

AN ABSTRACT OF THE THESIS OF

Elizabeth C. Koch for the degree of Master of Arts in Women, Gender, and Sexuality Studies presented on March 17, 2016.

Title: “I’ve lived on these streets, and these streets aren’t pretty”: The Life Stories of Corvallis Homeless Women

Abstract approved:

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Over two million people experience homelessness in the United States, but homeless people are often marginalized by invisibility and stigmas surrounding poverty within their local communities. This research seeks to amplify the voices of Corvallis area homeless women as a means to understand their everyday lived experiences. Six women residing in an emergency overnight shelter were invited to share their life stories through the method of oral narrative. By using a grounded theory approach and qualitative analysis, their narratives were coded and common themes were identified. The major themes that emerged from their life stories include (1) Experiences of Trauma, (2) Barriers to Accessing Services, (3) Motherhood, and (4) What It Means to be a Homeless Woman. The aim of this project was to counter the dominant myths surrounding homelessness through homeless women’s own words. With the knowledge of the participant’s experiences, it is the hope that the community can better serve this marginalized population.

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“I’ve lived on these streets, and these streets aren’t pretty”: The Life Stories of
Corvallis Homeless Women

by
Elizabeth C. Koch

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I understand that my thesis will become part of the permanent collection of Oregon State University libraries. My signature below authorizes release of my thesis to any reader upon request.

Elizabeth C. Koch, Author

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Chapter One: Introduction

Behind the story I tell is the one I don't.
Behind the story you hear is the one I wish I could make you hear.
Behind my carefully buttoned collar is my nakedness, the struggle to
find clean clothes, food, meaning, and money. Behind sex is rage,
behind anger is love, behind this moment is silence, years of silence.
Dorothy Allison

In the United States, it is estimated that over 2.5 million people experience homelessness¹. However, establishing accurate numbers is complex since homelessness remains invisible in many communities. Homelessness is often a temporary state but for several people, poverty is a systemic oppression that they live within every day. While many people believe that the US operates within a meritocracy, several individuals cannot simply pull themselves up by their bootstraps in order to transcend poverty. Further, poverty is stigmatized in the media and can have a profound effect on policymaking in relation to providing social services. This research project emerged to capture the lived experiences of homeless women as a counter narrative to dominant homeless myths. By centering their life stories through oral narrative, the hope is to magnify their voices about what it really means to be a homeless woman living in Corvallis.

I came to this project as an intern at an emergency, cold weather shelter for women in Corvallis, Oregon. The shelter manager suggested that I help in transcribing the life stories of the women who were living in the shelter. She believed it could be therapeutic to reflect on their lives since many shelter guests were working

1. National Law Center on Homelessness & Poverty. "Homelessness in America: Overview of Data and Causes." January, 2015.
<http://www.nlchp.org/reports>

on their sobriety. In addition, I wanted to learn more about the women through their own words. My intention was ultimately to become a better advocate for the homeless community and to learn how to better assist them. Eventually, this internship project became a thesis.

While I needed to complete an internship for my degree, I also wanted to be an activist beyond the walls of the academy. Coming from a working class background and as a first generation college graduate student, I am constantly aware of class issues and the accessibility to privileged spaces. In the past few years, I've noticed that Corvallis, the hometown of Oregon State University, has increasingly become a privileged place to live in, which has had a detrimental effect on poor and working class families living in the area. The lack of available housing combined with the rising cost of housing has caused many low-income households to become marginalized within the community.

Contributing to the issue of housing is that Corvallis has become a highly desirable town to reside in. It is ranked number ten of the fifty best college towns in the U.S.², and with numerous outdoor recreational activities and well-regarded sustainability practices, it consistently ranks high in livability³. In the past few years, student enrollment has also increased at Oregon State University at such a high rate

2. Best College Reviews. "The 50 Best College Towns In America." Accessed May 25, 2015.

3. Livability.com. "Why Corvallis, OR Is a Best Place to Live | Corvallis, OR." Accessed May 25, 2015.

that the availability of housing cannot keep up with the high demand⁴. With a vacancy rate as low as 3%⁵, low-income housing for individuals and families is practically non-existent. A 2011 Benton County Health Department survey study revealed that the major cause of homelessness was due to the climbing cost of rent⁶. As a result of these difficulties, housing insecurity has intensified in the town.

Even though a housing crisis is perilously looming in Corvallis, homeless people are still facing opposition in the community. A new downtown shelter was proposed that would include housing for homeless individuals and families along with providing other services such as free meals, vocational training, and case-management. However, a group of opposing residents and business owners banded together to challenge the shelter from being built within their district⁷. They are also fighting to close the shelters currently in operation.

Many of the complaints against the building of a new shelter have been shared online and during public meetings. These criticisms include:

- A shelter will make Corvallis more attractive to homeless individuals
- A shelter system encourages people to remain homeless

People with substance abuse issues do not deserve a funded place to live in

4. Oregon State University, News and Research Communications. "OSU Enrollment Growth Paces Oregon University System Record." Accessed May 25, 2015.

5. Day, James. "Look for Tight Rental Vacancy Rate in Fall." *Corvallis Gazette Times*. 2016. Accessed February 24, 2016.

6 . Benton County Health Department. "Socioeconomic Health: Causes of Homelessness." Accessed May 5, 2015.

7. Bruttell, Nathan. "Downtown Group Gathering Petition Signatures, Looking at Alternatives for Homeless Shelter." *Corvallis Gazette Times*. November 19, 2015. Accessed November 19, 2015.

- The crime rate will increase in the area of the shelter
- People will avoid patronizing the businesses near the shelter

The experiences of the homeless women in this project reveal a vastly different story as compared to these perceptions. All of the women I interviewed had lived in Corvallis at least two years prior to becoming homeless. At least one-third of the participants grew up in Corvallis. A majority of the participants did have previous substance abuse issues, but were working on their sobriety. Outside of the emergency shelters, which are only open five months of the year, the other temporary shelters do not admit people with addiction problems even though they are often the most vulnerable population. For homeless women in particular, substance abuse is often a coping mechanism after experiencing trauma. In this project, all of the participants had experienced trauma. Yet there is also a predominant idea of who deserves assistance and who does not.

Tied in with the stereotype that most homeless people are drug addicts are that individuals with low-incomes and/or living in poverty are bestowed too much in entitlements. These myths can directly influence governments in deciding to limit benefits for vital social services. Last year in Kansas, Governor Sam Brownback signed legislation barring individuals who receive TANF (Temporary Assistance for Needy Families program) from spending benefits on activities such as going to the movies and traveling on cruises⁸. In addition, Congressional Republicans proposed an \$11 million cutback on SNAP (Supplemental Nutrition Assistance Program) or food

8. Lowry, Bryan. "Gov. Sam Brownback Signs Welfare Restrictions into Law." *The Wichita Eagle*. April 16, 2015. Accessed May 3, 2015.

stamps⁹. The idea that SNAP recipients were using the money to buy steak and seafood surfaced last year as another reason for proposed cutbacks. The prevailing image of people on food stamps is both of obesity and luxury. However, individuals on SNAP are only allowed an average of \$4.15 per day. Organic food on average costs higher than conventional food, leaving individuals and families on food stamps very little purchasing power.

Further, the stereotypes of women who receive assistance in particular are often gendered and racialized. There is the bag lady, who is depicted as being jolly and perhaps with mental illness. Black feminist Patricia Hill Collins discusses the controlling images of black women in the media, and how the symbol of the “welfare queen” came to represent poor black women who “are content to take the hard-earned money of tax-paying Americans and remain married to the state” by having more and more children in order to stay on welfare¹⁰.

These damaging stereotypes continue to prevail in the discussion on reducing benefits, which can ultimately become a matter of life and death. In 2014, it was estimated that 56 homeless individuals died on the streets in Portland, Oregon¹¹. In 2015, Kimberly Hakes, a woman living in a Corvallis homeless camp, was

9. Delaney, Arthur. "Republican Budget Could Kick 11 Million Off Food Stamps." *The Huffington Post*. March 20, 2015. Accessed May 3, 2015.

10. Collins, Patricia Hill. *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. (New York: Routledge, 2000), 88.

11. Foden-Vencil, Kristian. "56 Homeless People Died On Portland's Streets In 2014." *Oregon Public Broadcasting*. October 16, 2015. Accessed October 16, 2015.

murdered¹². It was the first homicide in seven years, and to this date, her death remains unsolved. I never met Kimberly while working at the shelter, but several women staying at the shelter knew her and felt her loss. Her voice was permanently silenced forever, and I wonder how long will it take for this town to listen to the voices currently living in the precarity of poverty? How livable is a town that allows for its most vulnerable populations to barely survive without the security and safety of shelter, of a home, and still identify as one of the best towns to live in?

I approach this research project with the urgent aim to center the lived experiences of homeless women through their own words. My research questions comprise of the following:

1. What are the lived experiences of Corvallis homeless women?
2. How does oral narrative center marginalized experiences?
3. What does it mean to be a homeless woman?

In chapter two, the existing research about homelessness and homeless women is examined. While the issue of homelessness and how it affects women has been studied in the past twenty years, numerous articles seek to understand how and why women becomes homeless rather than seeking to understand the actual experience of being homeless. Previous literature point to four central themes: trauma, mental illness, motherhood, and the experience of violence within the homeless community.

For chapter three, the theoretical frameworks that informed this research are explored. The three main theories include trauma theory, socialist feminist theory, and feminist standpoint epistemology. Trauma theory is explored as all of the

12. Nathan Bruttell. "Police Identify Homicide Victim as Kimberly Hakes, 42." *The Corvallis Gazette-Times*, February 17, 2015. Accessed February 17, 2015.

participants had previously experienced trauma, and it may have led to their homelessness. The theoretical framework also predicts that women who have experienced trauma in their childhood and/or youth may still experience the ramifications throughout their lifespan. Socialist feminist theory alludes to how poverty is connected to gender, and how homelessness is a symptom of a patriarchal, capitalistic economic system that puts the onus of financial success on the individual versus the collective. Feminist standpoint theory argues for the centering of marginalized voices through the recognition of subjugated knowledges.

Chapter four outlines the methodology and methods utilized for this research project. It demonstrates how grounded theory and oral narrative were used to center the participant's experiences. It also includes the research design, the process of collecting the participant's life stories, and how their experiences were analyzed.

Chapter five shares a profile about each woman, including demographic information and a summary of their life stories. It also incorporates one or two narratives from a moment in their life as shared in their own words.

In chapter six, the prominent themes that emerged from the women's life stories are discussed. The four themes and subthemes include experiences of trauma, barriers to accessing services, motherhood, and the meaning of homelessness. The experiences of trauma, which include intimate partner violence as well as major life accidents, align with previous research that has been researched within the homeless community. Another common theme also included the barriers which homeless women face in accessing services from local agencies. The theme of motherhood was another significant and similar identity for the all the participants interviewed,

including the stigma of being homeless and a parent. The last theme reveals what it means to be homeless to the women who are directly experiencing it. The limitations of the research are also discussed.

The final chapter provides the conclusion for this thesis project. It summarizes the key findings and the necessity for further research. It also explores how oral narrative and the sharing of one's life story from a marginalized perspective is an act of resistance and a call for future change.

The ultimate goal for this research is to focus on the experiences of homeless women through their own words. Hopefully, future endeavors to help homeless women in the Corvallis community will consider their lived experiences rather than rely on the dominant narratives that adversely shape public policy.

Chapter Two: Literature Review

Homelessness is where you are deep and total in despair, you lose all hope, and you decide to live your life on the street where you be treated as nothing but trash for the rest of your life. That's not me. I still have a home. Corvallis is my home.

- Anya

This chapter explores the existing research on homelessness and homeless women. The first section explores the general statistics of homelessness including the complexities of defining homelessness and how homelessness is viewed as a stigmatizing identity. The rest of the literature is organized into four themes including 1) Homeless Women and Trauma, 2) Homeless Women and Mental Health, 3) Homeless Women and Motherhood, and 4) Violence Against Homeless Women.

Defining Homelessness

According to the National Law Center on Homelessness and Poverty, over 2.5 million people experience homelessness in the United States. However, assessing the actual numbers of individuals and families who are housing insecure is difficult since homelessness could be defined in several ways. Some homeless people live in camps, shelters, vehicles, or in temporary arrangements with friends or family. Per U.S. Code¹³, the basic definition of homelessness is “an individual or family who lacks a fixed, regular, and adequate nighttime residence.” In spite of the various locations in which homeless people live, the U.S. Department of Housing and Urban Development (HUD) uses an annual “Point-In-Time” count which only surveys

13. 42 U.S. Code § 11302

shelters and visible homeless people out in the streets on a random night in January and in predominately city locations (often known as the Coldest Night count)¹⁴. This survey does not include people who may only have temporary arrangements or who may live in rural areas. However, this statistic is often used in reports by various organizations and by government agencies. Many organizations such as the National Law Center advises to use the “Point-In-Time” count with caution. Due to these challenges, it is difficult to determine the number of individuals and families who may be experiencing homelessness.

Homelessness in the United States

While there may not be a definite consensus on the exact number of homeless individuals, several organizations and studies have tried to quantify it mostly through statistical data. The National Coalition for the Homeless identifies that the prevalence of homelessness has risen in the past 30 years due to an increased number of foreclosures, lack of job opportunities, a decline in public assistance, and lack of affordable housing¹⁵. Between 1981 and 1990, the minimum wage was frozen at the same rate even though the cost of living continued to increase over forty-eight percent within the United States. The National minimum wage was raised in 1996, but did not

14. National Law Center on Homelessness & Poverty. “Homelessness in America: Overview of Data and Causes.” January, 2015.
<http://www.nlchp.org/reports>

15. National Coalition for the Homeless. “Why Are People Homeless?” July, 2009. <http://nationalhomeless.org/wp-content/uploads/2014/06/Why-Fact-Sheet.pdf>

increase again until 2007¹⁶. Even when the economy was stronger in the mid-2000s, a housing bubble was created, which caused rental prices to increase and affordable housing to decrease, especially for families on limited incomes¹⁷. Several homeless people who live in shelters are working full time but still can't make ends meet.

There is not one identity that truly characterizes all homeless people in spite of several negative connotations associated with homelessness. Men comprise a majority of the homeless population with over sixty-seven percent. However, twenty-three percent of the homeless population includes families, in which women make up sixty-five percent as the head of households¹⁸. Very little information exists about homeless adults who identify as Lesbian, Gay, Bisexual, or Transgender (LGBT) because that data is not tracked at shelters, primarily for safety concerns. It is estimated that homeless LGBT youth comprise thirty-five percent of the homeless population¹⁹. New research is beginning to emerge regarding trans* persons and homelessness. According to the National Center for Transgender Equality, one in five transgender people have experienced homelessness, and twenty-nine percent face

16. – "Employment and Homelessness" July, 2009.
<http://nationalhomeless.org/wp-content/uploads/2014/06/Employment-Fact-Sheet.pdf>

17. -- "Homeless Families with Children." July 1, 2009.
<http://www.nationalhomeless.org/factsheets/families.html>

18. National Coalition for the Homeless. "Why Are People Homeless?" July, 2009. <http://nationalhomeless.org/wp-content/uploads/2014/06/Why-Fact-Sheet.pdf>

19. -- "Minorities and Homelessness." July 1, 2009. Accessed February 16, 2015. <http://nationalhomeless.org/wp-content/uploads/2014/06/minorities-Fact-Sheet.pdf>

discrimination from agencies that are allocated to help homeless people²⁰.

