THE OLDER HOMELESS WOMAN'S PERSPECTIVE
REGARDING ANTECEDENTS TO HOMELESSNESS

by

Judith Sobeski Hightower

Copyright © Judith Sobeski Hightower 2009

A Dissertation Submitted to the Faculty of the

COLLEGE OF NURSING

In Partial Fulfillment of the Requirements
For the Degree of

DOCTOR OF PHILOSOPHY

In the Graduate College

THE UNIVERSITY OF ARIZONA

2009
As members of the Dissertation Committee, we certify that we have read the dissertation prepared by Judith Sobeski Hightower entitled “The Older Homeless Woman’s Perspective Regarding Antecedent to Homelessness” and recommend that it be accepted as fulfilling the dissertation requirement for the Degree of Doctor of Philosophy.

___________________________________________________  Date: April 9, 2009
Judith Berg, PhD, RNC, WHNP, FAANP, FAAN

___________________________________________________  Date: April 9, 2009
Terry Badger, PhD, RN, PMHCNS-BC, FAAN

___________________________________________________  Date: April 9, 2009
Marylyn Morris McEwen, PhD, APRN, BC

Final approval and acceptance of this dissertation is contingent upon the candidate’s submission of the final copies of the dissertation to the Graduate College.

I hereby certify that I have read this dissertation prepared under my direction and recommend that it be accepted as fulfilling the dissertation requirement.

___________________________________________________  Date: April 9, 2009
Dissertation Director: Judith Berg, PhD, RNC, WHNP, FAANP, FAAN
STATEMENT BY THE AUTHOR

This dissertation has been submitted in partial fulfillment of requirements for an advanced degree at the University of Arizona and is deposited in the University Library to be made available to borrowers under rules of the Library.

Brief quotations from this dissertation are allowable without special permission, provided that accurate acknowledgement of sources is made. Requests for permission for extended quotation from or reproduction of this manuscript in whole or in part may be granted by the copyright holder.

SIGNED: Judith Sobeski Hightower
ACKNOWLEDGEMENTS

I would like to acknowledge and express my deepest appreciation to the faculty members of the University of Arizona College of Nursing that have had a profound impact on my education and my life.

To my dissertation chair, Dr. Judith Berg, your encouragement, guidance, patience and unwavering conviction that I could accomplish this monumental task will not be forgotten and will forever be appreciated.

To my dissertation committee members, Dr. Terry Badger and Dr. Marylyn McEwen, thank you for your guidance and expertise.

To my wonderful friends and fellow Ducks of the infamous Duck Circle, for your love and support throughout this process. It is true that misery loves company and I truly could not have been in better company.

To my children and family, Mike, Matt, Rich, Erik, Julia, Marin, Mom S and Mom H, thank you for your support and encouragement. The process has been long and difficult and now it is complete. I couldn’t have made it without all of you.

To my father, John H. Sobeski, you are not here to share this with me but I know you are here in spirit. Thank you for your love and instilling in me a love of life-long learning.
DEDICATION

This dissertation is dedicated to my husband and best friend, Richard Anderson Hightower, III. Without your unconditional love and unwavering support, this long hard climb would not have been possible. I love you very much and I share this amazing achievement with you.
“She calls out to the man on the street
‘Sir, can you help me?
It’s cold; I’ve nowhere to sleep,
Is there somewhere you can tell me?
He walks on, doesn’t look back,
He pretends he can’t hear her,
Starts to whistle as he crosses the street
seems embarrassed to be there.
Oh, think twice, it’s another day for
You and me in paradise…..

Phil Collins, *Another Day in Paradise*
# TABLE OF CONTENTS

LIST OF ILLUSTRATIONS ........................................................................................................ 10

LIST OF TABLES ................................................................................................................ 11

ABSTRACT .......................................................................................................................... 12

CHAPTER I: THE RESEARCH PROBLEM ......................................................................... 13
  Statement of the Problem ............................................................................................... 13
  Background ..................................................................................................................... 13
    *Demographics of the Homeless Population* .............................................................. 14
    *Demographic of the Older Homeless Population* ..................................................... 15
    *Consequences of Homelessness* ............................................................................... 16
    *Consequences of Homelessness for Women* .......................................................... 17
    *Consequences of Homelessness for Older Women* ................................................. 17
  Definitions ....................................................................................................................... 20
  Categories of Homelessness for Women ........................................................................ 21
  Purpose of the Study ....................................................................................................... 22
  Research Questions ......................................................................................................... 22
  Significance of the Research to Nursing ........................................................................ 22
  Chapter Summary .......................................................................................................... 23

CHAPTER II: THEORETICAL PERSPECTIVE AND REVIEW OF THE LITERATURE .................................................................................................................. 24
  Introduction ..................................................................................................................... 24
  Interpretive Theoretical Perspective .............................................................................. 24
    *Feminism* ..................................................................................................................... 25
    *Feminist Theory* .......................................................................................................... 26
  The Feminist Theory ........................................................................................................ 27
    *Feminist Standpoint Theory* ...................................................................................... 28
    *Feminist Theory and Women’s Health* ..................................................................... 29
  Qualitative Description ................................................................................................... 33
  Review of the Literature ................................................................................................ 33
    *Factors that Influence Homelessness in Women* ...................................................... 34
      *Individual Factors* .................................................................................................... 34
      *Structural Factors* .................................................................................................... 44
    *Factors that Influence Homelessness in Older Women* ......................................... 53
      *Individual Factors* .................................................................................................. 54
      *Structural Factors* .................................................................................................. 59
  Limitations of the Studies on the Homeless Population .............................................. 64
  Gaps in the Literature ..................................................................................................... 64
  Chapter Summary .......................................................................................................... 65
LIST OF ILLUSTRATIONS

FIGURE 1: Category: Individual Choices ................................................................. 101
FIGURE 2: Category: Self-belief ............................................................................. 104
FIGURE 3: Category: Health ................................................................................. 106
FIGURE 4: Category: Financial .............................................................................. 107
FIGURE 5: Category: Inadequate Family Cohesion ............................................... 109
FIGURE 6: Category: Relationship........................................................................ 111
LIST OF TABLES

TABLE 1: 1996 NSHAPC Demographic Characteristics of Homeless Clients ............. 15
TABLE 2: Participant’s Demographic Data ................................................................. 93
TABLE 3: Life Prior to Homelessness ........................................................................ 97
TABLE 4: Frequency of Antecedents to Homelessness ......................................... 98
TABLE 5: Category: Individual Choices ................................................................. 101
TABLE 6: Category: Self-belief ............................................................................... 103
TABLE 7: Category: Health .................................................................................... 105
TABLE 8: Category: Financial ................................................................................ 107
TABLE 9: Category: Inadequate Family Cohesion ................................................. 109
TABLE 10: Category: Relationships ...................................................................... 110
ABSTRACT

Homelessness is one of the most complex social issues today and has become a significant and growing problem. The homeless population is a heterogeneous group with women and families among the fastest growing segment. The paucity of research specifically focusing on older homeless women does little to answer the question regarding causes of homelessness in this population. The purpose of this qualitative descriptive study was to describe the older homeless woman’s perspective of antecedents to homelessness and answer the research questions: 1) what was your life like before you became homeless and 2) what do you believe the cause of homelessness was for you? This study, guided by a feminist perspective, was conducted to explore and capture the complexities of the experience for older women. Data analysis, using qualitative content analysis techniques, identified three themes which described antecedents to homelessness. The themes were Personal Accountability, Difficult Life Circumstances and Lack of Support Networks. All themes were interrelated and offered a perspective regarding the steady progression into homelessness for older women. Themes Difficult Life Circumstances and Lack of Social Networks reflected previously documented findings, however, the theme Personal Accountability revealed antecedents not expressed before in the literature. This study’s significance will be its contribution to the body of nursing knowledge through exploration and description of information regarding antecedents to homelessness and lays the groundwork for the design of appropriate interventions and future research.
CHAPTER I: THE RESEARCH PROBLEM

Statement of the Problem

Homelessness is one of the most pressing and complex social issues today (Jainchill, Hawke and Yagelka, 2000). Homelessness has existed since urbanization and industrialization, however in the last twenty five years it has become a significant and growing problem around the world. The homeless population is a heterogeneous group with women and families among the fastest growing segment of the population (Lewis, Anderson and Gelberg, 2003). Although the population is diverse, nearly all share several characteristics in common. They are all very poor and display high rates of physical, mental and social disabilities. In particular, older homeless women are rarely studied despite their growing numbers. In a 1996 survey, 15 % of single homeless women were 55 years and older. To design appropriate interventions to prevent homelessness, nurses should have an understanding of antecedents to homelessness from the older woman’s perspective. It is this author’s belief the experience of homelessness is unique and the path varies from person to person. The purpose of this study was to describe the older homeless woman’s perspective regarding antecedents of homelessness.

Background

Determining numbers of homeless people involves rough, sometimes flawed estimates. The most common methods are point-in-time and period prevalence counts. Point in time counts attempt to count all people currently homeless on a given day or week. Period prevalence counts measure numbers of people who are homeless over a given period of time. Point in time counts represent smaller estimates of homelessness
than yearly estimates (National Coalition for the Homeless, NCH, 2007) because unsheltered people or people living in cars or parks are often eliminated from the count. The most significant study on homelessness over the last twenty years was the 1996 National Survey of Homeless Assistance Providers and Clients (NSHAPC, Urban Institute, 1999). This study conducted between October, 1995 and November, 1996 was one of the most extensive descriptive studies conducted to date designed to provide information regarding services and characteristics of homeless person. A one night count in October, 1995 and February, 1996 estimated 444,000 and 842,000 people respectively to be homeless. When these numbers are extrapolated as yearly projections, 2.3 million people to 3.5 million people experienced homelessness during that time period. That is almost one percent of the United States population (NCH, 2007; Urban Institute, 1999).

*Demographics of the Homeless Population*

Demographics over the last ten years demonstrate similar patterns of gender and racial characteristics although percentages vary from study to study. On most of the characteristics, single homeless people vary significantly from the general population of the United States. Table 1 represents demographic characteristics of single homeless clients surveyed from the 1996 NSHAPC study.
Table 1: 1996 NSHAPC Demographic Characteristics of Homeless Clients

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Single Homeless Clients</th>
<th>U.S. Adult Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>77</td>
<td>48</td>
</tr>
<tr>
<td>Female</td>
<td>23</td>
<td>52</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White non-Hispanic</td>
<td>41</td>
<td>76</td>
</tr>
<tr>
<td>Black non-Hispanic</td>
<td>40</td>
<td>11</td>
</tr>
<tr>
<td>Hispanic</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>Native American</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 to 24 years</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>25 to 54 years</td>
<td>81</td>
<td>59</td>
</tr>
<tr>
<td>55 + years</td>
<td>9</td>
<td>28</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never Married</td>
<td>50</td>
<td>23</td>
</tr>
<tr>
<td>Married</td>
<td>7</td>
<td>60</td>
</tr>
<tr>
<td>Separated</td>
<td>14</td>
<td>N/A</td>
</tr>
<tr>
<td>Divorced</td>
<td>26</td>
<td>10</td>
</tr>
<tr>
<td>Widowed</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Educational Attainment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than high school</td>
<td>37</td>
<td>18</td>
</tr>
<tr>
<td>High school graduate/GED</td>
<td>36</td>
<td>34</td>
</tr>
<tr>
<td>More than high school</td>
<td>28</td>
<td>48</td>
</tr>
</tbody>
</table>

Demographics of the Older Homeless Population

There are currently no national statistics providing accurate counts of older homeless people or older homeless women. When considering what constitutes the older homeless population, a crucial factor is the baby boomer generation. When this generation reaches sixty five, there will be approximately 71.5 million older adults in the United States (Fletcher, 2008). Many older adults live with chronic health conditions and disabilities and are unable to care for themselves. As they age they will need and use more services and resources than ever before regardless of socioeconomic status.

Between 1990 and 2003, Hahn, Kushel, Bangsberg, Riley and Moss (2005) conducted four cross-sectional studies (four waves) of single individuals, 18 years and older to
examine age, housing, health conditions and health service trends in the San Francisco area. Of the sample (N=3,534), 22.9 % were women (n = 1,128). Findings suggest the population overall is aging (Wave 1, median age of 37 years to Wave 4, median age of 46 years). The authors found 33 % to be 50 years or older and the trend was mirrored in Toronto, New York City, St. Louis, Pittsburgh and Los Angeles. Length of time remaining homeless also increased (12 months to almost 39 months).

**Consequences of Homelessness**

Homeless individuals live with physical conditions and daily stress leaving them vulnerable to specific acute and/or chronic health conditions. Common acute disorders are infectious conditions (26%) including upper respiratory infections, trauma and minor and major skin conditions (Urban Institute, 1999; Levinson and Ross, 2007; Wright, Rubin and Devin, 1998). Non-infectious conditions (8%) such as skin and foot problems are also troublesome. Chronic disorders are significant because of the likelihood of long-term disability and inability to work or engage in other activities of daily living. Most common conditions are hypertension, seizure disorders, chronic obstructive pulmonary disease (COPD), arthritis and other musculoskeletal disorders, gastrointestinal problems, peripheral vascular disease, neurological disorders, eye and ear disorders, genitourinary problems, and oral and dental problems (Burt and Cohen, 1989; Hwang, 2001; Levinson and Ross, 2007; Urban Institute, 1999; Wright, Rubin and Devin, 1998). Communicable diseases are of great concern, especially tuberculosis, HIV/AIDS, sexually transmitted diseases (STD’s) and hepatitis. Malnutrition also contributes to chronic physical disorders and renders individuals more vulnerable to infectious and communicable
diseases (Nyamathi, Stein and Bayley, 2000; Wright, Rubin and Devin, 1998). Also, individuals in the homeless population tend to experience mental illness at higher rates than the general population and the prevalence appears to be higher for women than men.

Consequences of Homelessness for Women

There are significant health problems unique to homeless women. Of particular importance are genitourinary problems, contraception and family planning however, less attention has been paid to their physical health conditions. Troubling physical and mental health issues relate to violence, substance abuse, depression, stressful living conditions and adverse childhood events. Homelessness leaves women exposed and increases their vulnerability to violence compromising their physical and mental health (Bassuk, 1993).

A cohort study conducted by Cheung and Hwang (2004) of homeless women (n=1981) in Toronto, including data from six other cities (Boston, New York and Philadelphia), revealed risk of death among homeless women was 4.6 to 31.2 times greater than women in the general population (ages 18-44) and 1.0 to 2.0 times greater in the older age group (ages 45-64). Homeless women also represent a rapidly growing population at risk for poor health outcomes due to drug and alcohol use (Nyamathi, et al., 2000).

Consequences of Homelessness for Older Women

Many acute and chronic conditions plaguing homeless women also affect older homeless woman however, those conditions are exacerbated by age and lack of health care for a longer period of time. Older homeless adults usually have more chronic health problems such as hypertension, diabetes, loss of vision and hearing, arthritis and functional disabilities (Gelberg and Linn, 1992; Jahiel, 1992; Kutza and Keigher, 1991;
Older homeless women have the same physical and psychological risk factors of other older women plus needs unique to homelessness. An exploratory study conducted in Detroit by Washington, (2005) of older homeless African-American women (N = 100, 50 to 74 years old) compared results from a larger study of older housed adults. This study found homeless women indicated an earlier diagnosis of chronic diseases (diabetes, hypertension, etc) at an incidence rate the same or higher than older adults in the larger study eight to twenty years older (mean = 2.9 diagnoses per participant).

