There are no criminal background checks done. There could be pedophiles within the shelter. Possessions are also hard to secure. At one facility, there were no locks on the doors. Security is lacking for these families. The factors and methods to help the families find security should be identified.

When the mothers are admitted to the shelter, they must begin work and set goals for how they are going to become independent again. A crisis or long term problem that can be exhausting physically and emotionally has usually brought them to the shelter. There is no rest. The mothers could be starting a rehabilitation program being already exhausted. They are making decisions about their lives while disadvantaged because of exhaustion. Perhaps a period of respite would be more appropriate before they start making goals and working on a plan of rehabilitation. Research to discover if a respite period would be productive for the mothers is recommended..

The rules and regimentation of the shelter leave the mothers with very little autonomy. The work of Friedman (2000) clearly identified self-governance as an important component in a shelter program even though almost no shelters employ a self-governance model. What rules are necessary and what rules are arbitrary for

shelter life should be identified and models of self-governance should be developed and employed at shelters.

Traditional family theories did not seem applicable to the families in the shelters. These theories were developed with housed, white, Anglo-Saxon, middle class families. The families in shelters need their own theory or model to reflect the environmental factors and challenges of the homeless family.

Summary

This study explored the phenomenon of parenting in homeless shelters by single mothers and what is helpful to them as parents. The literature was reviewed and summarized in Chapter 2 to establish what is known about this phenomenon. The methodology of the investigation into the phenomenon was described in chapter 3. Using intensive interviews in case study, homeless mothers shared their perspectives on parenting in shelters. Interview transcripts were analyzed, using content analysis, in Chapter 4. The results of the study were compared to previous work. The validity and trustworthiness of the data were addressed. The need for more research is clear, and recommendations for further study were given and topics identified.

The homeless population is a vulnerable population, struggling to survive. If families can remain intact and serve as a support or motivator, the chances of rejoining mainstream society improve. Gaining knowledge of the families through research provides a foundation to assist them. It is our moral obligation to facilitate the best possible outcome for these families, whose children belong to our community and who will contribute to the communities' future well-being.

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Appendices

Appendix B

Synopsis of Studies Regarding Homeless Parenting

Table B-1

Synopsis of Studies Regarding Homeless Parenting

Year	Author(s)	Locale	Purpose	Sample	Findings
1990	Boxill & Beaty	Atlanta	Describe mother/child interaction among homeless women and their children who utilize a night shelter	N = 40 Age of subjects: 18-42 years Age of children: 7 days-17 years Single mothers: NA Ethnicity: "many races"	Themes that emerged: (a) intense desire to demonstrate internalized values as a way of asserting self; (b) questioning the certainty of anything, the ambiguity of everything; (c) children conflict over the need for attention and the experienced demand for independence; (d) public mothering and lack of privacy; (e) mothering role unraveled.
1991	Gasper	Massachusetts	Explore the organization of a homeless group of residents living in temporary housing in the Brooklyn Arms Hotel by studying those who were developing its goals and objectives for self-help	N = 20 Age of subjects: 20-43 years Age of children: NA Single mothers: 90% Ethnicity: 15B, 1W, 4H	Thirteen (65%) of the mothers thought that the program was successful, 2 (10%) of the mothers did not know whether the program was successful, and 3 (15%) of the mothers did not offer an opinion.
1992	Francis	Massachusetts	Describe home-seeking experiences of homeless mothers	N = 8 Age of subjects: 19-36 years Age of children: NA Single mothers: NA Ethnicity: 2B, 3W, 3H	In most cases, the mothers sought a place to stay with family or friends. The next step was public shelter and finding information about obtaining income, rental aid, health care, vocational and counseling services.

Table B-1 (continued)