Homeless people of color are disproportionately higher in numbers in relation to the total population in the United States. Per the National Coalition for the Homeless, forty percent of the total homeless population is black, which is high in relation to the overall population of eleven percent in the United States. Latin@s make up eleven percent of the homeless population compared to nine percent of the overall population. In addition, eight percent of homeless people identify as Native American compared to the overall population of one percent.

According to previous research on older homeless populations, services do not often take the needs of aging homeless people into consideration. Previous literature argues that aging homeless individuals have needs different from young people in regards to employment assistance because it is often assumed that older people will have retirement funds or cannot maintain employment. However, aging homeless populations face difficulties in accessing health and social services, and still face issues of safety and elder discrimination²¹. Memory loss can also have a detrimental effect on aging homeless people, which is another barrier to accessing services.

The Homeless Gaze

Homelessness is often a temporary state of a living situation for many people living with housing insecurity. Yet homelessness becomes a socially constructed

20. National Center for Transgender Equality. "Housing & Homelessness." January 1, 2011. Accessed January 31, 2015. <http://transequality.org/issues/housing-homelessness>

21. Grenier, Amanda, et al. "A Literature Review of Homelessness and Aging: Suggestions for a Policy and Practice-Relevant Research Agenda." *Can. J. Aging Canadian Journal on Aging / La Revue Canadienne Du Vieillissement*,

identity applied to homeless people. McCarthy argues in her research on homeless identity that a dominant perception of a homeless person is one of masculinity – a bearded, dirty male. This masculine gaze is sometimes also attached to homeless women, which then leads most service providers to neglect the needs of homeless women²². Homeless people also often experience a lack of personal identity as they are only gazed upon as being homeless and their other identities are submerged by this one dominant myth. Services are then influenced by negative perceptions of homelessness rather than by the needs of the homeless. Overall, the stereotypes surrounding homelessness as an encompassing identity ultimately acts in a way which others homeless people even further into marginalization.

Homeless Women

In reviewing the literature on homeless women, many articles fail to mention how women of color and trans* people represent higher numbers of homelessness and how cultural issues may come into play when providing services. An overall intersectional approach within the previous research on homelessness is lacking as intersecting identities and systems of oppression are often not recognized. Numerous articles are based in studies that entail surveying large numbers of homeless people with very few articles addressing concerns about the unique experience of being homeless. Rather, numerous articles are more concerned with discovering why women become homeless and then naming early predictors.

Historically, homeless women have made up a small portion of the overall

22. McCarthy, Lindsey. "Homelessness and Identity: A Critical Review of the Literature and Theory." *PPP People, Place and Policy Online* 7, no. 1 (2013): 47.

total of homelessness at only three percent in the 1950s²³. It wasn't until the 1990s when the study of homelessness began to increase and homeless women specifically became a topic of interest. Homeless women became a theme of interest primarily in the realm of public health. In one of the first academic articles on homeless women, Bassuk addresses the gendered aspects of homelessness, calling attention to poverty and sexism as being systemic, and due to these systemic oppressions, women are vulnerable to homelessness²⁴. With less job opportunities, access to earning power, and childcare responsibilities, more and more women are becoming homeless in recent years.

Most researchers have identified four major themes that affect homeless women: trauma, mental illness, motherhood, and violence experienced as a homeless woman. Several homeless women have experienced intimate partner violence (IPV) and other forms of trauma growing up as children. Many homeless women who experienced abuse as children then experience IPV as they grow into adulthood. Due to these traumatic experiences, many homeless women have great mistrust for others and therefore, may be socially isolated²⁵. This mistrust means many homeless women do not have a supportive network to help them. Further, many women experience mental illness, sometimes as a form of post-traumatic stress disorder, and without the proper care and ability to retain employment, can end up becoming homeless. Many single mothers also find themselves unable to support their families, and compounded

23. Bassuk, Ellen L. "Homeless Women--Economic and Social Issues: Introduction." *American Journal of Orthopsychiatry* 63, no. 3 (1993): 337.

24. Bassuk, Ellen L. "Social and Economic Hardships of Homeless and Other Poor Women." *American Journal of Orthopsychiatry* 63, no. 3 (1993): 340.

25. Ibid., 344.

with mental illness, find it difficult to maintain stable housing. Finally, homeless women are extremely vulnerable in public spaces, and continue to experience violence on the streets. The existing literature is discussed in the following sections.

Homeless Women and Trauma

Many homeless women have experienced trauma in their lives, and the key themes in the available literature attempts to comprehend how trauma leads to homelessness. The American Psychological Association defines trauma as “an emotional response to terrible event like an accident, rape or natural disaster.”²⁶ The National Coalition for the Homeless recognizes that intimate partner violence is the leading reason as to why families in particular become homeless, and that women must often choose between staying with an abuser or living on the streets.²⁷ When women experience IPV, they may miss work and other financial obligations, which may contribute to becoming homeless. Other stressful life events beyond experiencing violence, such as losing a family member, can additionally influence homelessness. Becoming homeless in of itself can be a traumatic experience for many women. Finally, there are numerous barriers for women to access services to help them, not only in securing affordable housing, but also to help with the issues surrounding trauma.

A majority of the research concerning trauma and homeless women has primarily been implemented in the realms of public health and through community

26. American Psychological Association. "Trauma." [Http://www.apa.org](http://www.apa.org).

27. National Coalition for the Homeless. "Domestic Violence and Homelessness." July, 2009.
<http://www.nationalhomeless.org/factsheets/domestic.html>

surveys. Yet surveys concerning violence may not always be entirely representative of the homeless community. Surveys are regularly conducted only in English, thereby excluding underrepresented communities, and many women do not always feel safe discussing issues of violence²⁸. While not entirely comprehensive, the following studies do provide data showing the extent of how several homeless women have experienced violence leading up to becoming homeless.

In one of the earliest studies on homeless women and trauma, Browne and Bassuk identified that over two-thirds of homeless women had previously experienced severe physical violence as children by a caregiver, and forty-two percent of homeless women had also experienced sexual abuse while growing up²⁹. Browne and Bassuk argue that childhood violence is often an early predictor for homelessness of women and that early intervention could be key for preventing it. The study revealed that experiences of physical assault could then continue into adulthood by intimate male partners. Per the study, sixty-one percent of homeless women responded that they had experienced severe violence by a male partner³⁰. Even after becoming homeless and living in shelters, survivors of IPV would still experience assault, harassment, and threats from their former partners³¹.

28. Browne, Angela. "Family Violence And Homelessness: The Relevance Of Trauma Histories In The Lives Of Homeless Women." *American Journal of Orthopsychiatry* 63, no. 3 (1993): 371.

29. Browne, Angela, and Shari S. Bassuk. "Intimate Violence in the Lives of Homeless and Poor Housed Women: Prevalence and Patterns in an Ethnically Diverse Sample." *American Journal of Orthopsychiatry* 67, no. 2 (1997): 261.

30. Ibid., 261.

31. Ibid., 274.

In one of the few studies wherein qualitative data was assessed, a comparison of traumatic experiences between homeless women and “never-homeless” women was conducted to investigate why some women who experience violence as children become homeless and why others, who have also experienced trauma, do not become homeless³². The study indicated that women who had an empowering connection to someone else in their family, such as an aunt or grandmother, could provide a “safe haven” from the abuse and could provide a support structure that would later on prevent homelessness³³. When homeless women have experienced violence within their own families, they often do not have a supportive relative to ask for financial help and through this isolation, and some women become homeless.

Trauma can similarly occur in other distressing ways outside of violence, which can additionally result in homelessness for women. In a study comparing stressful life events for homeless men, women, and children, ninety-four percent of the women had experienced a major financial crisis, seventy-four percent had experienced the death of a partner, parent or child, seventy-eight percent had experienced a serious injury, and fifty-one percent had previously been incarcerated prior to becoming homeless³⁴. However, the study still revealed that homeless women more often experienced intimate partner violence than homeless men, and if children

32. Anderson, Debra Gay, and Margaret A. Imle. "Families of Origin of Homeless and Never-Homeless Women." *Western Journal of Nursing Research* 23, no. 4 (2001): 397.

33. Anderson, Debra Gay, et al. "Families of Origin of Homeless and Never-Homeless Women." *Western Journal of Nursing Research* 23, no. 4 (2001): 410.

34. Zugazaga, Carole. "Stressful Life Event Experiences of Homeless Adults: A Comparison of Single Men, Single Women, and Women with Children." *Journal of Community Psychology* 32, no. 6 (2004): 647.

were involved, it became even more stressful for women in being tasked as the sole family provider³⁵. The study also showed that women with children were more likely to have been evicted from their homes.

Homelessness for female veterans has also been steadily on the rise. According to a report by the U.S. Department of Labor, female deployment has grown from 41,000 troops during the Gulf War in the 1990s to over 200,000 troops for Operation Iraqi Freedom in the early 2000s³⁶. With more women serving in the military, more women will no doubt experience trauma, both within the institution and through the effects of war. The report asserts that forty-nine percent of women veterans have already experienced childhood sexual abuse prior to entering the military, and that over eighty-percent of female veterans will then experience trauma through military service³⁷. The report also acknowledges that forty-eight to eighty percent of female veterans have been assaulted within the military, which is often underreported. Further, one-fifth of female veterans experience physical and sexual assault by intimate partners, who are also veterans. Due to these traumatic events and combined with being a gender minority in the military, women often feel isolated without peer support, which can lead to homelessness. The government report estimates that female veterans are four times higher than non-veterans to become homeless³⁸.

35. Ibid., 651.

36. Women's Bureau, U.S. Department of Labor. *Trauma-Informed Care for Women Veterans Experiencing Homelessness*, 10.

37. Ibid, 11.

38. Ibid., 12.

The process of becoming homeless can also be a traumatic experience. In a very recent article that is based in qualitative data, women were interviewed about their experiences as they moved from staying in shelters to residing in budget hotels³⁹. Prior to living in the budget hotels, the women had experienced several traumatic events, including “physical and emotional abuse, childhood maltreatment, loss of a family member, financial exploitation, and sexual intimidation,” which had resulted in homelessness⁴⁰. While budget hotels are sometimes used as an alternative to house homeless people as opposed to housing them in shelters, many of the women felt re-traumatized in moving to a new place and felt that they were without personal agency in the choice. The study identifies that the women experienced further trauma living in the budget hotels as they lived from week to week in fear of eviction, and sometimes still living with partners who were abusive. The researchers recommended that trauma-informed care is necessary rather than only placing homeless women in any available housing⁴¹.

Some of the literature about trauma and homeless women point to the barriers that women face in obtaining assistance. Homeless women often experience post-traumatic stress disorder, and may not be able to navigate complicated bureaucratic systems, may not have access to child care, and may lack transportation to the

39. Lewinson, Terri, et al. "Traumatic Transitions: Homeless Women's Narratives of Abuse, Loss, and Fear." *Affilia* 29, no. 2 (2014): 192.

40. Ibid., 195-198.

41. Lewinson, Terri, et al. "Traumatic Transitions: Homeless Women's Narratives of Abuse, Loss, and Fear." *Affilia* 29, no. 2 (2014): 201-202.

services they need to access⁴². The fear of reporting IPV and becoming re-traumatized in obtaining services also can be a barrier to help. An article from 2014 specifically addresses that for women of color, IPV is “associated to lower perceived social support,” which can be stressful and a deterrent for accessing services⁴³. It is the only article to distinguish that many services offered for homeless women who have experienced trauma may not be white and may not be in a heterosexual partnership. Lastly, one article that is qualitative and based on personal narratives, points out that many services are offered to homeless women or “battered women,” but often are not inclusive of both situations⁴⁴.

When women experience trauma, either through IPV or other stressful events, it can increase the likelihood of homelessness. When support networks through family or friends are lost or are difficult to maintain due to traumatic experiences, women face challenges in retaining permanent residences and accessing services. Much of the literature on trauma and homeless women seeks to quantify their experiences and seeks to understand how they became homeless. However, more qualitative research is needed on how services can be improved for homeless women who have experienced trauma, and how services can be more holistic in what is offered.

42. Browne, Angela. "Family Violence And Homelessness: The Relevance Of Trauma Histories In The Lives Of Homeless Women." *American Journal of Orthopsychiatry* 63, no. 3 (1993): 379.

43. Ponce, Allison N., et al. "Homelessness, Behavioral Health Disorders and Intimate Partner Violence: Barriers to Services for Women." *Community Mental Health Journal* 50, no. 7 (2014): 832.

44. Calterone Williams, Jean. "Domestic Violence and Poverty: The Narratives of Homeless Women." *Frontiers: A Journal of Women Studies* 19, no. 2 (1998): 162.

Homeless Women and Mental Health

Mental health issues are a central concern for the entire homeless community. It is estimated that at least twenty to twenty-five percent of homeless people have a severe form of mental illness, which can affect the ability to maintain stable employment and therefore, consistent residential housing⁴⁵. There are several different forms of mental illness, such as schizophrenia, which can particularly make someone very vulnerable without adequate care. Further, drug addiction is often tied in with mental illness, and is viewed as a form of self-medication for people with mental illness. Mental health concerns affect homeless women in very unique ways especially since many types of mental illness is a result of experiencing trauma.

Mental illness and homelessness are both seen as being negative stigmas within the United States, and the “crazy bag lady” is a stereotype associated with homeless women⁴⁶. However, very few articles address how mental illness among homeless people is gendered. Early on in the literature, Buckner and Bassuk, define mental illness as “phobic/panic disorders, psychotic disorders, and/or major depression,” which may or may not be chronic illnesses, and identify that mental illnesses occur more often with homeless women than with homeless men⁴⁷. Yet the article also argues that drug addiction is often studied separately from mental health

45. National Coalition for the Homeless. "Mental Illness and Homelessness." July, 2009. http://www.nationalhomeless.org/factsheets/Mental_Illness.html

46. Buckner, John C., et al. "Mental Health Issues Affecting Homeless Women: Implications for Intervention." *American Journal of Orthopsychiatry* 63, no. 3 (1993): 385.

issues⁴⁸. Drug addiction is assessed as either a coping strategy for people who have experienced trauma or as a form of self-medication for people with mental illness who cannot access help within the healthcare system⁴⁹.

If drug addiction is not treated as a mental illness and as part of overall health services, it could remain a challenge for many homeless people in gaining assistance. Some organizations, such as the National Institute of Drug Abuse, do maintain that drug addiction is a form of mental illness, but it is still often viewed as only being a series of bad choices⁵⁰. Buckner, Bassuk and Zima point out that mental illness and drug addiction is considered to be an individual reason for homelessness rather than a systemic problem, such as the lack of affordable housing in an area⁵¹. Mental illness and drug addiction are both treated as secondary issues in relation to securing housing.