Bottomley (2001) found, compared to older housed individuals, the homeless adults experienced an increased prevalence of physical problems causing or aggravating existing health problem. Additional health problems were exacerbated due to aging changes, inadequate and sporadic medical care and need for an adequate place to live. Other contributing problems were exposure to heat and cold, lack of sleep, dehydration, urinary incontinence, orthopedic and foot problems, cognitive impairment, alcohol abuse, nutritional insufficiency, oral hygiene problems, victimization and injuries due to accidents.

Anxiety, depression, substance abuse, and dementia are four significant mental health issues plaguing older women which manifests differently than in older men and younger individuals (Richardson, 2001). Depression in women 65 years and older can predict the perception of quality of life and functional ability (Sedlak, Doheny, Estok and Zeller 2000). Stergiopoulos and Herrmann (2003) discovered high rates of psychiatric and cognitive disorders exist in this population (over 65 years old), with greater proportions of older women having severe mental illness. Survey data found gender
difference in psychological and substance use behavior with men and women over 65 years old. Men usually presented with memory loss, belligerent behavior, and alcohol abuse while women had memory loss, general mistrust, and depression.

Many acute and chronic medical and psychiatric problems leading to high rates of health care use by older adults are influenced by consumption of alcohol because they are more sensitive to its effects. These conditions include mood disorders, cognitive changes and sleep problems, cardiovascular problems, hypertension, diabetes, difficulty ambulating and osteoporosis. Other health problems are falls, episodes of confusion, and inadequate self-care (Baum, Capezuti and Driscoll, 2002; Ebersole, Hess, Touhy and Jett, 2005). Within the older population, substance abuse is a complicated dilemma. Garibaldi, et al (2005) found higher rates of substance abuse, especially alcohol (39 % versus 22 %) and heroin (23 % versus 9.6%) use in the older homeless population compared to the younger population. Seventy three percent of older respondents reported abuse or dependency on either alcohol or drugs and 43 % reported abuse or dependency on two or more drugs, including alcohol.

Poverty among older women reflects the combination of race, class, longevity, and widowhood and is an issue for single women 45 to 64 years old (Barusch, 1994; Butler and Weatherly, 1992; Mercer, Garner and Findley, 1998). In 2004, the U. S Department of Health and Human Services (USDHHS) reported 37 million people, 18 years and older, lived in poverty with women (12.9 %) outnumbering men (8.9 %). Also, rates for women increase with age (10.8 %, 65-74 years old and 14.1 % for women 75 and older). Most single women between 50-65 years old do not qualify for Social
Security, Medicaid or Medicare. Financial prosperity does not help the income and housing needs of aging poor women because returning to work or gaining income through marriage is not likely. Because American women live longer than men, women in poverty will suffer the consequences of poverty on their health for a longer period of time (Polakoff and Gregory, 2002).

Definitions

Defining homelessness and who is homeless is difficult. Understanding definitions used in research is challenging for individuals who want to use the results (Baumohl and Huebner, 1991; Burt, 1996). The federal government does not have a definition of what it means to be homeless therefore, for purposes of this study, homelessness was defined according to the definition provided by the Stewart B. McKinney Assistance Act of 1987 (42 U.S.C. § 11301, et seq. 1994). A person is considered *homeless* who "lacks a fixed, regular, and adequate night-time residence and has a primary night time residency that is”:

- A supervised publicly or privately operated shelter designed to provide temporary living accommodations
- An institution that provides a temporary residence for individuals intended to be institutionalized, or
- A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings

Researchers (Cohen and Sokolovsky, 1989; Gelberg, Linn and Mayer-Oakes, 1990; NCH, 2005) vary the age range to define older homeless to be between 40 and 65 years old. They agree persons 50 years old and over should be included in the older homeless category because they are not old enough for many services but their health and
stressful living conditions cause them to resemble a 70 year old. For purposes of this study, older homeless women were defined as 50 years or older.

Categories of Homelessness for Women

According to Brown and Ziefert (1990), women experience homelessness three ways: chronically homeless, episodically homeless and situationally homeless. Chronically homeless women have low income or no income and usually have characteristics (substance abuse, mental illness or experiences of violence) preventing them from searching for low incoming housing. Their lives revolve around daily survival. Episodically homeless women are highly motivated to find permanent housing but not prepared for independent living due to substance abuse or mental illness. They present a picture of resignation and hopelessness. Situationally homeless women are homeless for the first time frequently due to an acute crisis. Multiple causal factors associated with situationally homeless women include poverty, scarcity of affordable housing, unemployment, teenage pregnancy, domestic violence, and family disruption (Johnson and Krueger, 1989). Literature also suggests there is a cycle of homelessness. Often women become homeless for a while and then find temporary low income housing or stay with friends or family. Because the housing situation is temporary, many women have repeat episodes of homelessness ending up in a cycle of periods of homelessness combined with brief periods of housing (Butler and Weatherley, 1995; Metraux and Culhane, 1999).
Purpose of the Study

The purpose of this study was to explore the older homeless woman’s perspective regarding the antecedents of homelessness.

Research Questions

This study was designed to answer the following research questions:

1) What was your life like before you became homeless?
2) What do you believe the cause of homelessness was for you?

Significance of the Research to Nursing

This study contributed to the body of nursing knowledge through exploration and description of information regarding antecedents to homelessness among older women and laid the groundwork for future research. Homelessness is a complicated and multifaceted national and international problem affecting men, women and children of all ages. However, with the diversity of the population and multidimensionality of the situation, there is no one single answer or solution. A concentrated effort is necessary that considers both individual and structural factors contributing to homelessness in order to positively impact the issue.

Very little is known about the antecedents of homelessness for older homeless women. Women live longer than men and usually as a single widow consequently, homelessness in the older population will be a social issue dominated by women. Older women are caught in “double jeopardy,” a concept that describes the differences in life patterns between men and women. According to McDaniel (1998), older women are viewed less significant by virtue of their age and sex. Older homeless women are viewed
less so. The imminent proliferation of the baby boom generation will result in a substantial increase in older women at risk for homelessness.

Nurse researchers have a responsibility to study social problems to create social change. The paucity of research specifically focusing on older homeless women does little to answer the question regarding the causes of homelessness in this population. More information and understanding is necessary to design interventions that meet their needs. Research can serve as a tool for advocacy. Public policy could be influenced to promote action by coalitions of public and private agencies to eliminate homelessness among older adults. New knowledge gained from this proposed study will increase understanding of the unique needs of this vulnerable population as a way to empower older homeless women. Understanding the antecedents that contribute to homelessness may help to prevent it before it occurs.

Chapter Summary

This chapter presented the statement of the problem including demographic characteristics of homeless people, definitions of homelessness, categories of homelessness for women, contributing factors to homelessness as well as the effects of homelessness on women and older women. The purpose of the study, research questions and significance of the research were also presented.
CHAPTER II: THEORETICAL PERSPECTIVE AND REVIEW OF THE LITERATURE

Introduction

This chapter presents the theoretical perspectives based on Feminist Theory influencing the development of the researcher’s knowledge and beliefs, research question and method of inquiry for this study. This chapter also reviewed the salient literature related to factors influencing homelessness, factors influencing homelessness in women and homelessness in older women.

Because knowledge development within nursing is directed by one’s theoretical perspective regarding the nature of human beings and human-environment relationship (Fawcett, 1989, p 10), it is impossible to conduct any sort of research study without a theoretical basis (Sandelowski, 1993). It is the researcher’s theoretical perspective that guides how the study is conceptualized, what methodology is utilized, analysis of research findings and reliability and validity or trustworthiness of the research (Germain, 2001, p 279). Consequently, in order to determine a research question, methodology and guiding theory or model for research, it is important to identify your philosophical perspective and how the methodologies and methods relate to this perspective. The following section therefore will profile the theoretical perspective that guided this study.

Interpretive Theoretical Perspectives

For this researcher, the philosophical viewpoint influencing the development of this study was feminism and feminist theory and more specifically, elements of feminist
standpoint theory. Therefore, in addition to a feminist epistemological approach, these
tenets also guided the research.

Feminism is an interpretive perspective (Denzin and Lincoln, 2005). Interpretivism has its epistemological foundation in constructionism. In the constructionists view, people construct and construe meaning as they interact with the world. Constructionists believe there is no one objective truth waiting to be discovered. It is believed that knowledge is social and truth comes into existence in and out of our engagement with realities in our world. Therefore, any meaningful reality is socially constructed (Crotty, 1998). Consequently, knowledge is a mental creation of meaning about reality. Constructionists align themselves with the interpretive disciplines such as symbolic interactionism, phenomenology, feminism and hermeneutics.

Interpretivists believe that in order to understand meaning in this world, one must interpret it. In other words, the world is interpreted through the mind. They contend people do not simply respond to external stimuli but actively interpret information (Crotty, 1998). Interpretivists contend in order for researchers to portray a legitimate interpretation of the social world the approach must be culturally derived and historically located (Crotty, 1998, p 67). Only then can the process of ongoing activities and interactions involved in daily living be examined and interpreted.

Feminism

In order to understand the different categories of feminist theory, one must first understand the meaning of feminism. According to Chinn and Wheeler (1985) feminism can be defined as a perspective on the world that places high importance on women and
is concerned with methodical injustices that are based on gender. Therefore, the assumption of feminism is women are oppressed, and a woman’s position in society is a result of control by a male-centered society and unquestionable injustice through sexism.

According to principles of feminism, women share universal characteristics regardless of their sexual orientation, class, race, ethnicity, education, age, and origin. Those characteristics are a concern with action (political or personal), the struggle for equality, value and respect for individuals, and awareness or consciousness of oppression which may be experienced by women directly or men vicariously through women’s experiences (Allan, 1993; Hall and Stevens, 1991). The prominent assumptions and objectives within feminism focus upon a woman’s lived experience and her own unique history as the foundation for what she knows as well as the impact a male-centered world has on her world (Hutchinson and Wilson, 2001, p 238).

Feminist Theory

Feminism and feminist theory are sometimes used interchangeably. Stanley and Wise (1983) believe doing so is justified because feminism is both a set of beliefs as well as a set of theoretical constructs about the characteristics of feminine oppression and how oppression influences the social realities of a women’s life. Feminist theory is essentially a group of interrelated theories and there is no one all encompassing form of feminist theory. However, within the full range of theories, beliefs and concerns go far beyond just issues of oppression of women and these beliefs and concerns depend on one’s philosophical approach and ideology (Campbell and Bunting, 1991). The four main approaches identified by Campbell and Bunting (1991) are: liberal feminism, Marxist
feminism, radical feminism and socialist feminism. Crotty (1998) adds the categories of liberal, psychoanalytic, existentialist, and postmodern feminism to the list.

Feminine epistemology can therefore be understood in the sense that women theorize the act of knowing in a different way from men and these inherent differences influence their experiences, knowledge and ideas (Crotty, 1998, p 174). Consequently, women have been known to overlook or dismiss important information and make decisions based solely on their “lived experience” which holds great significance for them. In other words, women rely on their instinctive sense of reality when interacting in the world (Campbell and Bunting, 1991). As a result, a woman’s viewpoint is influenced by her history, socioeconomic class, ethnicity, sexual preference and race as well as economical and political factors.

The Feminist Theory

Over the last two decades, a considerable amount of literature has been written encouraging nurses to utilize feminist theory within their research and practice with women (Bunting and Campbell, 1990; Campbell and Bunting, 1991; Chinn, 1989; Chinn & Wheeler, 1985; Hall & Stevens, 1991; Im, 2000; Wuest; 1995). According to Chinn (1989) feminist inquiry asks questions that originate within a woman’s experience and give women a voice. As a result, a woman’s perspective on her own experiences provides important empirical and theoretical resources for research. It is women’s experience and vision, women’s knowledge and ways of knowing that has influenced feminism, and this same knowledge can be used by nurses, being mostly women, to form the theories that influence practice. Feminist inquiry has facilitated great strides within science and
research in regards to women’s health concerns and women’s issues over the last two decades. However, there are still considerable gaps within the literature regarding the unique needs of women and more specifically the unique needs of older women.

Feminist research is guided by feminist theory because it recognizes the importance of the interplay between gender and power (Reinharz, 1992). When feminist theory is the theoretical basis for research with women, their world view is revealed by attempting to understand and focus on the construction of meaning and action through a woman’s eyes. This is accomplished by asking questions related to what they think, what they know, the effect of past experiences, and their plans for the future (Crooks, 2001). Feminism, as a theoretical perspective, is the key influence in the conceptualization of this study and in the interpretation of the findings.

There are unique attributes and advantages of a feminist approach to theory and research that have been identified by Lengermann and Niegrugge-Brantley (as cited in Campbell and Bunting, 1991). This approach is more women-centered in that, 1) women’s experiences are the major “object” of investigation, 2) the goal of inquiry is to see the world from the vantage point of a particular group of women, and 3) it is critical and activist in its effort to improve the life of women and all persons. Other dominant patterns that are apparent in feminist literature are 1) unity and relatedness of perception, 2) contextual orientation, and 3) emphasis on the subjective.

*Feminist Standpoint Theory*

As an epistemological feminist approach, Feminist Standpoint theory was proposed in the 1970s and 1980s and has become known as a critical feminist theory
about the association between how knowledge, particularly women’s knowledge, is constructed and power structures within society. Standpoint theory proposes a woman’s experience and interpretation of her experience is believed to be authentic and accurate because it is socially situated knowledge. In a male-centered society, a man’s experience has usually been viewed and regarded as archetypal. Consequently, the man has the power to position himself in authority over the woman. However, this theory proposes a woman’s world is much different than a man’s world and women embrace a different type of knowledge than men do. As a result, the only way of knowing the social world of a woman, is to know it from an insiders perspective (Smith, 2004, p 22 & 28). Feminist Standpoint also believes research with women should start with and be examined against the lived everyday sociopolitical experiences of women, because a woman’s perspective is unique and should be honored (Polit and Beck, 2004). Therefore this theory proposes the standpoint of any disenfranchised or socially marginalized group is epistemologically superior, male or female, to those who are more advantaged because their standpoint mirrors the experiences of the disadvantaged within the prevailing group (Wylie, 2003; Wuest, 1995). It is this particular theme within feminist standpoint theory that is important to this study because older homeless women are a marginalized, disenfranchised vulnerable group. Therefore, their reality regarding the social world can only be known if one studies it using their perspective as the measure of that experience.

**Feminist Theory and Women’s Health**

Although some progress has been made regarding women’s health issues and the unique ways in which women experience disease, there continues to be an overabundance
of male-centered research which excludes women from the research and describes the health experiences of women as being less important than the experiences of men or extrapolates the research findings from men to women.

An example of this would be the research and literature on cardiovascular disease and women. McCormick and Bunting (2002) reviewed nine qualitative research studies from a feminist perspective in an attempt to encourage and advocate that this perspective be utilized when reading literature or research and when conducting research, especially cardiovascular research, with women. The goal of the review was to bring forward the awareness that much of the literature and research regarding cardiovascular disease has been male-focused and therefore major areas related to the health and well-being of women have gone unstudied. They concluded by imploring nurses and nurse researchers to consider feminist inquiry when conducting research with women in order to give them a voice regarding cardiovascular disease.

