Homeless Women:
Their Perceptions About Their Families of Origin

By
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FOR

MY GRANDMOTHERS

MARY MADGOLINE KINGKADE REED

BERTHA LOIS BRADY ANDERSON

MY MOTHER

LEONA JEAN REED ANDERSON

MY DAUGHTER

MARYLYNNE GAY ANDERSON-COOPER

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ABSTRACT

TITLE: HOMELESS WOMEN: THEIR PERCEPTIONS ABOUT THEIR FAMILIES OF ORIGIN

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The purpose of this study was to examine descriptively the families of origin of women who were or who had been homeless. The research was done using a descriptive qualitative research design, specifically intensive interviewing. A feminist framework guided the research process. Lofland and Lofland's (1984) conceptualization of units of social settings was used as the basis for analysis of the data. The sample consisted of 20 women who had been homeless. All research participants were in a women's support group or were involved in counseling. Twelve of the women were interviewed individually. Six of those 12 women and an additional 8 women were later interviewed as part of two focus groups. Data were analyzed descriptively for themes. Themes within each social unit included: (a) Meanings--homelessness, home, family of origin, lack of connectedness, and being without; (b) Practices--male privilege, transiency, and abuse issues; (c) Episodes--loss of family and being homeless; (d) Roles--traditional female-male, scapegoating, and little adult; and (e) Relationships--mother/daughter, father/daughter, and sibling. Within the mother/daughter relationships social unit, the dominant themes were betrayal, devaluation of self, enmeshment, emotional void, longing for, emotional cutoff, and destructive coalitions. The themes from the father/daughter relationships

social unit were abuse issues, differential treatment, idealized father figure, and banished daughter. The themes that emerged from the sibling relationships were sibling childcare responsibilities and sibling coalition formation. Criteria for transferability and adequacy were used to determine scientific rigor. Results are discussed and recommendations for nursing practice, policy, research and theory are given.

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CHAPTER I

STATEMENT OF PURPOSE

In the last twenty years, homelessness in the United States has grown into a social problem of great magnitude. Despite much research on the topic of homelessness in general, research focusing on homeless women has been noticeably lacking in the literature. The majority of previous research has tended to focus on single men, primarily the "skid road" stereotype. This stereotype no longer reflects the reality of homelessness.

The actual number of homeless in the United States is difficult to estimate because of their mobility, changing life situations, and the fact that they often temporarily live with other family members or friends. The number ranges from the Federal Department of Housing and Urban Development (1984) estimate of 250,000 to 350,000 homeless people to the National Coalition for the Homeless figure of 2.5 to 3 million people in 1985 (cited in Wood, 1989). Each of these actual figures and estimates have remained fairly stable throughout the second half of the 1980's and into the 1990's (Wood, 1989). In addition, it is estimated that an additional 6 million individuals live in socioeconomic circumstances that put them at extremely high risk for homelessness (Vladek, 1990).

Women and children make up a substantial proportion of the homeless population worldwide and comprise a significant portion of the homeless in the United States. The New York Coalition for the Homeless reported in 1986 that 35% to 50% of the homeless population was made up of families (cited in Wood, 1989). A family

is defined by these authors as one or more dependent minors living with an adult. Families also continue to represent the fastest-growing segment of the homeless population (Wood, 1989) and the vast majority of these families are headed by single women. It is important for society to recognize the circumstances of the current homeless population. This recognition can help dispel the belief that people are homeless by choice. Instead, there are a variety of reasons for homelessness in the United States. Understanding and exploring the reasons in-depth will help agencies begin programs and institute policies that will be helpful and not punitive toward the homeless. Additionally, this understanding will be important in the provision of nursing care and nursing services to this diverse population.

For several years, I have been involved in providing health care for persons living in shelters, "on the streets," and in single-room occupancy (SRO) hotels. In recent years, the number of women and children in these environments has increased. This increase in homelessness among women and children has been attributed to multiple influences in their lives (Brickner, Scharer, Comamam, Elvy, & Savarese, 1985; Roth & Bean, 1986; Slavinsky & Cousins, 1982; Stoner, 1983). Violence, poverty, substance abuse and mental illness are reported in these studies. In my clinical practice homeless women have repeatedly told stories about their families of origin. These stories often included issues related to abusive and dysfunctional families. This stimulated my interest in investigating families of origin of women who had experienced episodes of homelessness.

Research has indicated that a large number of homeless people come from

families that are dysfunctional and abusive (Anderson, 1990; Bachrach, 1987; Bassuk & Rosenberg, 1988; Wood, Valdez, Hayashi, & Shen, 1990). Many of these studies that have provided knowledge about dysfunctional families of origin have been based on psychological or social theory but have lacked in-depth descriptions allowing understanding of the family life experience of women who are homeless. Also missing are studies using a feminist framework.

Feminist research embraces women's subjective knowledge of their own lives. This knowledge increases the understanding of women's actual experiences without distorting their experiences. While a feminist agenda includes a vision of non-oppressive families (Thompson, 1992), the family has been found to be a major context in which sexism, heterosexism, classism, ageism, and racism are fostered and reinforced. The myth that the family is a safe haven for women (Thompson, 1992) is dispelled by knowledge that families are often "tension filled arenas, loci of struggle and domination between genders and across generations" (Baber & Allen, 1992, p. 1). This research continued the feminist agenda of uncovering the myths about the family.

Women have been absent from science both as scientists and subjects of research. Feminist research helps to change this omission. Feminist scholars object to the traditional research paradigms used to study individuals and society and to the orientation toward male-dominated movements/issues. Traditional paradigms are viewed as male focused and oppressive to women (Baber & Allen, 1992; Fonow & Cook, 1991; Thompson, 1992).

In conducting research about and for women, use of a feminist framework is appropriate. Harding (1987) discussed three criteria for doing feminist research. These criteria include the use of women's experiences to adequately test research problems, ensuring that the research is for women, and the researcher placing herself/himself in the same class, race, culture, and gender-sensitive plane as the participants.

The purpose of this research project was to examine descriptively the families of origin of women who are now, or who have been, homeless. This in-depth study, using intensive interviewing, provides the necessary depth and richness that enables development of a conceptual base that is relevant to women's experiences. An adequate framework can be useful to policy makers who deal with social and health policy. A study of this depth is important for the field of nursing. Nurses are often a vital link between the public and makers of health and social policy affecting women and families. Nurses need an in-depth understanding of homelessness in order to facilitate the formation of health and social policies that provide for prevention, intervention, and rehabilitation of homeless people. This project will help in developing an understanding of homeless women through understanding their perceptions of their families of origin.

CHAPTER II

REVIEW OF LITERATURE

Introduction

The purpose of this study is to examine descriptively the families of origin of women who are, or who have been, homeless. In the review of literature, homelessness in general within the United States is addressed first. Second, literature applicable to homeless women is considered, including literature discussing abusive family outcomes. Finally, feminist literature regarding the appropriateness of using feminist theory and research in studies dealing with women is reviewed. Interwoven in each of these areas will be issues of homelessness that focus on family.

Overview of Homelessness

Definition

Definitions of homelessness that are most comprehensive are those that include much more than simply being without shelter. They account for related factors as well. Bachrach (1984) wrote, "It is widely agreed that homelessness implies both lack of shelter and a dimension of disaffiliation or social isolation" (p. 914). Bassuk (1991) agreed that "houselessness" is only one aspect of homelessness. Homelessness implies a loss of connection to a community of supports, including friends and family, and to organizations with whom the person shares common values and beliefs, such as churches or caretaking institutions. Homelessness ruptures these supports.

Bahr and Caplow (1974) labeled this phenomenon "disaffiliation" in their classic study "Old Men Drunk and Sober." They claimed that detachment from

society is characterized by the absence or attenuation of the affiliative bonds that link settled persons to an interconnected network of social interactions. This has been demonstrated, particularly in studies of homeless men who tend to be disaffiliated from their families. In contrast, homeless women, although supports may be ruptured, tend to continue to be in contact with their families, especially their children; and they plan to reunite eventually with their children (Bachrach, 1987; Bassuk, 1991; Burt & Cohen, 1989; Crystal, 1984; Johnson & Kreuger, 1989; Maurin, Russell, & Memmott, 1989; Mills & Ota, 1989).

Heterogeneity of Homelessness

Bachrach (1987) maintained that there is little consensus regarding the meaning of homelessness because the homeless are extremely heterogeneous, consisting of many subgroups. People in all regions of the country and individuals of all ages and ethnic origins are found among the homeless of America, as are pregnant women and mothers with newborn babies and dependent children (Bassuk, 1986; Breakey & Fischer, 1990). Unhoused and inadequately served chronically mentally ill individuals are also among the homeless. Approximately 20%-30% of the homeless are estimated to be chronically mentally ill. This proportion is not as high among women with children as it is among single women (Bachrach, 1984; Bassuk, 1988; Breakey & Fischer, 1990).

Today's homeless population also is being saturated with increasing numbers of economically displaced individuals often called the "new homeless" (Kerr, 1986). With the growing "feminization of poverty" (Bassuk, 1986; O'Conner 1986; Stein,

1986), impoverished single women, often together with their children, are becoming an increasingly significant component of the homeless population.

Homelessness may be quite temporary, or it may be a more or less permanent circumstance. Arce, Tadlock, Vergare, and Shapiro (1983) differentiated between "street people" and "episodically homeless" individuals in one emergency shelter setting in Philadelphia. The episodically homeless move into and out of the homeless population and are characterized by great residential instability (Chafetz & Goldfinger, 1984).

The causes of homelessness are multiple and complex. The resulting subgroups among the homeless population have different problems which require different strategies to meet their needs. For example, individuals with serious alcohol and drug problems are heavily represented within some populations of homelessness (Breakey & Fischer, 1990). By contrast, in populations of women with children, alcohol and drugs are generally not the major factors leading to homelessness (Burt & Cohen, 1989). This diversity of homeless people and the complexity of their problems challenge society's understanding of how best to serve them (Grigsby, Baumann, Gregorich, & Roberts-Gray, 1990; Ropers & Boyer, 1987; Weitzman, Knickman, & Shinn, 1990).

Gender Differences and Women Parents

Homeless women and men have been contrasted in several studies, however, there have been few studies that have focused on women exclusively. Women are included only as part of an overall study focused predominantly on the male

population or on homeless families. In this section of the literature review, homeless women and men are contrasted and homeless women with children are compared with homeless women without children.

In a study conducted by Burt and Cohen (1989), 1,704 in-person interviews were conducted using a random sample of homeless adult users of soup kitchens and shelters in 20 of the 178 U.S. cities with populations of at least 100,000. Selection of cities was made from stratification by census region and city size. This study provided descriptive data for homeless women with and without children and contrasted parallel data for single homeless men.

Twenty percent of the sample was women, 9% being single women without children, 9% being women accompanied by at least one child, and 2% of the women being accompanied by someone else, rather than children. In the Burt and Cohen study, the term "single women" referred to women who were unaccompanied. "Women with children" referred to women who had their children with them. Seventy-three percent of the total sample was single men; 1% being men with children; and 7% being men with a partner but without children.

Burt and Cohen (1989) explored demographic characteristics (race, age, marital status, household composition, and education); length of current spell of homelessness; length of joblessness; income and source; history of personal problems (e.g., mental illness, chemical dependency, criminal justice involvement); patterns of use of soup kitchens and shelters; and diet adequacy. The data base for this study was from the first national study of homeless individuals that used probability

sampling and, therefore, provided for generalizations about a known universe of the homeless transcending conditions unique to single cities. The results indicated that homeless women without children, homeless women with children, and homeless men differed significantly with respect to many variables, these differences having implications for both probable causes of their homelessness and preventive and ameliorative efforts.

In general, homeless adults were found to be non-white, younger, less likely to have ever married and more poorly educated than the average American. More than half of single homeless women and men were non-white, as were 83% of the homeless women with children. By comparison approximately 22.5% of the U.S. population is non-white (including Hispanics). Women with children comprised the youngest sub-group, while single men were the oldest. Educational attainment was lowest among women with children and highest among single women.

Women with children had the shortest current episodes of homelessness, with two out of five women homeless for 3 months or less; and the mean length homeless spell was 15 months. While single women and women with children were represented in approximately equal proportions of women who had been homeless for shorter durations, more of the single women had been homeless for several years, pushing the mean length of their current homeless episode up to 34 months. Both types of women had shorter current homeless episodes than single men.

Though single homeless women had the most recent job experience, on average, two out of five had not held a steady job for 2 years or more. Periods of

joblessness were generally longer than and preceded periods of homelessness, strongly suggesting that the lack of resources arising from not having a job probably contributed to homelessness. Sources of income differed for the three groups. Of the single women, 27% received income from working, while 15% of women with children and 22% of single men received part of their income from working. Single women also were more likely to receive Supplemental Security Income (SSI) than were either single men or women with children. Women with children received Aid to Families with Dependent Children (AFDC) (33%) and General Assistance (GA) (36%) more often than did either the single women or men. Mean income per person per month was $183 for single women, $120 for women with children (i.e., $360 for a mother with two children), and $143 for single men.

Single women and single men were more likely to have histories of mental hospitalization and attempted suicide than were women with children. However, only one-fourth of single women and one-fifth of single men reported such histories, showing that public conceptions about universal mental illness among the homeless may be distorted. The incidence of mental illness corroborates statistics reported elsewhere (Rossi, Wright, Fisher, & Willis 1987; Wright, Rossi, Knight, Weber-Burdin, Tessler, Stewart, Geronimo, & Lam, 1987). In all the studied subgroups (Burt & Cohen, 1989), a majority had experienced neither mental hospitalization nor inpatient treatment for chemical dependency. Criminal involvement was less an issue for homeless women than for homeless men; 75% of childless women and 85% of women with children never had served time in jail or prison. Approximately

two-thirds of men had served jail or prison time (one-third in state or federal prison, presumably for serious felony offenses).

Limitations of the Burt and Cohen study were that it focused exclusively on an urban homeless population, it excluded homeless individuals not using either a soup kitchen or shelter at least once during a typical week in March 1987, and it represented only one point in time. Suburban and rural homeless populations may be different from the urban homeless in this sample. Crystal (1984) had similar findings as Burt and Cohen (1989) about differences in criminal history of homeless men and women. Crystal's (1984) interviews with homeless men and women revealed that women were more likely than men to have grown up in an institutional or foster care setting and were more likely not to have lived with either parent during most of their childhood. Women were found, in Crystal's study, to be more likely than their homeless male counterparts to have psychiatric histories. This finding is variously supported in other studies of single women according to Hagan (1987), however it has not been supported for women with children. Women were also more likely to be married or in a relationship. Women were more likely to have ongoing relationships with their children and hoped to regain caretaking in the future, while men were less likely to maintain contact with their children.

LaGory, Fitzpatrick and Ritchey (1990), conducted interviews with 150 homeless persons to determine differences between homeless persons living in shelters and those living on the street. While the authors' disciplines were not listed, they did report their findings in Social Science Review. They determined that women were

more likely to use shelters than were men. The shelter population seemed more vulnerable and dependent than the street population, possibly due to the decreased autonomy afforded individuals in a shelter setting. The most vulnerable populations were the deinstitutionalized, sexually abused, and victims of drug or alcohol dependency.

In a report by Hagan (1987), from a School of Social Welfare, gender differences were examined. This was an exploratory study conducted through a centralized intake service specifically designed to coordinate community shelter for the homeless. The data, including the intake information obtained on 227 cases in December, 1984, included client characteristics of age, sex, race, reasons for homelessness, needs for services, and services provided by the agency. This study did not report whether persons had children or not. This study found women to be homeless more often as a result of eviction and domestic violence. Homelessness in men tended to be a result of running away, unemployment, alcoholism, and jail release. In contrast to Crystal's (1984) study that found women twice as likely as men to have psychiatric hospitalizations, Hagan found that men were more likely than women to report previous psychiatric hospitalizations; equally as likely as men (5%) to receive outpatient psychiatric treatment; and far less likely to report taking psychotropic medications (only one woman compared with 6 men).

Maurin, Russell and Memmott (1989), two nurses and a social worker, also explored gender differences among the homeless. They interviewed 266 homeless men and 71 homeless women. The convenience sample of 337 people was from five

Utah cities. These people reported being homeless between January and October, 1986. The sample was obtained from locations known to be frequented by homeless individuals: emergency shelters, soup kitchens and food banks, temporary employment agencies, churches, parks, and streets. The findings were compared to research from different geographic locations within the United States. In addition to differences between women and men, Maurin and colleagues found differences between women with children and women without children, as well as regional differences in the homeless populations. As the previous studies reported, they found that women were more likely than men to have children, to have had recent contact with their absent children, and to express the expectation that their absent children would live with them again.

Maurin and colleagues (1989) used the National Center for Health Statistics (NCHS) General Well-Being Schedule to determine the level of psychological distress of homeless persons. This scale was used because evidence was available for its reliability and validity. They found homeless women more likely to be psychologically distressed than homeless men. In addition to this between-gender difference, Maurin and colleagues (1989) found that there were also within-gender differences between women with children and women without children. Women with children were more recently homeless than were those without children. Regional differences were also found. Generally, families in the Eastern U.S. were predominantly female-headed (greater than 90%) while families in the Utah sample revealed that 61% of those homeless with children were headed by couples. These

results may have been substantially influenced by the study being conducted in Salt Lake City, where traditional family values seem to be more strongly oriented to two-parent families. However, the findings about homeless couples were similar to those from studies conducted in Portland, Oregon, and, to a lesser degree, in other cities located west of the Mississippi.

Johnson and Krueger (1989), social workers, reviewed the literature to examine differences between homeless women with dependent children and homeless women without dependent children. When the literature examined failed to differentiate between the two groups, they designed a study for use in the Greater St. Louis metropolitan area. Two hundred and forty women, 176 with dependent children and 64 without dependent children, were interviewed over a two year period. The sample was a non-probability selection of women from six shelters in St. Louis, one day shelter and five overnight shelters. Women with dependent children were more likely to be younger, minority women, comprising female-headed households. The women with dependent children were less likely to have been hospitalized for psychiatric problems, less likely to have had recent contact with a mental health professional, and less likely to have a drinking problem. In addition, the women with dependent children reported being homeless an average of 4.71 months, while women without dependent children reported being homeless an average of 14.03 months.

These gender and regional differences, again, point to the heterogeneity of the homeless population. The differences also illustrate the changing of the population from a mostly white, older, male population in the first half of the twentieth century

to the current population. Currently, that includes a younger group of people, a disproportionate number of which come from minorities, female gender, and a rapidly growing family population predominantly headed by young women.

Mills and Ota (1989), social workers, reviewed the admission data of 87 homeless families in a descriptive study of users of an emergency shelter in Detroit. Most of these families were African American and contained an adult woman with one or two minor children. The mothers were mostly young (88.5% were age 35 or younger), 43% had no high school diploma, and most had no income. These statistics were similar to findings of other studies. Twenty percent of the women had psychiatric disorders and close to 10% had histories of drug abuse. Most reasons for homelessness among this group of women with minor children were categorized under three broad headings: (a) eviction (47%), (b) domestic conflict (22%), and (c) unsafe living conditions (22%). The remaining 10% of admission records contained no information on the precipitators of homelessness. In about half the cases of domestic conflict, women were fleeing from an abusive partner. In other cases, the partner was an alcoholic or drug addict and the women left with their children. Each reason for homelessness among this group of women was based on economic or societal oppression.

As with other studies, this study suggested that assistance with housing alone will not safeguard families from future homelessness. The problems that result in homelessness are issues much more complex than insufficient affordable housing. While this finding does not decrease the importance of having adequate numbers of

housing units, it brings to attention societal issues that are involved in increasing the homeless population.

Structural Issues of Society

McChesney (1990) was a sociologist who espoused the belief that the root of homelessness is the unavailability of affordable housing units and that families are homeless for social structural reasons, rather than individual reasons. She cited too few low-income rental units available in 1988 as compared to the late seventies, as well as declining Federal subsidies. Housing and Urban Development (HUD) appropriations for subsidized housing fell from a high of $32.3 billion in fiscal year 1978, during the Carter administration, to $9.8 billion in fiscal year 1988, during the Reagan administration. This represents a decrease of more than 80% in constant dollars. For those families already in subsidized housing the amount they paid went from 25% to 30% of their income. The number of rental units also decreased. In 1985 the American Housing Survey revealed that there were 11.6 million low income renter households compared to 7.9 million affordable low-cost housing units available, resulting in a shortfall of 3.7 million units. When examined further, it was revealed that 800,000 of the low-cost housing units were vacant, and nearly a third of the occupied low-rent units were occupied by renters who were not low-income households. Thus the adjusted figures were 4.7 million low-rent units available for the 11.6 million low-income households.

While the availability of low-cost housing certainly may be a strong factor in homelessness in U.S. society, there are additional structural (societal) issues that also

need to be examined. Shinn, a social psychologist, and Weitzman, a professor of public and health administration (1990), argued that because research on homelessness generally has focused on problems of individual homeless persons, attention has been diverted from underlying societal causes of homelessness. The individual-focused research has also reinforced the stereotypical attitude about "what is wrong with the homeless." They concluded that the individually-focused research follows the classic "blaming the victim" logic portrayed by Ryan (1971). They described a process whereby when a social problem is identified; researchers study those afflicted by the problem to determine how they differ from the rest of the population; then the differences become defined as the cause of the problem; and finally, humanitarian programs are set up to correct the differences in those afflicted by the problem. As a result, U.S. society has been distracted from studying social problems and countering the growth of poverty, the erosion of welfare benefits, the destruction of low-income housing, the increase of domestic violence and other contributors to homelessness, all of which are characteristics of society rather than individual victims.

Shinn and Weitzman (1990) argued, using current research literature, that there are individual-level factors (youth, low income, ethnicity, status within the family, and disabilities); contextual factors (people's social network, social ties, ties with relatives); and socioeconomic factors (macroeconomics, number of housing units, state of the economy, opportunities for employment, the prevailing wages, and the level of social service benefits available for the unemployed) that contribute to homelessness. They argued that interrelationships need to be established among these

individual, contextual, and societal variables. For example, abuse during childhood may lead to unreliable social relationships with the family in adulthood, thus limiting the social support network of an individual or family.

Blasi (1990) agreed with Shinn and Weitzman that the causes of homelessness may ultimately have much more to do with social factors than with facts about individual homeless people. Blasi, a political scientist, attorney, and advocate for the homeless, recommended that research be conducted on images of homelessness as communicated through the mass media, identifying the determinants of attitudes of both ordinary citizens and policy-making elites toward the homeless, and how and why some advocacy efforts have failed while others have succeeded. He maintained that the focus of research must be broadened and research questions redefined if the research is to inform efforts to end mass homelessness.

Elliott and Krivo (1991) hypothesized that "unavailability of low-cost housing, high poverty, poor economic conditions, concentrations of minorities, female-headed families, and insufficient mental health care for the indigent are determinants of high levels of homelessness" (p. 113). These two sociologists believed that the focus on individual conditions of life deflects attention from the structural (societal) conditions that allow individuals and groups to become seriously disadvantaged. They argued that the homeless are such a population. Research, as reported by Shinn and Weitzman (1990) and by Blasi (1990), has been based on describing the demographic and personal characteristics of homeless individuals and their living conditions. Because unfavorable structural conditions exist prior to increases in homelessness, it

becomes critical to evaluate the structural conditions which underlie homelessness, essentially the social context for the problem of homelessness.

In Elliott and Krivo's (1991) study, published data from the 1980 Census of Population and Housing and the U.S. Department of Housing and Urban Development's (HUD, 1984) study of homelessness was used to examine the effects of area structural conditions on rates of homelessness. Their study appeared in Social Problems journal, however, the author's discipline was not reported. This study is described in the following paragraphs.

The predictor variables were carefully operationalized. Lack of low-cost housing was measured by the percent of rental units at very low rents (less than $150), and poverty was measured by the percent of the population below the United States poverty line in 1979. Both the unemployment rate and the percent of unskilled jobs were indicators of economic conditions. The availability of mental health care was measured using two alternative indicators derived from the data on mental health expenditures by state mental health agencies at the state level: (a) the 1981 total state per capita mental health expenditures by the state mental health agency (in dollars), and (b) the 1981 per capita state mental health expenditure (in dollars) on residential mental health care beds.

Limitations of the study included the years for which data were obtained. The predictor variables were measured from 1979, 1980, and 1981 data, and the rate of homelessness was measured using data from 1984. The authors stated the primary bias from this difference in time periods would actually result in an underestimation

of homelessness, due to the 1982 economic recession. The authors argued that even with biasing, the effect should be small given the slow rate of change that occurs in societal structure.

Ordinary least squares (OLS) regression analysis was used to estimate the effects of the lack of low-cost housing, poverty, economic conditions, mental health care, and demographic composition on homelessness rates. The results of the study yielded interesting findings. The homelessness rate was negatively correlated with both the amount of low-rent housing and the two measures of mental health expenditures. Areas with more low-cost housing had lower rates of homelessness. Areas in which more money was spent on mental health care, and specifically on community residential mental health care facilities, had notably lower levels of homelessness. A greater concentration of unskilled jobs was related to significantly higher homelessness rates. Demographic variables were related in only a minor way to the structural (predictive) factors, thus suggesting that individual characteristics of persons were not strongly related to homelessness.

The level of poverty in areas studied had no significant independent effect on rates of homelessness. This is an important finding because it demonstrates that an overall high poverty level is not one of the structural conditions which leads to high homelessness in an area. The unemployment rate was also found not to be related significantly to homelessness. This must be interpreted with caution because the unemployment rate included only those people without a job and currently looking for work. Not included were people who had given up looking for work when nothing

satisfactory could be found. Future research would need to include those who have given up looking for a job as well as those currently seeking employment.

A summary of the literature reviewed reveals a number of research studies that focus on individual characteristics of those who are homeless. Most research that includes women participants does so as a part of another study on family homelessness or with homeless men. Few studies have been published addressing societal issues that may result in homelessness. Research focusing on women is expected to add to the knowledge and promote a better understanding of homelessness.

Abusive Childhoods

Researchers and clinicians are continuing to try to understand the devastating effects that childhood physical and sexual abuse have on individuals and thus on society at large. Society has been slow to recognize the effects of childhood abuse and even slower to recognize society's role in promoting the abuse. In research studies about homelessness, if asked, women often report abusive childhoods. Very little has been found in the literature that looks at this phenomenon in depth.

Carmen, Rieker, and Mills (1984), psychiatrists and sociologists, completed a study that investigated the relationship between childhood physical and sexual abuse and later psychiatric illness. The life experiences of 188 psychiatric patients were reconstructed through an in-depth examination of inpatient records of psychiatric patients (65% were female, 35% were male). Female patients (53%) were much more likely to have histories of abuse than were the male patients (23%). Most abuse

(90%) occurred in the context of the person's family. It was not uncommon in this sample for the women to have experienced multiple kinds of abuse. They found numerous cases of women who were physically or sexually abused as children and subsequently raped or abused by spouses and others in adulthood.

Carmen and colleagues (1984) found that women who had been abused tended to direct their aggression and hatred against themselves (32%) in both overt and covert ways. The behaviors ranged from quiet resignation and depression to repeated episodes of self-mutilation and suicide attempts. Male victims were more likely to turn their anger toward others, possibly as defenses against their feelings of helplessness and vulnerability. Both males and females evidenced a lack of ability to trust others, hindering therapeutic relationships. For both females and males, expectations of abandonment and exploitation took the place of one's ability to trust.

Women, in larger numbers than men, report childhoods that have been plagued by physical and sexual abuse. Bassuk (1991), a pediatrician, hypothesized that female homelessness may be a result from the woman's own childhood. Bassuk described a study of homeless women conducted by Goodman (cited in Bassuk, 1991) that revealed that 89% of the respondents in her study reported that they had been the victims of physical or sexual abuse at some point in their lives, 67% while children. Bassuk argued that, as a result of a traumatic childhood, some homeless mothers may never have had adequate supports or developed the capacity to find and keep supports. Bassuk continued that difficult early experiences can impede the development of social skills, hindering a person's ability to find employment and seek social services as well

as to form sustaining long-term relationships.

Bassuk and Rosenberg (1988) studied 130 female-headed families, 49 of which were homeless families and 81 of which were housed families living in public or private subsidized housing. A semi-structured interview consisting of approximately 260 questions was administered to each woman. Information requested included demographic factors; developmental background; family disruptions; patterns of violence; housing, income, and work histories; and use of services. They found that homeless women have documented a relatively high frequency of early life and childhood disruptive experiences, including divorce, desertion, illness, parental death, or victimization. In particular, the homeless mothers reported a higher incidence of being abused as children (41%) than did the housed mothers (5%). The pattern of abuse continued into adulthood.

The Bassuk and Rosenberg (1988) study had several limitations. The interview setting was different for the homeless and the housed women and may have contributed to differences in reporting. The sample was small, multiple comparisons were made, and differences may have arisen by chance. The shelters also may not have been representative of the homeless population, because shelters have a tendency to turn away the most problematic families when they are full. Employed women among the housed population may have been under-represented because the interviewers went out in the neighborhoods only in the daytime. Bassuk and Rosenberg recommended that future studies require a larger investment of money, time, and personnel in order to overcome problems of selection of housed and

homeless families.

D'Ercole and Struening (1990), in a report published in the Journal of Community Psychology, studied a randomly selected sample of 141 homeless women in a single-adult shelter in New York City to determine implications for service delivery among victimized homeless women. Several scales and questions were used to determine the experience of victimization and the mental health status of the shelter residents. The Center for Epidemiologic Studies Depression Scale--Revised was used with slight further revisions to measure depressive symptoms. The Psychiatric Epidemiology Research Interview was used to measure the extent to which the women had experienced psychotic thoughts or beliefs over the past year. Questions related to hospitalizations for medical, psychiatric, alcohol, and drug problems were asked. Five scales designed to measure the experience of victimization and deprivation were also used: a) Family Separation Scale, b) Lifetime Sexual and Physical Assault Scale, c) General Victimization Scale, d) Recent Sexual Harassment Scale, and e) Fear Scale. When used together, these scales provide a quantified estimate of women's general experience of victimization, including past, present, and future aspects of the victimization.

Demographics of the participants from this shelter were representative of shelter residents in other New York City shelters. Almost 63% of the women were mothers; the median age was 31; 67% of the women were Black, non-Hispanics; 62% had never married; 36% were high school graduates; and only 11% had never been employed. Because the population was 67% Black, victimization rates for this sample

were compared to those of Black women in urban areas of the United States, as compiled by the Federal Bureau of Investigation Uniform Crime Report (1984). Rates were calculated per thousand, projecting from the sample of 141. There were sizable differences between groups. Women in shelters were found to have experienced sexual and physical victimization during their lifetime at more than 10 times the national rate of women in the general urban Black population. Many of the women had experienced lifelong sexual and/or physical abuse.

Finkelhor, Hotaling, and Yllo (1988) suggested research priorities for the coming decade in their book Stopping Family Violence. The research priorities included a longitudinal study of abused children to determine the long term effects of child abuse. They argued that child abuse appears to lead to a variety of other very serious social problems such as delinquency, crime, mental illness, mental retardation, and teenage pregnancy.

Finally, studies on homelessness that have included questions about the person's childhood, have indicated childhood abuse as a possible contributing factor to homelessness in women. Finkelhor and his colleagues (1988) discussed the importance of studying special populations of women, such as the homeless, to add to the body of knowledge about the effects of abuse and the connection to homelessness.

Feminist Theory

There may be several frameworks useful in guiding exploration of a particular research question. For this study about homeless women and their families of origin, the most useful seemed to be feminist theory.

Feminist theory is actually a "family of theories" ranging in thought from liberal feminists who believe we can work within the current social structure to eliminate the oppression of women to the position of radical feminists who believe that women can and must empower each other, that women are fundamentally different than men and this difference is women's strength.

Marxist-feminism lies somewhere between liberal and radical feminism. It is the feminist theory that seemed to best fit the study of homeless women. Marxist-feminism is concerned with the oppression of women by the current social structure. It seeks to empower women to become emancipated from the current patriarchal system that is oppressive to women. The major difference between Marxist theory and Marxist-feminist theory is in their treatment of gender issues. Gender issues are central in feminist theory and are considered the basis of other oppression (class, ethnicity, etc.). Referral to feminist theory in the remainder of this study will refer to Marxist-feminism unless otherwise noted.

Assumptions

The assumptions of feminist theory (Chinn & Kramer, 1991; Fonow & Cook, 1991; Harding, 1987; Thompson, 1989 & 1992) are fairly universal among the different families of feminists (liberal feminism, Marxist-feminism, and radical feminism). They include:

1. There is a valuing of women, and women are the experts on their own lives.

2. There is a recognition of a current social structure that oppresses women.

3. There is a desire to bring about social change.

4. The personal is both scientific and political, and there are no real boundaries between public and private life.

5. There is no distinct research method for feminist research. [However, Thompson (1989) argued that qualitative researchers have a history of being more sensitive to issues and assumptions of feminist thought. It is important to recognize that quantitative research has also been done that has been sensitive to feminist issues.]