A more recent study based in qualitative data specifically addresses homeless women and substance abuse problems, and again notes that more women have

48. Ibid., 387-388.

49. National Coalition for the Homeless. "Mental Illness and Homelessness." July, 2009. http://www.nationalhomeless.org/factsheets/Mental_Illness.html

50. National Institute on Drug Abuse. "Is Drug Addiction a Mental Illness?" *Comorbidity: Addiction and Other Mental Illnesses* September 1, 2010. <http://www.drugabuse.gov/publications/research-reports/comorbidity-addiction-other-mental-illnesses/drug-addiction-mental-illness>

51. Buckner, John C., et al. "Mental Health Issues Affecting Homeless Women: Implications for Intervention." *American Journal of Orthopsychiatry* 63, no. 3 (1993): 391.

experienced “lifetime mental health issues” as compared to homeless men⁵². The long-term, large quantitative study examined over a period of two years if permanent housing arrangements had a positive effect in overcoming substance abuse problems for both homeless men and homeless women. The study did not ultimately find an improvement in treating substance abuse problems and argues that housing alone is not effective for homeless people, thus connecting with previous research that homelessness is part of a more complex series of problems⁵³. Further, it also did not find any gendered differences between the experiences of homeless women versus homeless men in relation to mental illness.

In the only article based in qualitative data, “In Their Own Words,” the distinct experiences of homeless women who have mental illnesses are revealed⁵⁴. The article is the only one to examine social identities including the race and economic backgrounds of the participants while also researching mental illness. While the study sample was small, over half of the participants were women of color and all of the participants came from poor or working-class backgrounds prior to becoming homeless⁵⁵. The women shared how the social stigmas of being both homeless and having mental illness affected support systems, which contributed to becoming homeless. Further, due to the stigmas, they often felt “masculinized” and

52. Edens, Ellen Lockard, et al. "Chronically Homeless Women Report High Rates Of Substance Use Problems Equivalent To Chronically Homeless Men." *Women's Health Issues* 21, no. 5 (2011): 383.

53. Ibid., 388.

54. Padgett, Deborah K., et al. "In Their Own Words: Trauma And Substance Abuse in the Lives of Formerly Homeless Women With Serious Mental Illness." *American Journal of Orthopsychiatry* 76, no. 4 (2006): 461-67.

55. Ibid., 463.

“unladylike,” and only felt socially welcomed in bars, which contributed to their substance abuse⁵⁶.

Very few articles address mental illness and drug addiction for homeless women, and yet it is a very multifaceted issue. Much of the literature shows that housing is not enough when helping homeless women who have experienced trauma as well as mental illness. Each problem should be focused on and treated in different ways along with the issue of securing housing. The experiences of homeless women with mental illness are nuanced, and cannot always be captured through statistical data, either.

Motherhood and Homelessness

It is estimated that over forty percent of the homeless population is made up by a significant portion of homeless mothers⁵⁷. Keeping homeless families together is one of the many issues facing homeless families. Fifty-six percent of homeless families are forced to split up in order to find shelter. This may be due to shelters that don't accommodate families or due to the arrangement of living situations with different relatives. In some cases, children are removed from homeless mothers and placed into foster care because their parenting skills are called into question. Being a homeless mother is extremely stressful, and this stress can also impact their children. For many homeless mothers, they willingly give up their children to foster care until they find a more permanent form of housing.

56. Ibid., 464.

57. National Coalition for the Homeless. "Homeless Families with Children." July 1, 2009. <http://www.nationalhomeless.org/factsheets/families.html>

Homeless and marginally-housed parents are continually confronted with the stereotype that they are not capable of raising their own children and subsequently do not access needed services because of this stigma⁵⁸. Numerous articles point to how stressful it is to be a homeless parent, and specifically, a homeless mother. One article outlines that homeless parents face stressors that include becoming and being homeless, and lack feelings of adequacy as parents⁵⁹. Additionally, shelters lack privacy and parenting can be difficult to manage in shared spaces. Maintaining stability as a family unit is also a stressor in that families often move from one housing place to another, and children may be absent from school at higher rates⁶⁰.

Several studies revealed that homeless mothers experience depression at higher rates than non-homeless mothers and this could be an effect from experiencing high levels of stress. Further, many homeless mothers have a previous history of mental illness. In one study, almost half of the homeless mothers had been diagnosed with two forms of mental illness, and a quarter of them had attempted suicide at least once⁶¹. In another study, one third of the homeless mothers had been raised in foster care, themselves, and over sixty percent of the homeless mothers then had their own

58. Swick, Kevin J., et al. "Parenting While Being Homeless." *Early Childhood Education Journal* 42, no. 6 (2014): 398.

59. Ibid., 398.

60. Zlotnick, Cheryl, et al. "The Impact of Childhood Foster Care and Other Out-of-home Placement on Homeless Women and Their Children." *Child Abuse & Neglect* 23, no. 11 (1999): 1064.

61. Bassuk, Ellen L., et al. "Depression in Homeless Mothers: Addressing an Unrecognized Public Health Issue." *American Journal of Orthopsychiatry* 84, no. 1 (2014): 74.

children living in foster care⁶². More often than not, homeless women with mental illness and/or drug addictions were separated from their children as opposed to those without mental illnesses⁶³.

The stigma surrounding both mental illness and homeless continues to be a theme in the literature for homeless motherhood. It is especially significant for homeless mothers of color as well. One article states that “poor and ethnic minority individuals” are not likely to receive treatment for depression as opposed to white and middle class individuals, and health care professionals often neglect to detect depression in women of color⁶⁴. However, many of the articles fall short to specifically address women of color who are homeless mothers and the additional social stigmas that may be attached.

Another area not often covered by the articles on homeless motherhood is general health beyond mental illness. One study specifically examines homeless mothers and children in rural areas, which is often overlooked in previous research. The article states that more women are homeless in rural areas than in urban areas and

62. Zlotnick, Cheryl, et al. "The Impact of Childhood Foster Care and Other Out-of-home Placement on Homeless Women and Their Children." *Child Abuse & Neglect* 23, no. 11 (1999): 1057.

63. Dotson, Hilary M. "Homeless Women, Parents, and Children: A Triangulation Approach Analyzing Factors Influencing Homelessness and Child Separation." *Journal of Poverty* 15, no. 3 (2011): 235.

64. Bassuk, Ellen L., et al. "Depression in Homeless Mothers: Addressing an Unrecognized Public Health Issue." *American Journal of Orthopsychiatry* 84, no. 1 (2014): 74.

that smaller towns have a higher number of homeless families⁶⁵. While researchers are “surprised” by the high rate of stressful life events that led to the families becoming homeless, it does show that one of the biggest health concerns for homeless mothers was dental care as many of the women were missing teeth. Dental care can be extremely expensive and lead to further health concerns down the road. It may also be the first form of self-care that homeless women stop performing due to the high cost of services. However, this is the only article to bring the issue of dental care as an issue for homeless women.

Homeless mothers are not only faced with the stress of being homeless, but also with the stresses of being a parent. Mental health needs again surface as being just as vital as housing needs, and recommendations by several researchers are stated in the existing literature to consider both needs. While meeting housing needs is important, both homeless mothers and children are impacted by homelessness through mental health concerns, and housing services should be based in “family centered care⁶⁶.”

Violence against Homeless Women

Violence against the homeless community is a very common occurrence. Without permanent housing and forced to spend time outdoors can make homeless people more vulnerable to assault. In one far-reaching study, over a thousand

65. Craft-Rosenberg, Martha, Sandra Rae Powell, and Kenneth Culp. "Health Status and Resources of Rural Homeless Women and Children." *Western Journal of Nursing Research* 22, no. 8 (2000): 864.

66. Bassuk, Ellen L., and William R. Beardslee. "Depression in Homeless Mothers: Addressing an Unrecognized Public Health Issue." *American Journal of Orthopsychiatry* 84, no. 1 (2014): 74.

homeless men and women were surveyed about experiencing violence within the previous month⁶⁷. While one-fourth of both men and women reported being assaulted, homeless women reported surviving sexual assault at a much higher rate than homeless men. In another large-scale study conducted of homeless women, one third of the women reported that they had experienced violence within the past year⁶⁸. Further, this percentage of women was mostly comprised of Black and Latina women, revealing that homeless women of color are the least protected from assault. A few articles address the issue of violence against homeless women, both analyzing the spaces that are prone to violence and recognizing that violence against homeless people is highly gendered.

Drawing upon the initial large-scale study of homeless women, one article uses an “ecological conceptual framework,” arguing how the spaces in which homeless shelters reside are a factor to why violence against homeless women occurs⁶⁹. Shelters and other assistance programs are often positioned in industrial areas of cities, which are more prone to higher rates of violent and delinquent crimes (property crimes usually occur in more residential and commercial neighborhoods). In addition, shelters are purposefully built away from affluent residential and

67. Wenzel, Suzanne L., et al. "Antecedents of Physical and Sexual Victimization Among Homeless Women: A Comparison to Homeless Men." *American Journal of Community Psychology* 28, no. 3 (2000): 374.

68. Wenzel, Suzanne L., et al. "Risk Factors for Major Violence Among Homeless Women." *Journal of Interpersonal Violence* 16, no. 8 (2001): 744.

69. Heslin, Kevin C., et al. "Community Characteristics and Violence Against Homeless Women in Los Angeles County." *Journal of Health Care for the Poor and Underserved* 18, no. 1 (2007): 203.

commercial areas because they are viewed as undesirable by the overall community⁷⁰.

The article also addresses the considerations that some homeless women of color may be more visible in less diverse neighborhoods. Further, homeless people overall occupy public spaces that are heavily used by other individuals during the day for commuting and yet are deserted at night, and that homeless women sometimes have to make money through illegal means such as prostitution⁷¹. However, the article attempts to address this form of violence on a broader level rather than using experiential data.

In an additional large-scope investigation of violence against homeless and marginally housed persons in San Francisco, the experiences of trans* people was introduced into the research⁷². Approximately thirty-eight percent of homeless trans* people have experienced sexual assault in comparison to the thirty-two percent of women who have also experienced violence. The article also asserts that mental illness and sex work contributed to higher rates of experiences involving assault. Homeless trans* people are the least protected marginalized community from violence.

Homeless people are extremely vulnerable to violence due to the lack of safe spaces to live in. Further, homeless women of color and trans* people experience higher levels of sexual violence based on the few articles written about this topic. A

70. Ibid., 204.

71. Heslin, Kevin C., et al. "Community Characteristics and Violence Against Homeless Women in Los Angeles County." *Journal of Health Care for the Poor and Underserved* 18, no. 1 (2007): 208.

72. Kushel, Margot B., et al. "No Door To Lock: Victimization Among Homeless And Marginally Housed Persons." *Archives of Internal Medicine* 163, no. 20 (2003): 2492.

final article reveals that violence against homeless women is often committed by their partners, and that many homeless women have a previous history of experiencing violence throughout their lives⁷³. However, it is a reality that many shelters are located in the least desirable areas of town, which also contributes to the higher rates of violence, and that doesn't have to be the standard.

Homeless Women: Beyond the Numbers

As shown in the discussion of the available literature, homelessness and homeless women has been primarily researched in the field of public health. Many of the studies were conducted through surveys, which then resulted in statistical data. While several articles provided a general overview regarding how women become homeless and how several homeless women have experienced trauma, the few articles that were qualitative in nature provided a more nuanced and rich analysis that considered other identities beyond homelessness. A key consideration when providing services for homeless women is to implement a comprehensive level of care that addresses multiple needs in addition to housing as homelessness is a complex issue.

73. Wenzel, Suzanne L., et al. "Physical Violence against Impoverished Women: A Longitudinal Analysis of Risk and Protective Factors." *Women's Health Issues* 14, no. 5 (2004): 151.

Chapter Three: Theoretical Frameworks

Well, I've always been a person, my parents always taught me, never put anybody out. Always do best and most of your time with other people. Like, be to work a half hour or to an hour early, leave as late as it needs to be, you know. Stuff like that. That's how my parents raised me.

- Maureen

Three theoretical frameworks informed this research project: Trauma Theory, Socialist Feminist Theory, and Feminist Standpoint Epistemology.

Trauma Theory

All the participants in this research project revealed that they had experienced trauma due to life changing events such as sexual assault, the death of a loved one, and/or a major life accident. The medical community describes trauma as “an emotional response to a terrible event like an accident, rape or natural disaster”⁷⁴. Even after these stressful life events, the participants also noted that they continue to experience Post-Traumatic Stress Disorder (PTSD). PTSD is defined by the

American Psychological Association (APA) as:

an anxiety problem that develops in some people after extremely traumatic events, such as combat, crime, an accident or natural disaster. People with PTSD may relive the event via intrusive memories, flashbacks and nightmares; avoid anything that reminds

74. American Psychological Association. "Trauma." Accessed February 16, 2015. <http://www.apa.org/topics/trauma/>

them of the trauma; and have anxious feelings they didn't have before that are so intense their lives are disrupted.⁷⁵

The concept of trauma did not emerge in psychological studies until after World War II when combat veterans returned home after the war. While trauma has always existed in cultures and communities, it has often remained hidden away in people's private lives as many survivors did not feel comfortable discussing the feelings they felt after a traumatic event. Further, the idea of trauma remained unnamed, and survivors of trauma felt disempowered in sharing their experiences.

In the early 1990s, Judith Lewis Herman published a book that introduced the theory of trauma to a mainstream audience. In *Trauma and Recovery*, Herman historicizes the importance of the work that the Second Wave feminist movement did in the 1970s to bring forward the issues of sexual trauma that numerous women had experienced in their everyday lives⁷⁶. Fear prevented women, who had experienced sexual trauma, from discussing it. As a result of this fear, women felt isolated in their experiences of trauma. Herman argues that the trauma experienced by women was kept secret within the private sphere of the home in order to enable the continual violence against women. Yet the trauma that men experienced through combat was normalized through the experiences of war, and therefore, it was more acceptable to discuss in public ways.

Through small group consciousness-raising, women gradually felt more comfortable in sharing their survival stories of violence. Through the centering of

75. American Psychological Association, "Post-traumatic Stress Disorder." Accessed February 15, 2015. <http://www.apa.org/topics/ptsd/index.aspx>

76. Herman, Judith Lewis. *Trauma and Recovery*. (New York, NY: BasicBooks, 1992), 28.

women's marginalized voices, it allowed for the wider discussions regarding trauma. Lewison, Thomas, and White reveal that feminist theory recognizes violence, and therefore, trauma, is rooted in systems of oppression⁷⁷. Kulkarni, Kennedy, and Lewis argue for the use of feminist theory in social work practices since the naming and discussing of traumatic events can lead to healing for survivors. Feminist practice focuses on "the personal as political" which enables empowerment for the survivors of trauma, and helps practitioners to concentrate on both "internalized traumas" and "external conditions"⁷⁸.

Herman identifies that traumatic events "overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning"⁷⁹ and also points out that trauma can "shatter the sense of connection between individual and community"⁸⁰. The participants in this project spoke about how they did not have family members to rely on during hard financial times, either due to the trauma of abuse they experienced as a child or the trauma of loved ones dying, which may have contributed to them becoming homeless. Further, due to PTSD, many of the women felt they could not hold down employment.

As a result of studies in trauma theory, additional findings began to emerge in pertaining to cumulative forms of trauma. For individuals who have faced more than

77 . Lewinson, Terri, et al. "Traumatic Transitions: Homeless Women's Narratives of Abuse, Loss, and Fear." *Affilia* 29, no. 2 (2014): 194.

78. Kulkarni, Shanti, et al. "Using a Risk and Resilience Framework and Feminist Theory to Guide Social Work Interventions with Adolescent Mothers." *Families in Society: The Journal of Contemporary Social Services* 91, no. 3 (2010): 220.