Year	Author(s)	Locale	Purpose	Sample	Findings
1992	Hodnicki, Horner, & Boyle	Southeastern city	Discover how homeless individuals interpret their experiences and generate social behavior	<p>N = 8</p> <p>Age of subjects: 24-67 years</p> <p>Age of children: 9 of 12 < 5 years</p> <p>Single mothers: NA</p> <p>Ethnicity: 4B, 4W</p>	Four findings emerged: (a) The women developed heightened awareness of their situation and surroundings, including safety; (b) guarding behaviors to keep themselves and their children safe—strategies to guard were avoiding unsafe situations, determining ways to meet basic needs, and learning to deal with time; (c) identification of needs as a first step to resolve homelessness; (d) developing strategies to resolve homelessness, such as finding housing, gaining employment, maintaining good health, and usable available resources.
1993	Baumann	New York	Understand how mothers in shelters interpret their experiences	<p>N = 15</p> <p>Age of subjects: 20-36 years</p> <p>Age of children: NA</p> <p>Single mothers: NA</p> <p>Ethnicity: 9B, 6W</p>	Seven themes emerged: (a) Participants struggled to maintain physical, social, and symbolic boundaries; (b) it took energy to maintain connections to objects, people, and institutions; (c) the participants experienced fatigue and despair; (d) homelessness is related to loss of self-respect; (e) the participants felt a loss of self-determination and were frustrated; (f) loss of privacy threatened individual and family integrity; (g) they had to keep moving because of circumstances or choice.
1993	Hodnicki & Horner		Answer the question, "What is the dimension of homeless mothers' family caring within a shelter?"	<p>N =</p> <p>Age of subjects: mean = 27 years</p> <p>Age of children: NA</p> <p>Single mothers: NA</p> <p>Ethnicity: 1-13 years</p>	Concerns for their children were similar. Four components were discovered: (a) sacrificing for children, (b) struggling to meet needs with limited resources, (c) guarding the children from harm, and (d) finding answers to the problems of homelessness and struggling for independence.

Table B-1 (continued)

Year	Author(s)	Locale	Purpose	Sample	Findings
1993	Scherer	Southeastern city	Examine ways in which the stressors for homeless mothers affect opportunities or desire to pursue and fulfill different roles	<p>N = 3</p> <p>Age of subjects: > 18 years</p> <p>Age of children: 2 months—6 years</p> <p>Single mothers: 100%</p> <p>Ethnicity: 1B, 2 W</p>	Passivity related to fear and self-doubt. The mothers perceived decreased options and resources. Their children's well-being was their primary motivator for action. They demonstrated a decreased ability to articulate sequential plans. They lacked dialogue with their children about homelessness and viewed their roles as mothers to be suspended during their shelter stay. They had decreased confidence in their decision-making skills and their ability to impact the environment. They had poor self-concepts and external locus of control.
1994	Montgomery	Midwest	To discover the sources of personal strength and meaning that allow women to overcome devastating life situations, including homelessness, and to discover sources of possibility and hope available to women living with extreme disadvantage	<p>N = 7</p> <p>Age of subjects: 35-53 years</p> <p>Age of children: school age</p> <p>Single mothers: 28%</p> <p>Ethnicity: NA</p>	Personal strengths were identified as stubborn pride, positive orientation, moral structure, clarity of focus, and stoic determination. Interpersonal strengths were developed and mobilized by participating in the community, acting positively with others, and contributing to their community and bonding with the community. Transpersonal strengths were religious belief, rationality, felling of being tested and growing stronger, creation of a new self, and finding a purpose in helping others.
1995	Banyard	Midwestern city	Examine survival strategies used by women with children who were living in a homeless shelter	<p>N = 64</p> <p>Age of subjects: 18-41 years</p> <p>Age of children: NA</p> <p>Single mothers: NA</p> <p>Ethnicity: 45B, 11W, 4H, 2 NatAm, 2 Bi</p>	Survival strategies were as follows: (a) directly confronting the problem, (b) developing relationships with others for social support and increasing resources, and (c) use of patience and trying to think positively.

Table B-1 (continued)

Year	Author(s)	Locale	Purpose	Sample	Findings
1995	Thrasher & Mowbray	Detroit	Recognize the functional adaptations that homeless women with children have developed in response to the adverse conditions of homelessness	N = 15 Age of subjects: 19-40 years Age of children: NA Single mothers: 100% Ethnicity: 9B, 6W	Four themes emerged: (a) A shelter is the last resort, (b) a shelter is not a place to care for children, (c) finding a house is difficult, and (d) help comes from many people.
1996	Lindsey	Georgia	Describe the factors that mothers perceived had affected their restabilization process	N = 10 Age of subjects: 25-52 years Age of children: 1-16 years Single mothers: 90% Ethnicity: 6B, 4W	Four sectors were identified that affected the process of restabilization: children, personal resources, external resources, and the socioeconomic context in which the family lived.
1997	Lindsey	Georgia	Explore the process by which mother-headed families become stably rehoused after experiencing homelessness	N = 10 Age of subjects: NA Age of children: 1-16 years Single mothers: 90% Ethnicity: 6B, 4W	A three-stage process of restabilization was discovered: (a) meeting immediate family needs, (b) creating a new home, and (c) maintaining stability.