6. It provides women with explanations that women themselves want and need.

7. It emerges from and responds to the lives of women.

8. Knowledge is jointly constructed by the researcher and the researched.

9. Knowledge is relational and contextual.

10. Subjective data is valid.

Fonow and Cook (1991) discussed the intertwining of feminist research and theory and argue that one cannot write about theory without writing about research. They addressed four issues that are particularly relevant to feminist theory and research: reflexivity, action-oriented research, affective components of research, and research based on the situation at hand.

First, Fonow, and Cook (1991) discussed reflexivity. It is the ability of women to reflect on a situation, develop insights, and have their consciousness raised as part of the process. This is an important part of feminist research. The researcher

is seeking to help individual participants understand their life experiences. Reflexivity is a vital part of the process.

Feminist theory is action oriented, the second issue, generally requiring that action occur, leading to interventions. This is an exciting part of feminist theory. The action orientation is discussed in earlier writings by Cook and Fonow. Action orientation is reflected in the statement of purpose, topic selection, theoretical orientation, choice of method, view of human nature, and definitions of the researcher's roles (Cook & Fonow, 1986). The most common expression of action is the political activist stance that seeks to end the oppression of women or groups of women. Because it is action oriented, it often has almost immediate use in practice.

Third, according to Fonow and Cook (1991), feminist theory pays attention to the affective components of research. Feminist theory refuses to ignore the emotional dimension of research. Gilligan (1982) addressed this dimension in her research about women's ways of knowing. She described the caring aspect of women that is instrumental in their moral development.

Finally, feminist theory and research are concerned with the situation at hand, the fourth issue discussed by Fonow and Cook (1991). Often the research by and for women results from daily situations. It is the day-to-day aspects of women's reality that are often oppressive. The taken-for-granted, mundane features of everyday life are studied. Analysis of "common courtesies," linguistic practices, commercial advertisements, and even tombstone inscriptions have revealed the cultural norms and assumptions governing gender relationships.

Chinn and Kramer (1991) have emphasized that all theory is tentative and is not permanent. It should be creative and take on different forms. Feminist theory is creative and fluid. It has been formulated and is used to understand, explain, and eliminate the oppression of women. Women who are homeless as well as policy makers would benefit from understanding this oppression and the phenomenon of homelessness in order to prevent and correct societal violations. As asserted earlier, the family is often considered to be an institution in which the greatest oppression of women occurs. An understanding of women's families of origin would provide crucial information for women and policy makers. Feminist research can be used to place women in the socio-political context needed for intervention/prevention in women's homelessness.

Ultimately, feminist theory and research can make a difference in future social and health policy. By placing research in its context, sharing the knowledge with research participants, empowering the participants, and sharing the knowledge with policy makers, the knowledge can be used for the development of programs that will both provide intervention to "at risk" families and appropriate feminist perspectives to treatment (as is seen in many feminist shelters and woman-battering programs) for women who did not benefit from earlier interventions. Women have been reported to derive a sense of power and energy from the realization that they can effect change (Hartsock, 1986). Thus, as women break the silence and isolation in which many have lived and come together to share their experiences through feminist research, they become empowered and change becomes possible (Baber & Allen, 1992).

Adequacy

Reliability and validity have been the standards for evaluating scientific rigor in empirical research. Empiricist assumptions of a universal reality and research that is neutral, value-free and objective are conducive to the use of the traditional meanings of reliability and validity. These same applications are inappropriate for feminist research. Feminist research assumes multiple realities: a reflexive approach to inquiry; and research that is subjective, historical, contextual, and relational. Feminist research is also connected to the political, social, and economic environment. In feminist research knowledge is jointly constructed by the researchers and the participants. Diekelmann (1991) referred to the participants in research as "co-researchers." Feminist research views human experiences as unique, particularized, and not always amenable to verification.

Hall and Stevens (1991), nurse scientists, referred to adequacy as a more inclusive standard to establish rigor in feminist research. Adequacy of the whole process of inquiry, relative to the purpose of the study is considered to be important. Adequacy is viewed as a continuum and is interconnected. Hall and Stevens provided ten criteria which can be used by feminist researchers to plan and evaluate their studies. The criteria included: reflexivity, credibility, rapport, coherence, complexity, consensus, relevance, honesty and mutuality, naming, and relationality. Each will be addressed below.

Reflexivity. Reflexivity is required at each step of the research process. It is imperative if knowledge is to be jointly constructed. Reflexivity fosters integrative

thinking, appreciation of the relativity of truth, awareness of theory as ideology, and a willingness to make values explicit. One needs to examine one's own values, assumptions, characteristics, and motivations in this process.

Credibility. Credibility is the faithful interpretation of participants' experiences that is understandable to both insiders and outsiders of the process. It is credible when the participants are able to recognize the experiences as their own. Feminist researchers should report and discuss attempts at establishing credibility.

Rapport. Rapport between the researcher and the participant is important in feminist research. Rather than the objective detachment desired of researchers doing empiricist studies, a value is placed on engagement with the persons and processes to be understood. A relationship of trust and openness builds confidence that the research is an accurate representation of the women's experiences. Ways to evaluate rapport include the depth and specificity of information shared, verbal and nonverbal responses, time commitment, and willingness to recruit other participants.

Coherence. Research is coherent if the conclusions are well-founded and consistent with the raw data. Is the whole consistent with the parts? Do the findings make sense in light of a broader understanding of social, economic, and political realities?

Complexity. Adequacy includes the attempt to articulate the full complexity of women's experience and the rejection of "focus on standardization, prediction and control of human behavior in favor of concerns for contextuality, exceptions, and indeterminants" (p. 23).

Consensus. Consensus is another indicator of adequacy in feminist research. The more the researcher is able to confirm women's expressive meanings by recurring themes, the greater the accuracy of the data. This, however, should not circumvent diversity sampling or the plurality of women's experiences. Inconsistency does not invalidate the women's perceptions, but instead "illustrates the variety of women's thoughts, actions, and feelings and the entanglement of ideologic, structural, and interpersonal constraints that impinge on them" (p. 24).

Relevance. Relevance is another criterion that is used in feminist research. The appropriateness and significance of research is judged by whether the questions address women's concerns and by whether the answers can serve women's interests and improve conditions in women's lives. Research becomes an integral part of women's struggles.

Honesty and mutuality. Deception in feminist research is viewed as unethical and as obstructing the dependability of research. Women need not be approached as though they are "liars" who need to be tricked into telling the truth. Rather, there should be honesty and mutuality such as one would develop in peer relationships. Researchers need to be cognizant of and attempt to prevent the power imbalance that frequently occurs between the researcher and the participant in research projects.

Naming. Naming is a power that women have not been permitted. It is important in a study based on feminist principles that the active voices of women participants are heard in the research account. Naming defines the value of that which is named by the emphasis of selecting it. Naming also denies reality to that

which is never named, a phenomenon common among women's experiences. Gilligan (1982) provided an example of naming in her research about women's moral development. She asked readers not to prejudge women by forcing their responses into categories that have been male defined, but rather to listen instead to what the women say about their lives in terms chosen by the women, in their "different voice."

Relationality. Finally, relationality is vital to feminist research. It is the collaborative working methods and the communal modes of inquiry that are participatory, non-hierarchical, and oriented toward social action.

The adequacy framework presented by Hall and Stevens (1991) is important because of the history of oppression, invisibility, and objectification of women. Women's lives and stories need to be made visible. Evaluation of the stories of women needs to be relevant, just, and complete in order to end the oppression. Seeking adequacy in research allows for the multiple realities of women and encourages research to be historical, contextual, and relational, all important assumptions of feminist research.

Discussion and Conclusion

Literature relevant to homelessness in general within the United States and specifically to homeless women was reviewed. In addition, literature pertaining to childhood abuse was reviewed to determine the relationships between homeless women's experiences and previous childhood abuse. Finally, feminist literature was reviewed to demonstrate the appropriateness of using feminist theory and research in studies such as this that involve in-depth interviewing into the perceptions of women.

Most significant in the literature relating to homelessness in general is the knowledge that the homeless are an extremely heterogeneous population, consisting of many subgroups (e.g., women without children, women with children, women with mental illness, etc.). This heterogeneity of both the homeless population and the causes cited for the homeless episodes, indicates that there is a need for in-depth understandings into the personal aspects of homelessness. Most of the studies cited have involved semi-structured interview guides, psychological profiles, demographic profiles, and the use of various other data collection tools. Studies that provide an understanding of the "face of homelessness" among women have been minimal.

The majority of literature available regarding homelessness is either about men or attempts to contrast men and women. Only recently has there been research that has focused on homeless women exclusively. A recent study by Francis (1992) is a beginning into the understanding of homeless mothers' experiences. Francis (1992) used Glaser and Strauss' grounded theory method to elicit themes from the recorded transcripts of the mothers' stories. She asked the women to "tell their stories and to describe their home-seeking experiences, including who or what helped and hindered them in the process" (p. 112). Her study pointed to external factors that contribute to the perpetuation of family homelessness. For example, an act of personal violence may have led to an initial episode of homelessness for a woman and her family, but it was poverty that prevented them from being able to pay rent for an apartment or house separate from their abuser.

Research has demonstrated that there are differences between men, women

with children, and women without children (Burt & Cohen, 1989). Further research would help to clarify and confirm those differences if, in fact, they exist. Finkelhor, Hoteling, and Yllo (1988), family violence researchers, discussed the importance of studying special populations of women, such as the homeless, to add to the body of knowledge of the effects of abuse and the connection, if any, of abuse to homelessness. Individual and structural determinants of homelessness were examined. Further research is necessary in both areas to help in the determination of causes and cures for homelessness, leading to policies and interventions for the prevention of homelessness.

Studies that used focus groups were not found in the literature reviewed. Focus groups are particularly appropriate and useful for populations that are needing affirmation and empowerment. Morgan (1988) asserted that an advantage of group interviewing is that the participants' interactions with each other become the primary force of the interview. The researcher is not the main focus, and therefore, the emphasis becomes the participants' viewpoints and not the researchers. This method is congruent with feminist research in that they both seek to place the control and power of the research with the participants.

Finally, feminist theory and research provide the framework for this study. Women who have been oppressed and marginalized by our patriarchal society have generally been blamed for their oppressed situations, including battered and raped women, prostitutes, unemployed and underemployed women, single mothers, poor women, and homeless women. A feminist perspective requires the researcher and

reader to examine power relations between women and men (Bogard, 1984; Saunders, 1988).

Sherwin (1987) provided a useful definition of feminism:

> Feminism is a movement to free women from all aspects of oppression, whatever form it takes: sexism, racism, poverty, national exploitation, disability, age discrimination, or a combination of forces. (p. 293)

Feminist research should work toward the elimination of the oppression of women, thus leading to Thompson's (1992) vision of non-oppressive families. Harding's (1987) criteria for doing feminist research, as stated earlier, assist the researcher in conducting research that meets the assumptions of feminist theory outlined in this chapter. The use of a feminist framework in the analysis of research related to homeless women is noticeably missing from the literature. Use of a feminist framework in the data gathering and qualitative analysis of these study data should be helpful in exposing oppression both within families and within the society that has created the family structure.

CHAPTER III

METHODS

Overview of Method

This is a descriptive, qualitative study of women who are, or who have been, homeless, with a focus on their families of origin. Descriptive research is particularly relevant in qualitative studies where little is known about a group of people or about a social phenomenon (LoBiondo-Wood & Haber, 1990; Marshall & Rossman, 1989; Polit & Hungler, 1989). Qualitative research results in narrative descriptions that represent an effort to organize and present an accurate "picture" of what the researcher has learned by going to the people and listening to their descriptions and the stories of their own lives.

Leininger (1985) contended that qualitative research identifies the:

> qualitative features, characteristics, or attributes that make the phenomenon what it is . . . the goal of qualitative research is to document and interpret as fully as possible the totality of whatever is being studied in particular contexts from the people's viewpoint or frame of reference. (p. 5)

The women in this study were asked about their families of origin during their childhood and teenage years. Though not the primary purpose of the study, the women were also asked why they believed they were homeless. This question was probed to determine if the women themselves saw any relationship between their experiences within their families of origin and the fact that they had experienced

homelessness.

The methodology used for this study about women's perceptions of their families of origin consisted of intensive interviewing using a feminist research approach. The memories women have about their experiences with the family(ies) in which they grew up were examined retrospectively. The family of origin consisted of biological parents/siblings, step parents/siblings, grandparents, adopted families, or foster homes--the families with which the woman spent significant portions of her childhood and teenage years.

Intensive interviewing is especially well-suited when doing a retrospective study, a study that relies on the recall of an individual's memories, because the setting described no longer exists. A researcher cannot recreate a participant's family of origin. A retrospective study such as this is also considered naturalistic. Circumstances are not determined by the investigator and informants report memories of events as they naturally occurred.

Intensive interviewing, also called in-depth qualitative interviewing, provides for repeated face-to-face interviews between the researcher and the participant (Lofland & Lofland, 1984; Taylor & Bogdan, 1984). The researcher-informant interactions are directed toward understanding the participants' perspectives on their lives, experiences, or situations, as expressed in their own words; this is consistent with feminist research. Often the interview guide is structured to learn more about the phenomenon that has been noted clinically and/or through prior studies or pilot interviews. Frequently the researcher is aware of particular aspects of a phenomenon,

however intensive interviewing allows the participant to provide additional perspectives on the phenomenon of interest. The research "unfolds as the participant views it, not as the researcher views it" (Marshall & Rossman, 1989, p. 82).

For interview guide development, this study was structured to examine each family's history and the composition of the family over time. Important factors were (a) where the family lived, (b) who within the family structure was particularly important to the participant as she grew up, (c) communication and power within the family, (d) the participant's perception of why she became homeless, and (e) what being homeless has meant to her. These areas were found to elicit potentially useful descriptive information in a previous pilot study with homeless women (Anderson, 1990).

After the completion of the individual interviews, a focus group interview was conducted with the women participants of the support group that had served as the recruitment source for the participants of this study. The focus group technique is a tool for studying ideas in group context (Morgan, 1988). Focus groups are useful for getting participants' interpretations of results from earlier studies. However, the focus group is not a substitute for individual interviewing (Morgan, 1988).

In this study, the focus group was used to generate additional information and provide a forum whereby the women participants could vocalize their experiences with other women who have had similar experiences. This vocalization has been found to enhance empowerment for women as they find unity in their shared experiences (Baber & Allen, 1992).

Use of a feminist approach to interviewing is important in addressing issues of concern to the women participants. A feminist approach to research assumes that the women participating are co-researchers in the process (Diekelmann, 1991). Harding (1987), discussed the criteria by which research is evaluated for a feminist approach. These criteria include: (a) the use of women's experiences to adequately test research problems; (b) insuring that the research is for women; and (c) the researcher, as much as is possible, placing herself/himself in the same class, race, culture, and gender-sensitive plane as the participants.

Method and Structure of Analytic Approach to Data

Data were analyzed in two ways. Lofland and Lofland's (1984) conceptualization of units of social settings was used as the basis for analysis of the qualitative data. This strategy was chosen to allow for intense scrutiny of the data. In addition, genograms were developed from each individual woman's story to help develop a better understanding of each woman, both as a child and as an adult.

Social Units

While Lofland and Lofland stated that there is no definitive list of social units, five of the units suggested by Lofland and Lofland as basic were especially useful to this study: meanings, practices, episodes, roles, and relationships. A sixth social unit, encounter, was also examined, but was determined to be not relevant to this study. Although not designed as a feminist method for research, Lofland and Lofland's social units are appropriate for feminist analysis. The units selected for this

study (a) encourage the female naming of meanings, (b) allow for the reflection of life experiences, and (c) influence the interpretation of those experiences, including the roles and relationships within the family unit and society at large, particularly among men and women.

Social units, as suggested by Lofland and Lofland, are arranged from microscopic to macroscopic in terms of duration (i.e., the length of a relationship or episode) and human population (i.e., the number of people involved from two, in an intimate relationship, to millions, as members of a society). The researcher generally moves from one social unit to the next, with each social unit containing previously discussed units, rather than being separate entities (Lofland and Lofland, 1984).

Meanings. The most basic unit is meanings. Meanings are also referred to by social analysts as "culture, norms, understandings, social reality, definitions of the situation, typification, ideology, beliefs, world view, perspective, or stereotypes" (Lofland & Lofland, 1984, p. 71). Meanings are the foundation for all other social units.

Practices. Lofland and Lofland described practices as the next level of social units. Practices are recurrent talk or action that is observable to the researcher, but are not remarkable to participants; they are normal everyday occurrences without particular notice to the participants. Practices are assigned meaning by the researcher.

Episodes. Episodes were defined by Lofland and Lofland (1984) as "remarkable and dramatic to the participants, and therefore to the analyst as well"

(p. 76). Being homeless or a particular event that may have precipitated homelessness would be considered episodes.

Roles. Roles are both ascribed and formal as well as informal and social. Roles are used to organize one's own activity and to make sense of other people's activity. People may play several roles during the day or during their lifetime.

Relationships. The last social unit described by Lofland and Lofland (1984) that seemed relevant to this research was relationships. Relationships involve regular interaction of two parties over an extended period of time, during which they see themselves as connected to one another.

Genograms

Ross and Cobb (1990) discuss the use of genograms within family nursing situations. Genograms provide a historical perspective of a present family situation, which is helpful in interpreting present behaviors of an individual in the context of their past. The information is presented visually using symbols and lines to depict family members and their connection(s) with each other. This visualization is useful in determining how family members relate to one another, currently. With this understanding it may then be possible to ascertain how these relationships might be improved. Each woman's family of origin was depicted showing past and present relationships between the woman and other family members.

Interview Method

Intensive interviewing is an emergent process. Pursuit of specific content during the interview is decided upon by the participant and the interviewer as the

interview proceeds. Subsequent interviews are then shaped to some extent by the emergent findings from analysis of the content of the earlier interviews. There is a certain amount of flexibility that allows the participant to introduce new aspects of the topics that have been structured into the interview guide a priori by the researcher as being of central interest. Although the intensive interview is structured to investigate several particular foci, the questions are broad and open ended to allow the participants to give narratives or accounts in their own terms (Lofland & Lofland, 1984).

Procedures

Recruitment

The initial participants for this study were selected through a local urban cafe that serves meals and provides referral and support services to a primarily homeless and poor population of women and their children. The investigator approached the director of the cafe with information about the research project. The director provided this information to a women's support group that regularly meets at the cafe and asked the women if they would be interested in participating in the study. The women responded enthusiastically to the research and asked for the investigator to attend their support group to provide more information and answer their questions. At the support group meeting the researcher explained the proposal; provided an overview of the purpose of this research project and of feminist research in general; and answered questions from the potential participants.

Setting

The interviews took place at a location and time selected by the participants. Arrangements were made to meet women at their apartments, single room occupancy (SRO) hotels, in restaurants, or at some location "on the street."

The support group at the small cafe was an ideal setting for obtaining participants. It provided a setting for the women to continue to dialogue about their families of origin and about themselves in a safe, non-judgmental environment after the interviewing process with the researcher had ended. It was a location where the researcher was able to locate women for follow-up interviews and to recruit additional participants. Finally, the group provided a forum in which the researcher could bring the research findings back to the women for confirmation and education. It was important to follow up and show a concern for the women's lives. Valuing the stories told by the women interviewed and respect for the stories are important aspects of feminist research.

Sample

The 12 individual interview participants for this study were a convenience sample of women aged 18 or older and who were or had been homeless. Homeless women are an extremely heterogeneous population. Because the difference in the population is so marked, participants in this study were limited to those who had taken some step toward moving away from life on the streets. Women experiencing a crisis, such as homelessness, and who participated in a support group or counseling, had resources available to them that were not available to women without a support

system.

A second reason to use only women who had a support source available to them was the possible emotional distress that could occur as the participant recalled incidents and people of her childhood. It was important that the participants have available a source of continuing support to where they might explore these past relationships.

In addition to the nine women from the women's support group at the cafe, the technique of "snowballing" was used to obtain three additional participants. With snowballing, the participants introduced the researcher to other women who, like themselves, had been homeless and were seeking ways to change that situation.

The sample for the first focus group interview included six of the original individual participants and six additional women, for a total of 12 women at the session. The participants for the second focus group consisted of four women from the first focus group and two new participants. Two women in this group of six were individual participants as well. The total number of women involved in the study was 20.

Data Collection Procedures

Individual Interviews

Consistent with the method, one to three interviews were conducted with each woman, when possible. As the interviews and data analysis progressed, additional interviews were negotiated with the participant if felt necessary for understanding, trustworthiness, and adequacy of the research endeavor.

All interviews were tape-recorded. An interview guide (see Appendix B) with probes was used to ensure that key topics were explored with each of the participants. The interview guide was structured to probe what was already known and to add new areas which the researcher and the women wanted to explore further. In addition to the open-ended questions, probes were useful in encouraging the participant to describe experiences in detail. Probes help stimulate a person's memory (Lofland & Lofland, 1984).

The interview guide had been revised since the pilot study with several homeless women (see Appendix B). After several interviews, two more questions were added relating to the woman's perception about the cause of her homelessness and what being homeless meant to her. Adding these questions was done in response to recommendations of doctoral student participants in a qualitative research seminar at the School of Nursing, Oregon Health Sciences University.

Twelve women participated in individual interviews that took place over a one and one-half year period of time. The 12 individual women were all given flower names to help maintain their identities and to prevent them from becoming mere numbers. The women were interviewed one to three times each.

The 12 women ranged in age from 21 years old to 56 years of age. The number of people in their family of origin ranged from two to seven, with a variety of change in the numbers within the families themselves at various stages of their development (e.g., divorce, step-families, death). Seven of the women were part of step-families, while five of the women lived with their biological parents. Three of

the women were either in school or currently employed outside the home, the remaining nine women were unemployed or were full-time homemakers. The educational level was quite varied, three women held college degrees, one a master's degree; four women had college experience; two women were high school graduates; two women had obtained their General Equivalency Diploma; and only one woman had not completed high school, having dropped out after the ninth grade. Two women were living with husbands, two were living with men who were not their husbands, and the remaining eight either had never married or were divorced from their husbands. The women had had from zero to eight children. Of the 10 women who had children, seven had had their children removed by children's protection services for a variety of reasons. One woman described her ethnicity as Hispanic, the remaining were Caucasian with varying heritages.

In order to have time to reflect on the initial interview and to clarify answers that were originally given, up to two follow-up interviews were conducted, when possible, with each of the participants. The interviews took approximately 45-90 minutes. The follow-up interviews were important for those women who had recalled events too deeply meaningful and too emotionally-laden to address in one session. The follow-up interviews helped to add closure to the interviews that might not otherwise be obtained. The interviews were tape recorded and transcribed. The tape recordings and transcriptions were kept in a locked file. Tape recordings were destroyed at the end of the study. Computer access was limited to the researcher and the transcriber.

Focus Group Interviews

The director of the cafe was approached to determine the feasibility of a focus group interview with the women in the support group. The purposes of the group interview were to (a) share and validate findings from the individual interviews, (b) obtain new perspectives of families of origin within a group setting, and (c) affirm the women's perspectives of their families of origin. The director took my purposes to the support group and received approval from the women present for the focus group interview to take place at the following week's session.

Twelve women were present for the first focus group interview, six of the participants had participated in the individual interviews. Those six women helped me establish group rapport and acceptance of me and the study. The women ranged in age from early twenties to late fifties. The education of the women present ranged from receiving their GED to one woman with a master's degree. There were six women present at the second focus group interview. Of these women, four had attended the first focus group interview and two were new participants.

The two issues that dominated the discussion were: (a) "Connection" and the importance of having a sense of connectedness, and (b) societal issues surrounding homelessness and the need to avoid blaming the families of origin of the women or the women themselves for their homelessness. These interviews were also tape recorded. The protection of the tapes were the same as for the individual interviews.

Protection of Human Subjects

Approval for this study was received from the Oregon Health Sciences

University, Committee on Human Research (Appendix C). In addition, permission was sought from the cafe management before the study was initiated. Each participant provided informed consent (Appendix A) and was assured of confidentiality. Each participant was also assured that she could withdraw from the study at any time without any repercussion whatsoever. Participants were advised that the researcher would be required by law to report suspected or actual child or elder abuse or neglect.

Though there were no known risks, mental distress may have occurred because of the topic, family of origin. If necessary, participants were referred to appropriate agencies or services within the community. Women's Crisis Line and The Oregon Coalition Against Sexual and Domestic Violence were two appropriate referral options, both of which agreed to accept referrals. While there were no referrals made to these resources, one referral was made to a participant's case manager at the end of the initial interview.

CHAPTER IV

ANALYSIS AND RESULTS

Introduction

A portion of the results of this study was the identification and description of the women who had been homeless. Each woman will be described as the woman they are today along with information about their families of origin. This information will provide the reader with background information that will be useful as the reader proceeds on to the analysis of data using Lofland and Lofland's social units of analysis.

Each woman's relationship within her family of origin has been depicted using a genogram based on Ross and Cobb (1990). Jagged lines represent conflicted relationships, slashes indicate broken relationships, words provide glimpses into the family, and bold lines represent strong, positive relationships with particular family members. Where some of these relationships changed over time, (e.g., from childhood to the present time), the former and revised relationship lines will be designated "as child" and "as adult," respectively. Those without this developmental stage designation are depictions of the relationships in the woman's family of origin when she was a child.

Azalea: After Parents' Deaths Everything Was Different

Azalea is a 40 year old woman of Hispanic origin (see Figure 1). She has been married to her current husband for 15 years. She was in three abusive relationships before meeting her current husband. She had a total of eight children

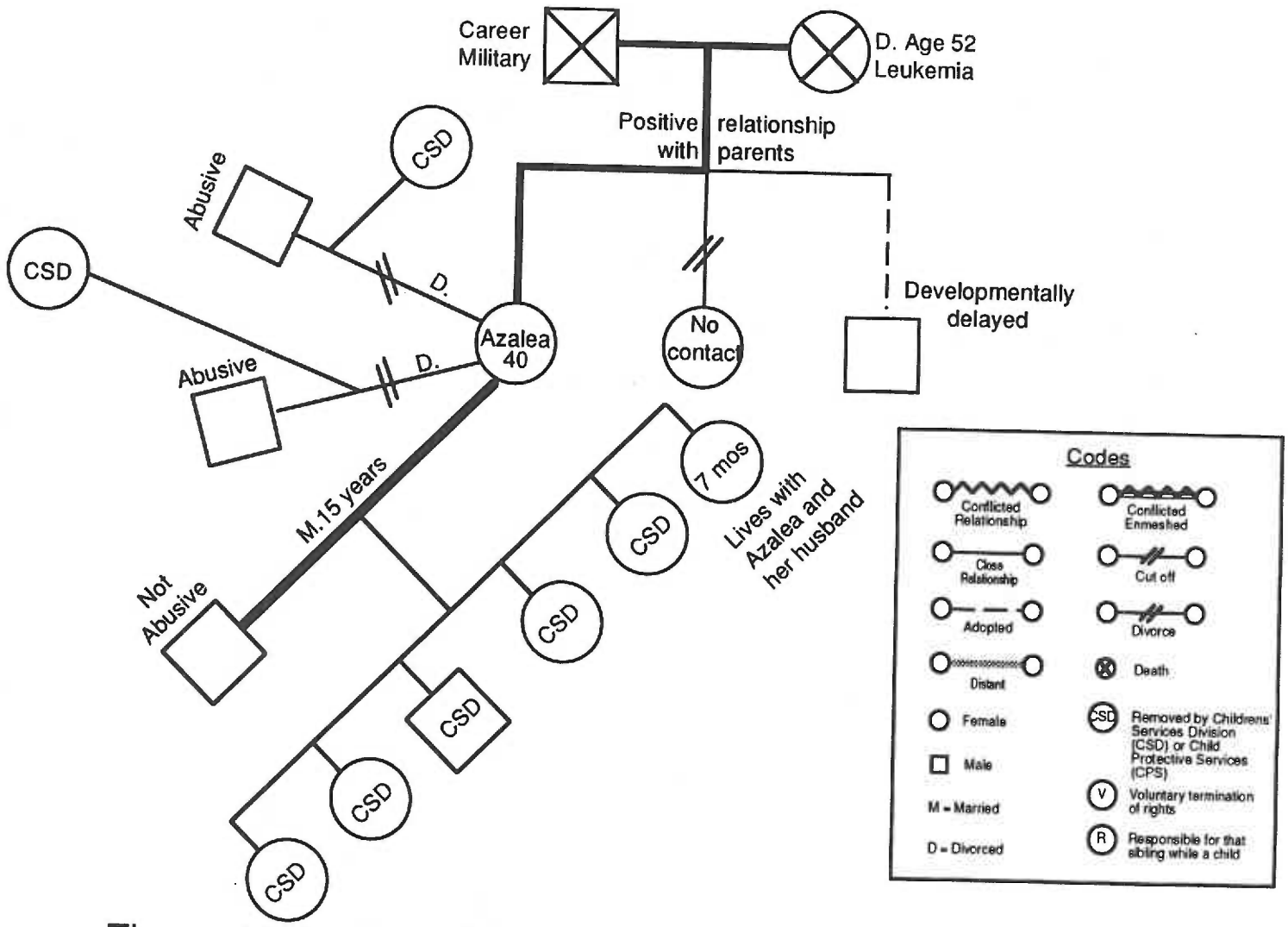

Figure 1. Azalea: After Parents' Deaths Everything was Different

(seven girls and one boy), two or three were from previous relationships and five or six were from this marriage. Seven had been legally removed from her custody. Azalea's eighth child was seven months old at the time of the interview. She and her husband have custody of this baby. Azalea graduated from high school and attended college. She had recently completed a training course that she hoped would help her find employment. My interview with Azalea took place in their apartment in a low-income subsidized apartment complex.

Azalea is tired of her life spiraling downward and envisions "climbing out of the bottom." She said, "It seems like I'm slowly going up, but not fast enough. Even a $15,000 dump home looks great to me, but, I don't know, I'm slowly getting there." She dreams of being able to live in a home like the one she and her husband had previously owned, instead of their current apartment. Azalea mourns the loss of her seven children who were removed by children's protection services in another state and vows to do all she can do to be a good mother to the baby daughter of whom she has custody.

Azalea's family of origin included her mother, father, one younger sister and one younger brother. The family moved frequently due to her father's military career. Azalea said that her parents never yelled at or abused the children or each other. She reported always looking for a guy like her father, "hardworking and easygoing," but never found him. Azalea's mother died of leukemia when she was 52 and Azalea was 29. Azalea's father died six months later. Eight months later, her only two cousins died in a car wreck. Azalea blames her parent's deaths for many of

the problems and changes that she went through after that.

Azalea has had minimal contact with her brother and virtually no contact with her sister. Contact with her sister ended when her sister refused to help Azalea with her kids. As a result, Azalea lost custody of her daughter, soon lost her housing and experienced financial ruin. She and her husband became homeless. Azalea emphasized that her parents would have helped her and her husband if they had still been living, whereas her husband's family would not. She said that she and her husband are slowly getting their life back together.

Begonia: "My Family Was A Pack Of Wolves"

Begonia is a 45 year old Caucasian woman who I interviewed on the steps of the Post Office downtown (see Figure 2). Begonia is currently single. She was married once, however the marriage was annulled by her father. Begonia is currently involved with a man with whom she once lived, and who was physically abusive when they were living together. She remembers the abuse and is trying to not allow him to move back in with her. Begonia had five children of her own; two daughters and three sons. They range in age from two years old to approximately 18 years old. Her first child was placed in an adoptive home voluntarily. The other four were removed by the state. Begonia had trouble remembering the ages of her children, as well as her own age. Begonia graduated from a west coast college in 1967, receiving her bachelor of arts degree. She described herself as being just as "broke" (financially) now as if she had never attended college, saying the degree was not helpful.