79 Ibid, 33.

80. Ibid, 55.

one trauma, there is also a higher risk for mental illness. In the mid-1990s, Turner and Lloyd hypothesized that cumulative forms of social stress can impact mental health status as researched through significant childhood and lifetime traumas⁸¹. While this theory was not necessarily new, their framework, backed by findings, proved that not only do multiple forms of trauma cause mental illness, but also it can have a profound effect throughout a survivor's entire lifespan. Their research also revealed that trauma results in psychiatric disorders, including substance abuse⁸².

In more recent studies, theoretical frameworks have emerged which connect trauma to gender, race, and social location. Drawing upon the work by Kimberlé Crenshaw on intersectional theory, Kubiak's theoretical framework argues that the occurrence of trauma increases in relation to intersecting oppressed identities⁸³. Women on average experience PTSD at higher levels since more women are survivors of sexual violence.⁸⁴ Further, women from lower social classes as well as women of color are more likely to experience chronic stress and trauma as a result of not being able to access resources of assistance. Kubiak's theoretical framework

81. Turner, R. Jay, and Donald A. Lloyd. "Lifetime Traumas and Mental Health: The Significance of Cumulative Adversity." *Journal of Health and Social Behavior* 36, no. 4 (1995): 361.

82. Ibid, 371.

83. Kubiak, Sheryl Pimlott. "Trauma and Cumulative Adversity in Women of a Disadvantaged Social Location." *American Journal of Orthopsychiatry* 75, no. 4 (2005): 452.

84. Cortina, Lilia M., and Sheryl Pimlott Kubiak. "Gender and Posttraumatic Stress: Sexual Violence as an Explanation for Women's Increased Risk." *Journal of Abnormal Psychology* 115, no. 4 (2006): 753.

ultimately reasons that trauma occurs through systems of oppression, such as poverty and discrimination.

Socialist Feminist Theory

In the United States, an economy based on capitalism dictates that a society is comprised of producers, and if someone cannot produce, it is a failure of the individual. Several of the participants in their interviews discussed that they could not work due to disability stemming from PTSD, and for the participants who could work, their employment came from low-waged jobs such as waitressing and housekeeping. Socialist feminism contends that women are oppressed through both their gender and their class, and that a capitalistic society mainly promotes men through a hierarchal and patriarchal economy.

In the U.S., men have historically been viewed as the breadwinners and property owners of households while women have been relegated to the home. Hartmann argues in her essay on the theory of “capitalist-patriarchy” that the success of a free-market society rests in the unpaid labor of women in child-bearing/rearing duties as well as in housework⁸⁵. Women working in the home without a wage enable men to maintain employment outside of the home. While the essay was written in 1979, today women are still paid less than men (79% percent wage gap⁸⁶) and work in jobs deemed less valuable, such as domestic labor, as compared to “men’s work.”

85. Hartmann, Heidi I. "The Unhappy Marriage of Marxism and Feminism: Towards a More Progressive Union." *Capital & Class* 3, no. 2 (1979): 6, 14.

86. Institute for Women's Policy Research. "Pay Equity & Discrimination." Accessed February 18, 2016. <http://www.iwpr.org/initiatives/pay-equity-and-discrimination>.

At the time of the interviews, all of the women were single mothers and felt the burdens of not only raising their children but also finding a source of income to secure stable housing. Only one person had qualified for disability income, and the other participants had just begun to navigate the complex system of qualifying for aid. Yet in a capitalistic economy, state assistance is judged to be an entitlement. It is also believed that anyone can achieve the American Dream through hard work and persistence. While the myth of meritocracy prevails, in reality, many people need and receive assistance from family members, friends, or other sources. For the women in this project, they often did not have family members to turn due to previously experienced trauma. Many of the participants were isolated from networks that may have assisted them financially. The participants are relegated to the margins of society, and it's not simply a matter of pulling themselves up by their bootstraps.

Feminist Standpoint Epistemology

Homeless women's experiences are often ignored by the local communities which they live in. Stigmas surrounding homeless women supersede what it actually means to live in poverty. Patricia Hill Collins argues in *Black Feminist Thought* that "elite white men control Western structures of knowledge validation," and therefore, the experiences of Black women and other marginalized communities have been excluded from the knowledge-making process⁸⁷. While marginalized communities, such as people of color and poor/working class people, have often been the subjects of observational studies in academia, their lived experiences are not often taken into

87. Collins, Patricia Hill. *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment* (New York: Routledge, 2000), 269.

consideration as their own voices are silenced. However, Collins points out that women of color, specifically Black women, have always created knowledge but from a subjugated place. This situated knowledge is also known as standpoint theory.

Standpoint epistemology is a starting point for understanding the lives of those who live on the fringes, the lives of outsiders, such as the participants in this project. Within marginalized communities, truth claims reflect “intersecting oppressions of race, gender, class, sexuality, and nation” as well as ability⁸⁸. Standpoint theory contends that all truth is partial and multiple, and rejects a universal, oppressive “Truth”⁸⁹. By recognizing these different standpoints, the experiences of marginalized groups are not conflated into a stereotype. Their lives are made meaningful. Through the sharing of their life stories, the knowledge about the experience of being homeless through the voices of homeless women is centered in this research. Their critical standpoint is the primary source of comprehension.

88. Ibid, 271.

89. Harding, Sandra G. “Introduction: Standpoint Theory as a Site of Political, Philosophic, and Scientific Debate.” *The Feminist Standpoint Theory Reader: Intellectual and Political Controversies*. (New York: Routledge, 2004), 134.

Chapter Four: Methodology and Methods

This chapter outlines the methodological framework and methods for this research study. The use of grounded theory and oral narrative were used to capture and center the life experiences of the women who participated in the project. The research design of the project is also outlined. The chapter ends with a reflection on the positionality of the researcher.

Grounded Theory

The focus of this research was to understand the life experiences of homeless women, but it was unknown what would specifically materialize from the research. While there were research questions guiding the process, there was not a formal hypothesis. The information expressed from the life stories of the women would steer the project and provide the data for the study. By allowing the theory to emerge from the data is a method called Grounded Theory. Grounded Theory is a qualitative method that allows the “data to construct theories ‘grounded’ in the data” itself⁹⁰. As Charmaz argues, grounded theory provides a methodical but also adaptable way in collecting and analyzing data that comes from the lived experiences of participants⁹¹.

Conducting in-depth interviews is the primary way that grounded theory can be used in data collection. In-depth interviews typically include open-ended questions that allow the participant to share experiences with the researcher who primarily

90. Charmaz, Kathy. *Constructing Grounded Theory: A Practical Guide through Qualitative Analysis*. (London: Sage Publications, 2006), 2.

91. Ibid, 2.

listens without asserting an agenda during the interview⁹². The questions may then become more specific during the interview dependent upon what the participant would like to discuss. The researcher is also aware of power differences between the researcher and the participant, which may affect the interview in what the participant feels comfortable in sharing. The negotiation of power should be facilitated during the interview since the participant should have the authority in answering questions. Flexibility is key in the grounded theory method of data collection.

Once the data collection is completed, theory emerges through the coding of the data. In analysis of the data, experiences that are important to the participant are coded rather than what the researcher determines as important. Charmaz asserts that the data should not conform to fit the codes but rather the codes should fit the data⁹³. Through the coding of the data, patterns develop that form the major categories, which then forms the analysis.

For this project, data was collected through face-to-face meetings with semi-structured interview questions to understand the experiences of a homeless woman. Questions were adapted and edited during the interview process to fit what the participant wanted to discuss. Some questions were added and the order of the questions was rearranged as it became which questions were important and which questions were not important to the participants. However, the participant directed the interview as much as possible.

92. Ibid, 26-27.

93. Ibid, 49.

Oral Narrative as Strategy of Inquiry

For this research project, oral narrative was used as the primary means center the life stories of homeless women through their own voices. The Oral History Association defines this method as “a way of collecting and interpreting human memories to foster knowledge and human dignity”⁹⁴. As a form of qualitative research, oral narrative is a disciplined practice that “seeks new knowledge about and insights into the past through an individual biography”⁹⁵. With the method of oral narrative, personal truths are centered through the memory of the participants⁹⁶.

On a broader level, oral narrative democratizes the documenting and interpretation of what happens in the world around us. Through the social movements of the 1960s and 1970s, oral narrative has become a prominent as way of providing counter narratives to “dominant historiographic paradigms”⁹⁷. Personal oral narratives are “deeply embedded in ideologies,” which can contrast with prevailing ideologies⁹⁸. Through the sharing of personal stories, the focus of social truths is centered on

94. Oral History Association. "Principles and Best Practices." October 1, 2009. Accessed May 25, 2014. <http://www.oralhistory.org/about/principles-and-practices/>

95. Shopes, Linda. "Oral History." In *The SAGE Handbook of Qualitative Research*. 4th ed. eds. Norman K. Denizen and Yvonna S. Lincoln. (Thousand Oaks: Sage Publications, 2011), 451.

96. Thompson, Paul. *The Voice of the Past: Oral History*. (Oxford: Oxford University Press, 1978), 150.

97. Shopes, Linda. "Oral History." In *The SAGE Handbook of Qualitative Research*. 4th ed. eds. Norman K. Denizen and Yvonna S. Lincoln. (Thousand Oaks: Sage Publications, 2011), 455.

98. Grele, Ronald J. "History and the Languages of History in the Oral History Interview: Who Answers Whose Questions and Why?" In *Interactive Oral History Interviewing*, eds. Eva M. McMahan and Kim Lacy Rogers, (Hillsdale: Lawrence Erlbaum, 1994), 3.

marginalized identities and communities, such as for the homeless women in this project. The construction of these counter narratives is not only an aspect of oral history, but it is feminist in its nature as well.

Interviewing women is a feminist form of research because it is a way to reveal the “subjugated knowledge” of women’s experiences that “often lie hidden and unarticulated” in everyday life⁹⁹. In an androcentric society where the experiences of white men are often considered to be the universal experience, especially through the written form, oral narrative can bring forward the diverse experiences of women. It recognizes the differences not only in gender, but also in race, class, sexual orientation, and ability¹⁰⁰. As Sherna Gluck asserts, oral narrative “documents the lives of all kinds of women,” not just the experiences of privileged women¹⁰¹. Oral narrative is a feminist form of research as it allows for multiple voices and centers the lives of women.

Research Design

Prior to the recruitment of participants for interviews, the approval to conduct research was sought through Oregon State University’s Institutional Review Board (IRB). The IRB is committed to ensuring that ethical practices are used when human

99. Hesse-Biber, Sharlene. "Feminist Approaches to In-Depth Interviewing." In *Feminist Research Practice: A Primer*, eds. Sharlene Nagy Hesse-Biber (Los Angeles: SAGE Publications, 2014), 225.

100. Minister, Kate. "A Feminist Frame for Interviews." In *Women's Words: The Feminist Practice of Oral History*, eds. Sherna Berger Gluck, and Daphne Patai. (New York: Routledge, 1991), 31.

101. Gluck, Sherna. "What's So Special about Women? Women's Oral History." *Frontiers: A Journal of Women Studies* 2, no. 2 (1977): 3. Accessed May 31, 2014.

participants are part of a research study. The IRB seeks to approve projects that protect and maintain the human rights of the participants, which included guaranteeing the utmost confidentiality of the participants in this study. The IRB approved this project in December 2014. The recruitment and interview process began in January 2015.

Inclusion Criteria

Participants are persons who identify as women, identify as homeless, who are over the age of 18, and who have stayed at the Room at the Inn overnight emergency cold weather women's shelter. The shelter requires guests to be woman-identified and over the age of 18. The women may be single, married, or divorced. The women also were English language speakers.

Recruitment and Sampling

Recruitment was primarily conducted through the Room at the Inn Shelter in Corvallis, Oregon. It is an emergency, cold weather shelter for individual adult women. Open from November through March, the shelter is also only open for twelve hours per night between 7pm and 7am. I completed an internship at the shelter from December 2013 through March 2014, and then became a weekly volunteer in January 2015 through March 2015.

In an attempt to be a consistent presence at the shelter, I sought to earn the trust of several women by volunteering frequently throughout the season. The participants were invited to voluntarily participate in the project. As part of the

invitation process, a list of the questions and the verbal consent sheet was given to potential participants in order to know what to expect during the interview. The shelter manager also invited women to voluntarily participate in the study. Only the participants who felt comfortable in sharing their life stories were invited to participate in the study.

Semi-Structured Interviews

In January and February of 2015, six interviews were conducted, which lasted from one to two hours, depending on how much the participants were willing share. The interviews were conducted in places that each participant felt the most comfortable and safe to share their life story, and at the preferred time of their choosing. Most of the interviews were conducted in a public place that was easily accessible for the women to reach. One interview was conducted at the shelter and one interview was conducted in a participant's temporary shared living space.

Prior to each interview, the participants verbally consented to the interview process. In order to protect their identities as much as possible, a verbal consent process was used rather than a written consent process (Appendix B). None of the participants' names were recorded. Pseudonyms were assigned to each participant in order to protect their identity.

As part of the consent process, the participants were warned that the sharing of traumatic memories could be upsetting, and a list of resources was provided should they need additional assistance. If a participant needed a break to step away from a painful moment, the interview was paused and then resumed at a later time. The

participants were reminded throughout the interview that they should only share what they felt comfortable in sharing.

After the participants verbally consented, the interviews would start with the initial questions. The semi-structure interview questions were used as a guide and as a way to encourage the women to share stories from their life (Appendix A). The main questions included:

1. What is your earliest memory?
2. Do you consider yourself to be homeless?
3. How do you define homelessness?

With permission of the participants, all interviews were recorded with an audio device. Field notes were conducted during the interviews. The interview recordings were transcribed, word for word, into a text document using the program ExpressScribe.

Analysis of Interview Data

The coding of the transcripts began shortly after the transcriptions were completed. The interview transcripts were read several times in order to find common themes. Codes were identified and attached to sections of the interviews. The interviews were compared with each other and relationships were documented between the data found in the interviews. "Content analysis"¹⁰² was performed to

102. Hesse-Biber, Sharlene. "Feminist Approaches to In-Depth Interviewing." In *Feminist Research Practice: A Primer*, ed. Sharlene Nagy Hesse-Biber (Los Angeles: SAGE Publications, 2014), 225.

count coded similarities across the interviews. Common themes were tracked in an Excel spreadsheet in several different tabs per experience. Through multiple readings of the transcripts, numerous themes began to emerge. “Memoing,” which is the reflective writing on certain themes, was also used for further analysis¹⁰³. All ideas and themes were explored, even if the themes were not notable in each interview. Ultimately, the data guided the process of analysis as deeper meanings arose from the themes.

Positionality of the Researcher

My positionality within the research is also vital to recognize. I initially came to this project as a graduate student and an intern. In addition, I am deeply passionate about working towards class equity within the community of Corvallis. I grew up in a low income background, and I remember the shame and disempowerment of being poor. Feminist research recognizes the agency of marginalized communities through the centering of their own voices. Throughout this research project, I grew frustrated living in a community that did not seem to listen to the needs of people experiencing homelessness, especially in the planning process of the new shelter. Through their own words, I hope to bring representation of the actual experiences of homeless women to community groups and learn how to better provide services.