Table B-1 (continued)

Year	Author(s)	Locale	Purpose	Sample	Findings
1997	Menke & Wagner	Ohio	Describe the experiences of a homeless family	N = 16 Age of subjects: 19-43 years Age of children: 2 weeks—2 years Single mothers: 100% Ethnicity: 10B, 6W	The identified themes were (a) a loss of freedom, (b) a sense of being different, (c) feeling down, (d) maternal survival, and (e) living under pressure.
1997	Styron	New York	Examine the experience of family homelessness by single mothers before and after leaving the shelter system	N = 24 Age of subjects: 19-52 years Age of children: 2 months-36 years Single mothers: 100% Ethnicity: 17B, 5H, 2O	Before their homelessness, the mothers had experienced poverty, neglect, and abuse in childhood. As adults, the mothers had experienced unhappiness, instability, poverty, troubled interpersonal relationships, and domestic violence. After being sheltered, the mothers reported experiencing poverty, interpersonal relationships that gave them little social support, and psychological distress. Their future hopes revolved around a desire for education, employment, and their children's well-being.
1997	Fogel	North Carolina	Determine how residents of a group transitional housing program use and develop skills and resources to secure self-sufficient housing recurrences and community reintegration	N = 12 Age of subjects: mean = 34.5 years Age of children: NA Single mothers: NA Ethnicity: 6B, 5W, 1PR	Themes that had an influence on the family's becoming rehoused were place, identity, safety, adaptation, alienation, and home.

Table B-1 (continued)

Year	Author(s)	Locale	Purpose	Sample	Findings
1998	Fogel & Dunlap	North Carolina	Examine the daily impact of the organizational pattern on daily life within transitional shelters	<p>N = 27</p> <p>Age of subjects: 20-40 years</p> <p>Age of children: 0-16 years</p> <p>Single mothers:</p> <p>Ethnicity:</p>	There was conflict between communal living and family life. Four components (physical structure, staffing patterns, agency programs, and rules and regulations) .
1999a	Choi & Snyder	Northeast	Describe how homelessness affects parents living in a homeless shelter	<p>N = 49</p> <p>Age of subjects: 19-41 years</p> <p>Age of children: < 1-16 years</p> <p>Single mothers: 78%</p> <p>Ethnicity: 33B, 13W, 3H</p>	The majority of participants reported stress due to living doubled up before coming to the shelter. In the shelter they identified fear, gratitude, self-blaming, depression, frustration over loss of control, humiliation, and indignity. Also, while in the shelter, they were concerned about the welfare of their children. When asked about the future, most parents were uncertain, extremely despondent, resigned, and confused.
1999b	Choi & Snyder	Northeast	Discover the homeless parents' own perceptions of the circumstances under which they became homeless and the effect of homelessness on their children's well-being	<p>N = 49</p> <p>Age of subjects: 17-49 years</p> <p>Age of children: 0-16 years</p> <p>Single mothers: 80%</p> <p>Ethnicity: 34B, 13W, 2H</p>	These mothers became homeless through a variety of ways: eviction due to nonpayment of rent, leaving hazardous living environments, being cheated out of their home by landlords who prey on welfare checks of single parents, seeking refuge from drug-related vandalism and violence, moving out of home because of alcohol or drug problems of family members or roommates, feeling domestic violence, or losing their home because of their own alcohol, drug, or mental health problems. Most went on to live "doubled up" with family or friends before coming to the shelter. The parents had concerns about their children's safety, hunger, residential instability, emotional well-being, and education.

Table B-1 (continued)

Year	Author(s)	Locale	Purpose	Sample	Findings
1999	Johnson	Connecticut	Investigate women with children becoming homeless and living in a shelter	<p>N = 25</p> <p>Age of subjects: mean = 27 years</p> <p>Age of children: NA</p> <p>Single mothers: NA</p> <p>Ethnicity: 13B, 11PR, 1Bi</p>	The onset of homelessness was different for working and nonworking women. The working mothers became homeless because of health problems, leaving harmful relationships, and seeking a better life. The nonworking mothers became homeless because of drug abuse, prostitution, crime, eviction of teenage parents, and seeking a better life. Most mothers perceived homelessness as one event in a series and as part of the solution to a major crisis. Sheltering was a place to stabilize and reestablish their households. The shelter was a safe space to recover from accidents, separate from harmful relationships, seek a better life, and reorganize parenting.
1999	Kissman	Midwest	Identify issues related to parenting and mothers' self-development; evaluate a camp program as a part of homeless parent research	<p>N = 42</p> <p>Age of subjects: 17-34 years</p> <p>Age of children: 0-18 years</p> <p>Single mothers: NA</p> <p>Ethnicity: NA</p>	Power was a major concern. Shelters are crowded, with little privacy. Shelters have rigid rules and the mothers felt stressed and disempowered.
2000	Friedman	Massachusetts	Discover what the homeless family encounters in human service workers when they seek and receive public assistance; discover whether parents experience a sense of efficacy, competence, and positive connection	<p>N = 39</p> <p>Age of subjects: 55 shelter directors</p>	Parents have few resources and social support networks and have been stigmatized and marginalized as a result of reliance on public assistance.