An article written by Angela McBride (1993) also questioned traditional research methods for women and presented a comprehensive practice-research agenda for women’s health. Within this agenda, she suggests researchers concerned with women’s health focus more on what she refers to as GYN-ecology and less on gynecology. According to McBride (p 315), the definition of GYN-ecology is the “fit between the woman and her environment.” Therefore, research should be conducted from the woman’s standpoint. Crooks (2001) proposes that in order to appreciate a woman’s compatibility with the social environment, researchers need to understand how women view themselves and how their beliefs have been shaped by social forces. By focusing on
the importance of contextual factors, the researcher can offer a realistic portrayal of women’s health in order to provide a holistic perspective for delivering healthcare for them. Therefore, two of the important factors McBride feels need to be addressed when developing a research agenda for women’s health that are appropriate to the proposed study are:

- “Factor isolating research must not be preferred over a recognition that women suffer from multiple problems. Interaction effects are more likely than main effects to be significant to an understanding of women’s experiences”

- “Major aspects of women’s lives must be studied such as the increasing number of women living in poverty” (McBride, 1993, p 315)

Andrist (1997) questioned the traditional manner in which health care has been delivered to women and conducted a grounded theory study using a feminist theory approach focusing on practice behaviors of women’s healthcare providers. The purpose of this study was to develop a model of healthcare for women in order to change how health care is delivered for women. Four major themes were identified through participant observation and interviewing of patients and practitioners over a six month period. The themes that comprise this feminist model for women’s health care are: symmetry in provider-patient relationship, access to information, shared decision-making and social change (pg 269). The theme that is pertinent to this proposed study is social change. According to Andrist, bringing about change in society in regards to women’s health issues is an important piece in this model. She cites McBride’s call for women’s
health care providers, including nurses, to focus on the fit between the woman and her environment as an important element for social change and for providers to advocate and promote social change as well as an overall healthy environment for women. She concludes this can be accomplished by paying attention to the psychological, physical and social factors that influence a woman’s health.

Lastly, in an article focusing on the health of poor women, Thomas (1994) used feminist and social structural principles to facilitate an understanding of their general health status and risk-taking behaviors and proposed an examination of necessary interventions and policy for reducing health disparities in this oppressed group. The descriptive analysis revealed the decision as to how and why poor women accessed health care or not was determined by what they experience and what they thought about their own health. The decision was also dependant on a complicated interaction between their values, beliefs, healthcare practices and the community. She concluded the health of a poor woman is not only a medical issue but a “cultural, social, and economic issue” and that the woman’s societal position, where she live as well as her stressful life-style must be taken into account when planning programs (Thomas, pg 12). An important concept in this analysis was social stratification and its relationship to power which is also an essential concept within feminism. The relationship is that socially disadvantaged groups such as women, minorities and homeless people retain a lower social status than those more advantaged and therefore have fewer chances in society. Consequently, social stratification becomes a “socially constructed” phenomenon with life-long consequences to their health (Thomas, p 4).
Qualitative Description

Ones theoretical perspective is the philosophical belief behind a researchers chosen methodology (Crotty, 1998) and there are epistemological consistencies between feminist theory and qualitative descriptive research. Qualitative description as a research methodology is a form of interpretive, naturalistic inquiry and its philosophical orientation draws from all the theoretical approaches. Therefore, a qualitative description study can have feminist nuances (Sandelowski, 2000). Feminist theory is an interpretive perspective and one of the goals of feminist inquiry is to start research from the lives of women. While quantitative methods can be appropriate for conducting research guided by a feminist perspective, the nature of qualitative research is more amenable to this perspective because these methods can more easily capture the participant’s experiences (Hall and Stevens, 1991). As a result, a qualitative descriptive study can provide the method to explore and capture the nuances and complexities of the older homeless women experiences in order to produce a broad summary of the events in everyday language (Sandelowski, 2000).

Review of the Literature

The review of the literature was presented in two sections. The first section emphasized a review of the literature regarding the individual and structural factors that contributed to homelessness in women and the second section emphasized the individual and structural factors that caused homelessness in older adults with an emphasis on the factors that contributed to homelessness that are unique to older women.
Causes of homelessness have been categorized as individual and structural (Burt, Aron, Lee and Valente, 2001; Institute of Medicine (IOM), 1988; Koegel, Burnam and Baumohl, 1996; Marvasti, 2003; Morrell-Bellai, Goering and Boydell, 2000; Wilson, 2005). The *individual* category encompasses factors that increase an individual’s vulnerability to homelessness. Cited most often are physical and/or mental illness and disability, substance abuse (drug or alcohol), domestic violence and victimization of women and disruptive events in childhood. These problems frequently occur in combination with each other as well as with structural factors that contribute to homelessness (Marvasti, 2003; Morrell-Bellai, Goering and Boydell, 2000). The *structural* category emphasize factors that contribute to homelessness such as lack of affordable housing, poverty, unemployment, breakdown of family and social support (Fagan, 1995; Marvasti, 2003 Morrell-Bellai, Goering and Boydell, 2000).

*Factors that Influence Homelessness in Women*

The homeless population is a diverse and heterogeneous group therefore pathways to homelessness function differently among subgroups. Experiences of homelessness are distinctly different for men than women therefore antecedents to homelessness are different however; research findings do not always differentiate differences between groups and there remains insufficient amounts of extant literature on homeless women.

*Individual Factors* There is an interrelationship between mental illness and substance abuse (alcohol and drug) within the homeless population. It has been reported 57% of homeless people acknowledge problems with lifetime mental illness and several authors suggest (Jainhill, Hawke and Yagelka, 2000; Wright, Rubin and Devin, 1998;
Dennis, Levine and Osher, 2001) that stresses of homelessness can exacerbate an already existing mental illness in an individual. Mental health problems seem to be more common among homeless women and they seem to suffer from higher rates of major depression and posttraumatic stress disorder than homeless men (Stein and Gelberg, 1995). According to the latest Hunger and Homelessness Survey (The United States (U.S.) Conference of Mayors, 2007), an annual survey report that assessed emergency services in 23 major cities across America and one of the leading sources for homeless research, found 22% of the single homeless population considered mentally ill.

Odell and Commander (2000) conducted a matched case-control study of homeless (cases) and non-homeless (control) people (n=39 pairs) in Britain to examine the relationship between homelessness and mental illness, specifically psychotic illnesses. Men comprised the majority of the sample (n=36) with ages from 22 years to 56 years old. Data collection consisted of interviews and medical record review. The findings revealed two crucial social and behavioral factors in predicting homelessness: substance abuse and disruptive childhood events. Substance abuse disorder was a precursor for homelessness in 20 of the 23 cases. Eight cases (and one control) abused substances before the age of sixteen. The beginning of psychosis was evident before homelessness for 26 cases. The limitation of this study was underrepresentation of women in the sample; therefore, gender differences could not be concluded and generalizability was limited due to retrospective study design.

Using semi-structured interviews of homeless adults in Toronto, Morrell-Bellai, Goering and Boydell (2000) examined individual risk factors such as mental health and
substance abuse as precipitating reasons for homelessness. The qualitative portion was part of a larger study conducted with a representative sample of 300 sheltered and 30 non-sheltered single individuals of which 52 % had never experienced homelessness before. Females comprised 32 % of the entire sample. Of the 330 respondents, 29 agreed to participate in the qualitative portion. Depression was reported as an antecedent to homelessness in 28.5 % of the 330 quantitative study participants. Over 46 % reported a significant depressive episode and 28.2 % were currently depressed. Of the quantitative study participants, 28.5 % reported one or more episode of depression prior to homelessness and over 10 % experienced severe psychiatric illness prior to becoming homeless. Also, several of the male participants implicated substance abuse as a major factor for homelessness. Of the qualitative sample, 33 % experienced depression prior to homelessness.

Utilizing qualitative and quantitative interviews from the Toronto Pathways Into Homelessness sample, Goering, Tolomiczenko, Sheldon, Boydel and Wasylenki (2002), examined similarities and differences between first time homeless and previously homeless participants. The sample consisted of 126 first time shelter users and 174 former shelter users (78 % male, 22 % female). History of lifetime substance abuse (64 % versus 71 percent) and lifetime diagnosis for mental illness (64 % versus 69 %) was similar for both groups with the formerly homeless having slightly higher rates. Limitations for both studies included underrepresentation of females in the sample.

Major depression is a correlate of homelessness for women, Jainchill, Hawke and Yagelka (2000) suggest and a pattern of internalization of distress from physical abuse.
Using interviews from residents (N=487, 28 % female) of three shelter-based treatment community drug abuse programs in New York City, they examined gender differences for correlates of homelessness. For women, younger age ($r = .179, p < .05$) at initial time of homelessness, more DSM-III-R diagnoses ($r = .176, p < .01$), including major depression ($r = .161, p < .05$) and a high score on the Beck Depression Scale ($r = .162, p < .05$) was correlated with homelessness as an adult. For males, more DSM-III-R diagnosis ($r = .192, p < .001$), a high score on the Beck Depression Scale ($r = .221, p < .001$) and substance abuse ($r = .152, p < .05$) were correlated. Study limitations were sample sizes reported for the study was the entire sample size due to underrepresentation of females within the sample therefore, sample size limitation and use of different drug abuse profiles made gender comparisons difficult.

To explore the characteristics associated with female homelessness, Wagner and Perrine (1994), surveyed and interviewed homeless ($n=50$) and at risk housed women ($n=48$) in the southeast. Study purpose was to evaluate the correlates of homelessness (psychiatric symptoms, substance abuse, physical and sexual abuse, unstable job and residency issues, and decreased social networks). Using independent $t$ tests, there were significantly higher reports of psychiatric symptoms ($t = 2.64, p < .01$) and substance abuse ($t = 2.38, p < .05$) among homeless women than housed. The results demonstrate the importance of interventions for housed women at risk of homelessness. Study limitations include the questionnaire utilized for the housed sample was a combination of existing instruments and additional questions from the researchers and not evaluated for reliability or validity. Also, data was collected via face to face interviews with the homeless sample
versus mailed questionnaires with telephone follow-up data collection used for the housed sample creating recall and response bias.

Literature suggests that substance abuse is one of the chief individual factors linked to homelessness with between 62 and 66% reporting problems with alcohol abuse and between 50 and 58% reporting problems with drug abuse (Jainchill, et al, 2000; Urban Institute, 1999; Stein and Gelberg, 1995). More recently, the 2007 Homeless and Hunger Survey found 37% of the single homeless population abused substances, an increase of 10% since 2006 (The U. S Conference of Mayors, 2007). In a study of 303 homeless people and people at risk of homelessness in Cook County, Illinois, Johnson, Freels, Parsons and Vangeest (1997) used data from a cross-sectional survey to examine the relationship between homelessness and substance abuse. Social selection and social adaptation processes were assessed. Variables of interest were age of first homeless experience, age of first alcohol abuse and age of first drug abuse. The two outcomes of the study determined the first homeless experience was related to drug abuse and prior homelessness was found to be predictive of first symptoms of both drug and alcohol abuse. Availability of economic and social resources was associated with these outcomes. It was suggested that drugs may replace alcohol as a significant antecedent to homelessness.

There are gender differences in relation to substance abuse. Benda (1990) conducted an exploratory study in which he interviewed 444 homeless males (n=313) and females (n=131) in Richmond, Virginia over a nineteen month period. The purpose of the study was to provide a description of homeless men and women and to use the “drift
down” theoretical perspective to compare homeless men and women (p 41). The idea behind the “drift down” theory is that homeless men are more likely to drift down to homelessness than women as a result of crime, alcohol and drug abuse and that woman would exhibit more mental health problems which would contribute to a drift down. The study found that homeless men had been arrested for crime more frequently and consumed more alcohol than the women in the sample. The homeless women had more suicide attempts and suffered more anxiety attacks. Women who suffered a mental illness were victimized more often as well. The results indicated the “drift down” theory has merit and for some people and mental illness, substance abuse and crime may lead to individual deterioration and homelessness.

In a similar study, Stein and Gelberg (1995) surveyed 531 homeless men (n=386) and women (n=145) at nineteen different community sites in Los Angeles. Focus of the study was to determine gender differences and the relationship between drug and alcohol use and other factors that contribute to homelessness such as criminal history, mental illness and institutionalization history. Gender differences were acknowledged and prior institutionalization was associated with severity of homelessness for women.

A study conducted by North & Smith (1993), compared the differences between homeless men (n=600) and women (n=300) in St. Louis, Missouri. Substance abuse was reported more often by men than women as the precipitating factor for first time homelessness with alcohol (7.2 % versus 0.7 %) or drugs (8.8 % versus 4.4 %). High rates of lifetime mental illness were reported (47.7 % of women and 76.7 % of men).
Single women were more likely to be older, white and acknowledge alcohol abuse than women with children.

Limitations of mental health and substance abuse studies are difficulties comparing across studies due to different definitions of mental illness and multiple methods used to assess mental status; therefore, reported rates of mental illness and substance use and abuse warrant careful review. Also, self-report information creates difficulties due to questionable responses from participants.

Disruptive childhood events are experiences such as school problems, child abuse (physical or sexual) or neglect, out of home placement (foster care, group home or institution), running away or being throw out of ones home (Burt, Aron, Lee and Valente, 2001). Homeless clients in the NSHAPC study reported placements in an out of home setting before they were eighteen years old (27 %) and many reported multiple placements. Similarly, a descriptive study by Wilson (2005) examining health-promoting behaviors of sheltered homeless women ($n=137$) in Indiana, discovered 21 % had a history of childhood out of home placement. Of the clients in the NSHAPC study, 29 % reported abuse or neglect, 33 % admitted to running away from home and 22 % were forced to leave home. A relationship between women who experience physical violence or sexual molestation as a child and intimate partner violence as an adult is suggested (Browne and Bassuk, 1997; Salomon, Bassuk and Huntington, 2002).

There has been considerable research conducted regarding the association between adverse childhood events and its contribution to adult homelessness beginning with an exploratory study done by Pilavin, Sosin, and Westerfelt (1993) that examined
the duration of homeless careers. A survey of 331 homeless individuals in Minneapolis identified foster care as a common experience. Building on this research, Herman, Susser, Struening and Link (1997) focused on adverse childhood experiences as risk factors for adult homelessness to establish a causal association. A representative sample of previously homeless individuals \( (n=92) \) and never homeless individuals \( (n=395) \) were interviewed. The sample was a subsample of respondents originally interviewed for a 1990 national survey on attitudes towards homelessness. Sixteen percent of the sample experienced lack of care from a parent or parental figure during childhood with lack of care being greater among women (19%). Significant findings relating to adverse events were physical abuse (7%), sexual abuse (10%) with sexual abuse more common among women (14%) and risk factors were interrelated. Overall, the risk of homelessness among individuals who experienced both lack of care and either physical or sexual abuse was substantially increased compared to individuals who did not (unadjusted odds ratio =26).

Morrell-Bellai and colleagues (2000) identified childhood abuse and neglect as significant individual risk factors for homelessness. Over twenty three percent of the respondents in the quantitative study \( (n=330) \) admitted sexual abuse and 41 % physical abuse. Of the qualitative participants, physical and sexual abuse was correlated with parental alcohol abuse. Of the Goering, et al (2002) study respondents, 44 % of first time homeless \( (n=55) \) and 49 % of previously homeless \( (n=86) \) reported a history of child physical and sexual abuse. Findings suggest a set of factors early in life increase repeated homelessness.
Shinn, Knickman and Weitzman (1991) found recently homeless women experienced more physical or sexual abuse or adverse childhood events than poor housed women. The study compared 677 recently homeless women in families with 495 poor housed women in families in New York. Examining vulnerability to homelessness, not cause, adverse childhood experiences were reported three times more by homeless women than housed. Over 33% of homeless women admitted at least one experience compared to 14.1% of housed women.