As a feminist researcher, I am constantly reflecting on my position as both an insider and outsider with the homeless community, which may fluctuate at any

103. Ibid 223

moment during an interview¹⁰⁴. While I grew up in a working class family and I have extended family members who have experienced homelessness, I have never experienced homelessness. At times, I could identify with the participants when they talked about struggling to make ends meet and accessing resources. However, I currently live in a very middle class existence. Further, I have witnessed certain members in my family deal with substance abuse, but I have never experienced addiction issues.

At the beginning of the research, my position was one of being an outsider. As previous research shows, homeless women often distrust others due to experiences of trauma and, consequently, feel socially isolated. Homeless women may also feel retraumatized in accessing services as they must complete complex paperwork and answer deeply personal questions. In recruiting the participants for this project, I filled the role as listener and sought to earn their trust prior to interview invitations. The shelter was providing a service and it was important to not connect that service with the interview process. It was a voluntary process driven by the interest of the women in sharing their experiences.

My past experiences shaped my interest in this project, but I do not represent the identity of the participants. While I hope this research brings awareness to the issues facing homeless women, I do this work with the privilege of being within the academy, and it is essential to be cognizant of that aspect.

104. Hesse-Biber, Sharlene. "Feminist Approaches to In-Depth Interviewing." In *Feminist Research Practice: A Primer*, ed. Sharlene Nagy Hesse-Biber (Los Angeles: SAGE Publications, 2014), 210.

Chapter Five: Participant Profiles and Personal Narratives

This chapter introduces the profiles and narratives of individual participants. It begins with brief demographic and background information that each woman was comfortable in sharing. The profiles also include a personal narrative or two from the participant's life story.

Diana

“Survivor. Never put me as a victim because I hate that word more than anything.”

Diana is forty-seven year old single mother with two adult children. Her son is in his twenties and her daughter is in her late teens. She is also a grandmother of a grandson and has another grandchild on the way. She grew up in Corvallis and has lived in the area for most of her life. She currently lives in temporary and shared low-income housing. She was previously homeless for a year. Diana considers herself to be housing insecure since she didn't know at the time of the interview if she would be able to stay in her current arrangement beyond the end of the month.

Diana's mother passed away in 2005, which sent her family into a downward spiral. Her mother died suddenly and unexpectedly from a brain aneurysm. She was extremely close with her mother and relied on her for help in taking care of her children. Shortly afterwards, Diana started using drugs to escape the pain. She would only use the drugs when her kids were visiting their father on the weekends. Here is a description of her drug abuse:

I never sold off my kids' stuff, and I never stole anything from anybody, I never got in trouble with the cops, for one thing or whatever. You come over, hang out, and get high, and you'd be gone, and that be it, you know. It was usually when my both my kids would

go to their dad's house for the weekend, you know. You'd, like, get high Friday night, or whatever, and be fine by Sunday when they'd got home. So it wasn't like...I'm not saying I'm not an addict, but I'm just saying that I'm not the typical addict.

However, things continued to grow worse. Diana's son ended up moving in with her ex-husband. Eventually, her son also became addicted to drugs. He has overdosed several times in the past couple years. Now he is in jail for drug charges. Diana also ended up losing custody of her daughter. Diana's daughter survived sexual assault by a person they knew in town. When Diana reported it to the police, she lost custody. It was part of the custody agreement that no abuse or assault could occur in the household, even if it wasn't Diana's fault. When Diana lost custody, she also lost housing and Temporary Assistance for Needy Families (TANF), which then made her homeless.

Prior to that, Diana was in a very abusive relationship with an ex-boyfriend. She ended up in the hospital quite a few times, but could not report the abuse for fear of losing custody of her children. She feels that she could have died in the relationship if she hadn't ended it.

My ex beat me up or whatever. We were dating, and then I moved out of the duplex that we shared. He cheated on me with his new roommate's cousin behind my back. And, she...and she died falling out of a truck. But people think he shoved her out of the truck. And I got back together after that. And then he punches my face and almost kills me, too. Still stay with him. I had to beg him to stay because I didn't want him to have ammo with ex-husband. I begged him to not turn himself in or they were gonna take my kids from me. She's the victim because she dead and I ain't. Good luck. I hate that word victim.

Diana had been sober for almost nine months at the time of the interview. She credits the shelter, and specifically the shelter manager, for helping her to turn her life

around. While she worries for her kids, she has put herself first in working on her sobriety and hopes to have a more stable living situation in the future.

Anya

“Let’s just say my life could definitely be inspiration for Jerry Springer to have 10 more years of ideas. No joke. But then at the same time, my family is crazy and I just had to adapt.”

Anya is a thirty-five year old mother of a young daughter. She identifies as bisexual, a video gamer, and a survivor of domestic violence. She was born in Southern California and primarily grew up in the Los Angeles area. Her birth mother gave her up to child services when she was a little over a year old. Her aunt and uncle took her into their care and eventually adopted her when she was ten years old. While in her adoptive parents’ care, Anya experienced child abuse. She shared that her family was deeply religious and partly blames her adoptive parents’ faith for the abuse. When they wanted to marry her off into a polygamous marriage at the age of seventeen, Anya ran away.

It’s like “What? When did we discuss this, huh?” And, that’s when she said that I was to be wife number three in a polygamous marriage, and I was to be shipped off to Colorado City on my eighteenth birthday. And I said, “Nah ah, hell no!” And that’s when I ran away from home. I had about enough of that. And also I had about enough of their hypocrisy cuz it’s like...to the outside world, we were the perfect normal family. I mean, perfect normal Mormon family. We went to the normal Mormon church, the LDS church proper. But once we got home, and the doors were closed, that’s when they secretly practiced the fundamentalist religion where it includes condoning child rape,

condoning child beat-downs, condoning polygamist marriage. It's still kinda bothers me that my mom still today is talking about moving herself to Colorado City to be part of the polygamist community over there.

After running away, Anya shortly spent time in foster care and then in an adult care home. Due to post-traumatic stress disorder, she admits that she cannot handle working in most environments, and has been receiving social security income for most of her life. She is also an alcoholic but has been sober for many years.

When Anya was nineteen years old, she met her first husband and they eventually moved to New Mexico. Her first husband was extremely abusive as well – both physically and psychologically. She found the strength to divorce him eight years later. In 2006, she came to Oregon, looking for other family members who she thought lived in Salem. Anya could not find them, but wanted to live somewhere that was green.

Anya made her way down to Albany, where she met her second husband. She reveals they have been together for ten years now and they have a seven-year-old daughter. Unfortunately, Anya lost custody of her daughter, who now lives with her Anya's adoptive mother. While visiting in Arizona, her adoptive mother was able to prove to the authorities that Anya was an unfit mother. Her husband is also in prison for reasons that she did not disclose in the interview.

Anya became homeless when she was evicted from her apartment in Corvallis. Her landlord preferred to rent to a college student who would pay a higher amount of rent as compared to Anya's fixed income. At the time of the interview, she was looking for permanent and low-income housing. She is also fighting for custody of her daughter, and waiting for her husband to be released from prison.

Anya finds comfort in popular culture. She loves films, television shows and video games. While she has experienced a lot of abuse in her life, Anya doesn't want any pity. She reveals:

If it never happened to me, I would not be the person I am today. I mean, I consider myself a fighter and survivor, not a victim. A victim is a person who will never put themselves – you know, evolve from their psychological standings of, like woe is me. They will never stop doing that. I'm a survivor. It's like, instead of why me - try me. (laughs) Which makes a lot of people feel very fortunate to even know me because most of the time people just don't understand how horrible it is to go through all that and yet still come out mentally on top.

Sam

"I've lived on these streets and, these streets aren't pretty."

Sam is a thirty-nine year old mother of six children. She was born in California, but primarily grew up in Corvallis. She has lived in the town for most of her life. Sam shares that she had a very good childhood until her mother started dating a boyfriend, who abused her. Then when she was fifteen years old, Sam was accidentally shot in the head. She shares:

Day before Thanksgiving. I couldn't remember there for the longest time. Like, when a car would backfire, it would freak me out. My friends were playing with some stolen guns and I was sitting up on the arm of the chair. Before that, I had very sensitive hearing. I could hear a pin drop clear across the house. People could be sitting in the other room, whispering, and I could hear it like we were talkin' now. And when I got shot in the head, it wasn't the pain. My head was ringing so bad, I got up, walked from the living room to the kitchen. But my hands were like this? Above my head and they were wet. I looked down, and I was covered in blood. The reason they didn't remove the pellets because they told my mom to remove the pellets, one wrong move and I'd be dead.

Even though the doctors told her that she could never give birth due to being brutally raped as a child, Sam gave birth to her first son when she was seventeen years old. Unfortunately, she started using drugs shortly after giving birth. Since then Sam has been dealing with addiction throughout her entire life. She was able to stay sober for five years, primarily with the help of her mother, but her mother passed away in 2010. The death of her mother triggered a relapse and Sam started using drugs again. She lost her home last year. She stayed at the shelter last fall in order to become sober prior to applying to a low-income, shared living space that specializes in rehabilitation.

However, due her addiction issues and becoming homeless, Sam has lost custody of her children at different points in her life. Two of her children were adopted by the state without her permission. Sam has not seen her third son since he was a one year old. Sam keeps in touch with her youngest children, but they are currently in the foster care system. Her oldest son is an adult and she has started to reconnect with him. While Sam hopes to regain custody of her youngest children in the future, she is intent to work on her sobriety and securing a more permanent living arrangement later on.

Caroline

“I don’t want her to go through any of the shit that I’ve went through because I am so messed up and she has this golden opportunity to grow up and not be messed up.”

Caroline is a twenty-two year old single mother of a young daughter. She identifies as mixed race with white, Indigenous, and Latina heritage. In addition, she identifies with having brain damage as a disability. She was born in Klamath Falls and moved several times as a child. She has lived in South Dakota, Alabama, California, Oregon, Washington, and Illinois. However, she has spent most of her life living in Corvallis. Caroline lived through a harrowing experience during childhood.

When Caroline was less than a year old, she was kidnapped by her father. She was then beaten by him and forced into prostitution along with two of her male cousins. She was not discovered until she was seven years old and only through a DNA test did the police realize that she was a missing child. She shares:

And then the police finally found us because they were picking him up on a drug charge. They didn't recognize me. They didn't know who I was. They couldn't tell if I was a boy or a girl because they had cut off all my hair. They couldn't tell who I was because I was so swollen and beaten. I had most gashes around this area. I got scars from cigarette burns. Yeah, it's pretty bad. I'm so fucked up from it, it's not even funny. I know it seems weird that I'm smiling, it just makes me nervous. Cuz I don't know. It's kinda messed up. So I'm not even sure, really. I'm not used to talking about this. My family doesn't know that's...they know that bad things have happened. But they don't know that's what it is.

Caroline was returned to her mother, but her mother had drug issues as well. After only living with her for six months, Caroline was put into the foster care system until her grandmother took custody of her. She then moved to Chicago, a city she loved living in and where she made many friends. However, her grandmother moved her back to Oregon when she was twelve.

At the age of eighteen, Caroline became suicidal shortly before finding out that she was pregnant. She credits the birth of her daughter as giving her reason to

live and as her single happiest memory. She lived with her daughter's father for a few years, but he too was unstable with emotional problems and she eventually had to leave him. Without a job, Caroline could not afford rent into town, and voluntarily gave up her daughter to temporary foster care before becoming homeless. She is hopeful to find a job soon and then secure a stable home for thirty days, which is what she needs to do to gain back custody of her daughter.

Skye

"I'm my own woman now and I've learned a lot from living here. Things are going to change."

Skye is a twenty-five year old single mother of a five-year-old daughter. She identifies as mixed race with white and Indigenous heritage. However, she is unsure of her family background as she was separated from her family at a young age. She was born in Oregon but was placed in the foster care system when she was two years old as her mother had substance abuse issues. After temporarily being placed back in her mother's care, she returned to foster care when she was five years old. While she hasn't been formally adopted, Skye has lived with the same foster family in Arizona for almost twenty years.

Growing up, Skye often felt like an outsider. She reveals about her experience:

I hated school. I got bullied, I got teased. The teachers didn't give a shit about me. They would sit there and watch me get picked on and just walk away. I remember in sixth grade, a teacher was actually so mean to me that I would go up there to ask him for help with math, he would help everybody else in the line. When I got up there, he would

give me a finger like this and turn to his turned-off computer and tell me he was busy instead of helping me.

As a child, Skye also survived sexual abuse by her foster father. However, she has not told anyone in the family. Her foster mother was very strict when she was growing up and one of her brothers would bully her as well. Therefore, she does not feel comfortable in sharing her experiences with anyone in the family.

When Skye was seventeen, she became depressed and thought about suicide. She also started using drugs for a few months, but stopped after losing her job since she could no longer afford it. When she was nineteen, Skye became pregnant by a co-worker who was eventually deported from the United States. After giving birth, Skye's relationship with her foster family became worse, and she started questioning everything. She relapsed briefly into drugs, but then decided to embark on a search for her family of origin.

In 2012, Skye returned to Oregon with her child to reconnect with her mother and mother's family. She came back with several questions about how she was put into foster care and the identity of her father. Eventually, she gave temporary guardianship of her daughter to her foster mother since she feared that she, too, would lose her daughter like her mother had lost her. She lived in Dallas, but then eventually moved down to Albany with some friends after coming to terms that her mother did not want to reconnect with her.

Before becoming homeless, Skye was living with an ex-boyfriend. She was employed as a caretaker for his mother, but was eventually kicked out. She plans on staying at the shelter until her job arrangement ended. Then she will return to her daughter in Arizona. She takes solace in popular culture, specifically within online

video gaming, and has found a sense of family with other players through the game *SkyRim*. She still has questions about her biological family but asserts:

I'm gonna live with the questions and make it so that my daughter doesn't have to live with those questions. I feel like I need to just to see for myself what my birth family is like and I needed to grow up. And, I may not actually be out on my own yet to where I have a steady job and pay bills myself, but I have grown up a lot from this experience. And, I do now know what's more important is my daughter.

Maureen

"I still have the faith that there's always a reason for something, no matter if it's tragic or non tragic or just coincidence."

Maureen is a fifty-one year old mother of five children. She grew up in Utah in a predominately Mormon family. She looks back fondly on her childhood where most of her extended family all lived on the same street. After graduating from high school, she started working in adult care facilities and immensely enjoyed helping other people. She became pregnant when she was young and unmarried, which caused many of her family to not speak to her. However, she was still supported by other family members. In her early twenties, Maureen met her husband through her brother.

Shortly after marrying her husband, Maureen gave birth to her second son. Tragically, her second son died when he was less than a month old. She shares about the experience:

And I was like, what time is it? Oh it's eight o'clock. Well, he's not woke up yet. Why isn't he waken up? You know, everybody will feel that. You'll feel that when you have kids. And, just chills ran down my

back. And I went to give him a kiss, and there was nothing. And then, probably, all I could remember, is going into the bathroom, and going into the kitchen, and screaming to the top of my lungs, my mom. Cuz you know, she's a nurse. And, handing the baby to her. (voice breaking) And I don't remember anything after that. I woke up four days later, three or four days later, in the hospital. I lost...(*crying*) It was many years ago.