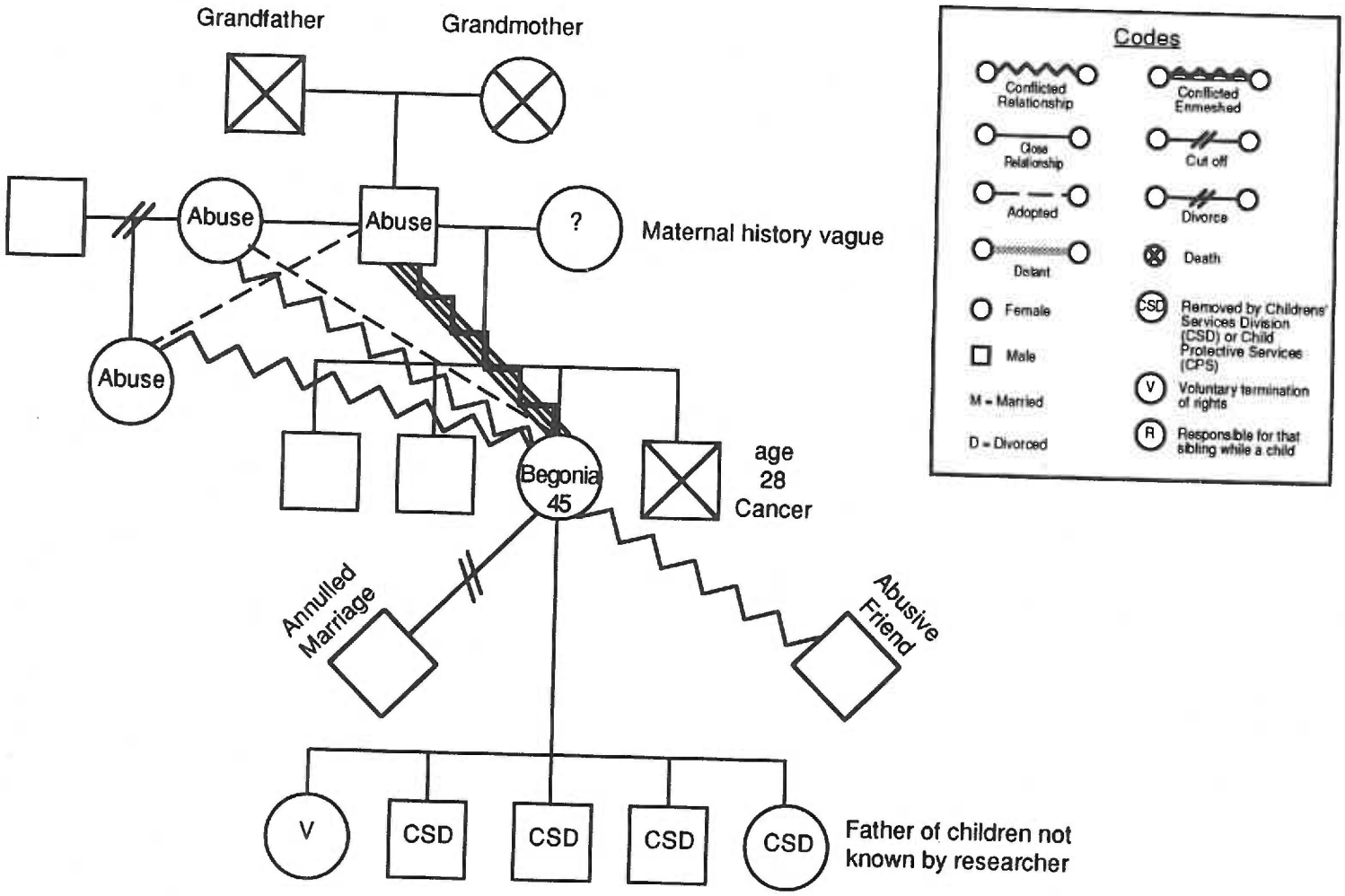

Figure 2. Begonia: "My Family Was A Pack of Wolves"

Though she was living in a single room occupancy hotel in downtown, she did not want to be interviewed in her room, preferring to be outside.

Begonia believes that her room off the street is the best she can do. She describes her life:

> I am being avenged because nothing has happened to me but despair all my life. It hasn't done me any good to live. It doesn't do any good to have a body, it hasn't been any good and I guess that's how God intended it. My life has been completely burned up, incinerated, it's gone.

Begonia has moved from place to place, was homeless, and lived near the Greyhound Station for about two months before moving into a women's shelter. During that time she was pregnant. She talked about how difficult it was to be both homeless and pregnant. Begonia's family of origin consisted of her father, adoptive mother, adoptive sister, and three brothers. She described her family as a pack of wolves, who had devoured her and her life. Although she considers her father, adoptive mother, and adopted sister to be very evil, she does not consider her brothers to be evil. One brother died in 1982 or 1983 from "the cure for his cancer." She visited him and another brother in Florida before the brother died. She did not discuss current contact with her family members.

Carnation: Childhood Too Hurtful To Talk About

Carnation is a 49 year old Caucasian woman (see Figure 3). She is divorced from the father of her adult children, and is currently living in a partnered

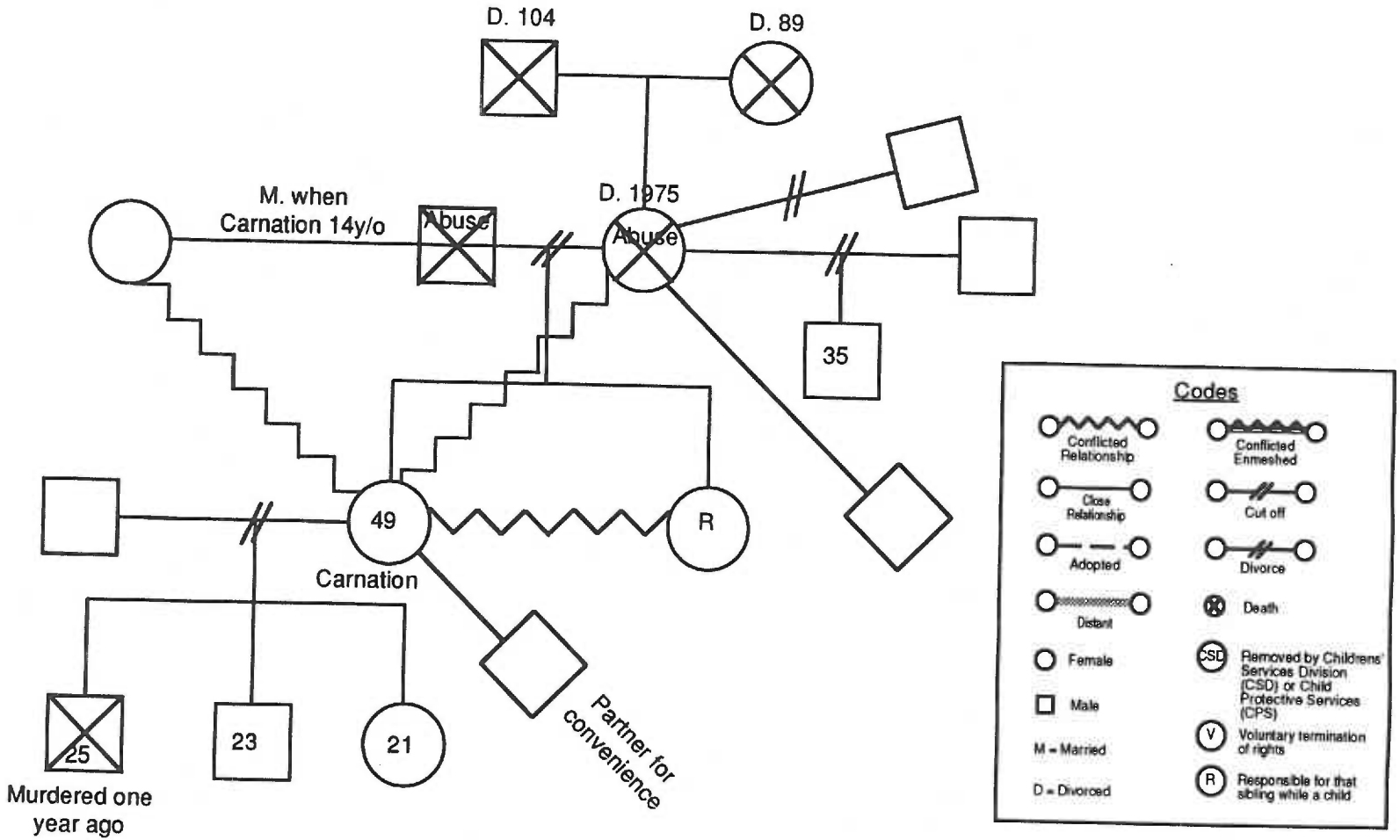

Figure 3. Carnation: Childhood Too Hurtful to Talk About

relationship with a man whom she barely knew when they began living together two years ago. Carnation had three children, two of whom are still living. One son was murdered by a drunk driver last year. She states that it is because of his death that she is no longer living in a local shelter. The insurance settlement from her son's work policy and the driver's insurance policy provided her with enough money to buy a mobile home and to furnish it. Carnation's other two children, a son and a daughter, are in their early twenties. She attributed her homelessness to depression that set in after her children left home. She had dedicated her life to her children and became depressed and unable to work after they left. She was unable to pay her rent, lost her housing, and had to live in a downtown shelter. Carnation is a high school graduate. She lives in her small mobile home in an industrialized suburban area. She is currently unemployed, with an employment history that has consisted of both unskilled and semi-skilled positions.

Carnation's family of origin consisted of a variety of people who moved in and out of her life. Included were her mother, father, maternal grandparents, other relatives and friends, and her younger sister.

When the interview first began, Carnation said she preferred not to talk about her childhood and family because it was too depressing for her. She began by talking about the more pleasant memories of her grandparents; however, she was soon talking about her family of origin and the issues that she had at first indicated were too painful to discuss. She was passed from one family to another as a child, living in a total of seven different families. Her grandmother tried to adopt her, but her father,

who was in the Navy, interfered with the adoption. Her father was gone as a result of his military assignments and her mother was "always pawning her off on neighbors and relatives."

Carnation said that her mother never told her she loved her nor did she show any love toward her. She said that her parents both adored her sister who was three years younger than Carnation. Her parents are now both deceased. Carnation expressed regret over the fact that she was never able to get her mother to tell her that she loved her.

Cosmos: Stepmother Would Pit One Against the Other

Cosmos is a 54 year old Caucasian woman, who has never been married (see Figure 4). She has two adult children; a daughter, 32, and a son, 30. Cosmos has a master's degree in art therapy and is currently self-employed in alternative healing methods. The interview with Cosmos took place in her home which she had recently purchased. It was located in a low income area of the city. She had two boarders to help defray costs of the house. It is very important to her to own her own house, rather than live with someone else. A major concern of hers is making ends meet financially, which she does by being a landlady, at the risk of "selling out" and "becoming a capitalist."

Cosmos' family of origin consisted of her mother, her father and her younger sister until Cosmos was three years old. When Cosmos was three and her sister was one and one-half, their father placed their mother in a mental institution and kidnapped the girls. They then moved out of the country. Though Cosmos never

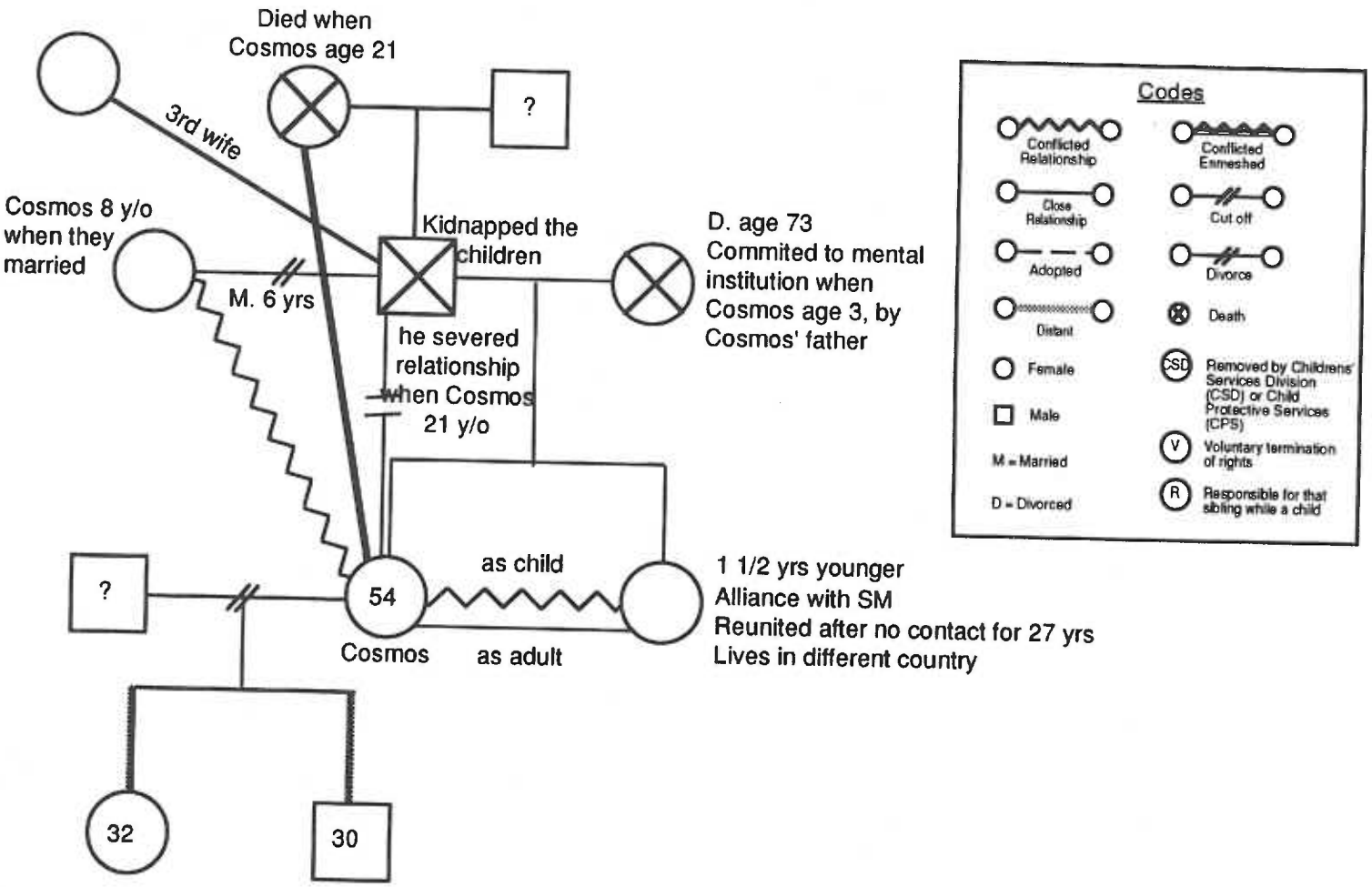

Figure 4. Cosmos: Stepmother Would Pit One Against the Other

saw her mother again, she learned that her mother had died at the age of 73, approximately ten years ago. Her paternal grandmother lived with them until Cosmos was eight years old. When Cosmos was eight, her father married her stepmother and Cosmos' grandmother returned to the United States. Her father remained married to the stepmother for six years.

Cosmos and her sister developed an adversarial relationship due to their stepmother's efforts to divide them; this stepmother favored the younger sister and talked negatively about Cosmos to the sister. Cosmos' sister married at the age of 19 and moved with her husband to a different country. They did not see each other for 27 years until Cosmos went to that country a few years ago. She said they had a good reunion, and that, although they were adversaries during childhood, they both had grown up and "the bonds are always there." She has seen her sister one other time since their initial reunion. The last contact Cosmos mentioned having with her father was when she was about 21 years old, at her grandmother's funeral. Cosmos was very emphatic that it was her father who severed connections with her, and believes that his new wife (her second stepmother) influenced him to sever his relationship with Cosmos.

Cosmos became homeless when she realized she had a disease for which there was assumed to be no cure. During the time that she was homeless she traveled and learned about alternative healing methods, in an attempt to find a cure for her disease. During this period, she left her 17 year old son with friends. Her daughter had already left home. She did not comment on the relationship she currently has with

her son and daughter, but acknowledged that she felt as though she had abandoned her son.

Gladioli: I Was A Happy Kid . . . But, I Had A Really Horrible, Horrible Childhood

Gladioli is a 45 year old Caucasian woman (see Figure 5). Though she is divorced from the father of her children, her 17 year old daughter and her 16 year old son live with her. She has a woman companion who lives with them part-time. Gladioli has a bachelor's degree in music education and is currently applying for graduate education. The family lives in a rent-subsidized house.

Gladioli lived in a family of origin that she described as, "several families forming at different times." Her first family of origin consisted of her mother and father and several older half-siblings. Her parents divorced when she was one year old. Her mother married at least two more times after the divorce from Gladioli's father. Gladioli had two older half-sisters, two older half-brothers and her younger half- sister. The children all had the same mother, but different fathers. Her mother was married six times. Her oldest sister is 15 years older than Gladioli and her younger sister is nearly six years younger. "So it was a different amount of people at different times."

Gladioli's father died when she was twelve years old. This was a significant loss in her life, as she felt connected with her father, even though her parents were divorced. Gladioli was sexually abused by her stepfather and by two brothers-in-law. She believed that if her sexual abuse had originated from her father or other blood relatives, she would have turned out differently, but since her abuse was from

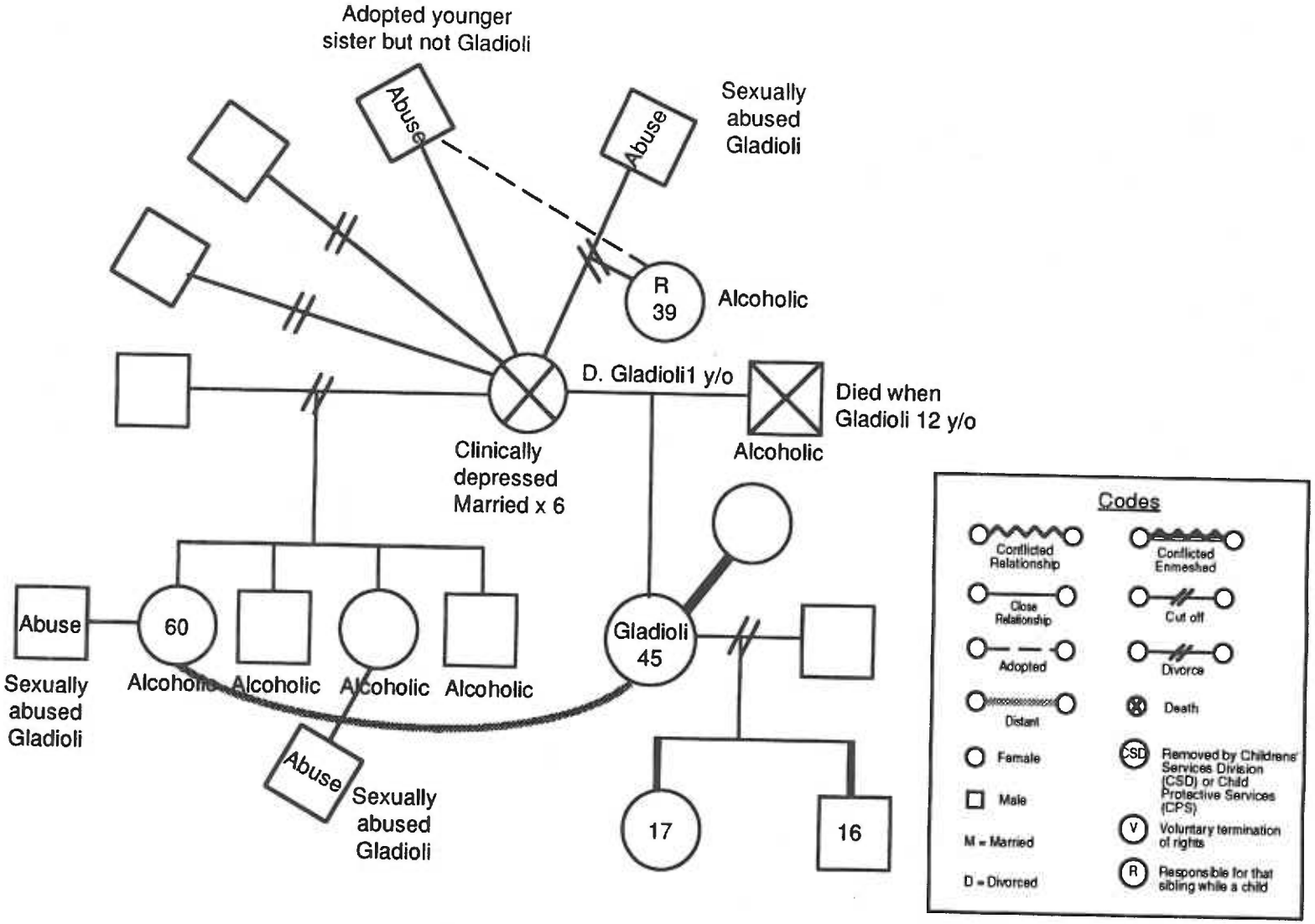

Figure 5. Gladioli: "I Was a Happy Kid... but, I Had a Really Horrible, Horrible Childhood"

non-relatives, she could rationalize away the significance of the abuse in her life. However, Gladioli's level of trust was "zero" at this point of her life. She believed that her childhood set a pattern of mistrust that has continued through to adulthood.

Gladioli reported that all of her sisters and brothers are alcoholics. At a recent family reunion, Gladioli was finally able to tell her oldest half-sister about the abuse, physically, sexually and emotionally, that she endured as a child and adolescent. Her sister reaffirmed her stories saying, "Mom was cruel to all of us, but she was cruelest to you." Gladioli said the siblings had previously tried to look only at their mother's good side and had refused to admit the darker side of her nature, wanting to believe instead that Gladioli was a delinquent child rather than their mother an abuser.

Gladioli talked about the victim role she has frequently played. She asked rhetorically, "How do I keep letting things happen to me without looking at the potential consequences?" Gladioli has had two years of therapy. Although she felt the therapy was very helpful, she has been unable to continue because of the expense.

Iris: Broke the Family Silence

Iris is a 28 year old Caucasian woman (see Figure 6). She is divorced from an abusive husband, the father of her son. She has a daughter in addition to her son. Her daughter was conceived when Iris was raped several years ago and Iris eventually placed her for adoption because of abuse issues. She is in regular contact with the adoptive family. At our first interview Iris' four year old son was in the home. By the third interview, one year after the first, Iris had relinquished custody of her son also. She recently received her bachelor's degree in Sociology and desires to go to

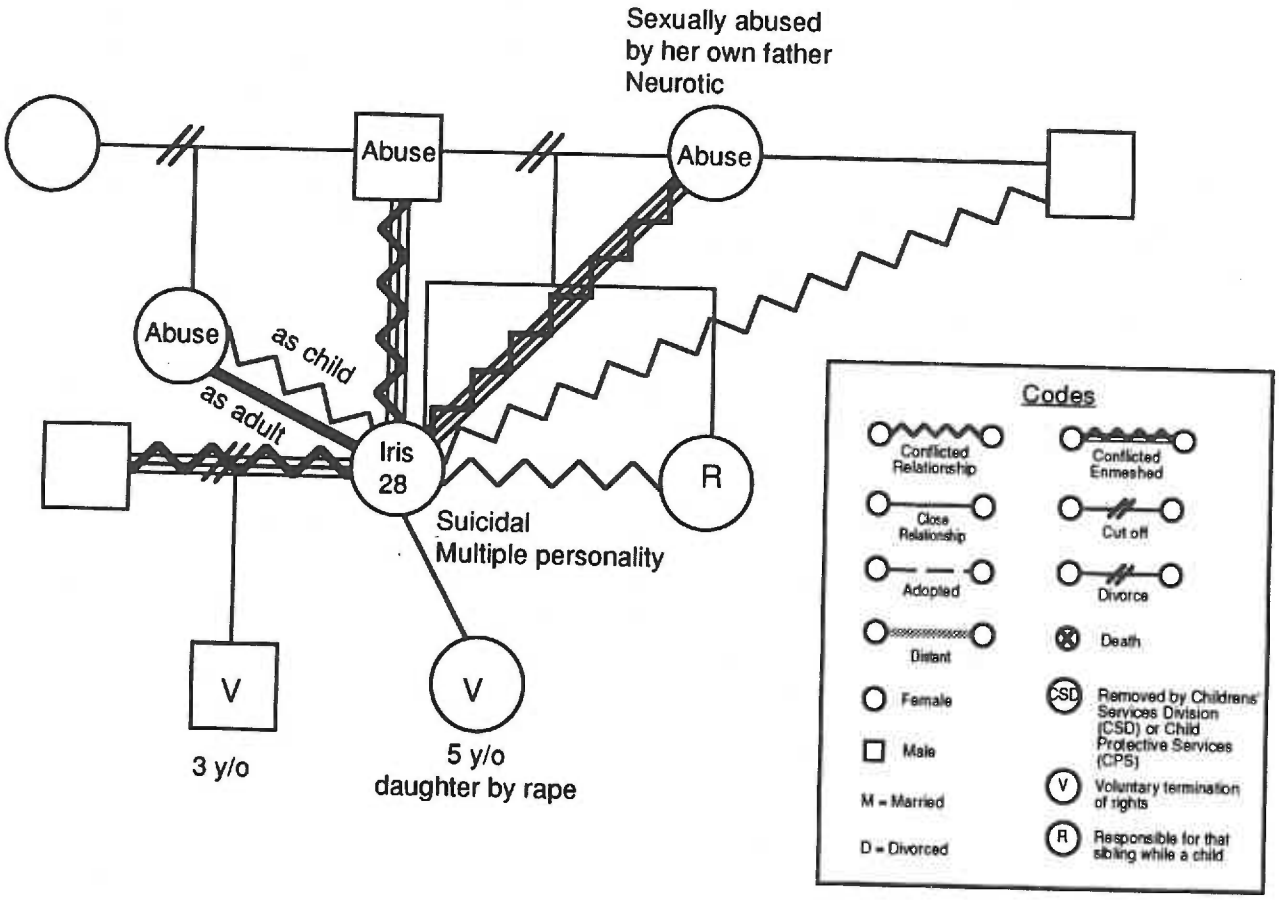

Figure 6. Iris: Broke the Family Silence

graduate school one day. The first and second interviews with Iris took place in her apartment. It was a safe housing complex for women and their children who are at risk for homelessness due to abuse issues. After relinquishing custody of her son, she was no longer eligible for that housing. She moved to a single room occupancy building in an industrialized section of the city. This was a subsidized safe housing for women without children, "whose life is in a mess," in the words of Iris.

Her family of origin consisted of her biological parents, a younger sister and herself until Iris reached the age of 14. She also had an older half-sister, from her father's previous marriage, who moved in and out of the home when Iris was young. Iris' parents separated and divorced when she was 14 years old. Her mother remarried, but her father remains unmarried.

While growing up, Iris lived with her family in the same house for 19 or 20 years. Her father was an alcoholic and an "incest offender." Her mother was described as "pretty neurotic or psychotic, it's pretty borderline, I don't know which." She described herself as, "definitely the scapegoat all the way around. They really did good at making me feel crazy and totally abnormal most of the time. No perceptions I had were ever allowed to be correct." Her sisters and mother joined forces against her, partially because she was her father's favorite. In actuality, he was molesting her. He molested her from infancy until she was 15 years old. Iris did not recognize the abuse until two years ago, however, having disassociated herself from it. There was also satanic abuse involved, however Iris is not sure of all the details. She is a multiple personality and continues to be involved in very intense therapy.

Both of Iris' parents were physically abusive to her. They were clever in their cover-up, however, and the abuse was such that it would not be detected by Children's Services Division (CSD). For example, "she would pull my hair until my head would ache for days. But CSD can't see that, you know, she didn't yank a patch out. So, they got away with everything."

Iris' older half-sister, in her forties, is now supportive to Iris and a confidante for her. Iris remembers this sister as being abusive to Iris both physically and mentally when Iris was a child; however, Iris states that she has forgiven her for those behaviors. After the sister left their parents' home, she recognized the damage that she and Iris' mother had done to Iris. Iris' mom and half-sister now "hate each other, they don't even talk."

Iris said she never got along with her younger sister, and still does not. They had "bloody battles." The battles were also cyclic; Iris' dad was mean to her mother, her mother was mean to Iris and Iris to her younger sister or vice versa. Her sister also wanted to adopt Iris' daughter but Iris refused. Iris maintained that, "All this bad blood wasn't going to all of a sudden turn good, daughter or no daughter."

Iris admitted to being a sex offender herself. She was 21 years old and had been offending for six years when someone finally listened to her and she was able to enter counseling.

At our first interview, Iris talked about suicide. She also reported self-mutilating behaviors and that she has a multiple personality disorder, which is not unusual for incest victims. Before the first interview ended, Iris was encouraged by

the researcher to call her case manager and talk about her suicidal thoughts, expressed as,

> I know I have to pass those bridges cause I know I would just jump. If I was on a bridge walking, I know I would . . . It's not because I want to. It's just that I have to end this pain. It's got to go away, it will kill me, you know, just sitting here remembering.

Iris did call her case manager near the end of the interview and the next day was self-admitted to a psychiatric unit. She remained in the unit for one week while her son was in foster care.

Jasmine: Told by Grandfather that Prince Charming Will Take Care of Cinderella. She has a Cinderella Coloring Book.

Jasmine is a 26 year old woman (see Figure 7). She describes her ethnicity as "white." Her biological mother is Japanese, while her father is Caucasian. Jasmine had been married for five years to the father of their two children, a son age three and a daughter age one, when the first interview took place. They also had had a stillborn son, their first child. At the time of our first interview Jasmine and her husband had had their children temporarily removed from their custody by Children's Services Division (CSD). Both were in foster care. At the time of the second interview the parental rights for their daughter had been permanently terminated. One year later, their parental rights for their son had also been terminated. Since our last interview, Jasmine has given birth to another child. CSD is closely monitoring their

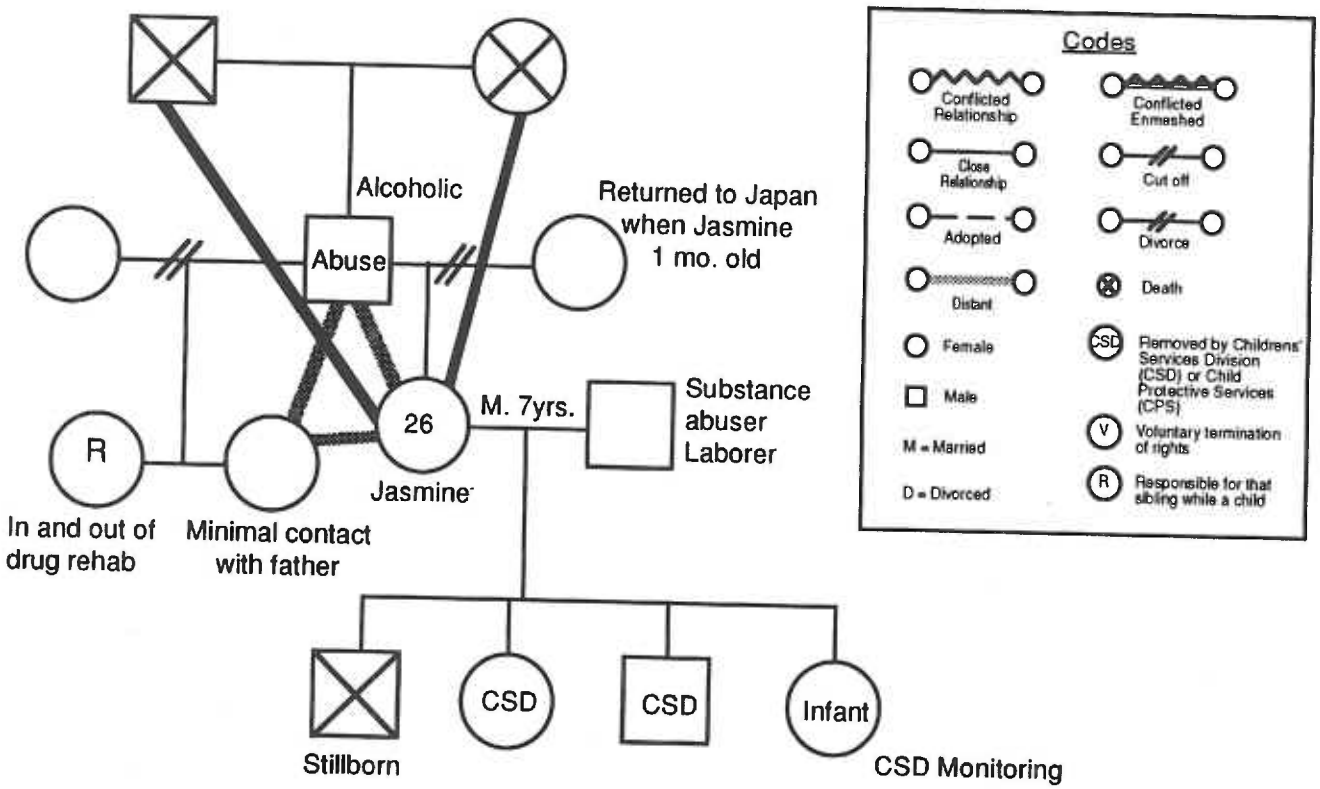

Figure 7. Jasmine: Told by Grandfather that Prince Charming Will Take Care of Cinderella. She has a Cinderella coloring book.

progress with this child. Jasmine has a high school diploma. She and her husband live in a two bedroom apartment, and are paying full rent as her husband is currently employed. Jasmine is a full-time homemaker.