In a qualitative descriptive study focusing on families of origin of homeless women (n=20, ages 21 to 56 years old), Anderson (1996) used a feminist framework to discover many of the women (11 out of 12) suffered emotional, physical and sexual abuse within the family setting and the majority perceived their family relationships to be negative. The most relevant discovery was women felt a lack of social support or feelings of “being without” (p 40). Women perceived they were often without family, a safe place, trusting relationships, a voice, and most importantly love and support. Conducting a grounded theory study, Montgomery (1994) focused on strengths and resources of women who survive homelessness. She interviewed seven formerly homeless women (age 35-53 years old) to discover the process of homelessness. From this sample, six of the seven women reported childhood physical or sexual abuse, three out of five were sexually abused and four suffered physical violence, neglect or abandonment by their mother.

A history of childhood physical and sexual abuse and assault by intimate male partners is prevalent throughout the lives of homeless women. As a result, domestic
violence and the collapse of a relationship appear to be common pathways into homelessness (Anderson and Rayne, 2004; Browne, 1993; Metraux and Culhane, 1999; Montgomery, 1994; Wesley and Wright, 2005). Based on the data from the 1996 NSHAPC report (Burt, Aron and Lee, 2001), one of the top four reasons single women and women with children left their last place of residence was abuse. Wilson (2005) found 46% of the women reported conflict within the relationship as the main reason for homelessness and 21% reported violence in the relationship. In a qualitative study, Wesely and Wright (2005) examined relationships between homeless women and their intimate partners focusing on how the character of the relationship led to social exclusion and homelessness. Interviews with 20 women (19-62) at a homeless center and focus groups with six women (ages 25-43 years old) at a domestic violence shelter revealed a multifaceted path to homelessness with numerous ways childhood and adult relationships contributed to homelessness. Many women (16 out of 20) reported physical or sexual abuse as a child located within the context of poverty, neglect, loss, substance use and illness. These conditions informed the woman’s childhood understanding of adult relationships and reasons for entering abusive adult relationships (escape the home environment, to feel safe, loved or secure). Many were socially and financially controlled and dependent on intimate partner and many financially supported the partner’s substance abuse habit. The relationships were found to contribute to the woman becoming economically vulnerable, social excluded and homeless. Also, there is not a direct link between domestic violence and homelessness and is different for every woman.
Structural Factors Many women who flee violent relationships or find themselves down on their luck are deprived of social and economic support such as a family and friends (Bassuk, Weinreb, Buckner, Brown, Salomon & Bassuk, 1996). There is little research to date that can make a causal inference between social support problems and homelessness however; homeless women usually have less support networks than women who are housed (Bassuk, 1993; Milburn & D’Ercole, 1991). The lack of social support can be considered a risk factor for homelessness (Milburn & D’Ercole, 1991).

Maurin, Russell and Memmott (1989) conducted a descriptive study which explored gender differences (between singles, single parents, couples and families) among the homeless (n=337) in Utah. Using semi-structured interviews from 266 men (79 %) and 71 women (21 %) an inability to obtain help from family/friends (single women 36 %, single men 0) were cited as one of the main reason for homelessness. Limitations include: underrepresentation of females (21%) and minorities in the sample (Caucasians 82 %) and underrepresentation of the unsheltered population. Sample was drawn from sites frequently utilized by homeless individuals therefore the unsheltered group was not differentiated within the sample. The majority of interviews (54%) were conducted at a shelter.

An exploratory, descriptive study using quantitative and qualitative methods to describe the health experiences and needs of homeless men (n=116) and women (n=41) in the southeast found 42 % of the participants reported family problems as the reason for homelessness. Another 33 % stated they had no one to call on in time of need. These factors combined with other precipitating factors such as unemployment, health problem
and drug or alcohol abuse was also noted (Clarke, Williams, Percy and Kim, 1995). The limitation for this study was underrepresentation of females within the sample.

Anderson and Rayens (2004) conducted a descriptive correlation study in northwest region of the United States to explore the factors influencing homelessness in women (n=225) and more specifically, to examine the role families of origin and childhood support systems play in homelessness. The sample included homeless sheltered women (n=94), never-homeless women who experienced childhood trauma (n=88) and never-homeless women (n=73) who had not experienced childhood trauma. Using analysis of covariance (ANCOVA), homeless women scored lowest related to social support (F= 15.8, p <0.0001) compared to never homeless with trauma and never-homeless/never abused and highest on conflict (F= 6.6, p <0.0001) than never-homeless and never-homeless/never abused on the Interpersonal Relationship Inventory (IPRI). Confirmation was achieved regarding the importance of families of origin and significance of determining how to maximize support networks. Limitation of this study was underrepresentation of minority women.

North and Smith (1993) found 60 percent of the women sampled reported family conflict as the main reason for homelessness. Although 52.3 % of men and 55.1 % of women in their study admitted to having family, 92.4 % of the men and 81.8 % of the women declined contact with them. Others reported contact severed by family (men, 36.2 % and women, 52.7 %). Almost 50 % of the male subjects reported spending time alone. Morrell-Bellai and colleagues (2000) found half of the 29 respondents had
difficulty relating to others and admitted to family relationship problems prior to becoming homeless. Two respondents became homeless following the death of a parent.

In an article focusing on stress and homelessness, Milburn and D’Ercole (1991) utilized a stress paradigm to examine and describe the research literature on homeless women. The purpose was to conceptualize homelessness within a stress model to examine risk and mediating factors. Within the paradigm, the availability of social support is considered a social resource and if unavailable, a mediating factor for homelessness.

Shinn, Knickman and Weitzman (1991) found women in jeopardy of homelessness usually exhaust their support networks before choosing homelessness. Examining the significance of social support and vulnerability in the sample of homeless families the results found more recently homeless women (80.9%) reported living with family or friends and an emergency contact (81.7% to 52.9%) than housed women (71.5%). Also, recently homeless women had contact with family more often than poor housed women (54.8% to 39.6%). Therefore, homeless respondents reported more support from family than their housed counterparts, contrary to other study findings. However, fewer than half the homeless women (7.7% versus 17.6%) compared to housed felt they had family to stay with and only one quarter (3.2% versus 14.3%) felt family would take them in.

The large numbers of people who simultaneously experienced homelessness over twenty five years ago was largely a result of structural factors such as massive cuts and near elimination in funding for federal housing, and the loss of public housing units.
combined with the loss of affordable private-sector houses (Gilbeau, 2001; Western Regional Advocacy Project, 2006). As a result, lack of affordable housing is one of the leading causes of homelessness according to the U. S. Conference of Mayors (2007). The reason given by thirteen percent of the people in the 1996 NSHAPC (Urban Institute, 1999) study for leaving their last place of residence was too little affordable housing in the community. Forty two percent of the participants stated their number one priority was finding a job and 38 percent needed help finding affordable housing.

The lack of affordable housing can lead to homelessness and keep someone homeless as well. The robust economy of the past several years caused rent prices to increase which put the cost out of range for many low income families and individuals (NCH, 2007). Goering, et al, (2002) found poverty and unemployment by itself was not predictive of homelessness but housing instability increased the risk of continued homelessness. Both samples (first-time homeless and formerly homeless) reported excessive rates of joblessness (62 % and 57 %) and dependence on government assistance for income (53 % and 72 %). Also, both samples experienced an acute illness or disability (43 % and 40%) or reported a chronic illness (30 % and 41%) in the last 12 months.

When gender is considered, lack of affordable housing and employment opportunities for women is a contributing factor for homelessness. Within the male-centered society, a woman’s primary social position is viewed as wife and mother. This discriminatory view can create difficulties for the working-class single women and has potential to make them vulnerable to poverty and homelessness (Merves, 1992). Metraux
and Culhane (1999) contend family dynamics (pregnancy, instability, recent childbirth, and domestic violence) and interdependence of individual and structural factors (poverty, the declining availability of affordable housing, and lack of employment) place women at greater risk for homelessness. Women who are homeless encounter the same social and economic issues as men but social marginalization of women intensifies the problem (Bassuk, 1993).

Viewing the beginning of homelessness from the perspective of employed ($n=14$) and unemployed women ($n=11$), Johnson (1999) utilized personal narrative methodology informed by feminist theory to interview 25 formally homeless women regarding how their experiences differed. Five out of 14 employed women lost their jobs following exits from a destructive relationship; consequently, they became homeless due to lack of income and affordable housing. Individual physical illness or illness within the family can initiate unemployment and homelessness. Six of the 14 employed women in Johnson’s study (1991) implicated health issues as the precipitating factor for homelessness.

Data from the Worcester Family Research Project demonstrated circumstances that compromise either financial or social resources of low-income mothers are associated with an increased risk of losing one’s place of residence. Using an unmatched case-control design, Bassuk, Buckner, Weinreb, Browne, Bassuk, Dawson and Perloff, (1997) interviewed homeless mothers ($n=220$) and low-income housed mothers receiving welfare ($n=216$) to examine adult risks and protective factors for homelessness. When participants were questioned regarding their housing history, there was a significant
difference between the two groups. Homeless mothers had moved 3.8 times in the two years prior to the study as opposed to 1.8 times for the low-income housed mothers.

Childhood risk factors identified for adult homelessness were foster care placement and use of drugs by participant’s mothers. Adult risk factors include recent move to the area, recent eviction, conflict in one’s social support system, being a minority, frequent use of alcohol or heroin and current hospitalization for a mental health issue.

Protective factors included a high school education, a substantial social network, being the principal resident in a housing situation, receiving public assistance or a housing subsidy. Study limitations include overrepresentation of Hispanic subjects (72.9 % of total sample) and Caucasians (78.1 % of total sample) and underrepresentation of African-American subjects (33 % of total sample). Wagner and Perrine (1994) found significantly higher reports of unstable job and residency issues ($t = 3.51, p < .01$) for the homelessness women than for housed women in their study. Wilson (2005) found 35.8 % of women in her study reported no rent money or eviction contributed to their homelessness. Job loss was reported by 30.7 % of the women as a contributing factor.

Morrell-Bellai et al (2000) designated job loss and the loss of home as macro level factors for homelessness. Six of the 29 participants in their qualitative study reported problems related to employment, eviction, and loss of government assistance as precipitating factors to homelessness. Two people became unemployed due to physical or mental illness prior to homelessness and several attempted to live with relatives. North and Smith (1993) found the most often cited reason for homelessness in their study was
job loss for men (23.5 %) and trouble with family members for women (6 %). Roth, Toomey and First (1987) reported similar findings in Ohio. Using purposive and random sampling methods, 186 women and 793 men were interviewed from various homeless localities to examine attributes of homeless women. Of the various reasons cited for homelessness, financial instability such as job loss, difficulties with rent (41%) and issues with family were cited (27.4%) most often. Divorce (9.7%) was also a major reason. The main limitation of this study was the underrepresentation of women in a study examining homeless women and the underrepresentation of minority women.

There is also an undeniable relationship between homelessness and poverty (Burt and Cohen, 1989; NCH, 2007; Shinn & Weitzman, 1996; Wright, Rubin and Devin, 1998). In 2005, 36.5 million people or 12.3% of the U. S population lived in poverty. Of the 36.5 million people, approximately 5.5 million are women (U. S. Census Bureau, 2006). Poverty is a growing socioeconomic problem not only in the United States but globally. Poverty affects not only health and well being but the quality of life for subsequent generations (Sheer, 2007). The burden of poverty however is unequally experienced by women and children around the world. Women are often designated as the sole caretakers for children and elderly parents with single mothers more often becoming the sole providers for their offspring (Merves, 1992; Sheer, 2007, Shinn and Weitzman, 1996; Starrels, Bould and Nicholas, 1994). Female-headed households run a disproportionately high risk of being in poverty and eventually become part of the homeless population (Wright, et al, 1998). In 2006, there were 4.1 million female headed
households in poverty in the United States and children represent 35.2% of impoverished people (U.S. Census Bureau, 2006).

According to Starrels, Bould and Nicholas, (1994) the strongest predictor of female poverty is being a single mother. In an analysis examining factors that perpetuate the feminization of poverty, state unemployment, low wages and the lack of education or a substandard education were cited as contributing factors. Therefore, the burden of supporting a family can be difficult for a single mother due to low salaries either from lack of previous work experience or low educational attainment, especially if she did not complete her education (Merves, 1992; Shinn and Weitzman, 1996). Inadequate or unavailable child support payments can also compound the problem. The feminization of poverty and homelessness can be attributed in some part to the desertion of males from the household (Bassuk, 1987; Wright, et al, 1998).

The term feminization of poverty was coined by the American sociologist Diana Pearce in late 1970’s to describe the situation facing increasing numbers of women in the United States. She noted substantial numbers of poor female-headed households and lack of governmental support for divorced and single females. This trend was identified as the feminization of poverty (McLanahan, Sorenson and Watson, 1989). The feminization of poverty is a process by which the poverty population in the United States has become increasingly comprised of women, irrespective of race or age. The two reasons women have higher poverty rates than men are: 1) financial resources are not on par and 2) women normally are the single custodial parent during their working years and are likely to be living alone and not married later in life (Starrels, Bould & Nicholas, 1994).
There is a wage gap between working men and women in the United States and which creates discrimination (Timmer, Eitzen & Talley, 1994). In 2006, the median earning for men was $42,261.00, down 1.1 % from the previous year however, the median earning for women was $32,515.00, down 1.2%. The female-to-male earnings ratio is currently 0.77% which has increased slightly from 2004 (U.S. Census Bureau, 2006). There are differences in income when homeless women are compared to women with homes. In a comparison of homeless and housed women from the Worcester Family Research Project, there were significant differences in annual income. Seventeen percent of the housed mothers had an annual income of less than $7,000.00 as opposed to 46% of the homeless mothers in the study that had the same annual income. The primary source of income for this sample was government benefits (72.3% from Aid to Families with Dependent Children, 55% from Women Infant and Children) and 26.9% from employment. Unemployment however was high in this sample and only 0.9% currently had a job (Bassuk, et al, 1996).

High rates of unemployment have been documented in other studies for both men and women. A study conducted by Canton, Hasin, Shrout, Opler, Hirshfield, Dominguez and Felix (2000) found 85% of homeless adults (200 indigent homeless adults and 200 newly homeless adults) were unemployed. There is also a relationship between securing permanent housing and joblessness. Burt and Cohen (1989) found two out of five single homeless women in the sample (n=242) had not held a permanent job in over two years. The episodes of joblessness appeared to be longer than the episodes of homelessness which indicated lack of financial resources from joblessness possibly contributed to
homelessness for this sample. The exception to this trend was women with children among whom fifty percent relied on government benefits or help from others, reflected by the length of time between joblessness and homelessness being much longer than in single women and single men.

Increase in divorce rates and a trend for people to co-habitat without the benefits of marriage have played a role in poverty. Divorce and non-traditional living arrangements is a major factor leading to filing for bankruptcy and feminization of poverty (Bassuk, 1987; Starrels, Bould and Nicholas, 1994; Timmer, et al., 1994). North and Smith (1993) found, of the 300 women sampled, few were employed but more men (21.5%) had jobs than women (10.7%) and most women who worked were single women without children. Fifty three percent of the women versus 28.6% of the men earned at least $4,000.00 but men (60%) were more dependent on their income than women (32.4%). Single women (10%) depended less on government benefits than the women with children (57.8 percent) and supported themselves (42.5 % versus 28.1%) without government help. Single women (42.9%) reported more time homeless than women with children (16.4%) but less time than men (42.9 % versus 54.7%). The reason most often offered for homelessness was family conflict (6 percent). More men (7.7 percent) than women (3 percent) mentioned divorce.