Table B-1 (continued)

Year	Author(s)	Locale	Purpose	Sample	Findings
2000	Styron, Janoff-Bulman, & Davidson	New York City	Examine the experiences of family homelessness	N = 24 Age of subjects: 19-52 years Age of children: NA Single mothers: 100% Ethnicity: 17B, 5H, 2Cb	The families had experienced poverty, neglect, abuse, troubled interpersonal relationships, and mental health problems. A majority of the mothers spoke of their time in a shelter as a positive experience.
2002	Page & Nooe	Knoxville	Compare histories and service needs of homeless women with and without children	N = 68 Age of subjects: 18-62 years Age of children: 2-10 years Single mothers: 58% Ethnicity: 14B, 76W	Three findings: (a) Women without children were more likely to report health problems and psychiatrist hospitalization; (b) women with children had higher levels of vulnerability due to restrictions on welfare benefits; (c) children had high levels of distress related to mothers' experience of childhood risks, chronic homelessness, residential instability, and food sufficiency concerns.

Note. Ethnicity codes: B = Black, W = White, H = Hispanic, Bi = Biracial, PR = Puerto Rican, Cb = Caribbean, NatAm = Native American, O = Other, NA = not available.

^aN = number of mothers in the study.

Appendix C

Letters of Support for the Study



MISSION OF EL PASO

December 15, 1997

To Whom It May Concern:

This letter is to verify that Ms. Sarah Whittaker has the full support of the Rescue Mission of El Paso, Inc. to do her studies. She will be working with our female clients and staff as needed.

If there is any questions please feel free to contact us at (915)532-2575.

Sincerely,

Juana Ortega
Assistant Director

TRANSITIONAL Living Shelter

To Whom It May Concern,

Sarah has our support to conduct her research interviewing homeless mothers in our facility. We also have a counselor on the premises that can give assistance to the women that she interviews should the need arise.

Sincerely,

Flo Buckmiller, Director

Appendix D

Letter of Invitation to Participate

There is a nurse, Sarah Whitaker, who is doing research on parenting by single mothers in shelters for the homeless. She is seeking to discover how mothers view parenting when they are homeless. She also wants to identify what things help mothers to parent while they are living in a shelter with their children.

You will most likely be asked if you would like to be interviewed. If you do not wish to be contacted to receive an invitation to be interviewed, please notify the counselor now. At no time do you have to participate and at no time will you be identified in the research project, unless child abuse is discovered. You will receive the services offered according to the shelter regardless of whether you participate or not participate. The research project has no connection to you receiving help and services at the shelter.

If you have further questions about the project, call Sarah at xxx-xxx-xxxx.

Appendix E
Informed Consent form

You are being asked to participate in a research study. The study is being done to better understand what it is like to parent in a shelter. The study also seeks to identify what is helpful or a problem to you as you parent in a shelter.

You will be asked to have an interview or talk with the researcher, Sarah Whitaker, for an hour to one and one half hours to answer questions about how you would describe parenting and what is helpful or a problem to you as you parent in a shelter. Notes will be written down during and after the interview. You may read them at the time of the interview if you so desire. You may write in your own words on the paper if you like.

You do not have to participate in the study. You may also quit participation at any time or refuse to answer a question that you do not feel comfortable in answering. This will not have an affect in any way on your receiving services at the shelter. This is voluntary only.

You and the information that you give the researcher will never be used in a way that someone could identify you or your family. The information will be kept in a safe place at all times. There is only one exception to this. The exception is child abuse. It must be reported in order for you to receive help. That is the law.

A possible benefit is that you may feel better by having the opportunity to talk to someone and voice your opinions and concerns. You may also feel good by helping the researcher and other mothers to discover what may help them in the future. You will be paid \$30 for your time.

If you would like a baby sitter during the interview, the researcher will pay for it.

A possible risk is that you may think of something that causes you to feel distress. If you become upset during the interview, a counselor will be called to help you. You may also contact the counselor on your own at any time, should you feel upset.

If you have further questions, please ask them now or at any time.

Name: _____ date: _____

Witness: _____ Witness: _____

Appendix F

Interview Protocol

1. How many children do you have?
2. How old are they? Where do they go to school?
3. How old are you?
4. What is the last grade that you completed?
5. How long have you been in the shelter?
6. Have you been in a shelter before?
7. Can you describe what it is like to parent in the shelter?
8. What type of things in the shelter are helpful to you as a parent? How could the staff help you?
9. How does parenting in a shelter compare to parenting in your own home?