Jasmine's family of origin consisted primarily of her paternal grandparents. Additional family members would move in and out of the household and included: Jasmine's father, a stepmother, and two half-sisters. Jasmine had been told conflicting stories about her biological mother. She had originally been told, by her dad and grandparents, that she was dead. However, her stepmother and younger sister insisted that she needed to hear the truth:

> Daddy married her in Japan and if they had stayed in Japan another month, because my mom was . . . eight months . . . pregnant with me, I would have been born in Japan. . . . My dad brought her over here. She didn't like America and it was too much for her, it was different from her culture. . . . Dad is a skirt chaser, you know a bachelor, he's not good at being faithful, [and there was] physical abuse.

She learned the truth about her mother shortly before our third interview, one year after the first interview. Jasmine had only recently been told her mother is alive and in Japan. She would like to meet her mother and find out more about her. However, keeping afloat in her own life experiences currently takes all of her time, resources, and energy.

Jasmine reported that she went through several stages during her teen years. She left home at age 15 and lied about her age to get a waitress job in a bar. She

stated that she, "grew up very quick and I learned that men just wanted you for your body. That's why we were here for." Although she was living away from home, her grandma often continued to take care of her. Jasmine lived for a few days at a time with various girl friends or in the downtown hotels. Her grandmother helped her pay for the room so that she would not have to be at home with her father. Her grandmother knew that Jasmine could not be at home "because of what was going on with my father and she was scared [of both physical and sexual abuse]." Jasmine tried to get her grandmother to leave her alcoholic son and move in with her, but her grandmother felt that regardless of what [Jasmine's father] had done he should always be welcome in her home. Her grandmother also went through financial difficulties because of Jasmine's father. He would steal her social security checks, "he was stealing every penny."

Jasmine began to learn more about street life during this stage. She had friends whom she watched out for and who watched out for her in return. She got involved with prostitution, primarily with older gentlemen who "were wanting me to just wear a nightie and just take a picture . . . they wanted to go brag, this is my girlfriend, look she's in a nightie."

Jasmine began to meet people living in extreme poverty when she was in early high school and began running with a rough crowd. She became acquainted with drugs, alcohol, and streetwise friends. This series of events contributed to her eventual homelessness. Jasmine received counseling through a teen hangout for street kids. She said that the counselor was very helpful, and helped her to get off the

streets for a short period of time, however she returned to the streets to be with her friends. Jasmine talked about her street sisters and brothers and her street mom and how they helped one another and looked out for each other. She told how she herself was a street mom to two kids even younger than her.

Jasmine talked about the responsibility involved when taking care of young street kids or children of her street friends. She told one story of caring for another woman's child while the woman engaged in drugs and sex with her boyfriend. Jasmine described this woman as a good mother because she got a baby-sitter for her child rather than performing the acts in front of the child. Jasmine did not call CSD because, although the acts may have been illegal, Jasmine had done illegal acts herself and recognized that illegal acts did not necessarily make one a bad person. While the story Jasmine told was about someone else, it closely parallels the story about her and her husband that follows. By Jasmine's account, her husband was in the parking lot of their apartment complex, drunk when the police came into the parking lot. When they saw her husband's condition they came into the apartment to determine if child neglect or abuse was involved. Because Jasmine was sleeping and the baby out of the crib, the police assumed that Jasmine was also drunk and took the children from the home. Jasmine acknowledges that some children are in abusive situations and need to be removed from their home, however she said hers and her husband's was a matter of untimely circumstances, not abuse.

At both interviews, Jasmine talked a lot about societal expectations and how she and her husband were trying to meet them, and trying to become responsible

adults and do "what society wants to see and what society likes."

Lily: Married Young to Escape Home

Lily turned 21 shortly after our first interview (see Figure 8). She is a Caucasian woman. Lily completed only the ninth grade in school and now hopes to earn her GED. She was living in a low-income subsidized apartment obtained the day before her seven month old daughter was born. She is a full-time homemaker. Lily's marital history and history of children are somewhat confusing. She currently has a male partner living with her. He is neither her husband nor the father of her baby. Her current boyfriend was present for the first interview (she had "kicked him out" by the second interview), was described as being good to her daughter, and was with Lily throughout the pregnancy and the delivery. She had been married at age 16 and had a son from that marriage. Her husband was physically and mentally abusive to Lily, resulting in a separation and Lily staying at the YWCA for a short time until she and her husband could get back together. She kept her first baby until just before his first birthday, when she and her husband again separated. The husband tried to get her to reunite with him. When he was unable to do this, he reported her to CSD, saying she was abusive to the baby, resulting in the son being removed from Lily's care. She is not divorced from her husband though they have been separated for about three years. Lily does not know who is the father of this, her third, baby. She had been involved with three different men, during the time she became pregnant with this child, none of whom claim the baby girl as his.

Lily talked quickly during our first interview, recounting her life experiences

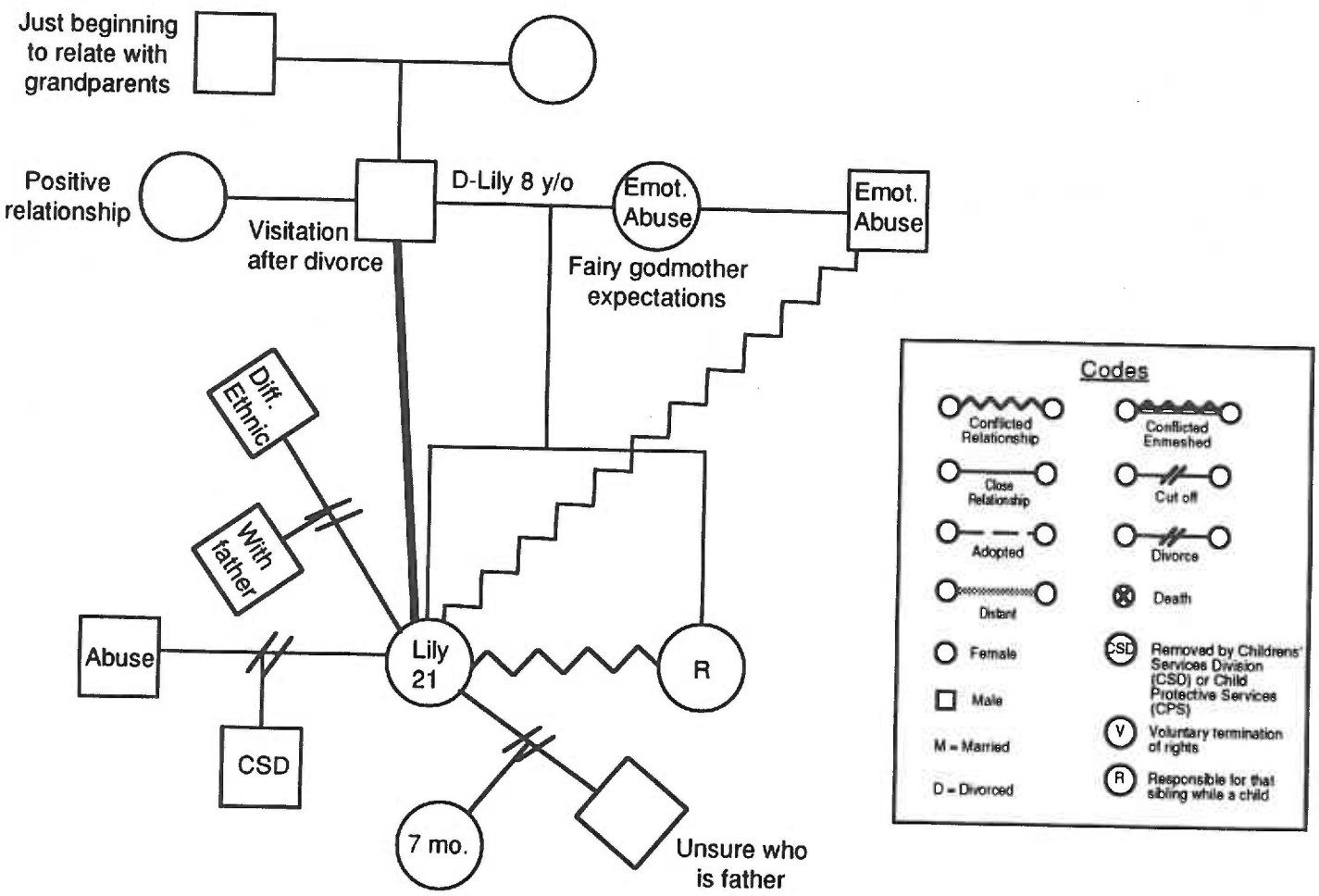

Figure 8. Lily: Married Young to Escape Home

rather matter of factly. The birth of Lily's sister, her parent's divorce, her mother's remarriage, her dislike of her stepfather, and her difficulties at school resulting in suspensions and dropping out of school were discussed with little emotion. She moved on quickly to her account of getting married at age 16 because she was pregnant and wanted to leave her mother's home. She was 17 when her first son was born. After her son was removed she moved out of the area and lived on the streets and under bridges with people whom she met. She began living with one man by whom she also became pregnant. They lived in a downtown single room occupancy hotel (SRO) at the time of their son's birth. After six months they broke up. The father took the six month old with him and she has not seen him or her son since. Most of her family are unaware of this relationship because the man was African American and Lily was Caucasian and she feared their reaction.

Lily's family of origin consisted of her mother, father, sister and herself. Her parents divorced when Lily was about eight years old, after which she had visitation with her biological father. Her mother had several boyfriends between the time of the divorce from Lily's father and marriage to Lily's stepfather when Lily was 14 years old. Lily did not get along with her stepfather from the time of their first meeting because, in her words, he was mentally abusive to her. She believed that her mother and stepfather favored her younger sister. The favoritism was manifested in the amount of allowance and the number of chores they were given.

Lily has only recently begun to have a positive relationship with her father's parents. They drove about 200 miles to visit Lily and see her new daughter and bring

gifts. These grandparents have also helped Lily with finances.

Lily seemed to adore her seven month old daughter. She credited this to the fact that she is older and wanted this baby. She also believes that because this baby is a girl she has been able to bond with her better than with her sons. Lily admits to being very insecure:

> That's one of the things that happens when you're homeless. You end up . . . I was very insecure when I came back. I didn't know who, I didn't know what I was doing. I got pregnant and didn't even know who the father is.

Poinsettia: Was Not Allowed Her Own Voice

Poinsettia is a 56 year old Caucasian woman (see Figure 9). She has never had children nor been married, and did not complete high school, however, she has obtained her GED. She is currently unemployed. When employed, she worked primarily as a nurse's aide or as a housekeeper. She currently lives in a subsidized apartment that is in need of several repairs.

Poinsettia was raised virtually as an only child by her parents. She has a brother that is 18 years older. Poinsettia had some questions as to whether he might actually be her father by incest with her mother. She has a cousin who currently lives next door to her 93 year old mother, however she and the cousin have a conflicted relationship. Poinsettia's father is deceased. While she did not mention any contact with her brother, she did say that he has a dysfunctional marriage. She described her whole family as dysfunctional. "The only one who has a good marriage is my

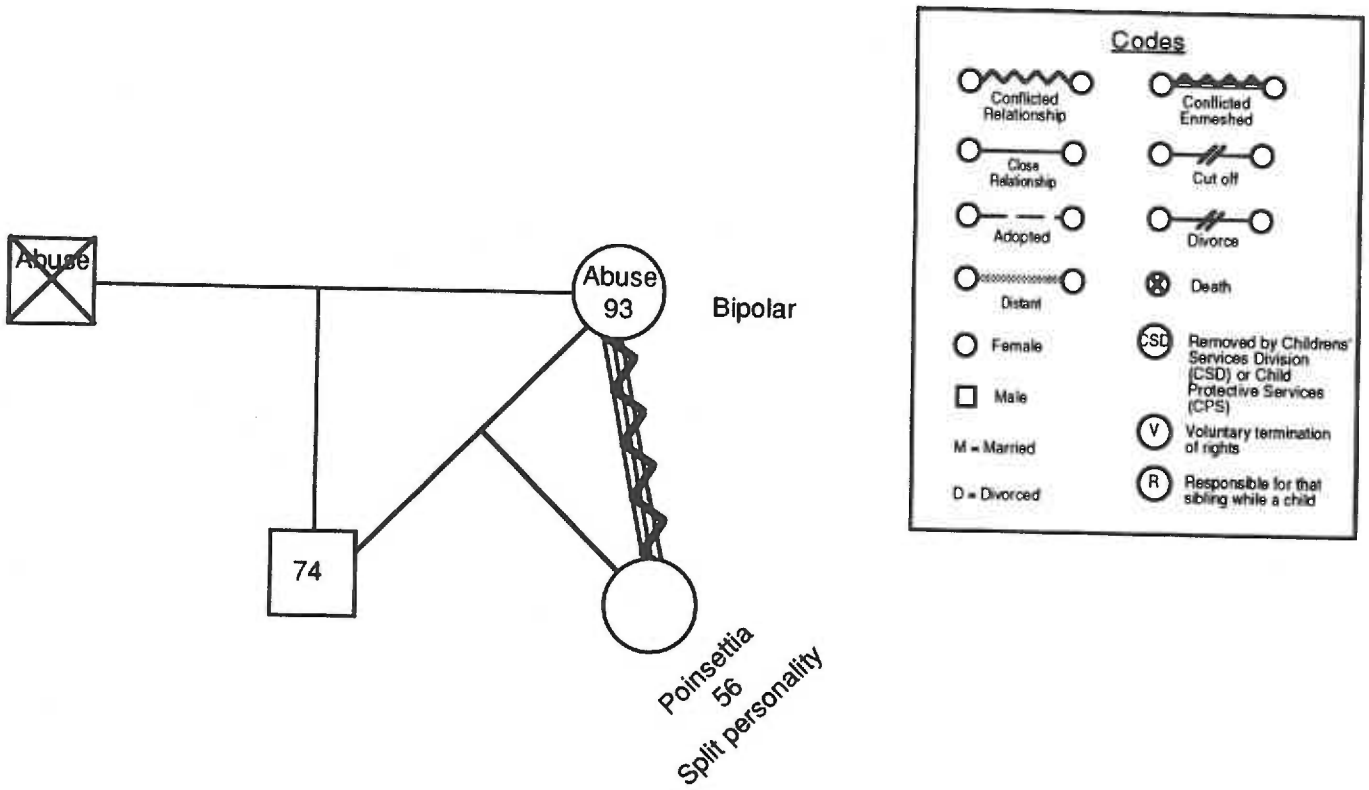

Figure 9. Poinsettia: Was Not Allowed Her Own Voice

nephew. My brother has a dysfunctional marriage. My aunt has a dysfunctional marriage. My cousin has a dysfunctional marriage."

Poinsettia reported that her parents were very controlling of her all of her life and have successfully separated her from any potential male partner, including one as recently as one year ago. Poinsettia says that she had no close friends. Her mother always took any friends that she had for herself and now Poinsettia has no one except her mother, who is still controlling her life. Her mother lives in the same city as Poinsettia.

Poinsettia's maternal grandmother aligned herself with her granddaughter at times, however Poinsettia also reported that her grandmother would keep her locked in the house. She was always with her mother, grandmother, or aunt and never people her own age. She felt that she never was allowed to have a childhood. She has had trouble as an adult with being able to act like an adult around her mother. Instead, when around her mother, even at age 56, she acts like a child, "because my mother treats me like a child, I don't know how to keep from acting that way around her."

She has suffered from many childhood and adult chronic diseases, including asthma, TB, arthritis, bursitis, diabetes, ulcers, tendinitis, and allergies.

Poinsettia emphasized that she had never been happy in her life. She believes that she was not able to meet her parents' expectations. Regardless of how well she did, "it wasn't good enough."

Rose: "Every Man I Ever Knew Abused Me"

Rose is a 44 year old Caucasian woman who was first married at the age of 17 to a man she met while she was homeless (see Figure 10). She has had at least three marriages and a total of seven "live with" relationships in her life. She is currently single and lives with a large, well-cared-for cat. Rose has three daughters, all of whom have been removed from her custody through the state system. Her daughters are currently 25, 24, and 15 years of age. She has been reunited with at least one of the daughters who helped her during her most recent homeless episode. Rose had completed 11-1/2 years of school and then obtained her GED. At the time of the initial interview she was living in a subsidized apartment in a semi-industrialized area.

Rose had worked for a large company for several years, but was unable to continue employment when she began to confront the abuse she suffered during her childhood years and later as an adult.

Rose's family of origin consisted of her mother, father, sister and brother. Her relationships with each were difficult and often abusive. She has reunited with her mother and her sister in recent years.

Rose's relationships with men were plagued by abuse. After two broken marriages and involvement with a pimp in a violent relationship that also got her involved with prostitution, Rose returned to her parents home because she was pregnant. Rose and her father were unable to get along however, and he refused to let her stay there. She then moved in with a girlfriend's family and lived there until she remarried. That marriage lasted about a year and was also an abusive

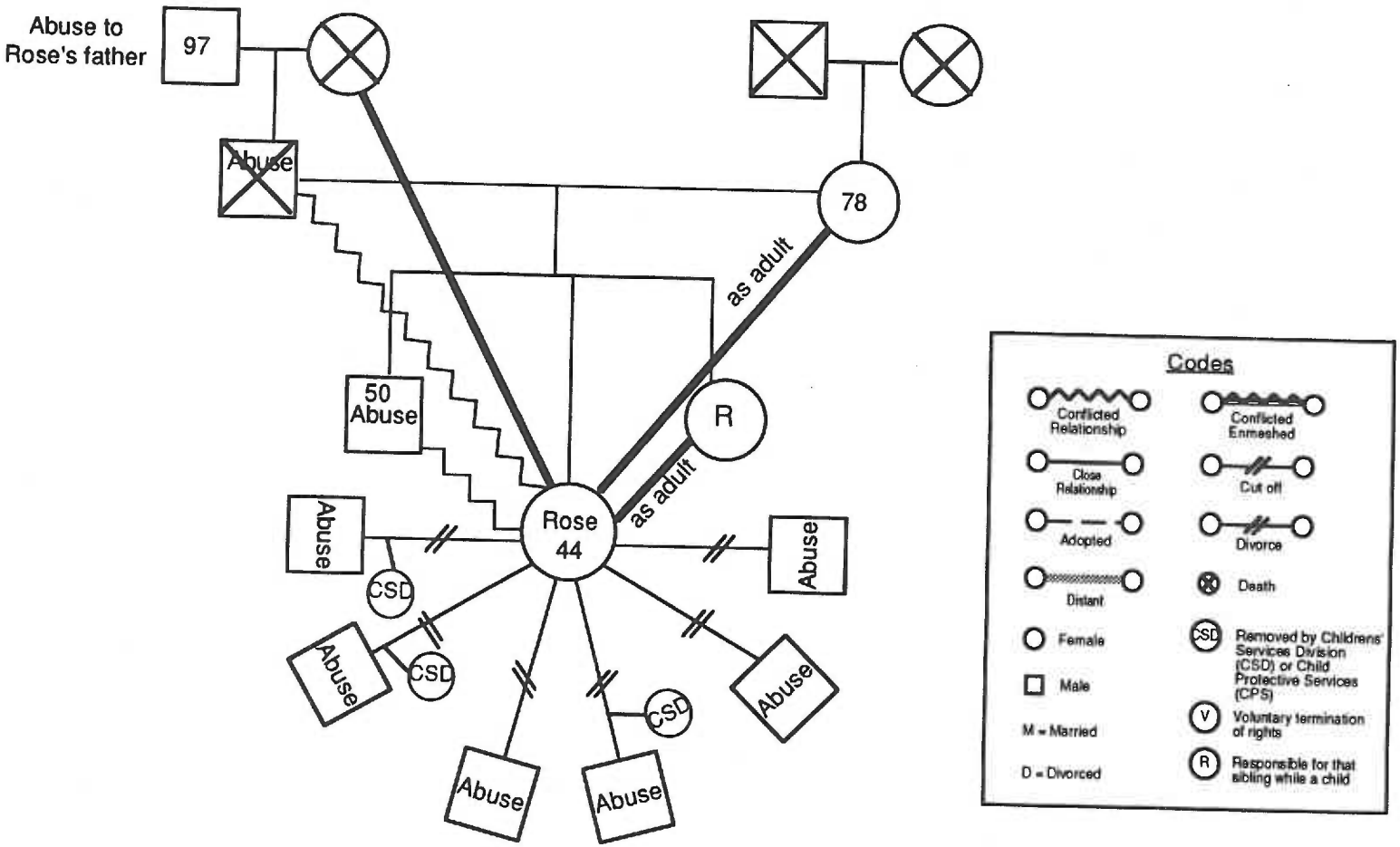

Figure 10. Rose: "Every Man I Ever Knew Abused Me"

relationship. Rose had a second child during this time and she did not know how she was going to support her children. She became involved with custody decisions that "got too involved and then I took off [leaving the children] and I was just homeless. On the road for two years . . . [I] traveled all over and eventually settled in with a man." They returned to her home city and "just bounced around all over the place."

Rose's fifth relationship was also abusive and resulted in her third pregnancy and a third daughter. She again moved in with her parents during this pregnancy but again it did not work for them. She chose to return to the midwest state from which her family had originated. It was in this state that she got involved with her sixth relationship. Although she had been clean and sober for three years, she could no longer maintain the sobriety during that sixth relationship. The substance abuse was so bad that she went into a hospital, "My [drug] abuse got to the point where I couldn't maintain anymore."

Drugs and alcohol played a major role in Rose's life as she moved from location to location and from relationship to relationship. After her last hospitalization, Rose began to remember the sexual abuse that had occurred to her during her childhood. She again turned to alcohol and drugs, again relocated to a different state, and went through yet another relationship with a man. He died after 10 months and she "bounced around from place to place. I was homeless." After moving from friend to friend, Rose got into housing and into Alcoholics Anonymous and has been clean for three years.

Two years ago Rose again moved to the Midwest, because her parents had

returned there and her father was very ill. She went to help her mother care for her dying father who died two years before the first interview. After her father's death, she returned to the Northwest, living on the streets and with different people. She had difficulty finding an apartment where the rent was less than her income. Shelters were not an option because there either was not space available or the one with space available was full of violence. Her daughter heard of her situation and invited Rose to live with her until she found her current apartment.

Rose is currently working on solving her problems and dealing with all of the issues of the past. "I don't want to think about a relationship [with a man] at this point of my life at all. I just wouldn't have the energy. All that I can do now is get dressed and clean the house and do what I need to do for me. And I couldn't bring anybody else into that."

In 1992 Rose was diagnosed with cancer. She returned to her city of origin to be near her sister with whom she now has a positive relationship.

Sunflower: Homeless Is "Being Without"

Sunflower is 45 years old (see Figure 11). She reports her ethnicity as Caucasian, with Italian ancestry. Sunflower was twice widowed and was divorced from her third husband because he was physically and emotionally abusive to her. Sunflower has no children. She has, however, had three miscarriages and would have liked to have had children, but was unable to carry any to term. Sunflower graduated from high school and attended college for half a year. She lives alone in a single room occupancy (SRO) hotel. Sunflower's companions in her room are several birds.

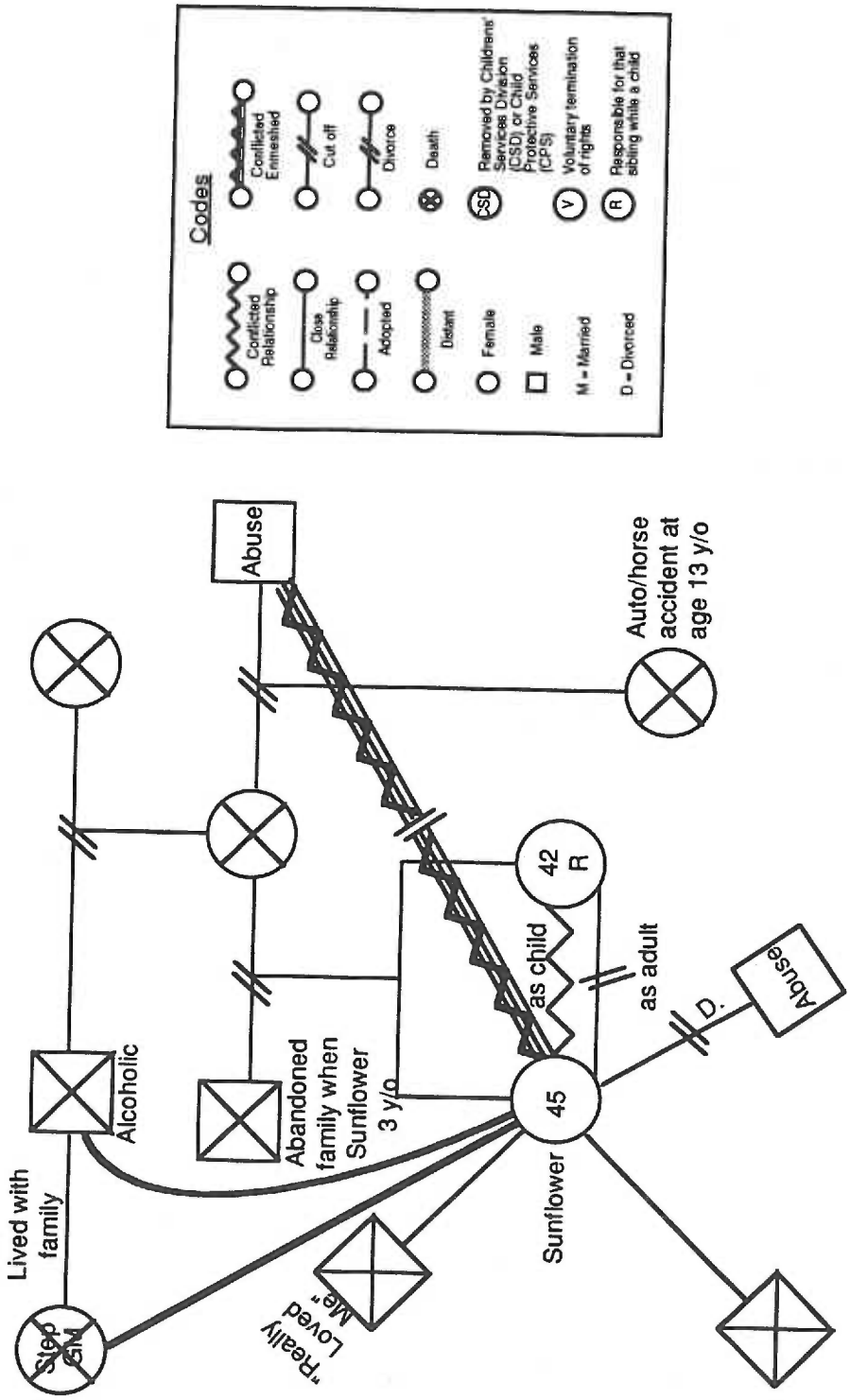

Figure 11. Sunflower: Homeless is "Being Without"

She loves her birds and calls them her kids. The initial interview took place in a nearby urban park. She was unemployed at the time of our interview and was receiving General Assistance (GA) for disability related to an illness. She had obtained Social Security Income (SSI) by the time of our second interview one year later.

There were six to seven people in Sunflower's family of origin. Her mother, stepfather, two younger sisters, her grandfather and step-grandmother. Her biological father abandoned the family when Sunflower was three years old, and Sunflower does not remember him or his family. Sunflower's family was an upper middle class family who did not "want for anything." The children, however, were not taught "how to manage their money, their time, or themselves." Sunflower is no longer in contact with anyone from her family of origin. Her mother, grandparents, and youngest sister are deceased. Her stepfather, with whom she maintained communication until the past two years, no longer returns her calls. She had kept in contact with her second sister through the stepfather. Because she is no longer in contact with him, she also does not hear what is happening in her sister's world. She has decided to no longer attempt to contact them because the rejection she feels is too difficult for her to manage. Sunflower has recently become involved in a church and considers the people at the church her family.

Sunflower was sexually abused by her stepfather until she was seven years old, at which time the sexual abuse ended and physical abuse by him began. In her family of origin, her stepfather would also vie the sisters against each other. It was obvious

to Sunflower that he preferred her youngest sister, who was his biological daughter.

Sunflower's first instance of homelessness occurred when she was in her late thirties. She got in with the "wrong crowd, the wrong boyfriend, that type of thing." Her boyfriend was abusive, using all of her money for drugs and himself. She was also on drugs; primarily alcohol and crank. She had been clean for three years at the time of the first interview, after going through a treatment center.

Since my two interviews with Sunflower, she has had a major crisis. She took an overdose of pills because she thought no one cared about her and lay in her room for five days until someone found her. Her door had been left open and finally on the fifth day her neighbor came into her room and found her lying on the floor. She has several complications as a result of lying on her left arm and some necrosis in her neck as well. She is in a wheelchair and is undergoing intensive rehabilitation.

Sunflower describes being homeless as "being without."

Violet: Fear of Abandonment by Mother

Violet is 47 years old (see Figure 12). She describes herself as white with Native American and Jewish heritage. She is divorced and had three children removed from her custody very early. She has reconnected with at least two of the children in their adult years. Violet graduated from high school and attended college for three years where she had an A average. At the time of our interview, she was living alone in a subsidized apartment in an industrialized area of the city. She is unemployed. The first interview with Violet took place in the visitor's room on a psychiatric floor of a major hospital. She had self-admitted herself because she felt

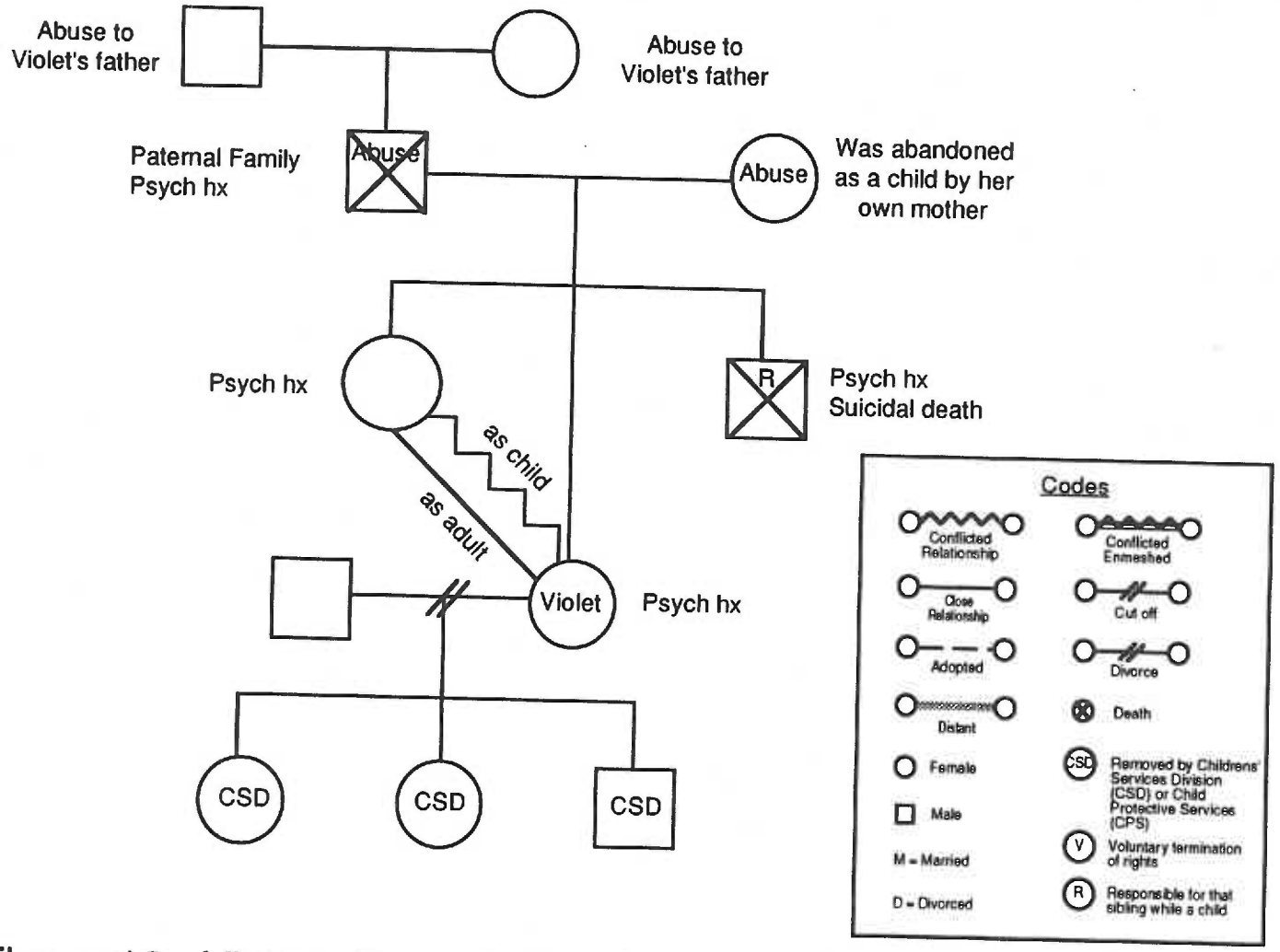

Figure 12. Violet: Fear of Abandonment by Mother

she was about to experience an episode that she could not handle alone. Violet characterizes herself as having a multiple personality disorder.