*Factors that Influence Homelessness in Older Women*

This portion of the literature review will focus on the individual factors (such as physical illness and disability, mental health and substance abuse, disruptive childhood events, domestic violence and widowhood) and structural factors (such as deficient social
support systems, poverty, housing, unemployment or retirement and government programs) that influence homelessness among older adults with emphasis on factors unique to older women.

**Individual Factors:** As part of a three nation study (Boston, England and Melbourne) to further understand the circumstances influencing homelessness later in life and offer prevention strategies, Crane, et al (2005) found of the newly sheltered homeless older adults interviewed 50 and older (N=377, 101 women and 276 men), 77% became newly homeless between 50 and 64 years old and 28% felt physical health problems contributed to homelessness. Also, many of the respondents were terminated from employment due to illness which created financial problems. Reporting on the findings from the Australian (N=125) portion of the three nation study, Rota-Bartelink and Lipmann (2007) found over half of the men (n=93 or 75%) and women (n=32 or 26%) were between 50 and 60 years old. Of the subjects 60 and over, 70% had no prior homeless experience. Health issues were reported by 78% of participants of which 30 believed their health issues contributed to becoming homeless. A limitation of the two studies was sampling differences at the separate study locations. Not all study sites had samples of only newly homeless individuals but contained a mix of newly homeless and formerly homeless making generalizability difficult across the three nations. Butler and Weatherley’s (1992) qualitative study examined how 11 women (45-65) became homeless during mid-life. Using constant comparative analysis, they discovered physical health issues contributed to homeless for 4 of the women.
Conversely, Shinn, Gottlieb, Wett, Bahl, Cohen and Ellis (2007) found no relationship between physical and mental health problems and homelessness ($p < .05$). Interviews conducted at a senior drop-in center in New York with 79 homeless (19 % female) and 61 poor domiciled persons (77 % female), 55 years and older, examined similarities and differences of antecedents of homelessness on five factors: disability (psychiatric, physical, drug or alcohol), economic capital, human capital, social capital and stressful life events. When removed from the model, disability was not significant to homelessness for this sample (adjusted OR: 1.18 physical, 1.08 mental, 95 % CI). Although mental health issues were not found to predict homelessness, drug and alcohol abuse were found to be significantly important (adjusted odds ratio = 9.13).

Mental illness is difficult for anyone but can be particularly difficult as people age and sometimes is the impetus for homelessness (Crane, 1998; Kisor & Kendal-Wilson, 2002). Mental health problems, especially depression, may be exacerbated by illness, loss of social support and isolation. Sometimes older homeless adults medicate their illness with alcohol and drugs. Anxiety and dementia are also key mental health problems facing older adults and can cause loss of functional ability, change in appetite and overmedication (Rich, 1995; Zarit & Zarit, 1998).

Researchers concur there is a high prevalence of psychiatric illness among homeless people but stress diagnoses are usually different between genders and age groups. Sullivan’s (1991) study of case records of homeless women referred for psychiatric treatment ($n=25$, mean age 71) from a New York City shelter determined the women experienced approximately three significant incidences one to five years prior to
homelessness. Forty-eight percent had prior psychiatric admissions. Limitations of this study include: overrepresentation of African-American women (68%) to Caucasian (20%) and Hispanic (12%) in the sample and data collected from case records of women referred for psychiatric treatment limiting generalizability to older women without mental illness.

Taking the findings from two separate studies conducted in Britain, Crane and Warnes (2001) examined frequency and origins of homelessness in older adults. The Four-City study sampled 225 people (55 years and older) living in shelters and the Lancefield Street Centre study examined 88 older homeless people (50 years and older) living on the street. The conclusions reached regarding causes of homelessness were dependant on the stage adulthood homelessness first occurred. Disruptive childhood events, foster care and military discharge as young adults prompted first time homelessness. Homelessness during middle age was prompted by death of the last living parent, divorce and loss of employment or affordable housing. Widowhood, divorce, retirement or an increase in psychiatric symptoms prompted homelessness later in life. Of the combined sample suffering psychiatric symptoms (n=313), seven women exhibited signs of paranoia. Ten of the total sample had lost their homes, families and employment due to paranoia and several participants had been through a significant stressful occurrence prior to homelessness.

The three nation study by Crane and associates (2005) found 65% of study participants reported mental health problems, especially depression and 23% felt it contributed to their homelessness. Of the 242 people reporting mental illness, less than
half had received treatment. Alcohol use which hastened a divorce or home eviction was implicated in twenty two percent of the participants becoming homeless. Thirty two percent of the participants admitted to significant consumption of alcohol or alcohol abuse, with men (38%) abusing alcohol at a higher rate than women (14%). Nine percent of the sample reported drug use. In the Australian study, Rota-Bartelink and Lipmann (2007) found of the newly homeless sample, sixty one percent reported depressed feelings and 28 % admitted psychiatric difficulties ($p <0.001$) as well as depression. Men reported feeling depressed more often than women (50 -59 years old range) prior to homelessness. Overall, 25 % of the entire sample attributed homelessness to behavioral health issues.

Through a review of 125 random records of single adults 55 years and older from the Chicago Emergency Services Division (ES) combined with data from the Chicago Health Care for the Homeless Project (HCHP) files ($n=157$, age 55 and older) Kutza and Keigher (1991) found many displayed mental health symptoms or cognitive changes related to alcohol or dementia prior to becoming homeless, although few reported a history of mental illness. Of the women in the HCHP sample, 45 % (39 out of 87 women) compared to 31 percent of men showed signs of being confused, disoriented or paranoid. Generalizability is limited beyond this study. Secondary analysis from case records and sample drawn from records of community service providers is questionable due to accuracy of client recall and nature of data collected by case managers. Also, case records were incomplete.
Kisor and Kendal-Wilson (2002) conducted a descriptive study in Virginia utilizing secondary analysis of existing data from adult protective services case records and other agencies (N=223, mean age of 59.2) at thirteen different sites to determine patterns and antecedents to homelessness. The purpose of the study was to reframe stereotypes of homelessness. Although no definite causes were articulated, findings identified mental health problems (33.2 %, n=83) as one of many reasons for homelessness and 48.4 % (n=108) elicited mental health or substance abuse services prior to homelessness. Study limitations include: data collected from case records using secondary analysis and overrepresentation of African-American (42.2 %) and Caucasian women (49.3 %) compared to other ethnicities (8.4 % other) in the sample. Also, missing data was mentioned which is a disadvantage to doing secondary analysis.

Crane (1998) conducted an ethnographic study with 225 participants (159 men, 66 women), 55 years old and older in Britain to determine the correlation between homelessness and psychiatric illness. Using semi-structured interviews with sheltered and unsheltered older adults, men were found to exhibit fewer signs of mental illness than women but men were more prone to depression. Women exhibited more agitated behaviors and appeared unaware of their problems especially those sleeping on the streets. The unsheltered women exhibited more memory difficulties, signs of psychosis and refused services. Participants over the age of 65 years old (58 %) were more likely to deny psychiatric health problems than younger participants (38 %), especially the women (78 % of the 45 women versus 47 % of 81 men). Of 175 respondents, 41 % reported a psychiatric illness prior to becoming homeless. Of this
group, women admitted to having problems and obtained treatment more than men. Also, for 38 participants (18% of 216 people) psychiatric illness was a precipitating factor for homelessness.

Reports of disruptive or unstable childhoods appear to occur more often in the lives of older homeless women than men (Sullivan, 1991). However, of the respondents (55 and older) in the Crane and Warnes (2001) study, 24 became homeless before age 18 as a result of out of home placements and dysfunctional families. Discharge from the Army left 16 men homeless and several admitted to childhood disruption prior to enlistment. Conversely, Shinn et al, (2007) found there was no relationship between disruptive childhood events and homelessness ($p < .05$).

Butler and Weatherley (1992) reported for four of 11 women (45-65), domestic violence was a factor in their homelessness. Kisor and Kendal-Wilson (2002) study found domestic abuse was cited as one of the contributing factors along with diminished social support, violent family behavior, family disputes (73.5%, $n=164$) for homelessness among 223 older women sampled. Of the 17 women reporting homelessness following divorce or separation in the Crane & Warne (2001) study, seven reported physical abuse as a precursor to their exit from the home.

*Structural Factors:* Social support plays an important role in the lives of the homeless population, especially the older population. Research has discovered that compared to the general public, homeless adults report fewer social support networks (Bates and Toro, 1999). As people age, their support networks begin to diminish as friends and family die. For many women, the transition from wife to widow can be a
devastating loss and living alone can lead to seclusion, isolation, health problems and a decline in quality of life. A feeling of rejection from family and friends along with the sense they are not valued is common among older women (Gomberg, 1994).

The loss of a marriage can be the impetus into homelessness for many older adults. Crane and Warne (2001) found divorce or marital separation precipitated homelessness for 56 men and 17 women in their study. Of these respondents, separation occurred after age 50 for 35% of the sample. Alcohol abuse was a contributing factor for 12 men, some married for over twenty years. Other issues, such as retirement, adultery and psychiatric or mental illness, were contributing factors (16 men and one woman). Also reported by several respondents within this group was an unstable childhood.

Death of a spouse is another causal factor for homelessness especially for men. Of the respondents 18 people (17 men, one woman) became newly homeless following widowhood. Of the group, fifteen people choose homelessness over remaining housed citing painful memories as a reason for leaving. Two men became suicidal and nine men reported alcohol abuse. Also, 75% reported unstable childhoods before marriage.

Social capital is correlated to homelessness for older adults. According to Shinn, et al (2007, p 698), social capital is the “social and organizational ties on which individuals can draw for assistance.” The study found housed participants more than homeless participants had someone that would offer shelter. Of the homeless participants, 33% could stay with an offspring and 25% reported someone would house them. However, the reasons given for becoming homeless rather than stay with someone were
loss of contact with family/friends, a quarrelsome relationship within a support network or wanting independence.

Older adults lacking support networks become homeless following retirement. In the Crane and Warne study (1991), six men and seven women without families become homeless following military service or retirement from employment as domestic workers. Homelessness occurred spontaneously following retirement for some and several were unable to manage living alone and were evicted. Of the men, four reported alcohol abuse following retirement which led to rent arrears and four suffered economic difficulties.

From an in-depth examination of psychiatric treatment records from 25 older homeless sheltered women, Sullivan (1991) determined the occurrence of three or more factors out of eleven combined with the absence of a social support system may predict homelessness for older women. The factors are:

- Impending eviction
- History of psychiatric illness and hospital admission
- Alienation from family/friends
- Deceased immediate family or significant other
- Family friction
- Unstable or lack of income
- Moving
- Memory troubles
- Physical problems or disabilities
- Victimization
- Unemployment

Again limitations of this study were sample derived from case records of women seeking psychiatric treatment making generalizability difficult to women without mental illness.

Examining the association between homelessness and psychiatric illness, Crane, (1998) found respondents with psychiatric history (four men and four women) became
homeless following the collapse of support networks. In the three nation study by Crane, et al, (2005) most of the respondents had fragile support systems. Thirty percent reported no contact with family and 19% rarely saw family. Thirty seven percent of the 377 participants became homeless following death of a family member or friend. Twenty percent became homeless following divorce or the breakup of a relationship. Thirty percent reported no connection with relatives and 19% saw friends or family less than once a month. Martha Sullivan’s study (1991) found 38% of the cases (n=25) endured the death of a parent early in life. Similarly, Crane and Warnes (2001) study found for 17 men and eight women, the loss of a parent contributed to homelessness.

Eviction and foreclosure are two other reasons older people become homeless. Using the same sample from the Four City and Lancefield Street Centre studies, Crane and Warnes (2000) investigated how eviction precipitates homelessness in older adults. Interviews were conducted with 45 older homeless adults (38 men and seven women, 50 years and older) to examine the circumstances surrounding their homelessness. Seventy five percent had never been homeless before, 49% had a psychiatric illness, 38% abused alcohol and 20% had a psychiatric illness and abused alcohol. Evictions occurred as a result of financial difficulties and inability to maintain their property. Psychiatric illness contributed to the inability to remain housed. Five devastating life conditions were identified as precipitators for homelessness: retirement, loss of a mother or father, divorce or loss of a spouse, worsening of psychiatric symptoms and difficulty coping. The study limitations were: 1) female subjects were underrepresentated and 2) data collected using
Butler and Weatherley (1992) discovered the women in their study lived in substandard housing for years and cycled in and out of homelessness. Lack of income and reasonable housing was a recurrent theme. Loss of marriage or husband, loss of job and minimal wages all precipitated homelessness for women. Therefore, pathways to homelessness varied but there are common themes. In another study exploring the conditions responsible for homelessness, Butler and Weatherley (1995) interviewed eleven women from 45 to 65 year old. Taking a feminist perspective, the authors discovered the women were deprived in numerous ways throughout their adult lives and overcame adversity to rise above poverty, discrimination, illness and domestic violence. All of these women were family caretakers so they did not benefit from retirement and many left homes due to abuse. Of the 11 women, only eight received government assistance but were unable to maintain affordable housing with the money which became endangered if they became employed. Numerous bad decisions and problems led to homelessness but a shortage of inexpensive housing and lack of income prevented an exit from homelessness. Kisor and Kendal-Wilson’s (2002) study found the main reason older women become homeless is lack of income \((n= 78, 35\%)\) and psychiatric illness \((n=83, 33.2\%)\). Eighty two percent of the women were unmarried. The loss of income from a spouse or significant other created a financial hardship which contributed to homelessness.
Limitations of the Studies on the Homeless Population

Many of the earlier studies were cross-sectional descriptive studies that basically describe the homeless population and their needs. Therefore, generalizing the findings beyond each particular study was difficult due to sampling limitations and because characteristics of the homeless population varies from one geographic location to another. The majority of studies were conducted with a convenience sample which also limits or prevents generalizability of the study results to all populations of homeless individuals. Also, many of the studies were conducted with the sheltered population or individuals accepting services eliminating the unsheltered or hidden homeless population. Additionally, the research method most utilized is the questionnaire or survey which can alter the research findings due to response bias.

Gaps in the Literature

The individual and structural factors which contribute to homelessness have been agreed upon and established in the research literature. In America, older homeless adults, especially older women, are frequently not recognized because the focus of public policy is on the needs of women with children and families. Consequently this population has been underrepresented in the homeless literature (Commission on Affordable Housing, 2002; Crane, Byrne, Fu, Lipman, Mirabelli, Rota-Bartelink, Ryan, Shea, Watt and Warnes, 2005). Missing is a body of research on older homeless women regarding the antecedents to homelessness and an understanding of their impact in relation to older women.
Research with homeless people, according to Snow, Anderson and Koegel (1994) should take into account the environment of a particular population and be conducted from the viewpoint of the homeless person so their voices can be heard. As of now, the voice of the homeless older woman has not been heard and the literature has been virtually non-existent and out-dated. Therefore, more qualitative research regarding the antecedents of homelessness as experienced by older homeless women is needed.

Chapter Summary

Chapter two presented the theoretical perspective of Feminist Theory influencing the proposed study as well as a review of the salient literature relevant to this study. Most of the extant literature supports the theory that numerous, interacting factors contribute to homelessness. The majority of literature on homelessness also supports the fact there are many pathways into homelessness due to individual and structural factors. However, the debate continues as to whether these factors are causes or consequences of homelessness.