Throughout the years, Maureen and her family moved several times from Utah to Idaho to eastern Oregon and briefly to western Washington. Her husband went back to school a few times while Maureen became the main breadwinner of the family. In 1995, they moved down to Corvallis because they wished to live closer to the Oregon coast. Maureen was able to secure employment in adult foster care services, but had to quit in 2001 due to a car accident. This was the start of bad luck that Maureen feels her family has faced ever since the accident, and she now regrets moving to the area.

Due to a back injury stemming from the car accident, Maureen was unable to go back to work even though she loved working. The insurance company of the other driver, who was at fault, refused to pay out on her claim, and the hospital bills began to mount. Then, in 2008, her husband died shortly after being diagnosed with thyroid cancer. Even with his life insurance, Maureen was unable to keep up with the mortgage and was forced out of their home in 2011. After living with different family members, Maureen became homeless this past year and was living in her car prior to coming to the shelter. She hopes to eventually qualify for social security income since she cannot work, and hopes to find a permanent living arrangement.

In spite of the many losses in her life, Maureen takes comfort in her Mormon faith. When specifically talking about the loss of her child, she says that one day they

will meet in the afterlife. As she puts it, “I’ll get to raise him in heaven. So that’s what I’m looking forward to. As long all my pain and suffering is over with. (laughs) Yeah, I know that’s been promised to me.”

Chapter Six: Findings

“I’m just without a home, stability, period. Like, I have zero stability – emotionally, spiritually, physically, or otherwise. I don’t feel safe or comfortable around anybody. I don’t trust anybody. I’m without, period. It’s all about working from the ground up to get my shit together.”

- Caroline

This chapter discusses the major themes that emerged from the interviews with each woman who shared their life stories. The prominent themes include 1) Experiences of Trauma, 2) Barriers to Accessing Services, 3) Motherhood, and 4) What It Means to be a Homeless Woman. The limitations of the research are also discussed at the end of the chapter.

Experiences of Trauma

Trauma is defined by the American Psychological Association as “an emotional response to a terrible event like an accident, rape or natural disaster”¹⁰⁵. Previous research has revealed that over two thirds of homeless women have experienced trauma, either as a child or an adult¹⁰⁶, and it was a common theme throughout this project as well. All of the participants shared stories that reflected at least one form of trauma, if not more. At least half of the participants identified that a specific traumatic event led to their eventual homelessness, and the other half of the

105. American Psychological Association. "Trauma." Accessed February 16, 2015. <http://www.apa.org/topics/trauma/>

106. Browne, Angela, and Shari S. Bassuk. "Intimate Violence in the Lives of Homeless and Poor Housed Women: Prevalence and Patterns in an Ethnically Diverse Sample." *American Journal of Orthopsychiatry* 67, no. 2 (1997): 261.

participants felt that a traumatic event indirectly influenced their current housing insecurity.

The four types of trauma experienced by the participants include child abuse, intimate partner violence, a death of a family member, and a major accident. Four out of the six participants experienced at least two forms of these identified traumas. As previous research shows, women who have experienced trauma are more likely to become homeless¹⁰⁷, and the act of becoming homeless can also be psychologically traumatic¹⁰⁸. The following discussion explores the different forms of trauma experienced by the participants.

Child Abuse

Child abuse has been noted in previous studies to be a common experience for homeless women. In one study, it was recorded that two-thirds of homeless women had experienced physical abuse and that over forty percent of homeless women had experienced sexual abuse¹⁰⁹. Child abuse was a predominant experience found within the participant's life stories in this project as well. Four out of the six women interviewed mentioned that they had experienced some form of abuse as a child and/or teenager.

107. Anderson, Debra Gay, and Margaret A. Imle. "Families of Origin of Homeless and Never-Homeless Women." *Western Journal of Nursing Research* 23, no. 4 (2001): 397.

108. Lewinson, Terri, M. Lori Thomas, and Shaneureka White. "Traumatic Transitions: Homeless Women's Narratives of Abuse, Loss, and Fear." *Affilia* 29, no. 2 (2014): 198.

109. Browne, Angela, and Shari S. Bassuk. "Intimate Violence in the Lives of Homeless and Poor Housed Women: Prevalence and Patterns in an Ethnically Diverse Sample." *American Journal of Orthopsychiatry* 67, no. 2 (1997): 261.

This form of trauma became immediately known during the interviews. Child abuse is a topic often not discussed publicly as it is an emotionally and intense topic. Yet many of the women introduced these subjects within minutes of the interviews beginning. One of the first questions in the interview was “What is your favorite childhood memory?” and it proved to be a challenging question to answer for a majority of the participants. Several participants shared that they did not have any happy memories from their childhood since they had mentally blocked many of their memories from that time period. Caroline specifically states “[m]y memory is not that great. But what’s coming to mind right now would be...honestly, I don’t really have any good childhood memories. What I have is one good adult memory. It’s kinda bad, huh? I dwell on the negative, forget the positives, and I really don’t recommend it.”

While it was difficult for the participants to recall “good” childhood memories, many of the women were candid in sharing about their experiences with abuse. In spite of their traumatic experiences, both Caroline and Anya shared that they found positive support through other family members such as their grandparents. Sam, who experienced sexual violence from a non-family member, still found support with her mom. However, Sam also identifies why it’s hard to recall both good and bad memories in the sharing of her story:

You know how a lot of people block out the bad stuff, I blocked out a lot of the good stuff. Like blocked a lot of it because my mom was always there for me. She never turned her back on me. And, she wouldn’t, you know, if she would of turned her back on me or walked out of my life, I wouldn’t be alive today.

(pause)

You know, I had a pretty good childhood until she got with this one boyfriend, who beat me severely all the time. When I went into the 6th grade, I was a straight A student. By 8th grade, I was straight fail student. And one of the reasons is like in PE, mandatory dress down

and shower, and I knew that if I showered, they see the marks on my body and take me from my mother. But, I did play three years of volleyball after school because, you know, showers aren't mandatory after the games. You can go straight home.

In the telling of her childhood experience, Sam did not share any happy memories of her mom, but rather focused on her memories of abuse even though she started with a reflection about her mother. This was common for many of the other participants, too.

The participants, who had experienced abuse as children, represented some of the previous statistical research on this topic. Since child abuse can be an early predictor for issues later into adulthood, including homelessness, preceding literature argues that early intervention can be crucial in preventing further problems for women¹¹⁰. As more than half the participants had experienced abuse, child abuse may have been a contributing factor to why the women became homeless. Anya spoke about the child abuse she experienced from her foster parents, and related how she became a runaway at the age of seventeen. She also began using drugs at the same time to cope with PTSD and shares, “when you’re being thoroughly abused, you would do anything to try and mentally escape.”

The way in which the participants shared their experiences within the larger context of their life story is also important. Although some people may be able to immediately recall a happy memory from their childhood and the topic could be a good conversation starter, many of the participants did not like recalling childhood memories, which influenced the way they shared their life story. Nostalgia is not a luxury afforded for some of the homeless women who were interviewed for this

110. Browne, Angela, and Shari S. Bassuk. "Intimate Violence in the Lives of Homeless and Poor Housed Women: Prevalence and Patterns in an Ethnically Diverse Sample." *American Journal of Orthopsychiatry* 67, no. 2 (1997).

project.

Intimate Partner Violence

Two of the participants shared that they had previously experienced intimate partner violence (IPV). Further, one participant experienced IPV shortly after our interview concluded. IPV has been recognized by several organizations, including the National Coalition for the Homeless¹¹¹ and the National Network to End Domestic Violence¹¹², as the leading cause of homelessness for many women and families. While the participants I interviewed did not specifically say that it led to their immediate homelessness, they did share stories of both physical and psychological violence by previous partners.

One participant, Anya, shared how she married her first partner at the age of nineteen, and then how the relationship turned abusive. She describes how the abuse started out verbally until he began to physically abuse her, including in public. Anya also reveals how she normalized the violence since this was her first consensual relationship. Anya shares:

He was started to, to belittle me here and there. He would actually hit me in public. Everybody kept on saying "Is there anything wrong? Should we help?" But I kept on saying no. I didn't even know anybody what with relationships, and so I kept on going to that sick, son-of-a-bitch. He would even take my money, even though he got himself a social security check. He'd spend it all on, like, radios and stereos he would just tweak on and yet he's not even taking drugs and yet he

111. National Coalition for the Homeless. "Domestic Violence and Homelessness." July, 2009.
<http://www.nationalhomeless.org/factsheets/domestic.html>

112. National Network to End Domestic Violence. "Domestic Violence, Housing, and Homelessness."
http://nnedv.org/downloads/Policy/NNEDV_DVHousing__factsheet.pdf

tweaks. And then he still wants some more money. And so he takes mine. He keeps thinking that whatever's mine is his. And, if I didn't give it to him, he'd punch me out.

Anya's personal experience correlates with previous research that homeless women have often experienced IPV and that poor women are often "sabotaged" in their efforts to maintain independent financial security¹¹³. Further, she felt isolated living in New Mexico where most of his family lived. She did not have a support network to rely on, which is also common for homeless women. When she was twenty-six, Anya finally did leave him and filed for divorce. In spite of this, his family would often badger her to "get back with her husband." This further exemplifies how women, who are without social networks and are in abusive relationships, have to choose between staying in harmful relationships or becoming homeless.

Family Member Death

A third form of trauma which was similar among the participants included the death of a family member. A study from 2004 found that ninety-four percent of homeless women had experienced the death of a partner, parent, or child¹¹⁴. Three of the participants in this project had experienced a close family member dying, and all three participants identified it as the specific reason contributing to their

113. Josephson, Jyl. "The Intersectionality of Domestic Violence and Welfare in the Lives of Poor Women." In *Domestic Violence at the Margins: Readings on Race, Class, Gender, and Culture*, 96-97.

114. Zugazaga, Carole. "Stressful Life Event Experiences of Homeless Adults: A Comparison of Single Men, Single Women, and Women with Children." *Journal of Community Psychology* 32, no. 6 (2004): 647.

homelessness.

Two of the participants, Diana and Sam, each lost their mothers within the past decade. The passing of their mothers was also unexpected. Both women had relied on their mothers for financial help and childcare. Both women also had issues with drugs and alcohol, and they each began using again after their mothers died. Diana explains how the loss of her mother negatively impacted her sobriety as well as her son's sobriety:

It shook my world. It completely crashed when my mom died. Then it went downhill after that.

(pause)

Well, she really helped out with my kids, and my son was very, very close to my mom, and my son got into drugs shortly after she died. He moved into his dad's, got into drugs, and he's in jail right now...he's got three years in prison. His world kinda crashed pretty hard. We would stay at my mom's house until 11 o'clock at night, and she would kick us out of the house, and then back over there right after school. So we were very, very close to my mom. And then, I just didn't handle things very well. My son moved in with my ex-husband, and my daughter moved, stayed with me. But then I started getting into drugs. So much to handle, the stress and everything.

Many of the participants identified as single mothers who were raising children on their own. Yet their family connections were limited due to the trauma they had experienced within their childhood, as formerly discussed. For the participants who had relied on a parent, it was traumatizing to lose that parent and therefore, experience a total loss of support. The same loss of support was an issue for Maureen, whose husband died six years ago.

Maureen's husband was diagnosed with thyroid cancer and a promising prognosis from medical professionals led them to believe that he would live at least another ten years. However, in less than two years, his condition began to decline.

Maureen describes how she was placed in the caretaker position:

He ended up in June of that year with a g-tube in his stomach. So I was home with the kids, and taking him the doctor's almost every day, with chemo and feeding him with a g-tube, and having to have all the stuff ready for us to go. Learning, like, puree was all about. That was the hard part. And what he could handle. He could not handle any of the milks. We tried everything. He couldn't handle none of them. So I did my own stuff. I mainly did beef stew. It was the only thing he could take in his stomach. It was so weird. You'd give him the beef stew, and he's like "I'm content." Even though he was on a morphine drip. So I nursed him until he passed away in the home.

Maureen's story illustrates how women are often burdened with the task of caretaking for ill family members. It is estimated that over fifty-three percent of caretakers are female, and that women often spend more time in caretaking tasks versus male caretakers¹¹⁵. Being a caretaker for a partner combined with becoming the head of a household can be stressful and financially limiting. The death of Maureen's husband was a distressing life event since she had been informed that his cancer would be quickly remedied. In addition, after his death, Maureen lost the house as she couldn't keep up with mortgage payments. Combined with the other trauma of experiencing a major life accident (as described later on), Maureen found it difficult to recover from the experience of losing her partner, home, and inability to work to support herself and her family.

Major Life Accident

A final form of trauma experienced by the participants was a major accident.

115. American Psychological Association. "Who Are Family Caregivers?" Accessed August 20, 2015.
<http://www.apa.org/pi/about/publications/caregivers/faq/statistics.aspx>

A major accident is classified as a stressful life event, such as a car accident, personal injury, or imprisonment, which can also contribute to why someone becomes homeless. It is estimated in the previously mentioned study that seventy-eight percent of homeless women have experienced a serious injury prior to becoming homeless¹¹⁶. Two of the participants, Sam and Maureen, described major accidents in their past that were not only traumatic, but also debilitating for their general health. Both women identified having disabilities due to their experiences in a major accident.

Sam relates her experience with a major accident when she was fifteen years old as the victim of a gun accident. She states, "I started having severe problems after I was shot in the head when I was 15. I was shot in the head with a 12 gauge shot gun. See, here's one of the pellets (*show scars*). I still have, like, 30 of them lodged in my head." Shortly after her traumatic accident, Sam began using drugs and dropped out of high school.

In the United States, disability and homelessness are intertwined. According to the National Health Care for the Homeless Council, over forty percent of homeless people have a disability¹¹⁷. Someone with a disability often has a higher difficulty in finding a job and earning wages. Further, it can be very difficult to qualify for social security disability income. Maureen describes how she had been fully employed as a nursing home caretaker for over twenty years until she was in a major car accident. While many homeless people are negatively depicted as people who don't like to

116. Zugazaga, Carole. "Stressful Life Event Experiences of Homeless Adults: A Comparison of Single Men, Single Women, and Women with Children." *Journal of Community Psychology* 32, no. 6 (2004): 647.

117. National Health Care for the Homeless Council. "Disability, Employment, & Homelessness." Accessed August 20, 2015. http://www.nhchc.org/wp-content/uploads/2011/09/disability2011_-final.pdf

work, Maureen laments that she can't work since she loved her job:

Maybe it's because I'm older and I can't work. But I would love to work. I worked even when I was in Idaho, three or four years ago. But then realized that it was too painful. I broke down. It was almost like I had a nervous breakdown. My pain was so severe, by the time I get home, I would go to asleep, and I couldn't wake up. I was like, "Oh do I have to work?" Can barely move. Moving is just very difficult.

In her interview, Maureen asserts that not being able to work due to the car accident and then the death of her husband as the major reasons for being homeless. Both traumatic events limited her ability to earn an income, and she was unable to recover financially moving forward. Her story shows how many homeless women having financial problems due to traumatic events beyond their control.

Barriers to Accessing Services

Five out of the six participants identified having other physical disabilities in addition to PTSD. Due to these issues, several of the participants felt could not maintain consistent employment. However, at the time of the interviews, only one participant had qualified for disability income in the state of Oregon. This section explores the systemic barriers that the participants have faced in accessing services, including benefits, as homeless women.