Violet's family of origin included her biological mother and father, an older sister and a younger brother. She spoke slowly and deliberately about her family and her family's dysfunction. There was sexual and physical abuse from both her mother and her father. Both of Violet's parents had experienced trauma in their own childhoods. Violet's mother had been left at a baby-sitters at age two. Her mother never returned to get her. Violet's mother was raised by that baby-sitter, who died when Violet's mother was 16. Violet suspects that her mother was abused by the baby-sitter's live-in boyfriend. When the baby-sitter died, he threw Violet's mother out. Her mother went to work and lived with another family. Violet said that she has always had a sense of abandonment herself; a fear that her own mother would abandon her. She remembers experiencing that feeling of abandonment when she was as young as three years old. Her mother was angry with her and took Violet's older sister out for the day, leaving Violet alone and not returning until night time.

Violet related a long history of physical abuse on her father's side of the family. Violet's paternal grandparents, as well as her aunt and uncles, were always fighting in a way that included extreme violence.

Since becoming adults, Violet and her sister have talked and reflected on their life experiences within their family. This reflection has enabled them to become friends. They have a good relationship now and are able to talk about their past and how it has affected their lives and relationships. Violet's brother committed suicide

several years ago as a result of having a fatal cancer. Her mother is still living and in need of physical care which Violet and her sister are taking turns providing. Her father is deceased.

Social Units

The analysis of data is organized using Lofland and Lofland's social units of analysis. Beginning with meanings and progressing to relationships, the families of origin of the women that I have interviewed will be described. As themes from the data emerged, they have been defined in terms of the meanings that the themes had for the women.

Meanings

> Meanings, according to Lofland and Lofland (1984), are also referred to as: culture, norms, understandings, social reality, definitions of the situation, typifications, ideology, beliefs, world view, perspective, or stereotypes . . . Meanings are transbehaviorial in the sense that they do more than describe behavior - they define, justify and otherwise interpret behavior as well. (pp. 71-72)

A group of three meanings emerged early from the interviews with the women in this study; homeless, home, and family. These stereotypes will be defined in the following sections. The women's stories will be used to describe how the participants viewed being homeless and their families of origin. Lofland and Lofland (1984) describe meanings as the foundation for the other social units. Meanings of the themes that are found within Lofland and Lofland's other social units and that are

relevant to this study will be defined within the appropriate unit.

Homeless

Talking about the lack of a home led to a discussion of what being homeless meant to several of the women. These women provided human and very personal meanings to the term homeless. Sunflower gave a powerful statement:

> Homeless to me is being without. Without shelter, without friends, without essentials like food and clothing. Being on the streets or in a shelter, in a crowded shelter where you can become ill, because someone always has something. To me that is being homeless. Being without.

She went on to say that she did not have a feeling of security and that she did not make friends easily.

> That's the reason why I like [name of cafe that provides food and nurturance to homeless people], is because of the security, there is no verbal abuse allowed, there is no physical abuse allowed, you can go in there and sit all day . . . they're not going to kick you out.

The security she found at [cafe] was something she had been unable to find in her family of origin or in relationships with others following the death of her first husband.

Iris, another woman in the group, gave a poignant account of being homeless:

> It is real scary . . . Like when I go in the store . . . Like before I had this nice new coat, I had an old raggedy one that made me look like I

> was a homeless person and people don't treat you right and it's real hard. Here I had this bright intellect and I was being treated like dirt and you know, they don't even think that "maybe she is educated" and "maybe" this or "maybe" that, they just treat you bad. In fact, I had this cop, (I cut through or I tried to cut through this [name of bank] teller building; and I had to go to the bathroom really bad) and I was asking if there was a bathroom in there. . . he said, "No" and he wouldn't let me use it. I know how hard that must be for other people who are homeless, they are so rude. . . So that is what it means to me is being denied the things that you have a right to. And getting summed up in one glance and being scared all the time.

Jasmine, raised in an upper middle class home, saw two profiles of being homeless. She said there are those who have always had nothing, whose childhoods were lived in poverty and who continued in poverty as they grew older. The second profile of being homeless was the one which Jasmine experienced. As a child, she had "everything," at least in terms of material comforts, but because of circumstances occurring after her grandfather's death, particularly her father's lifestyle, she became homeless.

Carnation summed up the feeling of several women regarding homelessness when she said that other people "treated you like you wasn't worth anything all of the sudden." Her advice to people who are not homeless is to remember "that we are people too. We have feelings and we would like to have the same consideration that

you have for others and we do need help just as much as anybody else does."

Thus, homeless was defined by the data as being without; not only without a place to live, but also without friends, without safety, without respect from others, without the essentials that many Americans take for granted. Being homeless also includes the loss of family and friends and a sense of devaluation.

Home

The discussion about homelessness prompted the women to talk about their own homes. Cosmos seemed to sum up the preferred home for the women interviewed. She emphasized that it is important to have a safe place and that one should feel connected with other people in the home. However, the homes of their families of origin, as described by the women, were anything but safe and connected.

Sunflower, Poinsettia, and Carnation stated they would have preferred foster homes or juvenile homes to their own homes because of the abuse that occurred within the homes of their families of origin. Sunflower said of her home, "There was no love . . . I always wondered what it would be like, because I cannot remember a time when she [her mother] would hug us kids or tell me or put her arms around me and give me a kiss or anything like that." Begonia described her home as "cold and austere." Violet described hers as being without safety or nurture. As with many aspects of their lives, the women described their homes as being without many features that American society's popular definition assumes are present in a home. For many, home implies a safe place where children and others are nurtured and loved. This assumption is not borne out, however, in the experiences of these

women.

> Stanko (1988) wrote of the myth of the safe home in the United States: The myth . . . is deeply entrenched in the minds of most Americans. This myth is supported by academics and policy makers who fail to recognize the potential danger of the home as a locus of violence against women. (p. 76)

This is an example of "naming," one of the assumptions of feminist theory that was listed in the review of the literature. Male scientists and criminologists have "named" the phenomenon of safe homes and unsafe streets, therefore the female experience of violence within the home is negated.

The concept of home encompasses more than a place. As defined by the women interviewed, it includes what they expected as well as what they experienced as "home." Because "home" was defined by them now, as adults, their definition included evaluative statements of their childhood homes. The ideal home was defined by the women as a place that includes love and safety, a place where people are connected to one another. In contrast, their actual homes were defined as cold, not safe, inclusive of abuse and without positive communication.

Family of Origin

The women in this study described families that did not communicate or have positive interactions, frequently depicting them as abusive and dysfunctional. Only one woman portrayed both of her biological parents as loving, caring and as spending time with their children. Both of Azalea's parents died within six months of each

other, at a time when she was only 29 and was herself a married parent of young children. When her parents died she felt she had lost everything. There was no extended family/friend network to draw upon because her family had moved frequently due to the father's military career. The other women in the study seemed to have been separated from their parents long before any parental death occurred. Sunflower described her family as very dysfunctional. Her stepfather "would vie us against each other" (referring to Sunflower and her sister). Others wanted to either avoid talking about their family of origin (Carnation), felt they were not normal (Cosmos), or believed that their family of origin was a source of danger (Begonia). Some described alternative persons as fulfilling real family functions. Begonia claimed her grandparents and one aunt as her real family, although she never lived with them:

> They are my family. They're the ones I can . . . you know what I mean. Family is where you are safe and loved. I felt more loved and appreciated with them than with the wolves [her family of origin].

From the family genograms, illustrated earlier in this chapter, two recurring factors are apparent: step-families and conflicted relationships. Seven of the twelve women described family relationships that included step-family members. Eleven of the women described conflicted, poor relationships within their families of origin. Step-families and the conflicted relationships were significant occurrences throughout the discussion of social units.

As with the definition of home, there was the ideal definition of family

provided by Begonia. She defined ideal family as people who love and care for you, with whom you feel safe; which differed from the data-supported definition of family with whom the women lived. The lived definition for these women was that people in families are abusive to one another. People do not connect to one another, and people form coalitions against one another; family is considered a dysfunctional institution that has been hurtful and abusive.

Practices

The second social unit described by Lofland and Lofland (1984) was that of practices:

> The smallest behavioral unit of a social setting may be envisioned as a social practice, a recurrent category of talk and/or action which the observer focuses on as having analytic significance. . . an activity the participants regard as unremarkable, as a normal and undramatic feature of ongoing life. (p. 75)

Although the participant does not recognize the practice as significant, the researcher singles it out as something remarkable because several instances of the practice have been collected during the research process. Practices that emerged from the women's data in this study included male privilege, transiency, and abusive relationships. These practices are described in this section. Two other practices encountered were sibling caregiving and parent-sibling coalition formation. They are described under sibling relationships near the end of this chapter.

Male Privilege

Several participants discussed female-male relationships in American society that seemed to indicate a practice of "male privilege" (Brownmiller, 1984).

Jasmine. Jasmine soon learned that the world was not as her grandfather had told her. The series of events, as reported earlier, following her grandfather's death, resulted in Jasmine experiencing street life at quite a young age. "I grew up very quick and I learned that men just want you for your body, that's why we were here for."

Rose. Jasmine was not the only woman in this study who had learned about the objectification of women by men and the consequences of that objectification as a young girl or adolescent. Rose felt that every male she ever knew had abused her. "It seems that way, the more I remember, the more I realize that's the way it was. . . it's just something about our culture that men think they have the right to abuse women."

Sunflower. Sunflower said the only man she ever knew who actually loved her was her first husband. "He wasn't one to hold hands or [the] huggy, kissy-face type deal, but he took care of me." Sunflower had learned that the role of a man is to take care of the woman, but this was the only example of it occurring in her life. Her other experiences with men were generally abusive and emotionally hurtful.

The expectation of being taken care of by men, learned by the women as children, were reinforced through their experiences with social agency practices as adults. For example, when Carnation experienced difficulty as an adult and went to a

social agency for help, she related that she was told to find a man to live with so she would not be homeless. Social assistance was not available for women without children, as it was for women with children or for men, with or without children. Carnation reported that she considered herself to be among the lucky women; the man she found was not abusive or wanting to prostitute her. She described the scenario of many women getting "beat up, killed or made into a prostitute. That is so scary. I was lucky, I was extremely lucky but how many others didn't make it? A whole lot of them, and we're talking about young girls." Other women participants also reported being told to find a man to live with. A variety of social agencies gave this overt message to these women.

Male privilege as defined by these women included the use of force and violence on children and women for men's sexual gratification. Violence is used as a mechanism to devalue, control, objectify, and exploit women. It also included women being submissive to men in order to be "taken care of" by men. This male privilege extends from the privacy of the home to the public social agencies created to provide safety and resources to people in need.

Dobash and Dobash (1979) proposed that this male privilege is nurtured by the patriarchy and comes from men's unconscious fear of women. There is research available to support the feminist model on which Dobash and Dobash base their research. Humphreys and Campbell (1993) cited five studies in which the findings show that batterers were generally traditionalists in their insistence on dominance and control in the family.

Transiency

Transiency was another practice that was remarkable to the researcher. Not only did several of the women's families of origin move frequently during their childhood, there also was transiency of parental employment and of parental partners. Frequently this pattern followed the women into their own adulthood where they also moved from place to place, job to job and relationship to relationship. Eight of the twelve women spoke of moving frequently during their childhoods. Reasons for moving varied. Jasmine's family moved several times after her grandfather's death because her father was out of control with his drinking. His drunken behavior would embarrass the family, resulting in them moving away from that neighborhood. Other women talked about moves due to employment changes and military careers, as well as volatile, and in some cases, broken parental relationships. Iris was the only woman who lived in the same house for her entire childhood. Of the remaining women, who reported transiency Begonia's family moved the least (three times), while Carnation moved the most frequently. Carnation lived in seven different families and at one point her family was moving approximately every three months. Many of the moves by the women's families were interstate, causing disruptions both within the family and in relationships with friends.

Transiency was defined by the women as a lack of permanency during their childhood. Transiency was manifested in residency, employment and relationships. Justice and Justice (1976) address the issue of change in their thesis on child abuse. They reported that abusing families characteristically experience too much change too

quickly. "Abusing families seem to live in a perpetual state of crises: i.e., they have exceeded their capacity to cope with stress and handle frustration without losing control" (p. 257). In addition, because of the change they do not establish roots and are therefore isolated from their community, another disposition to violence.

Abuse

Abusive relationships, within the context of this study, included physical, sexual and emotional abuse, as well as abandonment, lack of boundaries, family secrets/ isolation, and incest. These particular practices were remarkable to the women in retrospect. However, they were not remarkable as the events occurred during their childhood, therefore they are considered practices, as defined by Lofland and Lofland (1984). Abandonment, lack of boundaries, and the family secret are all episodes that are interrelated with issues of abuse. These practices cannot be discussed in isolation because of their interrelatedness and, therefore, are discussed together in the following section.

Abuse: Abandonment, Boundaries, Family Secret, Incest

Abandonment. Abandonment is the actual or perceived abandonment by a parent or surrogate parent of their child/family. Sunflower's father abandoned the family when Sunflower was three years old. She did not have any contact with her father after that time. Azalea was very dependent on her parents. Although their deaths were not deliberate abandonment of Azalea, she may have felt abandoned by them. She had depended on them for most of her social support system and they were no longer available.

Boundaries. Boundaries are important in families to regulate the amount of input from the environment and output to the environment by families. In families with closed boundaries, important information and support are not available. If there is not an adequate flow of information family members become more dependent on each other and the family resources. Abused children are more frequently found in families with closed boundaries. Family members may view the larger society with suspicion and be wary of looking to outside resources for assistance (Friedman, 1991).

Family secret. The family secret is defined as that which is not allowed to be shared outside of the family. In the situations of the women in this study, family secrets revolved around incestuous acts, other violent behaviors, and alcoholism. Family secrets are kept by having closed boundaries.

Incest. Incest is defined by Urbancic (1993) as follows:

> Any type of exploitative sexual experience between relatives or surrogate relatives before the victim reaches 18 years of age. Exploitation involves a variety of behaviors that the adult uses with the child for sexual gratification. Behaviors may include disrobing, nudity, masturbation, fondling, digital penetration, and anal, oral, or vaginal penetration. Surrogate relatives include stepfathers, mothers' boyfriends, and close family friends who may assume caretaker roles. (p. 133)

Abusive relationships within the family setting stand out in the memories of

the women interviewed. Only one woman of the twelve interviewed had a positive experience with both her biological mother and biological father. She said that as a child she actually thought something was wrong with her parents because they did not fight. The remaining eleven women had conflicted childhood relationships with their parents/step-parents. They described emotional abuse, physical abuse, and sexual abuse. One woman spoke of ritualistic abuse. Because the types of abuse were often mixed, episodes of abuse are described as related by the women rather than by the type of abuse.

Begonia. Begonia's adoptive mother and adopted sister were emotionally and physically abusive to her. "I had an abusive mother [referring to her adoptive mother]. My mother used to give me enemas in the morning after I ate . . . She was extremely cruel. And her little girl would persecute me and stick things in me. I was really a persecuted child." She described her father as "cold and austere. He was very cold and very mean." Her father destroyed two relationships Begonia had with men as an adult. One man she was in love with and engaged to marry was told by her father not to marry her. The man went away and married someone else. Begonia is currently not in contact with her family, "They are wolves, a pack of wolves, They're ravenous. They ruined my whole life. They've eaten up my children's lives. They are very evil people."

Cosmos. When Cosmos was three years old and her sister one and a half, their father kidnapped them from their biological mother and took them out of the country. Cosmos' paternal grandmother lived with the family and Cosmos felt the

family functioned well at that time. After living there for five years their father married a woman from that country. After this marriage, Cosmos felt she was unable to communicate with her father, sister, or stepmother. Cosmos' grandmother did not get along with her new daughter-in-law and returned to the U.S. The stepmother created a coalition with Cosmos' younger sister against Cosmos, which was emotionally abusive. Six other women also spoke of a coalition between a parent or step-parent and the woman's sibling which excluded the woman and actually turned the sibling against her during their childhood. This phenomenon is further discussed in the sections on roles.

Gladioli. Gladioli described being part of several families which formed at different times. Gladioli's parents divorced when she was one year old. She has positive memories about her alcoholic father who died when she was 12 years old, however, her memories of her mother are not good. Gladioli's mother, divorced from Gladioli's father when Gladioli was one year old, was married six times. Her mother had four older children from a previous marriage and a younger daughter from a marriage after divorcing Gladioli's father. Gladioli talked specifically about two of the stepfathers. The first one was the father of her younger sister. This stepfather sexually abused Gladioli. "I had a really horrible childhood. There is no doubt of that. . . I grew up being sexually abused by my stepfather on and off for five years." She believes that this particular stepfather actually married her mother with plans to sexually abuse Gladioli as a child. The second stepfather she describes followed this one. Gladioli was a teenager at the time of this marriage. He was of a

higher socio-economic status than Gladioli's family, thus they "moved up quite a bit" both socially and economically when her mother married him. At the time of this marriage, Gladioli's mother was involved in a fundamentalist religion. Gladioli was very involved in dance and music, activities that were not permitted in her mother's religion. Gladioli had previously felt that her mother hated her, she felt that this hatred increased after her mother's marriage to this man. Gladioli felt that her mother condemned her entire lifestyle. "The hatred just became more and more and my stepfather also hated me. My stepfather adopted my younger sister and there was this big split [between Gladioli and her family]."

Rose. Rose also reported that her father was physically and verbally abusive toward her and her siblings:

> He had an enormous temper. He had only one way of doing things and that was his way. He showed no demonstrative love at all. He never touched us except to beat us. You couldn't talk to him. When he came into the house you had to be quiet, preferably out of sight, and there was no way to approach him.

Rose's mother tried to protect them from their father, however, "if he started on us, she couldn't stop him; if she did, he'd go off on her." Rose also did not remember any special times with her mother.

> She always worked, so she was gone all day, and when she got home she had to get dinner and then he was coming home. So we definitely had to be out of sight, because he wanted her for him. We didn't have

time together at all.

It wasn't until Rose's father died that his abuse of Rose's mother ended. Her mother believes that even now he still controls her. Rose reports that:

> [Roses's mother] is trying to stop it, but it's amazing, even though he's dead, that she's got him built into her; [into] her way of thinking and doing things, but she catches herself not doing something because he's going to get mad.

Rose was sexually abused by her older brother (he was ten years old and she was four years old when the abuse started). A male neighbor was sexually abusing him and telling him what to do to Rose. Her brother tried to continue the abuse when they were adults. She thinks that it was his learned behavior as a child. Much of what is relayed by Rose about her family is consistent with sibling abuse in the literature. Bolton and Bolton (1987) discussed the sibling as the perpetrator of violence within the family. This abuse can be physical or sexual. Both were described by the women in this study. Bolton and Bolton (1987) described the abusive family as one that tends to be chaotic and disorganized, a family with a great deal of crisis. The perpetrator may be asked to serve as caretaker for the child victim because parental resources are not available. Sibling abuse, both physical and sexual, is more likely to occur in families where there is also child abuse by the parents. In the case of sibling sexual abuse, there may be malicious intent or it may be a way to obtain love and nurturance within a family where the parents are otherwise occupied or in a family where sexual contact is the only known expression of caring between

the child or adult (Bolton & Bolton, 1987; Justice & Justice, 1976; O'Brien, 1991).

Rose was abused and raped while in high school also. She remembered date rape being prevalent during her teenage dating years. Interestingly, Rose felt that, until recently, she emotionally needed a man in her life, even when she cognitively "knew he was harmful" to her. This is discussed further in the section on roles.

Violet. Violet and her siblings experienced emotional, physical, and sexual abuse from her parents. Violet's mother threatened to abandon Violet, just as her mother's own mother had abandoned her as a child. "The sense of abandonment was always there, and that was one of the things I remember when I was three. I did something she didn't like and she said, 'I'm taking your sister and we're going.'" Her mother was gone from morning until 9:00 that night. This made a lasting impression with Violet; she was always fearful that her mother would leave and not return.

She also recalled an incident of physical abuse, a beating their father gave to her brother, ". . . [he] beat and beat and beat him, I thought he was going to be killed." This incident had to do with the children losing something that would have to be replaced. "So, money was just a big issue," concluded Violet. The physical abuse was usually a result of the children not being able to do "the impossible" that was expected of them by their parents, including never losing or breaking anything in the home. Violet said that their family looked good from the outside, but was "rotten inside," also typical of families with a secret. Violet reported that her parents did not allow the children's friends to come to their home. They were not allowed to let

anyone into the house.

Poinsettia. Poinsettia suffered severe physical abuse from her father and her mother, "I can't see because my mother hit me in the head with her fist, put my eyes out, [and] beat me with her fist when she got mad." Both of her parents abused her mentally. She related that they "treated me like I don't have any brains to be on earth." They told people she was mentally retarded. When her parents tried to place her in a mental institution the facility determined that she was not mentally retarded and released her after three months at the facility. Poinsettia insisted that she "never measured up. No matter how good I was, it wasn't good enough [for my parents]."

Poinsettia's father is deceased. She described jumping for joy when he died. She related, "My parents were very cruel. My father never raped me but he threatened to. My cousin was raped by her father. I can't imagine anything worse, can you?"

Poinsettia believes that her elderly mother, age 93, continues to control her life. As recently as a year ago her mother interfered with a relationship Poinsettia had with a man. The mother made Poinsettia move to a different state with her so she would have to end that relationship. Even though Poinsettia and her mother have never been able to talk, she reports that her mother maintains a very strong control over her. Poinsettia never learned to speak or make decisions for herself. "I couldn't talk, she wouldn't let me answer." Poinsettia readily admits that she does not know how to cope with her mother.

Sunflower. Sunflower was abandoned by her biological father. The man her

mother remarried abused Sunflower physically, sexually, and emotionally. The sexual abuse occurred when Sunflower was between five and seven years old. She relates, "He would rape me several times, when he was taking care of me. When my mother was out working." She still is not sure whether her mother was too naive to realize this was going on or if she was looking the other way. After the birth of her half-sister, the rapes of Sunflower by her stepfather ended, however physical abuse began,

> When we were being raised, my stepfather didn't like me at all, he was always hitting on me and everything else. . . He started hitting me just before he stopped raping me. The raping bit was on a regular basis, especially on weekends when he wasn't working and my mother was.

Urbancic (1993) wrote about the role of the mother in incestuous families. Investigators have described the mother as the key person in an incestuous family. Interestingly, the mothers are often blamed for the abuse instead of the offenders. They are accused of being "dependent or dominating, frigid or promiscuous, rejecting or domineering." Urbancic (1993) continued that because most research has focused on the offender and the victim, little is empirically known about the role of the mother. In Urbancic's clinical practice, she noted that mothers are often confused and do not know whom to believe, especially when they trust and love the offender and he denies the charges of incest. The mothers usually begin therapy angry, confused, and ambivalent. However, they gradually believe their daughter, place the blame and responsibility appropriately on the offender, and provide a strong source of

support for their daughter. Because the daughter is experiencing her own trauma, the mother must deal with her own emotional upheaval as well as her daughter's pain and rage for not protecting her. The daughter frequently places more blame and anger on her mother for not protecting her than on the offender. Mother's who refuse to believe their daughters, contribute to the daughters acting out and helplessness.

Women who do not protect their daughters or respond to cues that the daughters give them regarding the father's incestuous behavior, may be victims themselves of childhood incest. The denial may be a result of the defense mechanism of dissociation. Urbancic (1993) described how this coping mechanism works, "Each time any cue in the environment threatens to trigger memories of her own abuse, the mother psychologically (unconsciously) separates herself from the threat" (p. 144). Dissociation may explain the lack of response on the part of the mother to her daughter's cues that the abuse is occurring.

Incidents of incest were recurrent episodes in eight of the twelve women's lives. Two women were sexually abused by their fathers, one by her father and mother, one by her stepfather, one by her stepfather and two brothers-in-law, one by an older brother and family friends, one by her uncle and a cousin and the eighth by her adoptive mother. All felt betrayed by those persons.

Finkelhor and Browne (1985) proposed a framework for understanding the effects of child sexual abuse. The model they proposed consisted of four trauma-causing factors, labeled "traumagenic dynamics." Betrayal was one of the dynamics explained. Betrayal referred to the "dynamic by which children discover that

someone on whom they were vitally dependent has caused them harm" (p. 531). This realization may occur during an abuse episode or later, when the child realizes they have been manipulated and treated with callous disregard by the trusted person. If the sexual abuse experiences are disregarded (not believed or ignored) by other family members or trusted persons the child feels an even greater sense of betrayal.

Gladioli. Gladioli was sexually abused by her stepfather for several years, as well as by two brothers-in-law when she baby-sat for their children. She was able to cope by rationalizing that at least the men were not blood relatives. She believes that, had the abuse come from her biological father, her life would have been much different; "I can say, 'It's not my blood, it is somebody horrible.'" She was able to draw strength from memories of her deceased father. Even though she rationalizes the significance of her stepfather's abuse, she also believes that children hope and have a right to expect that any adult brought into the home by their mother will not harm them. "I think when your mother brings in another adult, there is hope that he is not going to hurt me. So my trust is nothing now." Finkelhor and Browne's (1985) theory would support Gladioli's belief that the abuse might have had a more severe impact had Gladioli's biological father been the offender.

Three of the incest survivors reported being diagnosed as having multiple personalities. Urbancic (1993), in a study of 147 women who had experienced unwanted childhood sexual experiences, adapted Courtois' Incest History Questionnaire for use with a convenience sample of women who responded to a bulletin requesting women who had experienced childhood sexual trauma. Within the

domain identified as "psychological/emotional," dissociation was found to be a common defense mechanism. Several of the women in the study described themselves as having multiple personalities and as being victims of ritual abuse. The memories of their childhood sexual abuse had been completely repressed. When they began experiencing flashbacks, memories, and feelings of the abuse they were overwhelmed. The reality of the abuse was questioned by the women as was their own sanity. Many turned to drug and alcohol abuse as a way to cope with the memories. The three women (Violet, Rose, and Iris) with multiple personality disorder all had experienced multiple incidents of abuse from biological family members as well as from non-family members.

Violet. Violet described the sexual abuse experienced within her family:

> There was also just this huge sexual thing that she (mother) always,... In the home you never could have your privacy out of your room, out of the bathroom. And there was an unwritten message that said you go around without your clothes on. Even when we were teenagers there were no boundaries. . . And there was this sexual thing from my father, too. I think abuse comes in degrees. . . it's very confusing. It's worse in some ways because you know it's there, but nobody talks about it, nobody acknowledges it. It's almost discounted like it isn't real, and yet it takes up a lot of space and energy and that sort of stuff.

The description above suggests that the practices of family secrets and lack of intergenerational boundaries co-occurred with the episodes of abuse in Violet's

family. In addition to the boundaries between the family system and society that was discussed earlier, Friedman (1992) described the subsystems within the families and the boundaries of those subsystems. For example, the parents form a subsystem, as does the sibling group. Subsystems form the basis for the family structure. When the family subsystems are not well-defined the intergenerational boundaries may be crossed-over leading to a climate conducive to sexual abuse (Friedman, 1992). Violet had difficulty remembering all that happened due to the use of dissociative processes that help many people who have been traumatized separate from the event. Dissociation is a psychological defense where there is an "unwitting splitting off from conscious awareness of those aspects of experience that are intensely anxiety-provoking" (Haber, Leach, Schudy, & Sideleau, 1982, p. 1180). It is reported as a common survival mechanism among women who have been sexually abused (Hunter, 1991).

Iris. Iris' father was her offender. He sexually abused her from infancy to age 15. Paradoxically, she reports that in other ways her father was good and loving toward her. In fact, it seemed to her that her sister and mother were jealous over the attention he gave her. She grieved over losing him when her parents divorced when she was 14 years old. She was completely "dissociated from the abuse" he had rendered to her at that time. After saying he was good to her in other ways, she also described the physical abuse and sexual abuse that she and her sister suffered from their father, "He would beat us [while he was] getting his 'rocks' off" (masturbating). In addition, Iris was a victim of ritualistic abuse involving her family. The details of

the abuse are unclear; she has been in intensive therapy and counseling for years to help her sort out and come to terms with her past.

Iris reported that because of her own history and not knowing boundaries she, too, became a sexual offender when she was a teenaged babysitter. Iris stated she reached out for help she and brushed aside by her family and law enforcement personnel who said it was normal for girls to explore and be curious. It was several years before she was believed. Davis (1992) described the process by which the victim in the initial family becomes the offender in the next generation. She reported that victimization is a cyclical process. Davis used Campagna and Poffenberger's (1988) victimization cycle to describe five stages that an abused girl goes through from the time she is a victim of abuse to becoming an offender herself.

Iris was raped and gave birth to a daughter when she was in her early twenties. She voluntarily placed her daughter for adoption because she felt she would abuse her daughter as a result of her own past history of abuse. Iris then married a man who was physically and emotionally abusive to her. They had a child who was three at the time of our first interview. Because the child was a male she indicated that she did not have the same desire to abuse him that she did a female child, therefore she kept him. However, during therapy she continued to learn more about her family's history of ritualistic abuse. She began to be fearful about leaving her son with her family and feared that they might try to take him from her. Her family actually went to Children's Services Division (CSD) and attempted to have Iris declared an unfit mother. They did not succeed, however, because Iris was already

working with CSD. Because of her fear for her son's welfare, she has chosen to place this son for adoption as well. She has also had a tubal ligation to prevent future pregnancies. Both measures were taken to help end the cycle of abuse she experienced and observed within her family of origin.

Episodes

Episodes were the third social unit described by Lofland and Lofland (1984). In contrast to practices, "episodes are . . . remarkable and dramatic to the participants, and therefore to the analyst as well" (p. 76). Loss of family members was an episode within the family of origin that seemed relevant in the childhood of many of the women interviewed. Occurrences of homelessness was another significant episode, but occurred during late adolescence or adulthood.

Loss of Family

Seven of the twelve women discussed the impact that the death of family members, the relocation of grandparents, or the divorce of their parents had on them. Therefore, loss of family is defined for the women as the separation from a significant member of one's family of origin. For several women, these were their biological parents; however, grandparents were the loss object for two other women with multi-generational family configurations where a grandparent was significant to the girl.

Azalea. Azalea was very close to both of her parents. They died within six months of each other when she was 29 years old. Azalea blamed her parents' deaths for many of the problems and changes that she went through following their deaths.

A series of events led to her being involved with drugs, losing her housing, being on the streets, and eventually losing her first seven children. Azalea maintained that:

> If my parents were alive, I wouldn't have lost my kids. I don't think I would have went through a lot of changes like I did. I just didn't have anybody to turn to when it came down to help. And as far as relatives and some cousins, and stuff like that, they are not that close. It was like when my parents died, it was like all of a sudden everybody quit coming around, and it was so different.

Jasmine. Jasmine also talked about the effect the death of a family member had on both her and her family. Jasmine's grandfather died when she was about 14 years old. He was the patriarchal figure that maintained order and stability within the family. Shortly after her grandfather's death, Jasmine began searching for the fatherly love that she had never known except from this grandfather:

> I was looking for a man because I didn't have . . . well, I had my Grandma I could love, that type of love. But, I never had a father type of love except my grandpa and he [was not] around anymore.

Her grandfather was like a father to her. When he died, she and the rest of the family lost the supporter of the family. He had been the "head of the household," who kept the home and finances under control. He was the strength of the family; and when he died, the "family fell apart." It was after his death that Jasmine found out that the Cinderella story was not true to life. She found out that there was not a "Prince Charming" who would provide a home and children for her as she was once

told by her grandfather.

Like Azalea and Jasmine, Gladioli also described the impact her father's death had on her life, while Iris discussed her feelings of grief at the time her parents' divorced and she "lost" her father. Their experiences will be further discussed in the section on father-daughter relationships.

Finally, Cosmos and Rose both experienced separation from grandmothers, with whom they were very close, when the grandmothers moved away from the family. Cosmos remembered her family favorably until her father married her stepmother, resulting in her paternal grandmother moving out of the home, indeed out of the country as she returned to her home in the United States (she had moved with the family when the father "kidnapped" the children). Rose experienced a similar situation. Her grandmother, of whom she has fond memories, moved when Rose was about 10 years old. After that time, Rose described her family of origin as basically falling apart. They no longer celebrated holidays or had family outings. There was no one for Rose to go to for nurturance once her grandmother moved.