Up until recently, homeless women have received little attention and have been underrepresented in the literature, possibly because they are far less likely to be homeless than men. The increase in research focusing on homeless women however may signify an awareness of the increase in this population. Homeless women represent a heterogeneous population that varies by race, age, marital and parental status, access to housing and length of homelessness as well as the factors that influenced their homelessness. Older women are one subgroup of this diverse population.
Many older adults become homeless for the first time later in life due to circumstances severe enough to cause homelessness. Consequently, although the percentage of older people within the total homeless population may be small, they make up a distinct and vulnerable aggregate population with unique needs (Kutza & Keigher; 1991; Wright, Rubin & Devin, 1998). The older homeless woman has unique needs that are distinct from older homeless men and from younger homeless women. However, the paucity of the available literature on homeless older women has contributed little to the body of knowledge regarding this population.
CHAPTER III: METHODOLOGY

Study Design

The purpose of this qualitative descriptive study was to explore the older homeless woman’s perspective regarding the antecedents of homelessness. The study was designed to answer the following research questions:

1) What was your life like before you became homeless?
   - Can you please think back and tell me your story about becoming homeless?

2) What do you believe the cause of homelessness was for you?
   - Please describe the series of events that led up to your becoming homeless?
   - Please tell me what you believe the cause of homelessness was for you?

This chapter presents a description of the qualitative method used to answer the research questions. Also, discussion regarding the elements of feminist methodology and how these elements were integrated into the study are presented. Procedure for human subject protection, setting, criteria for participant selection including recruitment and compensation, data collection and data analysis procedures, evaluation of rigor and, feminist ethics are also discussed.

Qualitative research is frequently the preferred method for research projects utilizing a feminist perspective (Hall and Stevens, 1991; Holloway and Wheeler, 2002; King, 1994; Olesen, 2005). Qualitative research is a field of inquiry which applies an
interpretive, naturalistic approach to study phenomena (Denzin & Lincoln, 2005; Polit and Beck, 2004). Feminist methodology gives voice to women, thereby releasing them from past oppressive experiences. Feminist researchers attempt to see and investigate the world from the woman’s viewpoint while critically examining the issues in order to improve the conditions of those studied. The importance of utilizing this research method to study women is it allowed greater access to the woman’s experience. Also, qualitative methodology incorporates both the woman’s reaction and the investigator’s use of her own experience and consciousness into the research process (Stanley and Wise, 1983).

**Qualitative Description**

Qualitative descriptive research methodology was utilized to explore the older woman’s perspective regarding antecedents to homelessness in order to provide health care professionals a better understanding of the phenomenon and to add to the small body of existing knowledge. This approach was appropriate to the purpose and design of the study because little is known regarding the antecedents of homelessness for older women.

Qualitative description is a type of methodology that Caelli, Ray and Mill (2003) label a generic qualitative research approach. It is not influenced by the same philosophical assumptions the more established qualitative approaches such as grounded theory or ethnography are because pure understanding of an occurrence or event is the research focus. Qualitative description is an approach commonly utilized in nursing research. It is a viable choice when the researcher just wants a straight description of an event or experience (Sandelowski, 2000). This approach offers a description of the events
surrounding health and illness from the viewpoint of the individual while valuing the knowledge gained from the entire group (Thorne, Kirkham and MacDonald-Emes, 1997).

Much of the discipline of nursing’s body of knowledge has come from naturalistic observation and categorization. In order for the discipline to move forward with its scientific foundation, research must continue to “observe, classify, and name the patterns of human behavior surrounding health and illness.” Deviations from traditional approaches are appropriate and essential (Dreher, 1994, p. 282).

A basic or fundamental qualitative descriptive study presents a complete summary of an event or occurrence in everyday language. It is categorical, less interpretive and abstract, and the goal is straight descriptive summary of data (Giorgi, 1992; Sandelowski, 2000). This approach is less interpretive than traditional methods but more interpretive than quantitative description because qualitative description research employs probing methods to describe the aspects and significance of phenomenon (Polit and Beck, 2004; Sandelowski, 2000).

Qualitative description is an approach tailored to acquiring direct answers to significant research questions with minimal theoretical constraints and interpretation. An example of a question would be: What are people’s thoughts, feelings, attitudes toward an event such as homelessness (Sandelowski, 2000). Considering the research population and paucity of research available, any other methodology would have been impractical for this study because the experience of homelessness for older homeless women has not been fully conceptualized by previous research.
Qualitative Content Analysis

Conventional content analysis was the approach utilized to answer the research questions. This is the approach of choice when there is a paucity of extant theory or research literature on the phenomenon in question. Information was obtained directly from the research participant hence the investigator did not presume preconceived category schemes or impose her theoretical perspective before analysis. Therefore, the basis of knowledge derived was from the participant’s perspective and a fuller understanding of the experience was attained. Codes capturing key thoughts or concepts were obtained directly from text data. Thoughts and feelings regarding text were noted and continued until codes reflecting several important thoughts emerged. This becomes the preliminary coding system. Codes were sorted again according to linkage and relation to other codes (Hsieh and Shannon, 2005). Codes that surfaced were organized into meaningful categories (Patton, 2002).

Integration of Feminist Methodology

Qualitative researchers frequently draw from many interrelated interpretive approaches to better answer their research question and qualitative descriptive studies can be infused with several different qualitative approaches, such as feminism (Denzin and Lincoln, 2005; Sandelowski, 2000).

This study integrated a feminist methodological perspective within a qualitative descriptive design. While there is no one true feminist methodology, there are particular features that characterize a study as feminist in nature (Harding, 1987; Reinhartz, 1992; Wuest, 1995). Guiding feminist methodology is feminist epistemology because it answers
the question of who can know and what is known (Campbell and Bunting, 1991; Reinharz, 1992). Campbell and Bunting (1991, p 8) outline methodological principles based on feminist theory assumptions this study was designed around. The principles are:

Principle 1 Research is based on women’s experiences & validity of those perceptions as the “truth” should be recognized
Principle 2 Artificial dichotomies & sharp boundaries are suspect in research involving women & other humans & should be scrutinized
Principle 3 Context & relationships of phenomena (history, concurrent events, etc) should always be considered in designing, conducting, & interpreting research
Principle 4 Researchers should recognize that questions asked are as important as answers obtained
Principle 5 Research should address questions women want answered
Principle 6 Researchers point of view (biases, background, ethnic/social class) should be described & treated as part of the data
Principle 7 Research should be nonhierarchical
Principle 8 Interpretations of researcher observations should be validated by & shared with the participants

Procedure for the Protection of Human Subjects

Site authorization letters were obtained by the shelter (Central Arizona Shelter Services, CASS) and the drop in center (Justa Center) before relevant Human Subjects Project Review Forms were submitted to the University of Arizona Human Subjects Review Committee. Before data collection, the study was approved through the University Human Subjects Review Committee. CASS and Justa Center require no such review. Potential participants received and were asked to read the study consent form. Additionally, the investigator verbally informed the potential participant of the nature of the study and the right to refuse or drop out at any point without retribution. Permission to audio-tape interviews was also obtained. Issues of confidentiality and anonymity were explained.
Setting

Participants were recruited from two sites serving the homeless population known to the investigator. The Central Arizona Shelter Services main facility shelter is located on the Human Services Campus and serves approximately 400 homeless single men and women, 18 years and older. Justa Center is a drop in center for homeless single adults, 55 years and older.

Criteria for Participant Selection

Recruitment of Participants

Identification of participant from CASS and Justa Center were made by the investigator. Recruitment flyers outlining inclusion criteria and contact information for the investigator was provided and distributed to participants. Additionally, recruitment flyers were displayed in the women’s day room at CASS and Justa Center. Following initial contact with interested participants, an information session was held in a private room. Participants were free to decide where and when they would like to be interviewed. All participants choose to stay on-site and were interviewed in the case management office at the shelter. Each interview was conducted in a private office with only the interviewer and participant present.

Participants Compensation

Following completion of interviews, each participant received a ten dollar gift card from a local grocery store.
Participants

Purposeful sampling technique is appropriate for conducting qualitative descriptive studies. The goal is recruiting participants who provide valuable information appropriate to the study (Marshall, 1996; Polit and Beck, 2004; Sandelowski, 2000). Sample size was determined by the maximum number of participant’s necessary to answer the research question satisfactorily and reach data saturation. This was estimated to occur between eight to twelve participants. The final sample consisted of ten participants. Selection criteria for the study participants included: 1) currently homeless or been homeless for six months or more, 2) 50 years old or older, 3) the ability to speak and understand the English language, 4) female and, 5) resident of CASS or a frequent user of the Justa Center.

Data Collection Procedure

A feminist approach relies less on the method used to gather information but on the purpose and unique rapport between investigator and participant (Harding, 1987). She states all methods can be classified as: 1) observation, (2) listening to or inquiring of participants, or (3) examining records. Therefore, in order for feminist researchers and nurses to generate accurate descriptions of phenomenon, the methods must be utilized in an innovative manner without philosophical constraints or assumptions (Campbell and Bunting, 1991; Harding, 1987). Hirschmann (2004) refers to standpoint theory as an epistemological methodology and states the theories foundation contends different experiences produce different standpoints. Qualitative descriptive methodology using a feminist standpoint perspective allows the researcher to utilize straight description of the
experience of homelessness from the standpoint of the participant. In this manner, their true voice is heard. Questions that were explored using a qualitative descriptive approach were who, what and where of antecedents of homelessness for older women (Sandelowski, 2000).

Demographic Data

Basic demographic data was collected from all participants during the interview process. Information collected was age, amount of time homeless, race/ethnicity, marital status and education level. This information was collected as part of the interview and as a way to establish trust and rapport with each participant.

Interviews

Semi-structured, open-ended face to face interviews lasting 60-90 minutes were conducted with each participant by the investigator in a private office to minimize distraction and provide for privacy and confidentiality. To ensure interview data was verbatim responses from the participant, interviews were audio-taped and each transcribed interview was checked for accuracy by the investigator. Following initial conversation with the participants, an explanation of the study was discussed along with permission to audio-tape prior to the interview process. Because the investigator was familiar with the study sites and was at the settings in another capacity, rapport with the shelter staff and residents had been established.

Follow-up interviews could have been difficult due to the transient nature of the population. However, they were not necessary because all the information was collected during the initial interview. Member checks were conducted informally with participants
still residing at the shelter as data was collected and analyzed. Member checks were conducted again with two participants following final analysis. The interviews contained the two general questions: 1) What was your life like before you became homeless and 2) What you do think the cause of homelessness was for you? Additional probing questions were asked as needed for the purpose of facilitating additional sharing by the participant regarding the phenomenon in question. The interview schedule did not require revision due to the type of interview method utilized. The quality of the information yielded was rich enough to answer the research questions without revisions. See Appendix D for data generating questions.

Data Management

Audio-taped interviews and field notes were transcribed by a transcriptionist with human subjects training and compared for accuracy by the researcher. To ensure anonymity the participant was identified by a pseudonym starting with the letter A and proceeding through the alphabet to J. Audio-taped interviews were taped on an individual cartridge, identified by pseudonym and labeled. All audio-tapes, written field notes and transcribed interviews were kept in a locked safe at the investigator’s home. Audio-tapes and written material will be shredded and destroyed within a year after data analysis has been complete.

Data Analysis

A content analysis procedure known as conventional content analysis was used to analyze the data. Qualitative content analysis is “reflexive and interactive as the researcher continuously modifies their treatment of the data to accommodate new data
and new insights about the data” (Sandelowski, 2000, p. 338). Information provided by the participant and other data sources as well as the investigators experiences, biases and perspective influenced data collection (Downe-Wamboldt, 1992). The depth and level of abstraction of the text were determined by the focus of the analysis (Graneheim and Lundman, 2004). When analyzing content, some degree of interpretation is evident for the researcher because of the numerous meanings associated with text. This could pose a problem with regards to trustworthiness of interpretation. To insure trustworthiness, member checks were conducted twice during the study to ensure the accuracy of the experience. Although manifest and latent content deal with some level of interpretation, manifest content is concerned with content characteristics and latent content is concerned with interpretation of text meaning (Downe-Wamboldt, 1992). This study focused on manifest content with the focus of the analysis being antecedents to homelessness.

Interviews were transcribed verbatim for each question and numerous readings of the text were undertaken by the investigator in order to get a sense of the content of the interviews. Extracting the appropriate data from the interview text was a step by step process and was necessary to answer the research questions. Selecting the unit of analysis was the most essential decision. For this study the unit of analysis was the meaning unit, considered the best unit of analysis (Downe-Wamboldt, 1992; Graneheim and Lundman, 2004). A meaning unit is a collection of words, paragraphs or statements that communicate the essential meaning through content or context (Graneheim and Lundman, 2004). Therefore, interview data was reduced to the smallest piece of information that presented meaning. From the meaning units, codes were identified.
Critical attributes and distinguishing characteristics of antecedents to homelessness were then defined by the coding system (Downe-Wamboldt, 1992). Codes provide direct links to the original data and were used to classify the meaning units. Codes allowed for refinement of the categorization scheme and guided additional data collection. Recoding was necessary as new data emerged and coding comparisons were made.

Creating and defining categories is the basic characteristic of qualitative content analysis. To determine the category schemes, an inductive approach was utilized because the phenomena in question had not been fully conceptualized. Codes fit into one category or another when possible and several subcategories emerged. Category schemes were based on the research question, unit of analysis, investigators theoretical perspective, and collected data. The schemes were conceived by the investigator in consultation with the investigators dissertation chair, Dr. Judith Berg, to enhance an understanding of antecedents to homelessness (Downe-Wamboldt, 1992). Categories were explored for recurring patterns or themes contributing to understanding the antecedents of homelessness for older women. The codes and categories identified from the data comprised the themes (Downe-Wamboldt, 1992; Graneheim and Lundman, 2004).

Coding and categorizing data continued throughout the data collection phase and categories were revised as necessary following peer examination with my dissertation chair, and member checks with study participants still residing at the shelter. Interpretation of preliminary categories where used in later interviews and corrected as needed. Throughout data collection and analysis, interview notes were utilized to
continue creating codes, categories and themes. The majority of data analysis occurred after the interviews were concluded and was guided by the investigators theoretical perspective and the research question (Germain, 2001). Analysis continued until no new categories, themes or meanings emerged and saturation was reached ($n=10$).

The last and most important step of data analysis was identification of themes from the categories. MacNee provides the following definition, “A theme is an idea or a concept that is implicit in and recurrent throughout the data. Themes are not the concrete explicit words contained in the data; rather, they are the underlying ideas behind the words.” (MacNee, 2004, pg 70). Throughout data analysis, categories were compared with the content and with each other. Categories emerged from the meaning units and the codes therefore it was possible for the three themes to be identified from the categories. Conceptualization of the themes created an understanding of the data, the association among the categories and captured the essence of experience of homelessness.

Trustworthiness

Concepts of qualitative standards of rigor were applied to report the findings. This will be discussed separately.

*Establishing Rigor*

When evaluating qualitative research, the epistemological and methodological viewpoint is important however, generic approaches claim no one methodological origin. Generic qualitative research striving for creditability should address the following key points:
- Theoretical positioning of the researcher;
- Congruence between methodology and method;
- Strategies to establish rigor; and
- The analytic lens throughout which the data are examined (Caelli, Ray & Mill, 2003, p 9).

Adequacy and Dependability in Feminist Research

Research studies using a feminist perspective should be designed, implemented, and distributed to provide women with explanations that want and need about experiences affecting their lives (Hall and Stevens, 1991). Traditional standards of rigor such as reliability and validity should be evaluated by dependability and adequacy of inquiry relative to the study purpose, not by standards focusing on accuracy and reliability of measurement within the study. Reliability within feminist research is dependability of the research process. Dependability, unlike reliability, will place the data in perspective and does not expect repeatability of observations. Dependability is achieved by the creation of methodologic and analytic audits of the inquiry. Establishing an audit trail requires keeping records throughout the research process and reflecting those decisions in the final report (Koch and Harrington, 1998). To confirm research findings, an audit trail of decisions regarding the data (raw data and data reduction products) and thought process (memo’s and notes) used to identify the codes, categories and themes was maintained by the researcher. The audit trail allows others to review the data analysis process and recognize how research decisions were made. My dissertation chair reviewed transcripts, codes, emerging categories and themes following the second,
fourth and tenth interview which also verified consistency of the data analysis process.