For homeless women, obtaining benefits in the first place can be extremely demanding. In order to apply for benefits, one has to prove an identity, such as with a birth certificate and social security card. Numerous homeless women are without identification since they often escape abusive relationships with very few personal items. Sometimes their abusers control their access to identification. As the previous

literature points out, theft and assault of homeless women is also common because they are highly visible on the street¹¹⁸. Although, once homeless women are able to reestablish their identities, the challenges do not end there.

The participants spoke about the complex paperwork they had to complete in order to qualify for aid. One of the participants, Maureen, explained how she qualified for benefits in another state, but the qualification for benefits didn't extend to her status here in Oregon. In addition, the available benefits in the Corvallis area are often limited. Anya was the only participant who had qualified for disability income, but she could not find housing in Corvallis. Very few housing options exist in the area for people who are eligible for Section 8 Housing under the Department of Housing and Urban Development (HUD). At the time of the interview, she was on a waiting list for one rental property. Anya had related how she had become homeless because her previous landlord wanted to rent the apartment to college students at a higher rate compared to what she had been paying. This was the specific reason why she had become homeless last year.

All of the participants discussed how benefits were hard to obtain, and in some cases, hard to maintain. In the 1990s, a push to limit welfare benefits became a primary goal for the Clinton administration as benefits were overhauled in the United States. Welfare became known as Temporary Assistance to Needy Families (TANF) with the ultimate goal to offer assistance for shorter periods of time. In addition, the policies of both TANF and HUD included regulations that reflected the "war on

118. Wenzel, Suzanne L., et al. "Antecedents of Physical and Sexual Victimization Among Homeless Women: A Comparison to Homeless Men." *American Journal of Community Psychology* 28, no. 3 (2000): 374.

crime.”¹¹⁹ If a recipient had committed a crime, then their benefits would be terminated. This often negatively impacts women whose partners receive free housing as the head of households and then are displaced from housing due to their partner’s criminal activity. This was a primary concern for one of the participants interviewed.

Diana spoke about living in dread with a former boyfriend who was extremely abusive. Many times, she feared for her life, but did not want to report him to the police. If there was any sign of abuse in the home, she would lose custody of her children. Further, if she reported her abuser, she would lose her housing and TANF. Diana would often travel to a hospital outside of Corvallis to receive care because she was in apprehension of the hospital reporting her injuries to the local authorities.

Even though Diana never reported her own personal experience with IPV, she still ended up losing housing. Her daughter was sexually assaulted by someone in town, and when she reported it to the police, she lost custody of her children, which resulted in the loss of TANF and housing just as she had feared. It was another reason for her becoming homeless. She explains how she even found temporary housing at a local shelter that helps homeless families, but it wasn’t enough for her to retain custody of her daughter.

I had everything set-up for me and my daughter to stay there, and they said that was too temporary, I could be kicked out of there at any point. Well, you can get a 24 hour notice on your apartment, too. But whatever. So illegally, they took my daughter and gave her to her dad. Then I was trying to fight to get her back, but they took my TANF. I had no income to pay an attorney, you know. Fight to get my kid back, but they had no legal right to take her. The judge didn’t know what to do because he just followed the recommendation of the parole officer. And so, my two months passed, and I couldn’t get an apartment, and that made me homeless.

119. Miller, Susan L. and LeeAnn Iovanni. “Domestic Violence Policy in the United States.” *Gender Violence: Interdisciplinary Perspectives*, 289-291.

For the participants, even attempting to qualify for benefits, such as Social Security, TANF, and HUD presented complex challenges. The only benefit which was easily obtainable for which all the participants had qualified was the Supplemental Nutrition Assistance Program (SNAP) or food stamps. However, this benefit also proves to be challenging for homeless women.

The participants identified how SNAP was a benefit that came with extra problems. Only foods that are cold (not cooked) are eligible to buy and yet homeless people do not have a place to store or prepare food. Diana identified that when you are homeless, it's hard to get basic needs met in general and that free food is more of a burden. She criticized food stamps, stating that "when you're homeless, the hardest part is you can't get basic needs met. Like, food stamps, I think, is the stupidest thing. You can only buy cold food, instead of hot food. Because when you're cold, you don't want cold food, you know?"

Living in a shelter system also presents problems for food preparation and storage. Most shelters do not have the capacity to store food for the guests nor the spaces to cook food in. This includes the Corvallis women's shelter in which a majority of participants were living in at the time of the interviews. Even though most of the women were on food stamps, they could not buy food that needed to be stored. The shelter did offer meals on the nights when the other soup kitchens in town did not serve meals, but due to food safety concerns, the women could not store their own food there.

Skye shares her frustration with not being able to store food at the shelter. She says:

I would like to be able to store food because it would save a lot of money. Cuz then it would make food stamps go a lot longer. Cuz with so many women there, they're not going to like the same things. They're going to want something different. And you know, it's great that they feed us, but there are times where I don't want spaghetti, or I don't want salad, I just want something I want.

These experiences of the participants reveal the lack of autonomy homeless women have in their own lives including choosing what they eat. Many of the soup kitchens in town offer soup and other processed foods including numerous bread products. One woman at the shelter kept mentioning how bloated she felt all the time after eating at the local soup kitchens. Another woman talked about being gluten-free and unable to eat a lot of the offered foods. One other woman talked about being vegetarian and not having a lot of options, either. However, many of the participants interviewed spoke about not having the right to complain because they were viewed as being homeless and if they said anything negative, they would be seen as ungrateful.

Motherhood

The theme of motherhood emerged as a major topic of discussion for all of the participants. Every participant identified during her interview as being a mother, and each participant spoke about the importance, and sometimes burden of the role. Three of the participants identified as being a single mother and discussed the struggles within that identity. Further, all of the participants did not currently have custody of their children. Half of the participants had willingly relinquished their custody while

they worked on securing a permanent housing situation. The additional half of participants shared how they had lost custody of their children and were working on regaining it along with finding more permanent housing.

In the previous literature, it is estimated that over forty percent of the homeless population are homeless mothers¹²⁰. Many homeless mothers identify as being single mothers, including the participants in this study. Single mothers are often not held in high regard in U.S. society. In a recent study where perceptions of single mothers versus single fathers were measured, it was discovered how single mothers are often perceived as being “neglectful, immature, and poor decision makers.”¹²¹ These stigmas may have affected the participants who lost custody of their children.

However, it is common that homeless families are split apart due to limited housing choices in general. In the town of Corvallis, there is only one shelter that offers housing for families. However, the shelter does not allow people with substance abuse issues to stay at the shelter, which limited some of the participants to stay with their families in the shelter. Overall, the family shelter had limited space which also prevented the women who did not substance abuse problems from keeping their families together.

The stigma of being a single mother combined with being homeless and having mental illness is immense. Poverty is often tied with the idea of bad parenting, and homeless parents are denied their rights to be parents. Earlier research reveals

120. National Coalition for the Homeless. "Homeless Families with Children." July 1, 2009. <http://www.nationalhomeless.org/factsheets/families.html>

121. Haire, Amanda R., and Christi R. McGeorge. "Negative Perceptions of Never-Married Custodial Single Mothers and Fathers: Applications of a Gender Analysis for Family Therapists." *Journal of Feminist Family Therapy* 24, no. 1 (2012): 42.

how this stigma can often prevent homeless parents from accessing help in fear of being judged by these harmful stereotypes¹²². For the homeless mothers who do access help through service providers, past research shows how they do not feel supported and understood, but rather looked down upon and dismissed. A 2001 study explains how homeless women are given long lists of tasks by services providers to complete but without direction and/or help to complete them¹²³. Diana, a participant who lost custody of her children due to circumstances beyond her control, spoke at length about navigating the complex social services systems in Corvallis, stating “that agencies in Corvallis suck. They need to try and work together.” She credits the shelter manager for helping her in accessing help from these complex care providers.

Two other participants also spoke about how they lost custody of their children without their consent. Anya relates how her own mother determined that she was not a fit parent because she was not rich but rather lived in a lower income bracket. Anya shares:

Then she was kinda like throwing her lifestyle in my face, trying to say that I’m a loser because I don’t have \$4,500 of dollars in savings, \$560,000 dollars in checking, and a \$250,000 house that they owned and that I don’t have good friends in the church there that own multi-million dollar homes. I mean, she was actually having me tour around town and just show these multi-million dollar homes and say “Brother Smith lives over there, he’s a judge.” Or, “see Brother Barker’s house up there amongst the palm trees beyond the golf course, that’s another friend that I have in the church, and he’s an attorney. That house cost \$10 million dollars.” It’s like, stop throwing monetary shit in my face. It’s like, I may not have the bank account you have, I may not have the wealth that you have, but at least I’m happy. My daughter is living in a

122. Swick, Kevin J., et al. "Parenting While Being Homeless." *Early Childhood Education Journal* 42, no. 6 (2014): 398.

123. Sznajder-Murray, Brittany, et al. "'Don't Leave Me Hanging': Homeless Mothers' Perceptions of Service Providers." *Journal of Social Service Research* 37,no. 5 (2011).

happy, nurturing, household. May be an apartment, may not be a house, but we are happy.

At the time of the interview, Anya was awaiting a custody hearing in Arizona to reunite with her child, and was worried about paying legal fees.

Sam also shared her story of losing custody over several of her children. In her case, the state of Oregon had determined that she was an unfit mother due to drug use. Sam, who experienced cumulative trauma growing up, turned to drugs to escape from the pain. She had two children by her early twenties, but then lost custody. Her home was checked by the Department of Health Services (DHS) and it was deemed unsanitary. Later on, her second son was adopted out without her knowledge and she does not know where he is living today. At the time of the interview, her youngest children were living in the foster care system, which Sam greatly distrusts. Sam describes the foster parent as attempting to interfere in her relationship with her children:

Some of the emails she sent me were heartless. And it seriously almost put me in a relapse. But, because trying to tell me my kids don't want to see me, don't want to talk to me. She tells me that she reminds them to call or email, which I honestly don't believe it. Me and my kids were like this (*crosses fingers*). You know, DHS even said it in court. Her, Sam, is a good mom. She is bonded with her children. And now to tell me that my kids don't want nothing do with me? That's a blankety lie right there.

One previous study shows that half of homeless mothers have been diagnosed with one or more forms of mental illness¹²⁴. In addition, another study shows that homeless women with mental illness and/or drug addictions were

124. Bassuk, Ellen L., et al. "Depression in Homeless Mothers: Addressing an Unrecognized Public Health Issue." *American Journal of Orthopsychiatry* 84, no. 1 (2014): 74.

separated from their children more often than homeless women without mental illnesses¹²⁵. All three of the participants who lost custody of their children also identified as having mental illnesses including substance abuse. The participants own life stories prove that homeless women are frequently not deemed worthy enough to parent their own children.

Yet, in spite of losing custody of their children, all of the participants spoke about their desire to reclaim motherhood. For many of the participants, their children gave them the hope and inspiration in their struggle through homelessness. Caroline credits her daughter's birth as her favorite childhood memory because that was the beginning of her own daughter's childhood, which she hoped would be happier than her own. During the interviews, the women sometimes described how they had worked towards becoming better mothers, such as Anya sharing:

I spent 6 years on this little girl, six years in parenting classes, anger management classes, therapy sessions, um, metaphysical therapy sessions, every single kinda therapy sessions and courses I could take to break the cycle of abuse, and I still feel to this day I was successful in breaking the cycle. Cuz this little girl has never once been in...been beaten. She has never once been told to hate herself.

The participants also recognized that in order to be better parents meant prioritizing self care. Skye, a participant who had grown up in the foster system herself, left custody of her daughter to her foster family in search of her birth mother in Oregon. She realized that she was "basically living in an endless cycle of I'm not happy, I'm depressed and I'm gonna keep thinking about suicide or doing something worse that I can't take back," which motivated her to leave her child temporarily in

125. Dotson, Hilary M. "Homeless Women, Parents, and Children: A Triangulation Approach Analyzing Factors Influencing Homelessness and Child Separation." *Journal of Poverty* 15, no. 3 (2011): 235.

custody with her foster mom. At the time of the interview, she was heading back to Arizona to be reunited with her daughter.

Sam even shares in her life story that, while she worries about her children in the foster system, she needs to take care of herself:

I was talking to my roommate, and I told her, right now, I only have 111 days clean and sober. And for me, I could walk into that courtroom and say hey, listen, this is what's going on. But I don't feel I have enough to stand on right now, walk in those courtrooms. Yeah, and you know, I'm gonna still work on gettin' my children. And work on doing the next right thing. You know? It's hard. It is. (*starts crying*) It's very hard. I brought my world around them.

Unfair expectations of motherhood are constantly reinforced in U.S. culture and applied to women to be the perfect mother, and it is extremely challenging for low-income women to meet these challenges. For women on financial assistance, it is an expectation to find work immediately to end their benefits and yet they still need to juggle the demands of caregiving¹²⁶. For these women, who are also sometime dealing with PTSD and the issue of sobriety, cannot meet society's expectations of being flawless. It becomes another burden for the women to deal with in addition to securing a safe place to live and accessing mental health services.

What It Means to be a Homeless Woman

In U.S. society, homeless people are often ignored, or, at worst, the communities, which they live within, malign them through stigmas. Homeless people are viewed as the "other," external of a society because they are defined by how they

126. Gazso, Amber. "Balancing Expectations for Employability and Family Responsibilities While on Social Assistance: Low-Income Mothers' Experiences in Three Canadian Provinces." *Family Relations* 56, no. 5 (2007): 462.

partake in activities “outside the norm,” such as begging, digging through trash or sleeping outside¹²⁷. The homeless population is reduced to a monolithic and negative stereotype tied to the identity of homelessness. This identity supersedes any actual personality by neglecting to consider the actual experiences of people living in poverty.

The main focus of this project was to gain an understanding of homelessness by centering the voices of homeless women in relation to the dominant narratives. Homeless women in particular are categorized in derogatory terms, but how did the women view themselves? During the interviews, each participant was asked their meaning for homelessness and how they identified as a person without permanent housing.

Throughout her interview, Diana immediately recognized how homeless people are treated poorly, and how one’s identity is immediately tied to that state. She shares:

The biggest thing is when you’re homeless, they...you’re, if you’re homeless, you’re automatically trash, you know what I mean? You’re automatically labeled. I never realized until I became homeless is how hard it is, once you’re homeless, to ever get back up. You can’t take a shower, you can’t... It’s taking showers, you know, is a pain in the ass. In town, in Corvallis. And if you can’t get basic needs met, what the fuck’s the point of living? You know what I mean? It just doesn’t work for me, at least, you know. So, thank god the shelter opened up last year.

Diana mentioned several times in her interview about the difficulty in finding a place to shower. She felt that since she couldn’t take a shower, she felt less than a human being. In 2015, several articles were published online regarding the topic of homeless

127. McCarthy, Lindsey. "Homelessness and Identity: A Critical Review of the Literature and Theory." *PPP People, Place and Policy Online* 7, no. 1 (2013): 53.

women and hygiene issues, specifically discussing the lack of accessibility to sanitary products¹²⁸. Women's monthly periods are an additional cost that isn't often recognized¹²⁹, and for homeless women who have very little, it's a major concern. The Corvallis women's shelter offers free pads and tampons, and offers free showers three times a week as well. However, most homeless women are tasked with finding creative ways to deal with their periods, and don't have access to the basic human need of hygiene.