Homelessness (Beliefs About Reasons for Homelessness)

The reasons that the women gave for their episodes of homelessness varied from woman to woman (see Table 1). There were generally several factors contributing to an episode of homelessness, although there may have been one incident that pushed the woman past the edge of homelessness to an actual episode. Most of the women interviewed were victims of abuse while children, however abuse was specifically provided as a reason for becoming homeless by only four women:

TABLE 1

Episodes of Homelessness

INDIVIDUAL PARTICIPANTS	REASONS FOR HOMELESS EPISODES				
Azalea	Death of parents within six months of each other. Azalea age 29.	Drug abuse	Economic ruin		
Begonia	Her stated reason was not explored; however she had severe mental illness, was abused as a child and lived in poverty as an adult.				
Carnation	Unable to work due to depression that developed when her adult children left home.	Economic failure	Lack of social services for women in crisis		
Cosmos	Health problems	Economics			
Gladioli	Economics				
Iris	Family of origin abuse issues	Mental health issues			
Jasmine	Death of grandfather	Abusive father	Education system	Economics	
Lily	Abusive marriage at age 16				
Poinsettia	Instability at home; parents placed her in mental institution.				
Rose	Left home at 17 due to abuse and got into prostitution	Drug & alcohol abuse	Mental health issues related to childhood abuse	Abusive adult relationships	Economics
Sunflower	Sexual abuse by stepfather	Drug & alcohol abuse	Inability to manage finances		
Violet	Psychiatric illness due to childhood abuse	Inability to function in capitalist society	Economics		

Iris, Violet, Rose, and Sunflower. Others mentioned the abuse that lead to other factors that then contributed to their homelessness. For example, Violet believed that her abusive childhood caused her mental illness that then caused her to be dysfunctional and unable to survive in a society that is fast-paced and success-oriented. Mental health issues were also contributing factors in the homelessness of Begonia, Carnation, Poinsettia, and Rose. Individually the women expressed a variety of possible reasons for their homelessness, including family issues. Several women (Sunflower, Jasmine, Rose, and Violet) changed or expanded their reasons for their homeless episodes over the time span of the interviews, indicating the complexity and multiplicity of reasons for homelessness.

At the first focus group the women were in agreement that they did not want to blame their families for their homelessness. They admitted that they had been raised in dysfunctional and abusive families, however, they believe that it is society that has turned its back on the women who now need support and housing. And as Violet articulated, society needs to accept some of the responsibility for the abuse within the family structure.

Roles

The fifth social unit addressed by Lofland and Lofland (1984) was that of roles. They state that:

> Roles are consciously articulated and abstracted categories of social 'types of persons.' In this sense, a role is both a label which people use to organize their own activity and one that they apply to others as a

way of making sense of their activity. (p. 79)

Consideration of the roles unit was helpful in the analysis of this data. The roles that were of particular significance within the families of origin were the informal family roles of scapegoat and little adult caregiver within the family, and the socially acceptable male and female roles. As we progressed from one unit to the next it became clear that the social units were very interrelated. Not only were the units (meanings, practices, episodes, roles and relationships) interrelated, so too were the themes within the units. For example, the mother-daughter relationship was related to the female-male roles within society. The roles that seemed most obvious were those that concerned male-female relationships. These roles also have been manifested in the discussions of practices and episodes. The roles of family members (e.g., mother-daughter) will be discussed in the section on relationships.

Traditional Female-Male Roles

In the cases of the women interviewed, women were placed in primarily subservient, sexual roles. As a child, Jasmine was taught by her grandfather that she would one day be taken care of by a man. Most of the women learned that a woman's role was to provide sexual gratification/pleasure for men. This was the experience of most of the women interviewed. They learned from a male-dominated society about the sexual object expectations placed on girls and women.

Iris talked about growing up in Reno, Nevada, near Mustang Ranch, (an internationally known brothel). She adamantly declared that pornography and prostitution were a "cosmic joke" within Reno society. For example, there have been

t-shirts and other readily available souvenirs saying "I got trained at Mustang Ranch," with no understanding that female roles are stereotyped by this image. She stated,

> growing up in a place like that, you learn real soon where your value is as a woman, because sexual abuse in the family is so common. . . The girls learn that their value is in putting out, and that just grooms them to be prostitutes, and a life on the streets with drugs and AIDS and everything else. It is a problem that has so many facets. It's got lots of branches and to stop it is a pretty monumental task.

Rose also expanded on her experience of the culture of abuse against women by men. Her experience began as a child and continued into adolescence and adulthood. She said,

> It seemed like every man I ever knew abused me. It seems that way, the more I remember, the more I realize that's the way it was. And my daughter was abused by her godparents. . . . It's just something about our culture that men think they have the right to abuse women.

Rose also talked about her felt need to have a man in her life (even though she knew he was not good for her and was abusive toward her) an expression of a societal expectation that women need a man to be "complete." Rose's mother lived this way also (see episodes), perhaps serving as a role model for Rose's learning about societal expectations of male and female roles.

The male/female role expectations were further perpetuated by society in that the women in this study reportedly were encouraged by social agencies to find a man

to live with so they would not need governmental assistance. The alternative to that was homelessness. Violet, Lily, Iris and Carnation each related experiences with social agencies in which they were pushed toward finding a man to live with so they would not need social services. Carnation summed up this experience, "There is no help for women at all. . . What they expect you to do is go live with a man and get out of their hair." Thus women go from living in a patriarchal family where they were taught that their role in life was to be pleasing to, (and often abused by), men, to living within a patriarchal welfare system where they were told to go live with a man to obtain basic necessities such as food and housing.

Iris, Violet and Rose were actively working on their childhood issues as well as trying to join forces with other women to change societal attitudes about female-male role expectations. However, Rose despairingly lamented,

> I can't figure out why [the United States] is such an abusive culture, I have theories about it. I read a lot about how American culture, what it is about American culture that makes [abuse] okay. And sometimes I just don't know what I can do to make a change. I have to do something to make a change . . . to find some way that I can be effective by educating other women, educating the children.

Iris, Rose, and other women learned well as children the roles they were taught according to societal standards. They have spent all of their adult lives trying to undo the damage incurred from fulfilling those roles.

Thus female/male roles, as defined by the women in this study, generally arise

from using a patriarchal system of oppression. Females are expected to be objects for male pleasure and are expected to be taken care of by men in return for the sexual gratification. If women do not meet the role expectation as defined by society they may be subjected to physical, sexual, and emotional abuse. Males, on the other hand, are expected to be the caretaker of and provider for the woman. Interestingly, it is these men in caretaker roles that abuse the women they are to "take care of."

Informal Family Roles

Roles played within the family setting provide clues to a better understanding of these women's perceptions of themselves. Lofland and Lofland (1984) would describe these roles as "informal" (p. 80). The family scapegoat and the "little adult" are the two family roles that were most apparent.

Scapegoating. Scapegoating is a dysfunctional adaptation within a family in an attempt to maintain family homeostasis. This homeostasis is maintained at the expense of one of the family members. The scapegoat becomes the focus of the family's difficulties, thus covering up the real problems of the family (Friedman, 1992). Goodspeed (1975) and Roberts (1975) discuss how a scapegoat is selected in a family. Children are more vulnerable because they are less powerful and are not as significant to the family survival as are adults. The first child is the most vulnerable because they may be born to parents who are already experiencing marital difficulties. Their birth increases the stress in the marriage and the parents displace their problems onto their child. There are numerous other reasons a person may be the selected scapegoat, including: "age or sex, intelligence, health status, developmental stage,

resemblance to another family member with negative attributes or simple availability" (Friedman, 1992, p. 335). Friedman asserted

> the scapegoating mechanism can be viewed as functional for the family, in that the scapegoat produces family equilibrium on a short-term basis; but it is dysfunctional in the long run for the emotional health of the exploited member and, for that matter, the health of all family members. (p. 336)

Iris. Iris believed that she was "definitely the scapegoat" in her family of origin. Part of the scapegoating from her mother and sister was due to the favored position she held with her abusive father. Gladioli also was scapegoated, she was singled out as the child her mentally ill mother most despised. Poinsettia was "never good enough" in meeting her parents' expectations. Begonia felt persecuted by her family. Other women involved in this study also addressed ways in which they felt "scapegoated" by family members. A scapegoat is defined in Webster's Dictionary as "one that is made an object of blame for others." Several of these women felt blame was placed on them undeservedly.

Little adult. The role of little adult indicates that the child was expected to fulfill roles normally assigned to an adult. Responsibility for her younger sibling was a common expectation for many of the women interviewed. Eight of the twelve women in this study were given responsibility for siblings when they themselves were quite young. This sibling care role is discussed in detail in the next section on the social unit of relationships, under sibling relationships. In addition to taking care of their younger siblings, the women were expected, as children, to be responsible for

family finances, family communication (e.g., do not make father angry), and other adult roles that were not reasonable expectations for children. In essence, the girls were expected to enact adult roles while still girls, a role reversal.

"Role reversal" is defined in the literature and is part of the dynamics involved in family violence. Justice and Justice (1976) discussed role reversal within abusive families:

> Unmet needs for love and comfort are highly significant factors in the personality profile of people who abuse and underlie the high demands they place on their children's behavior. . . These parents behave like children themselves and want their children to act like parents. (p. 94)

Relationships

The final social unit addressed as part of this research project was relationships. Relationships are based on and intertwined throughout all of the preceding social units. According to Lofland and Lofland (1984):

> two parties who interact with some regularity over a relatively extended period of time, and who view themselves as 'connected' to one another form a social relationship. Such pairings vary in myriad ways: the positive or negative character of the emotions prevailing, the degree of interdependence, the amount of trust, the parties' relative amounts of power, the amount each knows about the other, and so forth. (p. 85)

Families of origin are full of very complex relationships and entanglements, which may be positive or negative. In the stories told by the women interviewed for

this study, almost all relationships in their families of origin were perceived by the women as being negative. Mother-daughter, father-daughter, sibling, and friend of the family relationships will be discussed. Additional practices and meanings emerged and were developed through the in-depth analysis of the stories about the mother-daughter, father-daughter, and sibling relationships.

Mother-Daughter Relationships

Mother-daughter relationships consist of the communications and connections, or lack thereof, between mothers, stepmothers, grandmothers or other surrogate mothers and their daughters (the women in this study). The mother-daughter relationships seemed to be the most enmeshed of the relationships examined. Many of the stories were very sad and extreme. From analysis of the women's stories about their mothers the following practices have emerged and will be illustrated using their examples: betrayal, devaluation of self by others, enmeshment, emotional void, longing for, emotional cutoff, and destructive coalitions.

Betrayal

Betrayal was defined by these participants as the sense of being not believed, not protected, or hurt by a significant trusted individual in their lives, usually their mother. Although betrayal was experienced by the majority of the women interviewed for a variety of reasons (e.g., abuse, neglect, coalitions), it was a theme that emerged particularly from the women who experienced sexual abuse from their fathers or stepfathers. The women felt a sense of betrayal by their mothers who frequently doubted their daughter's claim(s) of sexual abuse by their fathers,

stepfathers or other significant men in the daughter's life. Urbancic (1993) discussed this phenomenon in families of incest. Although Urbancic's clinical experiences revealed that most mothers eventually believe their daughters and provide support for their daughters while appropriately placing the blame and responsibility on the offender, there are some mothers who deny their daughters' claims of sexual abuse. They join forces with their husbands and accuse the daughter of lying. To outsiders the parents may appear to be a stable couple who are actually the victims of their daughter. Urbancic argued that:

> Mothers reinforce this victimization role by trying to convince others that the daughter is a "bad seed." They make statements such as "she began to lie as soon as she started to speak" or "she made trouble for me from the day she was born. (1993, p. 143)

This denial by the mother is devastating for the daughter and provides her with an even greater sense of betrayal. Whether the quality of the mother-daughter relationship leads to betrayal, or conversely, is affected by betrayal is unknown.

Gladioli. Gladioli experienced betrayal from her mother on at least two occasions regarding sexual abuse; the abuse she endured from a stepfather and the abuse she suffered from an employer when she was a teenaged receptionist. Gladioli related her mother's reaction when her mother was told by the police that Gladioli's employer had molested her,

> My mom said, 'How could you do this to me? How could you go into a man's apartment with him and then get yourself into trouble like

> that?'. . . Never mind that I had just been sexually abused. . . I knew inside, you know, in a really quiet way that I wasn't going to win in court. That I was facing a mother who believed I lured him up there and a stepfather who hated me and supported only her. [Also] a boss who was going to deny it. I knew I wasn't going to win, so I said, 'I'm not going to press charges.' Which of course incriminated me. But I chose that because I didn't believe I could stand up in court. So, after that was all over, my mom said, 'I'm getting rid of you, you are just too much trouble.'

Gladioli was sent to live with an older half-sister who resided in a different state.

Sunflower. Sunflower remembered her mother with mixed emotions. She remembered some positive times with her mother before her marriage to Sunflower's stepfather, yet she blamed her mother for turning her head and not protecting her against her stepfather's rapes. "I don't know whether [mother] was just naive and didn't see the signs . . . I know there was a lot of stuff that she just turned her head and didn't want to watch."

Iris. Iris believed that her mother still does not believe the accounts of the sexual abuse that Iris endured from her father. Her mother claimed that Iris exaggerated everything and that Iris was overly dramatic. Iris tries to avoid her mother because of her mother's disbelief of her.

Other women interviewed experienced betrayal by their mothers (Begonia, Violet, Carnation, Lily) either because the mother was physically, emotionally, or

sexually abusive, or because the mother failed to protect the daughter from another family member. Lily reported that when her stepfather would "put me down" her mother would join in with her stepfather. "That was their way of punishing me." The betrayal experienced as children added to the women's devaluation of self, another theme that emerged from the data.

Devaluation of Self

The practice of devaluation of self is defined as the assumption into herself of the value perceived to be placed on her by significant others. Experiencing devaluation within the family system has resulted in many of the women suffering from self-doubt and low self-esteem from which most have not recovered. Several of the women reported examples of how their mothers devalued them as a person. The effect of the devaluation was long-lasting, effecting them in their present adult lives.

Poinsettia. Poinsettia reported that her mother "treated me like I don't have any brains to be on earth." She stated that her mother tells people, even today, that Poinsettia is retarded. Poinsettia emphasized that she had never been happy in her life.

> It's like I never measured up. No matter how good I was, it wasn't good enough. Like, if I got a 'B', I should have gotten an 'A.' . . . That just crushes happiness. I never had any happiness in the house. I never had any ups, my whole life was a one downer.

Carnation. Carnation's mother "didn't care to have me. . . She didn't really want me around." This mother also was one who told people that Carnation was

mentally retarded. Carnation was actually afraid of her mother. She remembered thinking at one point that her mother had hired some people to kill her. She was 14 years old and was invited on a hunting trip. She imagined that her mother had hired these hunters to kill her. She felt both relieved and foolish when at the end of a "very long day" she was still alive and the hunters were kind people. The magnitude of her feelings about not being valued was emphasized with that story of her fears for her personal well-being.

Iris, Sunflower, and others also felt that no matter what they did and regardless of how "good" they were, it was never good enough for their mothers.

Many of the women interviewed felt that their siblings were more favored by their parents, again fostering the feelings of being devalued themselves. This will be discussed further in the section on sibling relationships.

Enmeshment

Enmeshment was another practice that emerged from the mother-daughter relationships. Goldenberg and Goldenberg (1991) described enmeshment. Their description was used to define this practice as it occurred in mother-daughter relationships.

> Enmeshment refers to an extreme form of proximity and intensity in family interactions in which members are overconcerned and overinvolved in each other's lives. In extreme cases, the family's lack of differentiation between subsystems makes separation from the family an act of betrayal. Belonging to the family dominates all experiences at

> the expense of each member's self-development. . . Children may act like parents and parental control may be ineffective. (p. 171)

Poinsettia. Poinsettia provided a good illustration of enmeshment in the family unit. Poinsettia reported that her mother, at age 93, continues to control Poinsettia's life, not allowing Poinsettia to have her own voice. "She wouldn't allow me to answer" is Poinsettia's way of describing this aspect of their relationship. Her mother recently insisted that Poinsettia relocate with her. This step was taken at the mother's insistence to end a relationship that Poinsettia with a man in the former city. Poinsettia has not been able to differentiate from her mother.

Azalea. Azalea provided another example of enmeshment. She reported that after her parents' deaths she was unable to cope with daily life situations. Azalea maintained that,

> If my parents were alive, I wouldn't have lost my kids. I don't think I would have went through a lot of changes like I did. I just didn't have anybody to turn to when it came down to help . . . It was like when my parents died, it was like all of a sudden everybody quit coming around and it was so different.

Iris. Iris provided a third example of enmeshment in abusive families. She described the relationship with her mother as one with the roles reversed. Iris claimed that her mother was the child and Iris was the adult. Role reversal is a common occurrence in enmeshed, abusive families. The boundaries between the family subsystems are diffuse, thus allowing for the mother to actually be parented by

her child (Goldenberg & Goldenberg, 1991; Justice & Justice, 1976). This is often a result of unmet needs that the parents have because their own dependency needs were not met as children. These parents want their children to take care of them and meet those needs (Justice & Justice, 1976). Regardless of the abuse, Iris continued to be drawn to her mother as well as to her father. The entanglement and enmeshment caused by her family abuse seems an impossible net from which to disengage.

Violet. Violet also reported role reversal in her family. She credited her mother with being very brilliant and exposing the children to many cultural events. However, she also described her mother as dysfunctional and disturbed, having placed adult responsibilities on the children at very young ages. The mother sent Violet to scavenge for money when Violet was only four years old. If Violet returned home without money, or not enough money, Violet reports that her mother would be angry and send her back to a nearby park to get more.

Emotional Void

Emotional void as experienced by these women was a practice that was defined as the total absence of connection between the daughter and her mother. Several women described how their mothers were unable to nurture or provide emotional support for them.

Gladioli. Gladioli said that her mother "had a mental illness that included me in her dynamics all of her life. . . (In the family) photos, you can see she even has a hard time holding me. It's like holding a ventriloquist doll, she's just gone."

Rose. Although Rose described herself as being close to her 79 year old

mother now, this was not the situation during her childhood and young adult years. She described a mother who did not know how to nurture her children. Rose's mother had been abused as a child herself and therefore, according to Rose, had never learned how to nurture. She worked a lot, was rarely home and left the children home alone. Rose recalled how she never did anything with her mother. When asked if she remembered any special times with her mother, she said,

> No, I don't remember. She always worked. So she was gone all day and when she got home she had to get dinner and then he [their father] was coming home so we definitely had to be out of sight, because he wanted her for him. We didn't have time together at all. . . My mother and I never did anything, just her and I together that I remember.

Only during the past two years has Rose been able to forge a relationship with her mother that she had longed for as a child and young adult.

Longing For

Longing for was a practice that was defined as the need to fill a felt void in one's life. The women interviewed reported their stories in ways that expressed longing for many things. Sunflower longed for a relationship with her sister; Cosmos longed for the love and connectedness of a mother; Begonia longed for a loving family; and Violet longed for the childhood she had never had. Carnation longed for her mother's love. Carnation's story imparted the hope for reconciliation with one's mother that many of the women longed for. Carnation depicted her mother as "strict

and wicked." She, like Poinsettia, had to cope with the fact that her mother told people she was mentally retarded. Carnation related how other people told her that her mother beat her even as a baby and that, as a baby, she learned to be quiet at the sound of her mother's voice to keep her mother from beating her. However, until her mother's death, she tried to win her mother's love. She stated,

> It hurts, it really hurts and you try to live with it, when she wouldn't even say that she loved you. That's why, like a fool, I went back with her when Dad went to court [regarding custody]. Hoping I'd get her to say she loved me and she wanted me. It was a bad mistake.

When asked if her mother was still living, she continued, "No, thank God, she's dead. So is Dad. With Dad, I didn't shed a tear when he died. But Mom, I just broke down, because I could never get her to say she loved me."

Emotional Cutoff

Emotional cutoff is defined as "the process of separation, isolation, withdrawal, running away, or denying the importance" of the family of origin (Haber et al., 1982). Upon reaching adulthood or before, children who have been traumatized such as the women in this study attempt to separate themselves from their family in a variety of ways. Goldenberg and Goldenberg (1991) described Bowen's (1976) theory of emotional cutoff. It is "a flight from unresolved emotional ties, not true emancipation" (p. 155). The emotional cutoffs noted in this study are reflective of Kerr's (1981) description (in Goldenberg & Goldenberg, 1991) of an underlying fusion between generations.

Iris. Iris provided an example of an emotional cutoff between a mother and daughter. She stated her desire to separate from her mother because of her mother's abuse and betrayal. However, Iris continued to contact her mother and attend family gatherings while later voicing her regret over having attended the function. She asserted the need to separate from her family in order to be healed of her past hurts. Bowen, however, asserted that adults must first resolve their emotional attachments to their families of origin. Only then can they achieve a differentiation with their family of origin (Goldenberg & Goldenberg, 1991). Emotional cutoffs with fathers and sisters also were described by several women and will be discussed later in this chapter.

Destructive Coalitions

Goldenberg and Goldenberg discussed Minuchin, Rosman, & Baker's (1978) theory on family coalitions. Coalitions are defined as "alliances between specific family members against a third member" (1991, p. 173). Destructive coalitions exist when the alliances that are formed are negative toward one family member. These destructive coalitions were common in the families of origin of the women interviewed. This practice will be discussed in the sibling relationship section of this chapter.

Father-Daughter Relationships

Relationships the women had with their fathers were important in shaping their lives as well. The father-daughter relationships consisted of the communications and connections, or lack thereof, of the women interviewed with their biological fathers,

stepfathers, grandfathers, and other surrogate fathers. With the exception of Gladioli and Azalea's relationships with their biological fathers, the father-daughter relationships described by the women were primarily abusive and coercive. The physical, sexual, and emotional abuse endured by the women were discussed earlier in this chapter; these findings will not be repeated here in detail. In addition to the abuse issues, additional practices related to the father-daughter relationships emerged as the data was further analyzed. The practices that are embedded within the father-daughter relationships are: differently treated, idealized father and banished daughter. Male oppression and the devaluation of the women interviewed are two meanings that seemed pervasive in these relationships.

Differential Treatment

Differential treatment was defined as daughters who experienced relationships with their fathers that were perceived by them as negative while their sister's relationship with that father figure was perceived as positive. At least five of the twelve women reported that their fathers treated them differently than he treated their sisters or half-sisters. Treating daughters differently set up conditions of forced competition among siblings for the father's attention. The competition at home reinforced the teaching that girls and women have which prevents them from developing friendships and instead vying for a man's attention and favors. Carnation described her sister as being "the light of their [her parent's] life" while at the same time, they did not want or like Carnation. She stressed the importance of not showing favorites among one's children because, "I know what it's like." It was a

devastating experience for her. Begonia had a very intense hatred toward her adopted sister, whom she felt was favored by her father. She believed that her sister received all of the family attention and resources, causing Begonia to lead a life in poverty. Begonia referred to her father as "cold and austere."

Begonia and Carnation's experiences were with their fathers, while Gladioli, Lily, and Sunflower experienced the devaluing experiences from their stepfathers.

Gladioli. Gladioli was treated differently by her several stepfathers than was her half-sister. She felt that her half-sister was treated with love and favoritism while Gladioli suffered abuse from them (the stepfathers). Her first stepfather sexually abused her. Gladioli believed that he actually married her mother in order to sexually abuse her. Bolton and Bolton (1987) explained this phenomenon as one that is found commonly among male perpetrators of sexual abuse. Gladioli's second stepfather chose to adopt her younger half-sister while choosing not to adopt Gladioli. Instead, he joined forces with her mother, alleging that Gladioli was bad and evil. He reinforced the "pattern of mistrust" that had begun during her childhood.

Lily. Lily spoke of her stepfather. "As soon as he moved in, I stopped getting an allowance. She [her younger sister] was getting a raise in her allowance; more than I had and I had to do more chores." She claimed that she did not get along with this stepfather from the time of their first meeting. She also asserted that she got married at 16 years old because she wanted to leave home.

Sunflower. Sunflower's story of her stepfather was perhaps the most revealing. Sunflower was sexually and physically abused by her stepfather. Her half-

sister, his daughter, was favored by the stepfather. Sunflower has not resolved that issue and continues to be distressed by the lack of acceptance from her stepfather who both sexually abused her as a young girl and physically abused her as a pre-adolescent and adolescent.

The father or stepfather's preference for the other sister compounded the sense of devaluation that many of the girls were already experiencing; as was addressed in the preceding section about their relationships with mothers.

Idealized Father Figure

The idealized father figure was defined as the father figure who is perceived as doing "no wrong," as being the model for a perfect partner. Three of the women talked about the idealized father figures that they had and how they searched for that person in a husband but were unable to find him.

Gladioli. Gladioli portrayed her relationship with her biological father as one that was close, satisfying and strong; in contrast to the relationships with her stepfathers which were tumultuous. Gladioli's father, an alcoholic, died when she was twelve years old. She had very positive memories of her father and believed he may be the reason that she has been able to survive in society. She described him as a wonderful man, the best of all the men her mom married (her mother had six husbands). "My father wasn't a great family man, but he was a great father to me. I don't know if I was able to have the strength because of him, or if I was born with a certain strength. I have a real strong link with him."

Jasmine. Jasmine talked about her grandfather when she discussed the

father/husband ideal in her life. She described her grandfather as the strength of their family. "Now, when my grandpa was around, he didn't permit his son (Jasmine's dad) to pull any of this [drinking and abuse]. Because [grandpa] was a man, he was the father of the household and he kept [my father] in shape. . . As soon as [grandpa] died everything fell apart." Jasmine expected to find a "Prince Charming" one day as her grandpa had promised her would happen. "My grandpa use to tell me that someday I would have Prince Charming. [Grandpa] would tell me this Cinderella story: [Prince Charming] would marry me and I would give him grandchildren and we would live happily ever after." Jasmine looked for that in a relationship and was soon faced with the realization that such a relationship did not exist in reality.

Azalea. Azalea's memories of her military father were also positive. He was involved with the children and never loud or abusive. She said that she was always looking for a man like her father, "hardworking and easygoing, but never did [find one]."

The ideal man is another societal stereotype that reinforces the woman's subservient role and places the husband as the one taking care of the wife. This stereotype is strengthened in both the home and society in general.

Banished Daughter

The banished daughter is defined as a daughter who has been evicted from the family and told by their fathers not to return unless the daughter made specific changers in her lifestyle. Three of the women reported being cutoff or banished from their father/stepfathers. Cosmos, Rose, and Sunflower tell stories of not behaving in

the manner that their biological fathers and stepfathers felt necessary and being banned from the households as a result. This is a manifestation of male oppression of women, as were most other aspects of the relationships of these men with their daughters. When the men felt they had lost control of their daughters they would terminate the relationship completely.

Cosmos. Cosmos described her father as passive because he stayed in a relationship with his second wife who Cosmos described as intimidating. Paradoxically, she also stated that he was not passive in terminating relationships with women he was unable to control. For example, he had Cosmos' mother placed in a mental institution even though she was not mentally ill, according to Cosmos. He severed the relationship with his second wife only when he felt she had stepped beyond the boundary of his control, and finally he "kicked" Cosmos out of the family when she was 21 years old and refused to come home from her job in the city and "act like a daughter." Cosmos characterized her father as "out of control" when he was angry. "It was kind of always living under the axe, wondering when you were going to get it." Cosmos emphasized the fact that it was her father, not her, who severed their relationship.

Summary

Three of the women interviewed reported positive interactions with their father figures. However, one of these three was sexually abused by her stepfather and another experienced sexual and physical abuse from her biological father. The abuse suffered by the daughters exemplifies the prevalence of oppression and devaluation of

girls and women by men in our society. The oppression and devaluation of women by men are overarching practices that continue to be pervasive within society and are enacted in the family setting.

Sibling Relationships

The third family relationship is the sibling relationship. Sibling relationships consist of the connections and communications, or lack thereof, between the women in the study and their brothers and sisters, whether biological, adopted, step or half sibling. There were two practices which appeared to be instrumental in defining and shaping the sibling relationships of these women. The first was the practice of allowing or requiring children to care for other children in the family and the second was the formation of coalitions against the woman by other family members with the siblings. Both will be addressed in this section. How these practices influenced the relationship is an illustration of the interaction among these two social units, practices and relationships.

Sibling Childcare Responsibility

Sibling childcare responsibility is defined as adult responsibility forced on pre-schoolers to teenaged daughters for younger siblings, without adult supervision or guidance. The women in this study were frequently given child care responsibilities that were unrealistic for their ages. They also suffered the consequences if anything went wrong while caring for a younger sibling, even though they might have been a pre-schooler caring for a toddler. These early responsibilities seem to have influenced the children to become rivals with one another and fostered unhealthy

sibling relationships in later years.

Jasmine. Jasmine was blamed by her father for mistakes made by her sister who was one and one-half years younger than Jasmine. She recalled an automobile accident that she was in when her teenage sister was driving. Though her sister wanted to leave the scene, Jasmine insisted they stay and exchange information with the other motorist. Even though her sister was driving, it was Jasmine who got in trouble with her father because she was the oldest child.

Sunflower. Sunflower, too, remembered that she had responsibility for her younger siblings when she was seven years old. Her grandfather was in the house when Sunflower "baby-sat" the baby; however, Sunflower maintained that he was only a figurehead. Her mother and stepfather used him so that they could say they had left the children with an adult instead of with a seven year old. Sunflower would get up in the middle of the night to diaper, feed, and rock her baby sister.

Violet. Violet remembered being responsible for her younger brother after his birth even though she was a pre-school child when he was born. "And then when [brother] was born, there was additional stress on the family. And lots of times I got a beating for not watching him properly, and I was four years old." Her responsibility, as well as blame, for anything that happened to her brother, continued into young adulthood when he committed suicide. At that time she was blamed by her mother, because her mother said Violet should have known that her brother intended to commit suicide.

Rose. Rose had responsibility for her youngest sister. This sister, quite a bit

younger than Rose, was afraid that Rose, when she returned unexpectedly from the girls' school, would destroy her life, an illustration of the competition between siblings. She had become accustomed to being an only child and was jealous, fearing that Rose would interfere when she returned. They became reconciled in their twenties.

Sibling Coalition Formation

Coalitions were defined earlier in this chapter. This practice observed in sibling relationships fostered sibling rivalry or sibling conflict. Often a stepmother or half sister would form a coalition with the woman's sibling and attempt to turn that person against the woman.

Sunflower. Sunflower believed that her younger sister joined forces with the half sister in a coalition against Sunflower. Her sister's motive seemed to be getting on her stepfather's good side. Their half sister, his daughter, could manipulate him and get anything she wanted. The middle sister recognized the advantage of being in "cahoots" with their half sister instead of being at odds with the stepfather, as Sunflower was.

Carnation. Carnation's biological mother and sister formed a similar coalition. "When [the sister] came along, she was the light of their life." Carnation, however, felt despised by her mother. This conflict has lasted throughout the sisters' lives.

Cosmos. It was Cosmos' stepmother who tried to alienate Cosmos from her family. "She would kind of pit [my sister and me] against the other. We always had kind of an adversary." Her sister married and moved to a different country. After

not seeing one another for over twenty years, they have reunited and are now communicating and accepting of one another.

Begonia. Begonia believed that her adopted sister formed a coalition with her adoptive mother to turn her father against Begonia. To this present time, she has an intense hatred for this sister. Begonia also has two brothers. One died at age 28 of cancer and the other is living and working in a different state. She does not keep in contact with him currently. Begonia did not consider her brothers to be evil, which is how she referred to the rest of her family of origin.

Iris. Iris' mother and sister ostracized Iris as a child. Their coalition was formed against Iris because she was considered "daddy's girl." Today her mother continues the coalition with Iris' younger sister and includes Iris' stepfather as well, still attempting to isolate Iris from the family. Iris was ambivalent about trying to resolve her entanglement with her family of origin; she also perceived them as being harmful to her well-being and that of her children. Iris has a strong relationship today with her older half-sister.

Azalea. Azalea had a younger sister and brother. She and her younger sister fought a lot as children and youth. Azalea felt she often took the blame for her sister because she was older. After their parents' deaths, Azalea needed someone to help her with her children so they would not be removed from her. Her sister was too busy to help her when asked. The sisters now have no contact with each other. Azalea does maintain minimal contact with her younger brother.