Other ways to assure dependability of a study were prolonged engagement, persistent observation, use of multiple observers, comparison of multiple data sources, and comparison of individual and group accounts (Hall and Stevens, 1991).

Adequacy suggests the research process and outcomes are “well grounded, cogent, justifiable, relevant, and meaningful” (p 20). According to Hall and Stevens (1991), the criteria to achieve adequacy in feminist research are reflexivity, credibility, rapport, coherence, complexity, consensus, relevance, honesty and mutuality, naming and, relationality. How adequacy and dependability were addressed in this study will be discussed under their respective criteria. Transferability will also be addressed.

**Reflexivity**

In any qualitative research, the investigator is considered the instrument and must be part of the research design (Streubert-Speziale and Carpenter, 2003). Because knowledge is created in cooperation with the investigator and participant, the investigators personal experiences are integral to the actual research. This is known as reflexivity and is vital to feminist research (Koch and Harrington, 1998; Reinharz, 1992).

Reflexivity is careful self-reflection of one’s own preferences, prejudices and misconceptions (Polit and Beck, 2004). It must be considered, assessed and made transparent at every phase of the research process as the investigator reflects on her values, prejudices, assumptions and characteristics. This purposeful assessment creates an adequate feminist inquiry. During data collection and analysis, critical questions such as how the researcher and participant are alike or different or is the relationship affecting the
research are ways to safeguard reflexivity (Allen, 2004; Hall and Stevens, 1991). To address issues with reflexivity and to maintain some equalization in regards to power relations, a reflexive journal was kept to note personal experiences, reflections and research progress.

Before this study began, I had been a nursing instructor and for six years have taken nursing students for a clinical experience to the shelter and drop in center. I have come to know and care about the people who are homeless and have on-going relationships with the shelter and drop-in staff as well as with residents who are chronically homeless. Therefore, I was and still am sensitive and committed to this population and have a personal involvement with them. As a researcher however I must be aware of how my attitude, values and perceptions influence the research process. However, there were a few research assumptions regarding the participants of this study. I agree with the feeling that every one of us is one or two pay check away from being homeless, but most people do not become homeless because they make appropriate well thought out personal choices in life. Most people also have stable support systems to assist them. It was my assumption that a series of unfortunate personal choices, poor decision making skills and little or no systems support contributes to homelessness. After conducting this study, my assumptions have not changed but the recent economic climate has allowed me to be more receptive and empathetic regarding perceived causes of homelessness.
Credibility

Credibility is confidence in the truth or believability of findings (Leininger, 1994, Polit and Beck, 2004). In feminist research credibility depends on believable descriptions and explanations of women’s experiences during data analysis. Credibility was protected through consistent utilization of qualitative descriptive methodology such as using the participant’s verbatim description of the experience of homelessness throughout the research findings and discussion. Additionally, by using a purposive sample of older homeless women who shared a similar life experience, a data collection method that captured the participant’s experiences and open-ended face to face interview technique, credibility was confirmed.

Member checks were used to assure the researcher accurately represented the experiences of the participants and that problems with accurate representation of conversations were reduced. Creditability is achieved when participants recognize an interpretation of an experience as their own. This was a challenge because some of the women interviewed were no longer living at the shelter or used the drop-in center. To offset this limitation, member checks were conducted with two participants after the fifth interview to clarify representation of experiences through developing codes, categories and themes and with two participants after interview ten to confirm final identification of categories and themes. Final categories, subcategories and themes were verified by the last two study participants. Additionally, the creation of an audit trail of memo’s, notes, raw data, and reduction of meaning units, categories and themes developed throughout
the study allowed for review of the process and how identification of categories and
themes were made.

Prolonged engagement is the investment of enough time by the investigator
during data collection to have a thorough understanding of participant’s experiences
(Polit and Beck, 2004). The investigator was in the field in another capacity (nursing
instructor) and during data collection which strengthened rapport and provided time for
multiple interviews. Peer examination was accomplished through examination of three
interview transcriptions (second, fourth and tenth) by my dissertation chair.

**Rapport**

Rapport is an integral part of feminist research. A sense of connection between
investigator and participant can be common and usually occurs with observational and
interview-type studies. Sometimes friendships are formed and relationship last after the
study is completed (Reinharz, 1992). In order to obtain rich, in-depth data, a certain level
of involvement was necessary to portray a realistic description of women’s experiences.
Finding common ground between investigator and participant provided the basis for a
good rapport and minimized differences such as race, age, education and socio-economic
status. Confidence in research findings can only be realized if trust and openness is
developed (Hall and Stevens, 1991).

Some participants of this study might know me as the nursing instructor for
students at the shelter and drop in center therefore rapport was established in this
capacity. However, because I am the age (53 years old) considered older by homeless
standards and a woman, a connection can be established relative to age and gender.
Although I have worked with this population for six years, I do not pretend to know what it is like to experience homelessness. I do have empathy and respect for them and this was evident as they shared their experiences. Therefore, in order to establish rapport, demographic information was elicited by way of conversation at the beginning of the interview. Questions such as “Can you please tell me a little about yourself?” were asked to gain trust. Willingness to share personal experiences and information over a period of time was one way to evaluate rapport. The participants were delighted and eager to be interviewed and when the investigator conducted member checks, the participants provided updates regarding their life. Recruitment of other women to be interviewed is another indication that rapport was established. Several of the participants recruited friends to participate in the study. An on-going relationship has been established with one of the participants and regular communication has been maintained.

Coherence

Coherence suggests there is agreement between all observations, interviews, and records. In other words, the whole is the sum of its parts and coherence is recognized in believability and similarity of finding and analysis. Study conclusions are coherent if it matches findings from raw data, logically connected and authentic renditions of what the women communicate. Evaluation of coherence took place throughout the study by questioning the data and findings as they emerge (Hall & Stevens, 1991). The second, fourth and tenth interview transcripts was reviewed by my dissertation chair. A spreadsheet with meaning units and emerging categories was reviewed by my dissertation chair following the fourth and tenth interview. Therefore, peer examination and reflection with
my dissertation chair confirmed coherence and confirmation following participant interviews.

**Complexity**

All feminist inquiry stresses the differences and complexity of everyday reality in women’s life therefore harnessing individual complexity is essential to maintaining rigor. The purpose of the research is to detail differences and complexity of each woman in study. Finding differences during data analysis is as important as discovering similarities therefore sampling patterns are crucial to the process in order to fully express the complexity of the woman’s experience. A purposeful sampling technique was used to confirm complexity. Also, snowball sampling was used as rapport was established and preceding participants recruited others for the study. This made identification of appropriate participants easier however; diversity within the sample was difficult due to this sampling procedure. Almost all of the participants were white therefore an underrepresentation of minority participants occurred.

**Consensus**

Complexity and consensus seem to be competing issues as consensus is a more prominent standard of rigor during certain phases of the research process. However, awareness of consensus does not eliminate the need for complexity. Consensus is supported by the agreement between investigator observations, conversations and written records regarding the participant’s behavior, verbal responses and emotion. Confirmation of consensus and accuracy of findings occurs through the participants recurring themes and descriptions. Negative cases, conflicting experiences, and different
explanations strengthen consensus. Contradiction among participants was valued and the participant’s backgrounds and experiences were considered during analysis. Diversity within the sample was important and was not abandoned in favor of consensus. However, diversity was difficult to accomplish and did not occur due to the availability of minority participants and snowball sampling. Only one minority participant was recruited for this study.

Questions to evaluate consensus were: What are the areas of agreement? Who does not agree? Is agreement relevant or not at this level of meaning? According to these female perspectives, whose voice is not represented? In this case, minority women were underrepresented therefore their voice was not represented. These questions in addition to member checks and consultation with dissertation chair regarding codes, categories and themes were asked to confirm consensus.

Relevance

The relevance of the study was determined by whether the question deals with concerns women want to address and whether the answer advances their cause. How the findings are disseminated and utilized determine whether a study is relevant. Because there is only a small number of research studies regarding the antecedents to homelessness for older women it is believed this research is relevant to the proposed study population. All interview participants were eager and willing to tell their story and this was exhibited by the fact that preceding participants recruited others for the study. Also, several of the participants requested a copy of the final study.
Honesty & Mutuality

Deception can distort research findings, dependability of data and adequacy of feminist studies. Honest representation of the study purpose, method of data collection, risks and research design was provided in terms the women will understand. Also, women’s voiced experiences were adequately depicted in the results (Hall and Stevens, 1991).

Mutuality runs parallel with honesty and is concerned with the social location of the investigator in relation to the participant. This research study was conducted to bring to the forefront the voice of older women regarding their experience of homelessness in hopes of creating an empowering experience for them. My social location within the context of this study is that I am a 53 year old Caucasian middle class married woman. I am masterly prepared in two disciplines and a doctoral student. I am employed as a clinical assistant nursing professor with a major university. As a nurse, I am seen as a caring and trustworthy woman. Before my divorce, I had lived an upper-class lifestyle married to a physician. During my divorce, I was concerned whether I would be able to maintain the lifestyle I was accustomed to and would I be able to pay the bills and a mortgage with my paycheck. Thoughts of struggling and becoming homeless crossed my mind. Although my feelings were unfounded, I could see how a woman could sink into homelessness if certain circumstances were to occur. During the interviews, certain commonalities between the researcher and participants were discovered. However these commonalities were limited and by no means allowed me to understand what it would be like to experience homelessness.
One of the goals of this research was to monitor exploitation and the significant differences between the researcher and participants. Formulation of rapport and a trusting relationship with the participants was crucial to ensure trustworthiness. The fact that I was not affiliated with the management of the shelter and a nurse allowed the participants to view me as an outsider. This particular group of women had not known me as a nursing instructor at the shelter until the end of the study. Participants only knew I was interested in their experiences of homelessness. They were allowed to voice their experiences without fear of recrimination from the shelter or from me. Mutuality between participant and investigator ensured meaningful, heartfelt conversations and reduced response bias. During the interview process, I was aware of my position of authority and privilege. Every attempt was made to maintain a participatory relationship between the researcher and the participants by using an interactive approach to data collection and analysis (King, 1994). Power relationships were monitored and did not arise because as the research was conducted participants were allowed to choose where the interviews were conducted, whether interviews were audio-taped or not and had input into the identification of categories and themes throughout the data analysis process. Participants expressed feelings of empowerment because their input was valued and someone cared about what they had to say. They also expressed genuine interest in the results and requested copies of the final report.

Naming

Naming, as a standard of rigor, is “learning to see beyond and behind what one has been socialized to believe is there” (Hall and Stevens, 1991, p 26). Naming power
involves using women’s words to create perceptions of their experiences and generate
theory, and to comprehend reality from a women’s point of view so their voices are heard
in the research account. Member checks and peer examinations ensured naming power.
Member checks of emerging codes, categories and themes occurred after the fifth and
tenth interview and peer examination with my dissertation chair occurred after the
second, fourth and tenth interview to verify consistency of the analysis process.

Relationality

Relationality is another way to ensure adequacy of feminist inquiry. This involves
collaboration with participants, colleagues, shelter and drop-in center staff and
administrators during all phases of the research process. The shelter and drop-in
administration and staff were aware of the study purpose and directors at both sites
agreed to allow access to residents for the study. Dissertation chair and the final two
study participants checked and verified data analysis through peer examination and
member checks following data collection.

Transferability

Transferability is a way to establish external validity of the research study.
Transferability or fittingness is the likelihood that findings from this study are meaningful
to others in comparable circumstances and reflect their experiences (Speziale and
Carpenter, 2003; Germain, 2001). Transferability was established by using verbatim
quotes and thick descriptions from the study participants in the research findings and
discussion.
Triangulation

In order to increase credibility, add richness and strength of understanding to the research, triangulation was employed. Triangulation is utilization of a variety of research methods, data collection techniques, researchers or theoretical perspectives in order to study one phenomenon. Triangulation facilitates a more complete understanding of the phenomena being studied because it captures a more representative and comprehensive picture. The four types are data, investigator, theory and method (Boyd, 2001; Holloway, 2002; Polit and Beck, 2004). Data triangulation was employed for this study and the type used was person triangulation. Person triangulation drew from the perspective of the: 1) participant, 2) field notes, and 3) dissertation chair utilizing peer examination. Two separate member checks with participants validated the data and the input was utilized to confirm categories and themes. Meaning units and categories were also verified with participant’s transcribed interviews along with memos and notes following each interview. Sessions with dissertation chair assisted with clarification and refinement of emerging data.

Ethics in Feminist Research

Paradis (2000) states the unique circumstances of homeless women’s lives insist investigators re-classify traditional ethical concepts such as consent, privacy, harm and bias. Not doing so perpetuates the stereotyping, marginalization, stigmatization, and victimization of homeless women. Using feminist research ethics allows investigators to actively invest in the well-being of marginalized individuals and empowerment of homeless women. Six steps are necessary to eliminate oppression and inequality: 1)
inform them regarding the research and research plan, 2) initial and ongoing informed consent, 3) confidentiality, 4) request authorization for research publication and, 5) distribute findings to the participant (Serrano-Garcia, 1990, in Paradis). All of these steps were maintained before, during and after the completion of the study. Informed consent was explained and gathered by each participant and those participating in member checks were updated regarding the research and research plan. Confidentiality was maintained throughout the study. Interviews were conducted in a private office and all transcribed interviews and audio-tapes were kept in a locked drawer. Also, all participants were interested in the study and are enthusiastic about seeing the published results.

Chapter Summary

This chapter presented an explanation of qualitative description methodology integrated with a feminist methodological perspective that was utilized for this study. Also addressed were issues of rigor in feminist inquiry, protection of human subjects, participant selection criteria, participant recruitment and compensation, setting, data collection and analysis procedures and, feminist ethics.
CHAPTER IV: FINDINGS AND RESULTS

Introduction

In the previous chapter, the methodology for this research was presented. This chapter will present the findings and results of the study including participant demographic information and a description of perceived antecedents to homelessness. Codes, categories and themes as well as data used to answer the research questions will also be reported.

The focus of this study was to explore the older homeless woman’s perspective of the antecedents to homelessness and served as the context for this study (Downe-Wamboldt, 1992). All interviews were transcribed verbatim by a transcriptionist and compared for accuracy by the researcher. Participants were asked to think back and describe or tell their story about becoming homeless as well as reflecting back on what their life was like before becoming homeless.

Description of Participants

Demographic data were gathered to answer the research questions as well as to provide some perspective regarding the scope of the sample. A total of ten female participants were interviewed for this study, ranging in age from 51-60 years old (Mean = 55.8). Nine of the participants were Caucasian and one was Hispanic. All of the participants were without a significant life partner at the time of their homelessness. Five had been divorced and two were divorced more than once. One participant married the same person twice. Three participants were widowed and one had never married. One participant admitted to a common-law marriage but was counted as never married.
because she was no longer with her common-law husband. Most of the women (nine out of ten) had an education level of high school or better and all of them admitted to being employed during their lifetime at low-income occupations.

The length of time homeless during the study period ranged from two weeks to chronically for ten to fifteen years. For most of the participants, homelessness was a new occurrence; five were homeless for the first time, three had been homeless once before, one admitted to episodic homelessness and one has been chronically homeless. The specific demographic information collected of the study participants is shown in Table 2.