Sam's definition of homelessness was also gendered to her experience as a homeless woman. She talked about how unsafe it is for women to live on the streets:

I was raped out on those streets. It's not pretty....These streets are not easy for anyone. Okay, it's harder on everyone – no, it is harder on a single female than it is...even if when there's like relationships, it's harder on the female. And then to be a single female out here, if you ain't got a dog, you know, it's like you're screwed.

Some of the participants define homelessness by sharing their daily lived experiences based in routines and regulations. Maureen explains that there's a difference between having shelter and having autonomy over one's own space. The Corvallis women's shelter is only open during the night and the guests have to leave by 7am each morning due to the shelter being in a temporary space. Most of the participants have to wait outside in the winter weather until local public places such as the library or a drop-in daytime shelter opens for the day. Maureen reveals her

128. Covert, Bryce. "Most Homeless Women Can't Get Pads Or Tampons. These Women Want To Change That." *ThinkProgress.org*. April 22, 2015. Accessed April 22, 2015. <http://thinkprogress.org/economy/2015/04/22/3649300/homeless-sanitary-products/>.

129. Kane, Jessica. "Here's How Much A Woman's Period Will Cost Her Over A Lifetime." *The Huffington Post*. May 18, 2015. Accessed May 18, 2015. http://www.huffingtonpost.com/2015/05/18/period-cost-lifetime_n_7258780.html.

definition of homelessness in relation to what homelessness is not:

Not a place you can stay, be warm, safe, be out of the weather, and have your child with you. I mean, to me that's the only thing kinda like a roof over your head. Where you can be and you don't have to leave. Get up at six o'clock in the morning. I mean, that's all we do, be out in the weather. Be in our car. I mean, we're thankful that I have that car, you know.

Caroline also discusses the lack of agency she feels in shared spaces and the shelter's schedule. Caroline shares how having PTSD makes it difficult to function at the shelter. She shares:

What I'm saying is that if somebody, say for instance, myself, I have problems with nightmares and issues with sleep, and we have a set-in-stone bedtime. And because of that, I'm dreading and stressing over bedtime. I don't wanna go to sleep. And then we have to be up at 6 o'clock in the morning. So when I do finally get asleep, I'm only being woken up a few hours later, and I'm exhausted and I'm having trouble getting up. And then they flip out on me for it. They get upset. Nightmares don't help any, and I just want to sleep. I just want to sleep.

For some of the participants, the experience of homelessness is more of a state of mind rather than an identity. Anya admits to being without a permanent house, but not without optimism. She describes herself as being homeless, but not hopeless:

I have lots of good friends who are helping me to rise above everything that I go through. I have a home. I don't have a house anymore, but I still have my home. I'm not devoid of all hope yet. And that's the operative word, yeah. And I don't intend to lose all hope. Cuz I have shit to live for. I can't give up and die at this point. I mean, I was raised by my great-grandmother, okay. My great grandmother was a political activist. There is no such thing as giving up in her vocabulary.

The Experiences of Homeless Women through Oral Narrative

The experiences of homeless women through oral narrative give communities a deeper understanding of what it means to be homeless beyond statistics and stereotypes. It is understood that the homeless women interviewed for this project have experienced trauma more often than non-homeless women, including intimate partner violence, child abuse, the death of a family member, and/or a major accident. Homeless women often experience PTSD and have disabilities stemming to traumatic events. However, obtaining benefits as a homeless woman is extremely challenging. Further, homeless mothers are often denied their rights to be a parent as they are determined to be unfit. While the myth exists that homeless people are violent, this research combined with previous research argues that homeless women experience more violence due to vulnerabilities attached to homelessness. Finally, homeless women are more than just a number. The participants in this project identified how homelessness can become their only identity and that their lives are often filled with daily routines beyond their control. With these stories, hopefully homeless women experiences are centered in the planning by community agencies.

Recommendations

Homelessness is a complex problem that cannot be solved through a simple solution. Previous research shows that even fulfilling the need of housing is not enough for assisting homeless people without also addressing mental health concerns,

including rehabilitation for substance abuse¹³⁰. As the experiences of the participants in this project reveal, services that are provided should seek to help homeless women without further stigmatizing them. A holistic plan to help homeless women should include case managers who can advocate for them as they apply for benefits to obtain and maintain permanent housing, and assist in finding appropriate mental health assistance. Any plans for a future shelter or permanent housing options should include the specific needs of homeless women such as providing a safe environment with access to mental health and drug rehabilitation services, the availability of personal hygiene items, and the ability to keep their families together.

Multiple housing options should also exist to accommodate low-income families in the city of Corvallis. Due to the increased enrollment of students at Oregon State University in addition to Corvallis becoming a desirable place to live in, the cost of housing has become prohibitive. Currently, the onus of homeless services, including sheltering, has been placed on non-profit agencies. The university as well as city planners should work with the non-profit agencies to invest in new housing that is for mixed-income households rather than built for a premium. Adopting a strategy and action plan, such as the city of Boulder, Colorado did in 2010, could be used as a model in preventing homelessness rather than continue to typecast homeless people as the problem¹³¹.

130. Edens, Ellen Lockard, et al. "Chronically Homeless Women Report High Rates Of Substance Use Problems Equivalent To Chronically Homeless Men." *Women's Health Issues* 21, no. 5 (2011): 384.

131. City of Boulder Colorado. "Homelessness Strategy." Accessed March 19, 2016. <https://bouldercolorado.gov/homelessness>.

Limitations of the Research

Several limitations are presented in this research project. The main limitations include the timeline for completing this project, the small group of participants who were recruited for interviews, and working within the shelter system to recruit participants

One of the main limitations for completing this project was the amount of time. The average time for the participants to feel comfortable enough to share their life stories was two weeks. Their life stories often included the sharing of intimate details involving painful memories. Further, homeless women are often less trusting of others after experiencing traumatic events in their lives. Some of the women felt victimized by agencies that were supposed to help them. With the possibility of extended time for this project, more women may have felt confident enough to share their life stories.

Another issue is the temporary state of homelessness. Several women at the shelter may only stay one night while others may need to stay a couple months. In general, the shelter was viewed as a short-term place to stay, which made it difficult to invite women to share their stories combined with the time it required to earn the women's trust.

An additional limitation to the project was using a shelter to recruit participants. By mainly using a shelter, it limited the diversity of identities and, consequently, experiences of homeless women for this research. As mentioned earlier in the literature review, statistics show that homeless women of color as well as

trans* women are disproportionately represented within the homeless population. However, shelters are often viewed as white spaces and primarily for cisgender women¹³². A majority of the women staying in the shelter were white and cisgendered, and the participants also represented this majority.

Due to this issue, it was challenging to use an intersectional approach while researching and conducting analysis for this project. The topic of racial identity as well as experiences of racism did not emerge in the women's discussions. While half of the women identified as being mixed race when answering the demographic questions, they primarily identified as being white. Their choice to identify as white may have been a form of internalized discrimination. Whiteness is tied to a higher class, and the participants were fearful of not being able to access resources¹³³. The participants were very concerned with being homeless, and the stigmatization in accessing services due to their social class identity. Trauma was also the primary topic of discussion, and some of the participants were in survival mode, trying to live through the day-to-day struggles of being homeless. Questions about experiences of racism, xenophobia, and other forms of oppression should be included in future research.

With the limitation of the shelter, it should also be noted that not every homeless woman in the Corvallis area uses the shelter. Corvallis is a university town and there are several homeless students, but they did not access services through the

132. Koyama, Emi, *Color of Violence: The Incite! Anthology*, ed. INCITE! Women of Color against Violence (Cambridge, MA: South End Press, 2006) 210.

133. Knowles, E. D., et al. "Deny, Distance, or Dismantle? How White Americans Manage a Privileged Identity." *Perspectives on Psychological Science* 9, no. 6 (2014): 595. Accessed March 18, 2016.

shelter. In addition, some of the women during the course of their interviews recommended seeking potential participants who live in the nearby homeless camps. Due to safety concerns, I opted to recruit a majority of the participants through the shelter.

Chapter Seven: Conclusion

I've had a really bad life, but, you know, I can't look at everything...I'm the type of person that believes for every negative happen that happens, there's a positive side of that.

- Sam

In summary, the ultimate purpose of this research project was to gain a better understanding of what it means to be a homeless woman living in Corvallis by centering their experiences through oral narrative. The participants in this project shared life stories that included traumatic experiences, such as child abuse, intimate partner violence, the death of a loved one, and major life accident. They also revealed the complexity of accessing services when one is stigmatized as a homeless woman. Further, all of the participants identified as being single mothers and shared how challenging it is to be a parent while living in poverty. Ultimately, the women shared their meanings of being homeless as well. The goal of this project was to reveal a complex picture beyond the stereotypes surrounding homelessness and poverty. These harmful stereotypes deprive homeless people of their dignity and humanity. However, even more dangerously, these stigmas are influential on public policy.

As previous research points out, including the participants' experiences, homeless people have often experienced forms of trauma which results in mental illness and other disabilities. Their disabilities often prevent them from being producers in a capitalistic economy. Therefore, homeless people are not seen as being valuable, but instead identified as burdens to the communities in which they live.

Rather than searching for ways to assist the most vulnerable neighbors in their midst, numerous communities have sought ways to regulate homeless people through the criminalization of poverty.

Since the late 1800s, several cities around the United States have enacted “ugly” or “unsightly” laws. These laws criminalized any individual who may have a physical disability or deformity from begging for money in public. Ugly laws dictated that individuals with disabilities should remain hidden, as their very existence seemed to be unlawful. Several cities continued to enforce these laws until thirty years ago¹³⁴. In recent years, cities continue to enact laws that criminalize people for being homeless since camps are viewed as unsightly. Such activities as sleeping outside in public spaces or camping in public parks are banned, which then imprisons homeless people for not having shelter. It places the blame on an individual rather than looking at systemic reasons for homelessness.

According to the National Law Center on Homelessness & Poverty, these laws do not end homelessness, but rather cost cities “millions of resources,” in both time and money, wherein homeless people are forced to navigate through the court and prison systems as they are unable to pay the legal fees and fines¹³⁵. If criminalizing homelessness is not advantageous to ending it while also bringing with it a high price in resources, why should it be illegal to be homeless if not for stereotypes fueling these policies?

134. Schweik, Susan M. *The Ugly Laws: Disability in Public*. New York: New York University Press, 2009: 9.

135. National Law Center on Homelessness & Poverty. “No Safe Place: The Criminalization of Homeless in U.S. Cities.” Accessed May 10, 2015. http://www.nlchp.org/documents/No_Safe_Place

In the community of Corvallis, several of these stereotypes regarding homeless people circulate community meetings and publications. The new shelter has been proposed in the downtown area but it is facing much opposition by a local group seeking to “protect” Corvallis from the criminal activity that homeless people are perceived to be participating in¹³⁶. A campaign continues to be waged against a new shelter with the approach of “not in my backyard.”

However, permanent housing for low-income and homeless people is greatly needed in the area. A few homeless camps exist in the city limits, and are often demolished by the police. Diana shared in her interview that living in the camps was unstable. She describes her experience:

If you want to eat dinner or you go to take a shower, you're whole camp could be gone when you get back. People raid those camps all the time. You might not have a sleeping bag or tent to sleep in that night. You never know when you leave your tent. The Corvallis PD raids all the camps all the time, makes us move all the time, you're never stable enough to even have your stuff set-up.

In addition to being an unstable form of housing, camps are often dangerous for women to live in. During the completion of this project, as mentioned previously, a homeless woman was murdered at camp in Corvallis¹³⁷. Research shows how one in four homeless individuals are more likely to be assaulted, and that women are more

136. Goffins, Rob. "Citizens Group Forms Against Downtown Homeless Shelter." *The Corvallis Advocate*, August 19, 2015. Accessed August 19, 2015. <http://www.corvallisadvocate.com/2015/citizens-group-forms-against-downtown-homeless-shelter/>

137. Bruttell, Nathan. "Police Identify Homicide Victim as Kimberly Hakes, 42." *The Corvallis Gazette-Times*, February 17, 2015. Accessed February 17, 2015.

vulnerable to sexual assault¹³⁸. An increase in permanent housing would immensely help to provide a safe place for homeless women and the homeless population to live in.

For the women in this project, finding a sense of safety and security is a daily battle as they work through the effects of traumatic experiences. Their personal narratives should be centered in the on-going discussions regarding homelessness rather than the needs of other community members who view homelessness as a failure of the individual. Far too long, homeless women's voices have been silenced in the marginalization of poverty, and hopefully their own words will inspire changes for the future.

138. Wenzel, Suzanne L., et al. "Antecedents of Physical and Sexual Victimization Among Homeless Women: A Comparison to Homeless Men." *American Journal of Community Psychology* 28, no. 3 (2000): 374.

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Appendices

Appendix A: Interview Questions

1. Tell me about yourself.
2. Where were you born?
3. What is your earliest memory?
4. Do you have a favorite childhood memory?
5. Where did you grow up? Was it in a city, in the suburbs, or out in the country?
6. Did your family have any favorite expressions or sayings?
7. What are some of your happiest moments in your life?
8. What do you value most in life?
9. When did you come to the Corvallis area?
10. Do you consider yourself to be homeless?
11. How do you define homelessness?
12. Would you like to share your experiences at the overnight shelter so far?
13. What are your hopes for the future?
14. Is there anything else you would like to share?

Appendix B: Verbal Consent Guide

Purpose. The purpose of this study is to transcribe your life story to understand and learn about your experiences as a homeless woman.

Activities. This project involves the sharing of your life story with me, Lizz Koch. Your life story will be audio recorded and then transcribed by only me into a Word file. This study is being conducted for the completion of my thesis. The findings of this study may be presented or published in the future.

Time. The duration of the meeting may last from 2 to 3 hours in a safe and private space of your choice. If needed, the telling of your story may be divided up over two meeting dates.

Risks. By the sharing of your story, memories around traumatic events may be triggered and you may feel uncomfortable. Please only share what you are comfortable in sharing. If you need a break, please let me know. All the information will be confidential and your identity will not be included with the results.

Benefits. We do not know if you will benefit from being in this study. However, you may feel better after sharing your story.

Payment. You will not be paid for being in this research study.

Confidentiality. The information you provide during this research study will be kept confidential to the extent permitted by law. The paper records will be stored securely in a locked filing cabinet in Dr. Mehra Shirazi's (my advisor's) office on campus. All the digital data will be secured on a password-protected computer. Both the digital files and hard copy files will be stored for seven years after the study, but with the same security measures. Your real name will not be used with your life story and will not be recorded. An alias name will be created for you. If the results of this project are published, your identity will not be made public. However, please note some information we publish may accidentally identify you especially since the city location of the study may be included in publications.

Voluntariness. Participation in this project is voluntary. If you decide to participate, you are free to withdraw at any time without penalty. You will not be treated differently if you decide to stop taking part in the study. If you choose to withdraw from this project before it ends, you can request for your information to be destroyed. You are free to not tell me anything on any topic.

Contact information. If you have any questions about this research project, please contact: Dr. Mehra Shirazi, mehra.shirazi@oregonstate.edu. If you have questions about your rights or welfare as a participant, please contact the Oregon State University Institutional Review Board (IRB) Office, at (541) 737-8008 or by email at IRB@oregonstate.edu.