Summary

Sibling relationships appear to have had lasting consequences on the women interviewed. The hurt of these broken relationships continues to be present with the women interviewed. Azalea, Begonia, Iris, Sunflower and Carnation have no contact with at least one of their sisters, because of conflicts within the family when they were children for four of the women. Azalea's conflict with her sister was as an adult, rather than as a child. Violet, Rose and Iris (with her older half-sister) have reconciled with a sister and currently described their relationships as strong. Interestingly, with the exception of Rose who was molested by her brother, the women with brothers (Violet, Begonia, and Azalea) did not describe conflicted relationships with their brothers.

Focus Groups

In addition to the data gleaned from the individual interviews, two focus group interviews were conducted to verify and expand on the information received in the individual interviews. The first focus group consisted of 12 women. At this interview, they confirmed the information provided by the women individually. The women affirmed one another's experiences within their families of origin as being very abusive and dysfunctional. The focus group was an illustration of women listening to, affirming, and supporting one another. In addition to talking about their families of origin, the women also discussed societal issues relevant to homelessness. This discussion continued into the second focus group session at which six women were present.

At the first focus group interview several women agreed with and affirmed one woman who spoke for the group when she said:

> I have a multiple personality disorder, it's not really considered a mental disorder, it's considered caused by things that happened to you as a child. I guess when I looked at my homelessness, I see [childhood happenings] as one of the core situations that brought [homelessness] into being for me. But I also know that the history of my family supported the sorts of behaviors that occurred. I mean, it wasn't as simple as my basic family. It's, I think generations old. When I look at that, I mean the family is one thing, but the things that impact on the family from the externals, I think, help create a family that doesn't function well within its core.

This woman talked about societal violence through established and sanctioned institutions within the U.S. She spoke of the military and of religion:

> That abuse and all those sorts of things come out of the difficulty of being able to function in the real world. I see it as a factor in my . . . family lineage. My grandfather fought over in the Philippines and had post traumatic stress disability. . . [He] came home with that and was abusive within the family structure. I see religion as another piece of that. My grandmother [came] out of a traditional background of her father being a minister with all those moral implications which sort of warp and bend [individuals]. . . When you put those two things

together [military and religion], I think it creates some pretty negative [implications for family].

Although acknowledging the effects of their families of origin on their personal life situations, the women also emphasized that societal practices promote dysfunction within families.

Meanings (Revisited)

It seems appropriate to integrate and conclude the analysis section with emergent themes, known as meanings, that can by synthesized from the data about the lives of the majority of these women and their families of origin. Meanings that surfaced as being particularly relevant are "lack of connectedness" and "being without."

Connectedness is the ability to be connected with a community, where a community is family and/or friends with whom a person feels a sense of belonging, and being able to give and receive from other people. The women interviewed lack in their sense of connectedness. The transiency and abuse of their childhoods have continued into their adult lives and have contributed to the lack of connection with others. Disconnection cuts them off from potential sources of support. It is the resulting lack of social support that may possibly provide a link contributing to the woman's homeless episodes, as well as their feelings of "being without."

Sunflower used the phrase "being without" when she described homelessness. Other women in the study also indicated that they were without essential aspects of living. They were often without family, without safe places, without shelter, without

nurturance, without trusting relationships, without their own voice, without support, without love. Perhaps, being without is the one phrase that encompasses the lives of these twelve women.

Summary

Lofland and Lofland's social units of analysis have been used to describe and add meaning to the perceptions of twelve women about their families of origin. The social units that have been used are: meanings, practices, episodes, roles, and relationships. Within each social unit, further meanings and practices were revealed by in-depth analysis.

CHAPTER V

DISCUSSION

Introduction

This chapter will include discussion of the following: (a) implications for nursing research and theory, including implications for policy research; (b) comparisons of the findings with those of previous studies; (c) strengths and limitations of the study and method; and (d) practice and policy development and implementation.

Implications for Research and Theory

Homelessness is not going to be eradicated; however, the findings from this study suggest several possibilities for future research into factors which, when better understood, would contribute to a more accurate model of homelessness. This model then could be used not only to help predict vulnerability to homelessness, but also to develop and test health care interventions with families as well as policies which can help prevent that vulnerability from leading to actual homelessness. Two kinds of research are needed, the first being research that would strengthen the findings of this study. Recommendations for this research will be discussed, followed by a recommendation for policy research, which is necessary if societal change is to occur. Recommended studies for strengthening this study include: (a) a repeat study with a non-homeless sample of women; (b) a re-analysis of the women's data using a personality development theory perspective; (c) a replication study focusing on minority women populations; (d) a study of social support and its effects and

implications for women's homelessness; and (e) a study describing "street families."

Never Homeless

A systematic replication of this study in a population of never before homeless women who participate in a women's support group would provide good comparison data. I would hypothesize that many of those women would also have been abused as children. However, there may have been something that was different within their families of origin, or perhaps they were able to find a stable means of support outside of the family (e.g., a teacher, counselor, neighbor). Perhaps societal influences may have been experienced differently by these women and/or their families of origin. Such a study could provide insight describing what may be different about the families of origin, societal interface or perhaps the life experiences of the women in this study.

Attachment to someone at an influential point in one's life appears to be one of these missing factors. The positive attachments that were discussed by a few women in this study became broken attachments (e.g., Rose's grandmother through a move; Violet's surrogate aunt; and Gladioli's family friend who molested her). It would be interesting to study a population whose positive attachments remained intact. Women interviewed who had alternate objects of attachment seemed to have fared better than those who did not. The study suggested above would be useful in exploring this hypothesis.

Mental Health Perspective

I would like to re-analyze this data using personality development theories and principles, primarily focusing on attachment and object relations theory. These

theories may provide useful insights into the women's childhoods and their personality development and therefore into their abilities to function as adults in today's success oriented society.

Minority Populations

Additionally, replication of this study with minority populations of women would add more breadth to the findings. This sample included one Hispanic woman whose family was not abusive and eleven Caucasian women whose families were abusive. Additional interviews with women from Hispanic families would provide rich data about how their intergenerational family structures tend to serve as support systems (Chilman, 1993). The African American population is over-represented within the homeless population, yet was unrepresented in the study sample. African Americans were not participating in the women's group at the cafe from which the majority of the participants came and therefore were not represented in this study.

Social Support

A useful follow-up study would examine social support networks of women who are currently homeless, have been homeless, or who have experienced abuse as a child yet did not experience episodes of homelessness. A social support instrument measuring support, conflict and reciprocity concepts, such as the one developed by Tilden, Nelson, and May (1990) and used by May (1990) in her study of battered women, would be appropriate for use with this population of women. Comparisons between the social support network of the women who have experienced homelessness and those who were never homeless could identify aspects of social support which,

when missing, contribute to a significant increase in vulnerability to homelessness.

Street Families

Finally, when the women talked about their experiences while "living on the streets," they talked about their street families. They particularly referred to "street moms," "street sisters," and "street brothers." No woman mentioned "street fathers." An ethnography of these roles and relationships would be fascinating and possibly would provide insight into the support systems people develop while living on the streets and in shelters. More insight could be gained from such a study into the interactions of the women with the people that they placed in the various street family roles. For example, how does a woman interact with the older woman she refers to as her "street mom?" How might these interactions inform the researcher about the patterns of interaction within the woman's family of origin? Do women fail to assign the role of street father to a male? Was the omission of the street father role assignment an artifact of this sample, or is that omission related to their experiences with fathers and stepfathers in their families?

Implications for Policy Research

Majchrzak (1984) discussed the conceptualization of a policy research study. How we define the problem of homelessness determines the focus of our research problems and the interventions that are developed. Thus, if we determine that one cause of homelessness in women is the abusive environments in which they are raised, then a policy approach might be to intervene in high risk families and address the problems at the family level. Conversely, if it is determined that homelessness is

a result of economics and availability of affordable and decent housing, the approach might be to subsidize housing and look at educational or employment opportunities. If however, a third option places the accountability on societal structures, such as patriarchal oppression, objectification and devaluation of women as reinforced by religions, military, educational, and family institutions, then the interventions would be at higher and more complex societal levels.

When the causes of a societal problem are several, it is important to have differing perspectives represented when a policy research study is designed. A consensus may be reached through the development of "new models of the social problem that accommodate [all] opinions" (Majchrzak, 1984, p. 44). If that does not satisfactorily solve the problem, Majchrzak suggested that the researcher attempt to appeal to the group's "higher-order values" (p. 44). Higher-order values include societal well-being goals with which most people agree. For example, the abolishment of poverty, eradication of violence within the home, social justice, provision for groups unable to survive independently, equality of education, and elimination of oppression, would be goals for societal well-being with which few would argue.

Kendall (1992) discussed the failure of nursing to tackle social problems that require societal change. Instead, the choice is made to "help" the client change, usually by asking the client to adapt to a dysfunctional system. To what extent solutions to societal problems are a concern of nursing, is a legitimate question to be asked. However, I would argue that as client advocates, nurses can do no less than

be involved in all levels of policy research and policy making, particularly in matters related to the well-being of families.

Future studies should provide nursing and policy researchers with more opportunities to build a better understanding of the many facets of family life related to risk of homelessness. Societal issues related to family violence and to homelessness need to be explored. Well-designed studies are needed to provide convincing data supporting the relationships between societal factors and homelessness for the public and for policy-makers. From this understanding, hopefully there will emerge a sense of societal anger and urgency about the injustices suffered by many women and girls in our society, as well as a recognition of the need for compassion and support for women who have been grossly victimized as children and as adults. Believing the women's stories is a beginning to this process of better understanding. Interpreting their stories will allow the nurse researcher to use a conceptual framework for understanding women's experiences and for planning family interventions and recommendations for social and health policy.

A review of the literature revealed a paucity of in-depth studies focusing on homeless women and their families of origin. Two studies were found (Bassuk, 1989; Bassuk & Rosenberg, 1990) indicating that women who were homeless had been abused as children. The present study supports those findings to the extent that all but one of the women interviewed had been abused as a child and all had experienced homelessness. In addition, this study points to the need to examine societal issues as they relate to homelessness, family abuse and the social conditions within which

family abuse can flourish. What is it about society that promotes abusive families, disconnectedness, and other dysfunctions which may contribute to homelessness?

Comparison of Findings with Previous Studies

Although there are few previous studies of this nature, some important comparisons with earlier findings can be made which are worth noting. Bassuk (1991) and Bachrach (1984) write that homelessness is much more than being without shelter. The findings of this study support their claims. In addition to being without shelter, the women described being without many other aspects of everyday life that are taken for granted by many Americans, including respect from others and a connection to family and friends.

The women in this study were both similar and different from the sample studied by Burt and Cohen (1989). Burt and Cohen's interviews with homeless adult users of soup kitchens and shelters revealed a low level of educational attainment among women with children. In contrast, only two of the women in this study who had children had not graduated from high school, and one of these women has since earned her GED. Of the remaining nine women with children, all had high school diplomas and seven had received at least some college education, with four having bachelor's degrees and one having a master's degree. The Burt and Cohen (1989) study found that homeless adults were more likely to be non-white and "younger." This sample of women was primarily white, with one woman being of Hispanic ethnicity. The age range for these participants was 21 to 56 years old.

Carmen, Rieker, and Mills (1984) reviewed inpatient records of 188

psychiatric patients. Their review revealed that 53% of female patients who had been institutionalized had experienced abuse as a child or an adult. The five women in this study who had a history of institutionalization in a mental health unit also had histories of being physically and/or sexually abused as children. Self-abusive behaviors, ranging from depression to self-mutilation, reported by Carmen and colleagues (1984), were observed in this group of women also.

This investigation confirms the findings of Bassuk and Rosenberg's (1988) study of 49 homeless women and 81 non-homeless women. Their findings showed homeless women having a higher frequency of early life abuse and disruptive experiences, including divorce, desertion, illness, parental death or victimization. In particular, Bassuk and Rosenberg (1988) found that 41% of the homeless women reported childhood abuse compared to 5% percent of the housed population who chose to respond to the question on childhood abuse. The prevalence of childhood abuse was even higher for the participants in this study.

Finkelhor and colleagues' (1988) recommendations for studies of special populations of women, such as homeless women, are supported by this study. Such studies will continue to add to the body of knowledge concerning the effects of abuse and its connection to homelessness, though longitudinal studies are necessary for determining such connections. Study results then may be more useful to policy makers as well as to nurses in framing effective nursing interventions. These will necessarily be costly and time consuming, underscoring the need for a social commitment, both philosophically and financially, for this research to be completed.

Finally, a review of the literature found that a number of authors (Blasi, 1990; Elliott & Krivo, 1991; McChesney, 1990; Shinn & Weitzman, 1990;) contended that homelessness is a result of social structural factors and not individual factors. This study lends support to their claim. Although the participants in this study were from dysfunctional and abusive families, they also viewed societal issues (e.g., lack of housing, economics, and societal injustices) as being related to their homelessness.

Strengths and Limitations of Study

This study's focus on women's perceptions of their families of origin was both a strength and a limitation. The limitation lies in the fact that only one person, the woman, was interviewed from the family of origin. The description of family of origin is necessarily colored each woman's perceptions, emotions, and personal experiences of being a child in that family. There is a certain amount of memory lapse that also would have occurred from the time of their childhood until the present, a limitation of any such retrospective study. Accuracy and verity of the women's accounts is impossible to establish and is probably unimportant in responding to the women now. Their perceptions are what are important and needing response at this point in time. Conversely, the depth and richness of the data as the women described their families' stories and the relationships within these families is a strength of this study.

The limited ethnic diversity was also a limitation. Eleven of the women interviewed were Caucasian, and one was Hispanic, a discrepancy between this sample and the homeless population.

A third limitation resulted from the fact that the women interviewed were all part of a support group or involved in mental health counseling. This was appropriate for protecting the well-being of this study sample. The discussion and memories about one's family of origin can be emotionally disturbing, and having a trusted counseling resource available was an important protection for the participants. However, use of this sampling source did not allow for the inclusion of women still living on the streets in states of acute crisis and without any support systems. The experiences of women without current support systems may be different than those of women who had the support of other women. Several of the women in the study sample reported having had intensive therapy over time which may have altered their responses from those of women still living on the street or those not in therapy. The therapy also may have provided them with insights into their families of origin that would not otherwise have been known.

As with all qualitative studies, there is never an end to the analysis of the data. Each day spent in analysis of data brings new ideas and possibilities. This also was both a strength and a limitation. The inherent limitation is that the analysis will never be complete; however, the strength is that new insights and ideas continue to be generated as the researcher gains further understanding. Another strength inherent in this limitation is the potential for future analysis and continued research in an area that is important to family health care in particular and society in general. For example, the themes that have emerged can be further explored for theory development.

Strengths and Limitations of Method

Wolcott (1990) writes that all research is biased to a degree. What we choose to research, as well as the data that we select to analyze and report, biases our research process and findings. The choice of a feminist theory framework should affect how and what questions are asked as well as how to gather the data and interpret the results (Saunders, 1988). My major concern as a feminist researcher representing the women interviewed has been that I represent the women accurately and am true to their stories. I have been committed to the feminist theory guidelines addressed in Chapter II. As such, I believe that research must be for the women who have participated in the research and that the research should result in action that seeks to end the oppression of women or groups of women (Fonow & Cook, 1991). Feminist research, by definition should provide a means to empower the women participants. In this research, there was a sense of that empowerment during the individual interviews as well as the focus group. During the focus group the women affirmed the value of one another as they shared glimpses of their families and insights about societal impact on their families. A feminist analysis of family violence is especially appropriate given the role of the patriarchy in causing and maintaining the problem of violence (Dobash & Dobash, 1979; Yllo, 1983). A feminist perspective compels us to ask about power differences when viewing female-male relationships.

The honesty and openness of the women interviewed were vitally important to this study. I approached the women in this study seeking to know more about them

as the women that they are and about the experiences that they had within their families of origin. The women recognized the fact that I valued them and that I did not intend to abuse or exploit them. The reality that I also was a woman who shared similar life experiences to those of the participants helped to establish a rapport that could not have been established so readily had the willingness to share self not been included. Oakley (1981) stresses the importance of the researcher sharing self with her participants if she expects her participants, the co-researchers, to also be open and honest with her about self-disclosing very personal memories and topics.

Five of Lofland and Lofland's (1984) social units of analysis provided a framework for this research that was helpful in guiding the scrutinization of these data. They provided a flexible structure that was helpful for data organization. The units which seemed appropriate for this study of families of origin have been described and analyzed in Chapter IV: meanings, practices, episodes, roles, and relationships. In addition, the unit designated "encounters" was examined for use in this study and was determined not to be useful for its purpose. Encounter was the fourth social unit Lofland and Lofland (1984) described:

> An encounter is a tiny social system formed when two or more persons are in one another's immediate physical presence and strive to maintain a single (ordinarily spoken) focus of mutual involvement. (p. 78)

This study about families of origin did not lend itself well to the examination of encounters as originally intended by Lofland and Lofland. It was apparent that encounters would be more appropriately studied when looking at the women's

"encounters" with social agencies after becoming adults. Most had been involved with CSD, welfare, or other social services. The women's encounters with social agencies seemed both to perpetuate the female/male roles and to be emotionally abusive as perceived by the women. A future study of these encounters would provide insight into patriarchal facets of these agencies and their role in perpetuating the oppression of women.

Feminist Theory and Research

As with this study, future research for and with women should use a feminist approach. As proposed in Chapter II, the use of a feminist framework and its approach to doing research for and with women proved to be very valuable for this study and argues effectively for its continued utilization in future studies related to women's homelessness.

Adequacy

As discussed in the review of literature in Chapter II, the achievement of adequacy is one of the fundamental standards for evaluating feminist research (Hall & Stevens, 1991). Adequacy is best determined by examination of the research process and its outcomes. The ten criteria for adequacy discussed in Chapter II were: reflexivity, credibility, rapport, coherence, complexity, consensus, relevance, honesty and mutuality, naming, and relationality.

Reflexivity. Reflexivity is a process that includes the examination of one's own values, assumptions, and beliefs (Fonow & Cook, 1991; Hall & Stevens, 1991). For example, during this study, I was cognizant of my own beliefs concerning the

patriarchal system's oppression of women. This may have influenced the selection of my research topic and guided my review of the literature as well. However, being aware of my own bias I was careful not to introduce the word "patriarchy" or other similar references during the interviews with participants. To improve the reflexivity of future studies I would propose journaling my belief systems before, during, and after the research process.

Credibility. Credibility is the faithful interpretation of the participants' experiences (Hall & Stevens, 1991). Credibility was established by returning to several of the women individually. The focus groups were also used for verification of research findings with the women.

Rapport. Rapport indicates that there is trust and openness within the research relationship (Hall & Stevens, 1991). Rapport was established with the women in several ways. First, I was introduced to the support group by a woman already trusted by the women. Second, I shared information about myself with the women and did not expect only to receive from them. Finally, at the focus groups, women whom I had previously interviewed individually were helpful in establishing rapport with members of the support group whom I had not yet met.

Coherence. Research is considered to be coherent if the conclusions drawn are well-founded and consistent with the raw data. Reflection with participants is one way to determine coherence (Hall & Stevens, 1991). Questioning the data and the emergent themes with the participants helps the researcher determine if the essence of the participant's story is being portrayed. A focus group interview was used in this

study to return to the women and share data from individual interviews. This allowed for reflection and verification of the researcher's interpretation.

Viewing the results in light of social, political, and economic realities may also help ascertain coherence (Hall & Stevens, 1991). For example, eleven out of the twelve women individually interviewed spoke of being abused as a child within their families of origin. However, their homelessness was generally placed in a larger societal context. Unemployment, lack of social services, lack of affordable housing and other social factors were frequently cited as the reasons for recent homelessness.

Complexity. The complexity of the women's experiences was captured by viewing societal, political, and economic structures in relation to their lives and families of origin (Hall & Stevens, 1991). In future feminist inquiry, I would elaborate more on the differences in women and attempt to include women from a variety of life situations, ethnicities, educations and experiences.

Consensus. Consensus is established when their is congruency among verbal responses, observations, and written records (Hall & Stevens, 1991). An example of consensus within this study is the emergent meaning of being without and lack of connectedness. In addition to seeking consensus in the themes and meanings that emerged from the data, "negative cases, divergent experiences, and alternative explanations" (Hall & Stevens, 1991, p. 24) should also be sought. These divergent cases can strengthen a study's conclusions.

Relevance. Simply writing down the results of this study is not sufficient to meet the criteria of adequacy. In addition, the information should be used to actively

participate in actions for women's emancipation (Fonow & Cook, 1991; Hall & Stevens, 1991). For example, the results of this study could be used to strengthen testimony supporting the need for alternative employment and housing opportunities for homeless women. The results could also be used to educate policymakers and the general public about the effects of objectification of women and the pervasive abuse of women and girls within our society.

Honesty and mutuality. "Feminist values hold that deception is unethical and is an obstruction to the dependability of the data" (Hall & Stevens, 1991, p. 25). The participants in this study were not deceived. They were provided with information about the process and purpose of the research. In addition, there was mutual sharing of life experiences between the researcher and the participants.

Naming. Presenting the results using verbatim accounts from the women gives value and reality to their stories (Hall & Stevens, 1991). The women's voices were heard in the stories presented in this research.

Relationality. Relationality is achieved through collaboration with other scholars and the groups being studied. It is important to allow for critical reflection and questioning (Hall & Stevens, 1991). Collaboration for this study was with the women participants, the dissertation committee, and a qualitative research seminar group that was used early in the research process.

Summary

Adequacy was addressed early in this process as an important aspect of feminist research. How adequacy was achieved as well as ways to improve the

adequacy of future studies has been discussed. Of particular importance is the recognition that journaling, reflecting, and additional dialogue with the participants and scholars would strengthen each criterion discussed.

Transferability

All researchers should respond to the standards that measure the trustworthiness of scientific inquiry. Lincoln and Guba (1985) describe transferability as one criteria to establish trustworthiness in qualitative research. While generalizability is seen as useful in quantitative research, transferability is seen as being more appropriate in qualitative research.

Although, not generalizable, the findings of a qualitative research project can be transferable to other settings. Lincoln and Guba (1985) argue that the way transferability is arrived at is through the "thick" description of the data. A thick description is the responsibility of the researcher. It provides "a sufficient base to permit a person contemplating application in another . . . setting to make the needed comparisons of similarity" (p.359-360). They further clarify transferability by noting that it is the responsibility of the user of the research, and not the qualitative researcher, that determines if a study can be transferable to another setting.

Triangulating multiple sources of data is a way to increase the transferability of a study (Marshall & Rossman, 1989). Repeated sampling also enhances transferability. In collecting these data, over 60 hours were spent with the women either individually in interviews, in the focus groups, or in their women's support group. In addition, several participants provided further information and confirmation

of emerging themes by means of telephone contact throughout the course of the study.

In addition to this study, I have participated in research related to street youth in Portland, Oregon and in Sydney, New South Wales, Australia (Davis & Anderson, research reports in progress). Through those studies, over 200 hours of interviews and observations with homeless girls and women provided me with greater understanding of the phenomenon in general and served to validate the results of the analysis. Thus the findings of the present study are substantiated in those studies as well. The findings are also consistent with my clinical practice during the past nine years with homeless families and youth. Therefore, this study, although limited in its own scope, adds to the knowledge base of homelessness and is important in the understanding of families of origin of women who are homeless and the impact that society has on those families.

Practice and Policy

Development and Implementation

Implications for practice and policy from this study are interrelated, in that, a nurse providing care within a given community cannot ignore the societal issues that effect that community. In relation to the findings from this study, family nurses have a responsibility to become knowledgeable about the complexity of family violence. The American Nurses Association definition of nursing, "the diagnosis and treatment of human responses to actual or potential health problems," can be appropriately used in planning treatment for survivors of family violence. Implied in this definition is prevention of violence as well as treatment of the victims. Violence is reported as

one of the top public health issues in the United States. It is a preventable public health problem appropriate for public health nursing intervention.

Violence has become, for many, a way to cope with stress and conflict. This coping mechanism is often learned within the family structure. Violence has been shown to be an intergenerational, learned behavior. People who are abused as children are more likely to abuse others as adults than are those who were not abused. Many of the homeless, and most women in this study, are survivors of family violence and would therefore be appropriate candidates for nursing intervention. An understanding of family violence provides the nurse with better skills with which to intervene with clients. The nurse can be active in prevention of family violence as well as treatment of those who have already been victims. The nurse may also be active in promoting social policies that are more supportive to family health and well-being.

Campbell and Humphreys (1993) provided a number of examples of ways that prevention of violence in the family can take place. Primary among them is recognition of the problem of violence and its far-reaching effects. Interventions by the nurse include: (a) client advocacy; (b) education of nurses and other health and social professionals about the scope of violence and its effects on family members; (c) teaching preventative and coping skills to both identified clients and to groups within the general public (e.g., school children, workplaces, and community groups); and (d) involvement in the political arena. Community/public health nurses work in particularly advantageous settings, those which may facilitate early casefinding,

assessment, intervention and prevention of family violence. This is true of family nurses as well. Nurses have the advantage of being a group trusted by families, and therefore have a responsibility to that population. We are in a unique position to provide education, make referrals or facilitate contacts with community resources and provide support to families. We may be able to identify high risk families and intervene before abuse occurs. Primary prevention is certainly ideal, both for its effectiveness and lower cost in health care dollars.

The family is a political "hot potato" in American society. On the one hand, we proclaim the family as the foundation for our society, the safe haven where values are taught and moral development takes place. As a society, we expect that children and other family members within the household will be safe, loved, and nurtured. We also expect that social structures will support maintenance of family as a safe haven. For example, we expect law enforcement and child protective services to ensure this safety for the children. On the other hand, we claim that the family is one's private domain (often socially interpreted as the father's domain), considered by many to be an area with which government should not interfere. Consequently, children who have been abused may be returned to the parents who abused them and men who abuse their female partners recieve minimal punishment, if any. In doing this, society sends mixed messages to children and women regarding their safety and value. Dr. Antonia Novella (1992), the United States Surgeon General, reported, "The home is actually a more dangerous place for American women than the city streets" (p. 4).

Justice and Justice (1976) argued that the problem of abuse must be solved on a societal level, that society has a responsibility to the family itself. For example, they argued that families must first have decent housing and jobs before the family abuse issues can be treated. Data from the focus group with the women also supported Justice and Justice's (1976) argument. While most women present agreed that all had come from dysfunctional families of one sort or another, they were fairly consistent about not blaming their families for their homelessness. I believe that this finding is important and should be further examined.

Reasons that the women provided for their homeless episode included loss of family support following parental deaths; sexual, physical, and emotional abuse within their families of origin and in adult relationships; mental health problems; economic instability; "getting in with the wrong crowd," and inability to function in society.

As the interviews progressed, the reasons for the women's homeless episodes sometimes changed or expanded. As stated earlier, this may be due to the multiplicity and complexity of the reasons for homelessness. The women may also have gained insight into their situations as they reflected on their homelessness. Their unwillingness to blame their abusive families of origin is consistent with abuse literature (Justice & Justice, 1976) that discusses the loyalty of the abused to their abuser.

There is a need for additional research in the realm of abuse as a contributing factor of homelessness. A working hypothesis of this study is as follows: abusive families of origin, in conjunction with a variety of other factors, contributes to the

homelessness of women.

Violet and others talked about capitalism and the effect it has on the family. They said that society blames those who are homeless or unemployed for their plight rather than understanding that people have varying needs and being supportive of those needs. There was also agreement among some of the women that societal institutions such as the military and religion play a role in propagating violence within the family.

The women's experiences of sibling rivalry; physical, sexual and emotional abuse; abandonment; and multiple victimization were all affirmed during the focus group interview. The aspect that, to me, was most revealing was their emphatic belief that society needs to take action. They asserted that this action should include alternative housing and employment, as well as reconsideration of the current politico-legal environment. They believed that society is supportive of a patriarchy that leads to the abuse and oppression of women.

A review of laws and policies related to domestic and criminal violence confirms that the majority of laws are male constructed and male oriented (Stanko, 1988). There are a number of laws and associated law-enforcements for street violence that occurs, however there is minimal enforcement of the few laws governing domestic violence (Schecter, 1982), a strange paradox when considering that family abuse is more common than street violence (Novella, 1992). Stanko (1988) wonders why Americans focus on the dangers of street crime, rather than on the interpersonal violence that is so much a part of the American household. Stanko (1988), in a

feminist interpretation of social laws, maintains that while men may be victims of street crimes, they take safety within their own home for granted. By maintaining the myth of a safe home, men obscure the female experience of male violence within the home. This myth is further obscured by criminologists and social scientists who associate public space with danger and private space with safety (Stanko, 1988). The danger within the home is an experience of women and children and is therefore neglected in a society wherein safety is male-defined.

Toffler (1970), in his fictional expose of the future, offers another thesis for the devaluation of females in our society when he discusses "disposable" people of future society. Does society's devaluation of women tell women and girls that they are disposable people? Are we living Toffler's fiction? History tells this story to women over and over again. It could be argued that not only are women devalued, but that there are also groups of people who are devalued because they are economically deprived or have minority status within the United States. Is it the oppression of women, or is it the oppression of the "weaker?" The latter interpretation suggests power balance may be critical.

Feminist theorists argue that power imbalance is the basis for marital violence (Dobash & Dobash, 1979). Finkelhor (1981) extends this hypothesis to include power imbalance as the common feature in all family violence situations. The offender feels even more in control if the victim is a child. Likelihood of rejection is decreased and the offender's sense of competency is not threatened when the victim is a child. Whether the abuse is physical, emotional or sexual, the offender is described as

having a sense of control and domination when the victim is smaller and younger (Bolton & Bolton, 1987).

I believe that history must be remembered in order not to repeat its mistakes. As early as 1878, Cobbe, a feminist writer, (1878) wrote a powerful expose' dealing with wife beating in England. Linking the abuse to alcohol, job frustration and the male character, she found that abuse occurred in "respectable" homes as well as in the poor districts. She argued that regardless of the immediate cause within a given home, the violence was due to female subordination and that only full political and economic equality would reduce the incidence of the violence. I would argue that the law, at least in the U. S., has changed so that women almost have attained equal rights on paper. However, I would further argue that these rights are generally just on paper. The pervasive attitude that women and girls are property, as expressed by the experiences of these women in the practice of male privilege, continues to exist in society as a whole, including the legal system. This is played out daily in society and the legal system. For example, one of the incidents most publicized in 1992-1993 was the Tailhook convention incident where male officers in the United States Navy molested many of the female officers who were present at the same convention. Many men there were wearing tee shirts that proclaimed women to be property. In addition, there are numerous incidents in the daily news of a man killing a woman who "spurned" him, or of a child being abducted and raped. The punishments for these crimes are often minimal. For example, one man admitted to and was convicted of raping a twelve year old girl in Florida; he was sentenced to one day in

jail and then released on probation because the jail was crowded and it was only his first conviction. Girls and women need to be valued; they have been viewed as property of their fathers, stepfathers and husbands for too long. One result has been intergenerational patterns of family abuse. Another result has been the damage to women's self-esteem.

Summary

The purpose of this study was to describe the families of origin of women who have been homeless from the perspective of the women themselves, with a goal of gaining greater understanding about the lives of the women. This process was facilitated and guided by the use of feminist research and theory.

Twelve women were asked about their families of origin. While interviewing the women, I found that they were not only willing to share their stories, but also seemed compelled to tell them. They wanted people to understand that they have needs that are not different from anyone else's. These twelve women, experienced beyond their years in the ways of a victimizing society, may be telling us much about what is wrong with families and their socio-political environment.

As a result of their victimization, these women have experienced a disconnectedness that has hindered their ability to function in a patriarchal society that expects perfection and productivity from its members. Because of their inability to function in a success-and-productivity-oriented male society, they have been often penalized. This retribution has manifested itself in a number of ways: unemployment, lack of respect, lack of counseling opportunities and services, abusive

relationships, lack of housing, disconnected relationships with their own children, and societal neglect and abuse.

As health care providers and as citizens we need to look at the concerns voiced by these women. We must remember that when one of us is not well, we are all not well (Thurston, 1991).

WALLS

By "Iris"
January 30, 1992

brick walls
solid and hard
appear often now,
blocking me
form the life
i dreamed,
one by one
at first, they
come, then
multiply
layer.
not in soothing,
are they erected
to protect a battered
child, but instead
to isolate her from
opportunity,
is the backward goal.

yet there is one thing
the walls didn't count on,
a creative force coming from
within, that won't be fully
constrained by the mortar
and bricks.
with only three feet on
each side
before the solid
obstructions, sits a
contented child
with a stick
writing novels in the
sand,
and painting murals
on the brick.

yeah, maybe the walls will
hold me back from
the way i dreamed things
should be,

but as long as i am alive,
my creativity will be free.

if they move the walls inward
so that around me there
is only a foot,
i will stand there
and sing about everything,
and obstinately take root.
if they put a ceiling over
the top of my bricks, leaving
the sun and moon out,
i'll just grab my brush
and paint them
right back into my hut
oh, and there is another
thing these damn bricklayers
didn't count on, and that is
that i am loved,
and no matter how many brick
walls surround me, they cannot
wall out love.
those who care will reach me
even if there are miles of
wall in between,
and there will be the fuel
i need,
to keep my fire lit.

but don't be fooled
by my creative strength.
daily, the tears will flow,
and sobs that shake
my body like a rag doll,
will come in between
creative spurts,
because i thought
my days as a prisoner
were over.

Note: Printed with the permission of the author "Iris" January 30, 1992.

REFERENCES

Anderson, D. G. (1990). Family functioning: Homeless women. Unpublished.

Arce, A. A., Tadlock, M., Vergare, M. H., & Shapiro, S. H. (1983). A Psychiatric Profile of Street People Admitted to an Emergency Shelter. Hospital and Community Psychiatry, 34, 812-817.

Baber, K. M., & Allen, K. R. (1992). Women & Families: Feminist Reconstructions. New York: The Guilford Press.

Bachrach, L. (1984). Interpreting research on the homeless mentally ill: Some caveats. Hospital Community Psychiatry, 35, p. 914.

Bachrach, L. L. (1987). Homeless women: A context for health planning. The Milbank Quarterly, 65(3), 371-396.

Bahr, H., & Caplow, T. (1974). Old Men Drunk and Sober. New York: New York University Press.

Barrett, M., & McIntosh, M. (1982). The Anti-social Family. London: Verso Editions.

Bassuk, E. L. (1986). Homeless Families: Single Mothers and Their Children in Boston Shelters. In E. L. Bassuk (Editor.), The Mental Health Needs of Homeless Persons (pp. 45-53). San Francisco: Jossey-Bass.

Bassuk, E. L. (1991). Homeless families. Scientific American, 66-74.

Bassuk, E. L. , & Rosenberg, L. (1990). Psychosocial characteristics of homeless children and children with homes. Pediatrics, 85(3), 257-261.

Bassuk, E. L., & Rosenberg, L. (1988). Why does family homelessness occur? A case-control study. American Journal of Public Health, 78(7), 783-788.

Benjamin, J. (1988). The Bonds of Love. New York: Pantheon Books.

Bernard, J. (1981). The Female World. New York: The Free Press.

Blasi, G. L. (1990). Social policy and social science research on homelessness. Journal of Social Issues, 46(4), 207-219.

Bleier, R. (1988). Introduction. In R. Bleier (Ed.), Feminist approaches to science (pp. 1-17). New York: Pergamon Press.

Bogard, M. (October 1984). Family Systems Approaches to Wife Battering: A Feminist Critique. American Journal of Orthopsychiatry, 54(4), 558-568.

Bolton, F. G., & Bolton, S. R. (1987). Working With Violent Families. Newbury Park: Sage Publications.

Bowen, M. (1976). Theory in the practice of psychotherapy. In P. J. Guerin, Jr. (Ed.), Family therapy: Theory and practice. New York: Gardner Press.

Breakey, W. R., & Fischer, P. J. (1990). Homelessness: The extent of the problem. The Society for the Psychological Study of Social Issues, 31-47.

Brickner, P. W., Scharer, L., Comamam, B., Elvy, A., & Savarese, M. (1985). Health care of homeless people. New York: Springer.

Brownmiller, S. (1975). Against Our Will: Men, Women and Rape. Toronto: Bantam Books.

Brownmiller, S. (1984). Femininity. New York: Fawcett Columbine.

Burt, M. R., & Cohen, B. E. (1989). Differences among homeless single women, women with children, and single men. Social Problems, 36(5), 508-524.

Campbell, D., & Cambell, J. (1993). Nursing Care of Families Using Violence. In J. Campbell, & J. Humphreys (Editors.), Nursing Care of Survivors of Family Violence (2nd) (pp. 290-320). St. Louis: Mosby.

Campbell, J., & Humphreys, J. (1993). Nursing Care of Survivors of Violence. St. Louis: Mosby.

Carmen, E. H., Rieker, P. P., & Mills, T. (1984). Victims of Violence and Psychiatric Illness. American Journal of Psychiatry, 141(3), 378-383.

Chafetz, L., & Goldfinger, S. (1984). Residential Instability in a Psychiatric Emergency Setting. Psychiatric Quarterly, 56, 20-34.

Chilman, C. S. (1993). Hispanic Families in the United States: Research Perspectives. In H. P. McAdoo (Ed.), Family Ethnicity: Strength in Diversity (pp. 141-163). Newberry Park: Sage Publications.

Chinn, P. L., & Kramer, M. K. (1991). Theory and Nursing: A Systematic Approach. St. Louis: Mosby-Year Book.

Chodorow, N. J. (1989). Feminism and Psychoanalytic Theory. New Haven: Yale University Press.

Cobbe, F. P. (1878). Wife torture in England. London: Contemporary Review.

Cook, J. A., & Fonow Mary Margaret. (1986). Knowledge and Women's Interests: Issues of Epistemology and Methodology in Feminist Sociological Research. Sociological Inquiry, 56, 2-29.

Crystal, S. (1984). Homeless men and homeless women: The gender gap. Urban and Social Change Review, 17(2), 2-6.

D'Ercole, A., & Struening. (1990). Victimization Among Homeless Women: Implications for Service Delivery. Journal of Community Psychology, 18, 141-152.

Dail, P. W. (1990). The psychosocial context of homeless mothers with young children: Program and policy implications. Child Welfare, 69(4), 291-308.

Davis, N. J. The Offender as Victim: The Case of Homeless Female Street Youth. Annual Meetings of the American Society of Criminology. San Francisco, CA.

Davis, N. J., & Szasz, C. (1990). Social Control of Deviance: A Critical Perspective. New York: McGraw-Hill.

Dieklemann, N. (1991). (Conference call with Qualitative Seminar at Oregon Health Sciences University).

Dinnerstein, D. (1976). The Mermaid and the Minotaur. New York: Harper & Row.

Dobash, R. E., & Dobash, R. P. (1979). Violence Against Wives: A Case Against the Patriarchy. New York: Free Press.

Elliott, M., & Krivo, L. J. (1991). Structural determinants of homelessness in the United States. Social Problems, 38(1), 113-131.

Faludi, S. (1991). Backlash: The Undeclared War Against American Women. New York: Crown Publishers, Inc.

Feeders, C., & Elliott, L. (1987). Shattered Dreams. New York: Dell Publishing.

Finkelhor, D. (1983). Common Features of Family Abuse. In D. Finkelhor, R. J. Gelles, G. T. Hotaling, & M. A. Straus (Eds.), The Dark Side of Families (pp. 11-28). Newbury Park: Sage Publications.

Finkelhor, D., & Browne, A. (October 1985). The Traumatic Impact of Child Sexual Abuse: A Conceptualization. American Journal of Orthopsychiatry, 55(4), 530-541.

Finkelhor, D., Hotaling, G., & Yllo, K. (1988). Stopping Family Violence. Newbury Park: Sage Publications.

Fonow, M. M., & Cook, J. A. (1991). Back to the Future: A Look at the Second Wave of Feminist Epistemology and Methodology. In M. M. Fonow, & J. A. Cook (Eds.), Beyond Methodology: Feminist Scholarship as Lived Research (pp. 1-15). Bloomington, IN: Indiana University Press.

Francis, M. B. (Summer 1992). Eight Homeless Mothers' Tales. Image, 24(2), 111-114.

Freire, P. (1990). Pedagogy of the Oppressed. New York: Continuum. (Translated by Myra Bergman Ramos).

Friedman, M. M. (1992). Family Nursing: Theory and Practice. Norwalk, CT: Appleton & Lange.

Galvin, K., & Brommel, B. J. (1991). Family Communication: Cohesion and Change. New York: Harper Collins.

Gelles, R. J., & Straus, M. A. (1988). Intimate Violence. New York: Simon & Schuster Inc.

Gilligan, C. (1982). In a Different Voice. Cambridge, Massachusetts: Harvard University Press.

Goldenberg, I., & Goldenberg, H. (1991). Family Therapy: An Overview (3rd). Pacific Grove, California: Brooks/Cole Publishing Company.

Goodman, L. A. (1991). Scientific American, 66-74.

Goodspeed, H. E. (1975). "Scapegoating" A Process Continuing When Parents Divorce. In S. Smoyak (Ed.), The Psychiatric Nurse as a Family Therapist. New York: John Wiley and Sons.

Gorder, C. (1988). Homeless! Without Addresses in America. Tempe, AZ: Blue Bird Publishing.

Gordon, L. (1988). Heroes of Their Own Lives. New York: Penguin Books.

Gore, A. J. (1990). Public policy and the homeless. American Psychologist, 45(8), 960-962.

Grigsby, C., Baumann, D., Gregorich, S. E., & Roberts-Gray, C. (1990). Disaffiliation to entrenchment: A model for understanding homelessness. Journal of Social Issues, 46(4), 141-156.

Haber, J., Leach, A. M., Schudy, S. M., & Sideleau, B. F. (1982). Comprehensive Psychiatric Nursing. New York: McGraw-Hill Book Company.

Hagan, J. (1987). Gender and homelessness. Social Work, 32(4), 312-316.

Hall, J., & Stevens, P. (1991). Rigor in Feminist Research. Advances in Nursing Science, 13(3), 16-29.

Harding, S. (1987). Feminism and Methodology: Social Science Issues. Bloomington, Indiana: Indiana University Press.

Hartman, A. (1989). Homelessness: Public issue and private trouble. Social Work, 34, 483-483.

Hartsock, N. C. (1986). Feminist Theory and the Development of Revolutionary Strategy. In M. Pearsall (Ed.), Women and Values: Readings in Recent Feminist Philosophy (pp. 8-18). Belmont, CA: Wadsworth.

Hawkesworth, M. E. (1990). Beyond Oppression: Feminist Theory and Political Strategy. New York: Continuum.

Hirsch, K. (1989). Songs from the alley. New York: Ticknor & Fields.

Hovestadt, A. J., Anderson, W. T., Piercy, F. P., Cochran, S. W., & Fine, M. (1985). A family-of-origin scale. Journal of Marital and Family Therapy, 11(3), 287-297.

Hunter, S. (1991). (Guest lecturer at Portland State University).

Johnson, A. K., & Kreuger, L. W. (1989). Toward a better understanding of homeless women. Social Work, 34(6), 537-540.

Johnson, R. (1988). Family developmental theories. In M. Stanhope, & J. Lancaster (Eds.), Community Health Nursing: Process and Practice for Promoting Health (pp. 352-370). St. Louis: The C. V. Mosby Company.

Justice, B., & Justice, R. (1976). The Abusing Family. New York: Human Sciences Press, Inc.

Karen, R. (February 1990). Becoming Attached. The Atlantic Monthly, 35-70.

Kaufman, N. (1984). Homelessness: A comprehensive policy approach. Urban Social Change Review, 17(1), 21-26.

Kendall, J. (1992). Fighting Back: Promoting Emancipatory Nursing Actions. Advances in Nursing Science, 15(2)

Kerr, P. (March 16, 1986). The New Homelessness Has Its Roots in Economics. New York Times,

Kozol, J. (1988). Rachel and Her Children. New York: Ballantine Books. (261 pages.)

LaGory, M., Fitzpatrick, K., & Ritchey, F. (1990). Homeless persons: Differences between those living on the street and in shelters. Sociology and Social Research, 74(3), 162-167.

Lee, G. R. (1982). Family Structure and Interaction: A Comparative Analysis. Minneapolis: University of Minnesota Press.

Leininger, M. M. (1985). Nature, rational, and importance of qualitative research methods in nursing. In M. M. Leininger (Ed.), Qualitative Research Methods in Nursing. Orlando: Grune & Stratton, Inc.

Leonard, P. A., Dolbeare, C. N., & Lazere, E. B. (1989). A place to call home: The crisis in housing for the poor. Washington, DC: Center on Budget and Policy Priorities.

LoBiondo-Wood, G., & Haber, J. (1990). Nursing Research: Critical Appraisal and Utilization. St. Louis: The C. V. Mosby Company.

Lofland, J., & Lofland, L. H. (1984). Analyzing social settings: a guide to qualitative observation and analysis. Belmony, CA: Wadsworth Publishing Company.

Mac Pherson, K. I. (1987). Health Care Policy, Values, and Nursing. Advances in Nursing Science, 9(3), 1-11.

Majchrzak, A. (1984). Methods for Policy Research. Beverly Hills: Sage.

Marshall, C., & Rossman, G. B. (1989). Designing Qualitative Research. Newbury Park: Sage Publications.

Maurin, J. T., Russell, L., & Memmott, R. J. (1989). An exploration of gender differences among the homeless. Research in Nursing & Health, 12, 315-321.

May, B. A. (1990). Abused women's cognitive beliefs associated with readiness to terminate the relationship. Unpublished doctoral dissertation, Oregon Health Sciences University.

May, K. A. (1991). Interview techniques in qualitative research: Concerns and challenges. In J. M. Morse (Ed.), Qualitative Nursing Research: A Contemporary Dialogue (pp. 171-184). Newbury Park: Sage Publications.

McChesney, K. Y. (1990). Family homelessness: A systemic problem. Journal of Social Issues, 46(4), 191-205.

Milburn, N., & D'Ercole, A. (1991). Homeless women: Moving toward a comprehensive model. American Psychologist, 46(11), 1161-1169.

Miles, M. B., & Huberman, A. M. (1984). Qualitative Data Analysis. Beverly Hills: Sage Publications.

Mills, C., & Ota, H. (1989). Homeless women with minor children in the Detroit Metropolitan area. Social Work, 34(6), 485-489.

Morgan, D. L. (1988). Focus Groups as Qualitative Research. Newbury Park: Sage Publications.

Moriarty, H. J. (1990). Key Issues in the Family Research Process: Strategies for Nurse Researchers. Advances in Nursing Science, 12(3), 1-14.

Morse, J. M. (1989). Qualitative Nursing Research: A Contemporary Dialogue. Rockville, MD: Aspen Publishers, Inc.

Natapoff, J. N., & Essoka, G. C. (1990). Homeless families. In J. N. Natapoff, & R. R. Wieczorek (Eds.), Maternal-Child Health Policy: A Nursing Perspective (pp. 203-220). New York: Springer Publishing Company.

National Coalition for the Homeless. (n.d.). Homelessness: National summary and federal response. New York: National Coalition for the Homeless.

Novella, A. (U. S. Surgeon General). (1993). In New York State Office for the Prevention of Domestic Violence. New York.

O'Brien, M. J. (1991). Taking Sibling Incest Seriously. In M. Q. Patton (Ed.), Family Sexual Abuse: Frontline Research and Evaluation. Newbury Park: Sage Publications.

O'Conner, J. (May 2, 1986). Children Bear Brunt of Homeless Problems as Families Go Wanting for Shelter. Psychiatric News, 20, 32.

Oakley, A. (1981). Interviewing women: A contradiction in terms. In H. Roberts (Ed.), Doing feminist research (pp. 30-61). London: Routledge & Kegan Paul.

Patton, M. Q. (1990). Qualitative Evaluation and Research Methods. Newbury Park: Sage Publications.

Polit, D., & Hungler, B. (1989). Nursing Research: Principles and Methods. Philadelphia: J. B. Lippincott Company.

Roberts, R. H. (1975). Perceptual Views of Family Members of the Identified Patient. In S. Smoyak (Ed.), The Psychiatric Nurse as a Family Therapist (pp. 156-163). New York: John Wiley and Sons.

Ropers, R. H., & Boyer, R. (1987). Perceived health status among the new urban homeless. Social Science and Medicine, 24(8), 669-678.

Ross, B., & Cobb, K. L. (1990). Implementing Family Nursing Care. In Family Nursing: A Nursing Process Approach (pp. 158- 194). Redwood City, CA: Addison-Wesley.

Rossi, P., Wright, J., Fisher, G., & Willis, G. (1987). The urban homeless: Estimating composition and size. Science, 235(4794), 1336-1341.

Rossi, P. H. (1989). Down and Out in America: The Origins of Homelessness. Chicago: The University of Chicago Press.

Rossi, P. H. (1990). The old homeless and the new homelessness in historical perspective. American Psychologist, 45(8), 954-959.

Roth, D., & Bean, G. J. (1986). New Perspectives on Homelessness: Findings from a Statewide Epidemiological Study. Hospital and Community Psychiatry, 37, 712-719.

Ryan, W. (1971). Blaming the Victim. New York: Pantheon.

Saunders, D. G. (1988). Wife Abuse, Husband Abuse, or Mutual Combat? A Feminist Perspective on the Empirical Findings. In K. Yllo, & M. Bogard (Eds.), Feminist Perspectives on Wife Abuse (pp. 90-113). Newbury Park: Sage Publications.

Schaef, A. W. (1981). Women's Reality. Minneapolis: Winston Press, Inc.

Schechter, S. (1988). Building Bridges Between Activists, Professionals, and Researchers. In K. Yllo, & M. Bogard (Eds.), Feminist Perspectives on Wife Abuse (pp. 299-312). Newbury Park: Sage Publications.

Schechter, S. (1982). Women and Male Violence. Boston: South End Press.

Schur, E. M. (1984). Labeling Women Deviant: Gender, Stigma, and Social Control. New York: Random House.

Sherwin, S. (1987). Concluding remarks: A feminist perspective. Health Care for Women International, 8, 293-304.

Shinn, M., & Weitzman, B. C. (1990). Research on homelessness: An introduction. Journal of Social Issues, 46(4), 1-11.

Simpson, S. S. (1989). Feminist theory, crime, and justice. Criminology, 27(4), 605-631.

Slavinsky, A., & Cousins, A. (1982). Homeless Women. Nursing Outlook, 30(6), 358-362.

Sosin, M. R., Colson, P., & Grossman, S. (1988). Homelessness in Chicago: Poverty and pathology, social institutions, and social change. Chicago: University of Chicago, School of Social Service Administration.

Sosin, M., Piliavin, I., & Westerfelt, H. (1990). Toward a longitudinal analysis of homelessness. Journal of Social Issues, 46(4), 157-174.

Stanko, E. A. (1988). The Politics of Research. In K. Yllo, & M. Bogard (Eds.), Feminist Perspectives on Wife Abuse (pp. 75-89). Newbury Park: Sage Publications.

Stark, E., & Flitcraft, A. (1983). Social Knowledge, Social Policy, and the Abuse of Women: The Case Against Patriarchal Benevolence. In D. Finkelhor, R. J. Gelles, G. T. Hotaling, & M. A. Straus (Eds.), The Dark Side of Families: Current Family Violence Research (pp. 330-348). Beverly Hills: Sage Publications, Inc.

Stein, A. (June 8, 1986). Children of Poverty: Crisis in New York. New York Times Magazine.

Stoner, M. R. (1983). The Plight of Homeless Women. Social Sciences Review, 57(4), 565-578.

Sturdivant, S. (1980). Therapy with Women. New York: Springer Publishing Company.

Taylor, S. J., & Bogdan, R. (1984). Introduction to Qualitative Research Methods: The Search for Meanings. New York: John Wiley & Sons.

Thompson, L. (1989). Objectivity and subjectivity in feminist and family science. Paper presented at the Pre-Conference Workshop on Theory Construction and Research Methodology, National Council on Family Relations, Atlanta, Georgia.

Thompson, L. (1992). Feminist Methodology for Family Studies. Journal of Marriage and the Family, 54(1), 3-18.

Tilden, V. P., Nelson, C. A., & May, B. A. (1990). The IPR Inventory: Development and Psychometric Characteristics. Nursing Research, 39(6), 337-343.

Toffler, A. (1970). Future Shock. New York: Bantam Books, Inc.

U.S. Congress. House of Representatives. (1986). Safety net programs: are they reaching children? Washington, D.C.: Government Printing Office.

U.S. Department of Housing and Urban Development. (1984). A report to the Secretary on the homeless and emergency shelters. Washington, D.C.: DHUD.

Urbancic, J. C. (1993). Intrafamilial Sexual Abuse. In J. Campbell, & J. Humphreys (Eds.), Nursing Care of Survivors of Family Violence (pp. 132-155). St. Louis: Mosby.

Vladeck, B. C. (1990). Health care and the homeless: A political parable for our time. Journal of Health Politics, Policy and Law, 15(2), 305-317.

Weinreb, L. F., & Bassuk, E. L. (1990). Health care of homeless families: A growing challenge for family medicine. The Journal of Family Practice, 31(1), 74-80.

Weitzman, B. C., Knickman, J. R., & Shinn, M. (1990). Pathways to homelessness among New York City families. Journal of Social Issues, 46(4), 125-140.

Wilkinson, D. (1993). Family Ethnicity in America. In H. P. McAdoo (Ed.), Family Ethnicity: Strength in Diversity (pp. 15-59). Newbury Park: Sage Publications.

Winstead-Fry, P. (1982). Family Theory and Application. In J. Haber, A. M. Leach, S. M. Schudy, & B. F. Sideleau (Eds.), Comprehensive Psychiatric Nursing (pp. 321-340). New York: McGraw-Hill Book Company.

Wolcott, H. (1990). Writing Up Qualitative Research. Newbury Park: Sage Publications.

Wood, D. (July-August 1989). Homeless Children: Their evaluation and treatment. Journal of Pediatric Health Care, 3(4), 194-199.

Wood, D., Valdez, B., Hayashi, T., & Shen, A. (1990). Homeless and housed families in Los Angeles: A study comparing demographic, economic, and family function characteristics. American Journal of Public Health, 80(9), 1049-1052.

Wright, J. (1987). Homelessness is not healthy for children and other living things. University of Massachusetts, Amherst: Social and Demographic Research Institute.

Wright, J., Rossi, P., Knight, F., Weber-Burdin, E., Tessler, R., Stewart, C., Geronimo, M., & Lam, J. (1987). Homelessness and Health: The Effects of Life Style on Physical Well-being Among Homeless People in New York City. Social Problems and Public Policy, 4, 41-72.

Yllo, K. Using a Feminist Approach in Quantitative Research: A Case Study. In D. Finkelhor, R. J. Gelles, & M. A. Straus (Eds.), The Dark Side of Families: Current Family Violence Research (pp. 277-288). Newbury Park: Sage Publications.

Zimmerman, S. L. (1992). Family Policies and Family Well-Being. Newbury Park: Sage publications.

APPENDIX A

CONSENT FORMS

OREGON HEALTH SCIENCES UNIVERSITY

Consent Form

TITLE: Homeless Women: Their Perceptions About Their Families of Origin

PRINCIPAL INVESTIGATOR: Debra Gay Anderson, RN MSN C, 286-5643

FACULTY ADVISOR: Margaret Imle, PhD

PURPOSE: This is a research project that will be used to learn more about people who are homeless and what might be done to prevent people from becoming homeless. I am interviewing women who are or who have been homeless. I am particularly interested in your family of origin. I want to learn more about the family in which you were raised. I am currently a doctoral candidate at Oregon Health Sciences University.

PROCEDURES: I will be interviewing you at least twice. The first interview will last about one hour. The second and third (if necessary) interviews will be primarily to clarify statements you made in the first interview. I will tape record the interviews.

RISKS AND DISCOMFORTS: There are no known risks from this study. However, if you feel uncomfortable at any time you may choose not to answer any question. You may also choose not to participate, or you may withdraw from this study at any time without affecting your relationship with or treatment at the Oregon Health Sciences University.

BENEFITS: You may not personally benefit from participating in this study, but by talking about your family, you may contribute new information that may benefit women in the future.

CONFIDENTIALITY: The tape recordings of our meetings will be kept confidential. They will be listened to only by me and possibly by my instructor. Neither your name nor your identity will be used for publication or publicity purposes. The tape recordings will be destroyed after the completion of the study. If, during our interviews, I become aware of child abuse or elder abuse I am required by Oregon state laws to report the abuse to the appropriate agencies.

COSTS: There are no costs involved in this study.

LIABILITY: The Oregon Health Sciences University, as an agency of the State, is covered by the State Liability Fund. If you suffer any injury from the research project, compensation would be available to you only if you establish that the injury occurred through the fault of the University, its officers or employees. If you have further questions, please call Dr. Michael Baird at (503) 494-8014.

Debra Anderson will be available to answer any questions you might have about this study, at 494-7796. If you sign, you will receive a copy of this consent form. Your signature below means that you have read the information above and give permission to be interviewed and to have the interviews tape recorded.

Date_____

Name_____ Signature_____

Signature of witness_____

OREGON HEALTH SCIENCES UNIVERSITY

Consent Form

TITLE: Homeless Women: Their Perceptions About Their Families of Origin

PRINCIPAL INVESTIGATOR: Debra Gay Anderson, RN MSN C, 286-5643

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PURPOSE: This is a research project that will be used to learn more about people who are homeless and what might be done to prevent people from becoming homeless. I am interviewing women who are or who have been homeless. I am particularly interested in your family of origin. I want to learn more about the family in which you were raised. I am currently a doctoral candidate at Oregon Health Sciences University.

ADDENDUM: In addition to the individual interviews that were previously conducted, you are being asked to participate in a focus group. At this group meeting, several women who are or who have been homeless will be asked to focus on particular questions from the original interview guide, as well as questions that have emerged from the data. During this interview the participants interactions with each other will be greater than with the interviewer. The interview will last approximately 90 minutes. I will also audio-tape this group interview. The audio-tapes will be destroyed at the completion of the research study.

The risks and discomforts, benefits, confidentiality, costs, and liability statements of the original consent form are the same. A copy of the original consent form is attached.

Debra Anderson will be available to answer any questions you might have about this study, at 286-5643. If you sign, you will receive a copy of this consent form. Your signature below means that you have read the information above and give permission to be interviewed and to have the group interview tape recorded.

Date_____

Name_____ Signature_____

Signature of witness_____

APPENDIX B

INTERVIEW GUIDE, INCLUSIVE OF ADDENDUM AND DEMOGRAPHIC DATA SHEET

Homeless Women:

A Qualitative Study About Their Families of Origin

Interview Guide (Revised)

Debra Gay Anderson, RN, MSN

Introduction: The number of homeless people is increasing every year. The number of families that are homeless is increasing faster than any other group. The majority of the homeless families are women and their children. I have interviewed women who are homeless about being homeless. Those interviews have made me want learn more about the families of origin of women who are homeless.

I will ask you a few questions to get us started and as the interview progresses. Mostly, however, I want you to tell me about the family or families in which you spent your childhood and teenage years. Your family of origin may be a foster family, a step family, grandparents, friends, birth family, or another type of family. Please respond as honestly as possible and feel free to not answer any question with which you are not comfortable.

1. To begin your history about your family, let's begin with you talking about where you lived as you grew up and who lived in your household. For example, let's begin with the years before you started school.

(Probes)

Where did your family live -

city/country

house/apt/other

size of home

Who are the people that you lived with -

adults? children? family? others? number?

Repeat questions for elementary, jr. high, and high school years. Also a history of adult experiences.

2. Tell me about your family members, your parents or other guardians, your siblings, grandparents, cousins, aunts, uncles, and others who were particularly important to you as you grew up.

(Probes)

How did your relationship develop?

Activities done together?

What sorts of things talked about together?

Amount of time spent together?

Emotional tone?

Changes in emotional tone?

Importance of the relationship to you? (then and now)

Encouragement to develop relationships outside of family?

Number of foster families in which you lived?

3. Communication varies from family to family. It includes how people respond to one another, how love, anger, and other emotions are demonstrated, and how conflicts (concerns and problems) are resolved. Tell me ways that your family communicated with each other and with friends.

(Probes)

How was love demonstrated? (shown)

Resolution of conflicts? (disagreements worked out?)

Responsibility to each other?

How did adults and children "get along?"

Freedom to express feelings/talk about problems?

Openness to one another's viewpoints?

Feelings of being understood?

Discipline in the family?

Physical abuse

Sexual abuse (probe for abuse incidents if interviewee

Emotional abuse indicates probability that it occurred)

Substance abuse

ADDENDUM TO ORIGINAL GUIDE

4. Why do you believe that you are (or have been) homeless?

5. What does being homeless mean to you?

Demographic Data

Date of interview: _____

Place of interview: _____

Age at last birthday: _____

Number, age, and gender of your children: Total number____

_____ _____

_____ _____

_____ _____

How many people live with you now? _____

How many people lived with you in your family of origin? (including yourself)?

What was the make up of your family (parents, step family members, siblings, grandparents, other family members, non-family members)?

Mark an X on the line that best describes you:

Marital Status:	Single (Never married)	1	_____
	Partnered (not married)	2	_____
	Married, living with husband	3	_____
	Married, partner is not my legal husband	4	_____
	Divorced or separated	5	_____
	Widowed	6	_____

Education: Years of regular school completed *(Check highest level completed only)*

	Grades 0 - 8	1	_____
	Grades 9 - 11	2	_____
	High School	3	_____
	Some College	4	_____
	College Graduate	5	_____
Race/Ethnicity:	Native American	1	_____
	African American	2	_____
	White	3	_____
	Hispanic	4	_____
	Asian	5	_____
	Other	6	_____
Employment:	Employed	1	_____
	Unemployed	2	_____
	Student	3	_____
	Homemaker	4	_____
	Retired	5	_____

Place of birth:_____

Religion:_____

Where currently living: _____

Address currently using:_____

Contact person:_____

Phone:_____

APPENDIX C

COMMITTEE ON HUMAN RESEARCH APPROVAL

OREGON
HEALTH SCIENCES UNIVERSITY
3181 S.W. Sam Jackson Park Road, Portland, OR 97201-3098
Mail Code L106, (503) 494-7784/7887
Research Services

DATE: March 25, 1991

TO: Debra Gay Anderson, MSN
c/o Margaret Imle, Ph.D.

EJSN [redacted]

FROM: Bernard Pirofsky, M.D., Chairman
The Committee on Human Research

SUBJECT: ORS# 2788
TITLE: Homeless Women: A Qualitative Study About Their Families of Origin.

This confirms receipt from you of the revised consent form(s) and/or answers to questions, assurances, etc. for the above-referenced study.

It satisfactorily meets the recommendations made by the Committee on Human Research at its recent review. The proposal to use human subjects is herewith approved. It is requested that the date of this memo be placed on the top right corner of the first page of the consent form. This is the approval date of this revised consent form.

Approval by the Committee on Human Research does not, in and of itself, constitute approval for implementation of this project. Other levels of review and approval may be required, and the project should not be started until all required approvals have been obtained. Also, studies funded by external sources must be covered by an agreement signed by the sponsor and the Oregon Board of Higher Education.

If this project involves the use of an Investigational New Drug, a copy of the protocol must be forwarded to the Pharmacy and Therapeutics Committee, Dr. Emmet Keeffe, Chairman.

The Institutional Review Board is in compliance with the requirements in Part 56, Subchapter D, Part 312 of the 21 Code of Federal regulations published January 27, 1981.

Thank you for your cooperation.

wp:rcfapp 5/89

OREGON
HEALTH SCIENCES UNIVERSITY
3181 S.W. Sam Jackson Park Road, Portland, OR 97201-3098
Mail Code L106, (503) 494-7887 Fax (503) 494-7787
Institutional Review Board/Committee on Human Research

DATE: September 9, 1992

TO: Debra Gay Anderson, MSN SN-FN

FROM: Nancy White, Administrative Assistant [redacted]
Committee on Human Research L-106

SUBJECT: ORS#: 2788
TITLE: Homeless Women: Their Perceptions About Their Families of Origin.

This confirms receipt of your memo dated August 13, 1992 regarding an amendment to the protocol. Thank you for your patience during this busy time. As I said in my telephone message last week, it has been reviewed and approved with the following recommendation:

> If the focus group will be in addition to the planned 2 interviews mentioned in the consent form, and it will deal with personal issues, the consent form should be revised to note that the participants will be asked to also attend a focus group meeting.
>
> For those who have already signed the consent form, prepare an addendum consent form describing the focus group, have the subject sign it and attach to the original consent form. The addendum consent should have the title, PI name and telephone number, background information, etc.

Please send your response to me at L-106. Thank you for your cooperation.

OREGON
HEALTH SCIENCES UNIVERSITY
3181 S.W. Sam Jackson Park Road, Portland, OR 97201-3098
Mail Code L106, (503) 494-7887 Fax (503) 494-7787
Institutional Review Board/Committee on Human Research

DATE: November 2, 1992

TO: Debra Gay Anderson, MSN SN-FN
c/o Margaret Imle, Ph.D.

FROM: Committee on Human Research [redacted]

SUBJECT: ORS#: 2788 Addendum
TITLE: Homeless Women: Their Perceptions About Their Families of Origin.

This confirms receipt of your memo and/or revised consent form(s) received/dated 11/30/92 requesting approval for a change and/or addition to the above-entitled study.

It satisfactorily meets the requirements of the Committee on Human Research. This change and revised consent form(s) are herewith approved. It is suggested that the date of this memo be placed on the top right corner of the first page of the consent form(s). This is the approval date of this revised consent form(s).

Thank you for your cooperation.

wp:rcf_chg11.89