Table 2: Participant’s Demographic Data

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Participants (n=10)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age (years)</strong></td>
<td></td>
</tr>
<tr>
<td>Mean:</td>
<td>55.8</td>
</tr>
<tr>
<td>Range:</td>
<td>51-60</td>
</tr>
<tr>
<td>50 to 53</td>
<td>4</td>
</tr>
<tr>
<td>54 to 59</td>
<td>4</td>
</tr>
<tr>
<td>60 +</td>
<td>2</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
</tr>
<tr>
<td>White non-Hispanic</td>
<td>9</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
</tr>
<tr>
<td>Never Married</td>
<td>2</td>
</tr>
<tr>
<td>Married</td>
<td>0</td>
</tr>
<tr>
<td>Separated</td>
<td>0</td>
</tr>
<tr>
<td>Divorced</td>
<td>5</td>
</tr>
<tr>
<td>Widowed</td>
<td>3</td>
</tr>
<tr>
<td><strong>Educational Attainment</strong></td>
<td></td>
</tr>
<tr>
<td>Less than high school</td>
<td>1</td>
</tr>
<tr>
<td>High school graduate/GED</td>
<td>4</td>
</tr>
<tr>
<td>More than high school</td>
<td>5</td>
</tr>
<tr>
<td><strong>Length of Homelessness</strong></td>
<td></td>
</tr>
<tr>
<td>1 to 4 Weeks</td>
<td>2</td>
</tr>
<tr>
<td>1 to 6 Months</td>
<td>7</td>
</tr>
<tr>
<td>1 to 5 Years</td>
<td>1</td>
</tr>
<tr>
<td>5 to 10 Years</td>
<td>0</td>
</tr>
<tr>
<td><strong>Number of Times Homeless</strong></td>
<td></td>
</tr>
<tr>
<td>First time</td>
<td>5</td>
</tr>
<tr>
<td>1 to 3 times</td>
<td>3</td>
</tr>
<tr>
<td>Episodically</td>
<td>1</td>
</tr>
<tr>
<td>Chronically</td>
<td>1</td>
</tr>
</tbody>
</table>
Answering the Research Question

_Question One: What was your life like before you became homeless?_

The ten study participants diverse experiences, circumstances and decisions prior to becoming homeless increased their vulnerability and set them on a path towards homelessness. Each of their stories was unique with threads of commonality woven throughout. Research question one will be answered utilizing Brown and Ziefert’s (1990) categories of homeless women.

A majority of the participants were considered situationally homeless. According to the demographic data, this was the first time homeless for five participants and three participants were homeless again after living with family or friends. All of them had done everything possible to avoid coming to a shelter but due to an acute crisis or circumstance, their lives were disrupted and they became homeless. Three of the participants remain in a cycle of homelessness. They had been homeless then found temporary shelter either with a family member or roommate however some situation caused them to cycle in and out of homelessness (Butler and Weatherly, 1995 and Metraux and Culhane, 1999).

One participant described herself as the “Brownie leader, Sunday School teacher, the All-American Mom” prior to being situationally homeless. Another lived in a trailer behind the house belonging to a “dirty old man.” She stated she would have stayed there “indefinitely” if he hadn’t demanded she watch while he exposed himself to her; “if he hadn’t been so darn pushy there right at the end I wouldn’t have gone, I could have turned my back on that, but when he told me that I had to participate, that was it.”
Before that time she was sharing a house with a friend but was asked to leave. She had been married and left the marriage with essentially nothing.

The loss of a spouse affected future life plans for two participants. One describes the loss in this way; “It was like all my plans, all my whatever; my so-called golden years got dumped in the trash.” “You’re getting bills in the mail for $73,000 for a hospital, and your getting this stuff and I’m thinking, I’d probably never get this all paid off if I had to work and raise the kids.” She also explained how creditors and the IRS were contacting her for money to pay the bills; “I can’t give you, [what] I don’t have, I wouldn’t know where to look for it, and they weren’t happy, so they decided that they would just take the house.” Several participants described a history of mental illness prior to becoming homeless for the first time. One participant said, “I knew there was a mental health care system out there…I could have called way back when and said I’m having problems, I don’t know what to do.” Another situationally homeless participant had been victims of domestic violence. The other participant shared; “I had blunt trauma to my chest, I had stab wounds, I had bruises, and cuts all over my body, it was traumatic.”

One participant is considered chronically homeless. Chronically homeless women frequently have no income and have problems such as substance abuse or mental illness (Brown and Ziefert, 1990). This participant had a drug abuse problem and difficulty getting along with people, especially residents of the shelter. These problems prevented her from searching for or finding housing over the years so she lived with friends or undomiciled on the street. She described a fifteen year life revolving around every day survival on the street and being chronically homeless like this; “I partied hardy, because
I was young and I was still fit and I walked around in my little shirts.” “I would make a party, when I first became homeless, I loved it.” “I liked being homeless at first because when people, situation I really dug it, but now I could never handle it.”

When on the street, older homeless women often find getting around difficult, and distrusting the crowds at shelters, they are more likely to sleep on the street (National Coalition for the Homeless, 1999). This was true for the participant who was chronically homeless. She distrusted everyone at the shelter and didn’t like people, however now that she was older she could no longer live on the street and was afraid for her safety. Unfortunately, living with family was out of the question because she wouldn’t know where to find them. She stated she shouldn’t have had children and had no idea where they where. She summed it up by saying “even if I was to see them, I wouldn’t recognize them and they probably wouldn’t recognize me.”

Another participant is considered episodically homeless. She had been domiciled off and on with a common-law husband or with her mother for years. Also in the past she had been homeless with her common-law husband or by herself. Due to her mental illness and a disability that prevented her from working, she had a difficult time living independently. There was also a history of unresolved crisis or “obstacles” in her life with her mother and common-law husband such as abuse. So although she was motivated to find housing, she was unable to live by herself (Brown & Ziefert, 1990). She remained hopeful about finding work and continued to look for housing opportunities with friends and acquaintances. This participant stated, “We just couldn’t get along with each other, ah, I’ve tried twice to stay with her (mother) and it only lasts maybe about one month.”
“The last time I was with her was back a year ago this past June, I spent a week with her and, Lord, it was pure hell.” She also described her issues with abuse; “Jesse and I we stayed together, there was abuse from him back at that time, as well as the abuse I was getting from her, too.”

Additional information related to the participant’s life prior to homelessness is shown in Table 3.

Table 3: Life Prior to Homelessness

<table>
<thead>
<tr>
<th>Prior to homelessness</th>
<th>Participants (n=10)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children</strong></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>5</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
</tr>
<tr>
<td><strong>Living arrangements</strong></td>
<td></td>
</tr>
<tr>
<td>With family/friends</td>
<td>4</td>
</tr>
<tr>
<td>Own home</td>
<td>3</td>
</tr>
<tr>
<td>Rented</td>
<td>2</td>
</tr>
<tr>
<td>Prison</td>
<td>1</td>
</tr>
<tr>
<td><strong>Employed</strong></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>6</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
</tr>
<tr>
<td><strong>Drug Habit</strong></td>
<td>3</td>
</tr>
<tr>
<td><strong>Health Issues</strong></td>
<td></td>
</tr>
<tr>
<td>Physical health</td>
<td>5</td>
</tr>
<tr>
<td>Mental health</td>
<td>4</td>
</tr>
<tr>
<td>Injury</td>
<td>2</td>
</tr>
<tr>
<td><strong>Veteran</strong></td>
<td>1</td>
</tr>
</tbody>
</table>

**Question Two: What do you believe the cause of homelessness was for you?**

All interviews were based on antecedents to homelessness therefore the meaning units derived from the interviews served as the unit of analysis. Frequently, more than one antecedent was mentioned by participants. The antecedents mentioned by the most number of participants were eviction, mental health issues, having no money and being forced to move out or move on. The list of antecedents to homelessness cited within the interviews and the number of participants citing those antecedents is presented in
descending order in Table 4. Content analysis focused on answering the research question, “What do you believe the cause of homelessness was for you?” will follow.

Table 4: Frequency of Antecedents to Homelessness

<table>
<thead>
<tr>
<th>Antecedent</th>
<th>Frequency of Antecedents by Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eviction</td>
<td>4</td>
</tr>
<tr>
<td>Mental health issues</td>
<td>4</td>
</tr>
<tr>
<td>No money</td>
<td>4</td>
</tr>
<tr>
<td>Forced to move on/out</td>
<td>4</td>
</tr>
<tr>
<td>Physical health issues</td>
<td>3</td>
</tr>
<tr>
<td>Jail</td>
<td>3</td>
</tr>
<tr>
<td>Loss of husband</td>
<td>3</td>
</tr>
<tr>
<td>Not be a burden</td>
<td>3</td>
</tr>
<tr>
<td>Drug habit</td>
<td>3</td>
</tr>
<tr>
<td>No job</td>
<td>3</td>
</tr>
<tr>
<td>No place for me</td>
<td>3</td>
</tr>
<tr>
<td>Lost my path</td>
<td>3</td>
</tr>
<tr>
<td>Divorce</td>
<td>2</td>
</tr>
<tr>
<td>Family feud/dispute</td>
<td>2</td>
</tr>
<tr>
<td>Injury</td>
<td>2</td>
</tr>
<tr>
<td>Disconnected from society</td>
<td>2</td>
</tr>
<tr>
<td>Too proud to beg</td>
<td>2</td>
</tr>
<tr>
<td>Issues with people/family</td>
<td>2</td>
</tr>
<tr>
<td>Living arrangements</td>
<td>2</td>
</tr>
<tr>
<td>Unwanted</td>
<td>2</td>
</tr>
<tr>
<td>Influence of others against me</td>
<td>2</td>
</tr>
<tr>
<td>No one willing to help me</td>
<td>1</td>
</tr>
<tr>
<td>I don’t matter/have no one</td>
<td>1</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>1</td>
</tr>
<tr>
<td>Played dirty</td>
<td>1</td>
</tr>
<tr>
<td>Lack of education</td>
<td>1</td>
</tr>
<tr>
<td>People don’t like me</td>
<td>1</td>
</tr>
<tr>
<td>Bad guy</td>
<td>1</td>
</tr>
<tr>
<td>Abusive parent</td>
<td>1</td>
</tr>
<tr>
<td>Broken home</td>
<td>1</td>
</tr>
<tr>
<td>Weak family links</td>
<td>1</td>
</tr>
<tr>
<td>Invisible</td>
<td>1</td>
</tr>
<tr>
<td>Taken advantage of</td>
<td>1</td>
</tr>
<tr>
<td>Abandoned by family</td>
<td>1</td>
</tr>
<tr>
<td>Insensitivity of others</td>
<td>1</td>
</tr>
<tr>
<td>Previous issues within ourselves</td>
<td>1</td>
</tr>
</tbody>
</table>

| Total Times Antecedents Cited              | 73                                        |
Identification of Themes, Categories and Subcategories

Extraction of antecedents to homelessness from the interview text revealed 121 meaning units. After comparing codes, six categories and 36 subcategories were identified from the data. The categories were: 1) Personal Choices, 2) Self-belief, 3) Health, 4) Financial, 5) Inadequate Family Cohesion and 6) Relationships. Three major themes were created from the categories: 1) Personal Accountability, 2) Difficult Life Circumstances and 3) Lack of Support Networks. Tables representing the themes, categories and subcategories are presented in the following sections. A ratio demonstrating the degree of importance the participant or participants placed on the antecedent within that subcategory is also presented. This ratio is an adaptation of Goodwin and Goodwin’s (1985) formula applied to calculate interrater reliability estimate and was employed by Carrington (2008) to represent the emphasis placed on the nurse’s perceptions of the functionality of the electronic documentation system. The ratio \( \frac{m}{(n+m)} \) represents the number of meaning units (m) as it relates to the number of participants (n) and meaning units (m).

Theme One: Personal Accountability

Personal Accountability was conceptualized as the responsibility of the participant for her thoughts and decisions and emerged as one of three major themes from the data. This theme accounted for 58 of the 121 total meaning units or 48% suggesting the theme’s importance. Two categories support this theme; Individual Choices and Self-belief.
The *Individual Choices* category organized into seven subcategories: drug habit, disconnected from society, divorce, lack of education, living arrangements, jail and too proud to beg. The *Self-belief* category organized into 12 subcategories: previous issues within ourselves, people don’t like me, bad guy, I don’t matter/have no one, unwanted, no one’s willing to help me, no place for me, played dirty, lost my path, not be a burden, influence of others against me and invisible.

**Category: Individual Choices**

The *Individual Choices* category accounted for 24 out of 58 thematic meaning units or 41% of the meaning units within this theme. This category actualized data describing decisions (lifestyle or otherwise) perceived by participants that either led to or caused their homelessness (drug habit, disconnected from society, divorce, lack of education, living arrangements, jail and too proud to beg).

The subcategories drug habit (25%) and disconnected from society (25%) accounted for 50% of the meaning units within the *Individual Choices* category. Subcategories divorce (8.3%), lack of education (8.3%), living arrangements (8.3%), jail (16.7%) and too proud to beg (8.3%) accounted for the other 50%. Table 5 contains the degree of significance ratio, subcategories and excerpts from participant interviews related to the *Individual Choices* category. In this table, the ratio demonstrates that “disconnected from society” has the highest degree of importance.
**Table 5: Category: Individual Choices**

<table>
<thead>
<tr>
<th>Subcategories</th>
<th>Meaning unit excerpt</th>
<th>m/(n+m)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug habit</td>
<td>“Drugs, drugs, drugs. Drugs, being on the streets, ah, staying at a friends house one night, a friend’s house another night, this and that, you know.” (B9)</td>
<td>.67</td>
</tr>
<tr>
<td>Disconnected from society</td>
<td>“I tend to be a loner…I got to the point where I really craved being able to be at home and to be by myself and just hibernate…or whatever and ah, eventually that’s what got me.” (F8)</td>
<td>.75</td>
</tr>
<tr>
<td>Divorce</td>
<td>“…the beginning road to homelessness really was the fact that I divorced my former husband.” (A1)</td>
<td>.50</td>
</tr>
<tr>
<td>Lack of education</td>
<td>“But, um, you know, like I say, lack of education, and I don’t mean just school, lack of education…” (J1)</td>
<td>.67</td>
</tr>
<tr>
<td>Living arrangements</td>
<td>“Third time was poor choices in roommates, I guess. I’m not doing anymore roommates, no; I’ve learned my lesson...” (I7)</td>
<td>.50</td>
</tr>
<tr>
<td>Jail</td>
<td>“I didn’t care anymore about anything and um so I ended up um doing drugs and um and ended up having to go to jail…and I was on parole…in a halfway house.” (E1)</td>
<td>.57</td>
</tr>
<tr>
<td>Too proud to beg</td>
<td>“It’s pride on the person’s fault. It is pride on my part…I’m an individual and when you are used to being independent and on your own it’s very demeaning...” (A25)</td>
<td>.50</td>
</tr>
</tbody>
</table>

(n=Number of participants citing; m=Number of meaning units)

The graph below illustrates the data presented in Table 5.

**Figure 1: Category: Individual Choices**

![Graph illustrating the data from Table 5](image-url)
Category: Self-belief

Thirty four out of 58 thematic meaning units extracted from participant interviews were applicable to the Self-belief category. This accounted for 59% of the total meaning units related the Personal Accountability theme. This category actualized data describing perceptions the participant has about herself (previous issues, I don’t matter/have no one, lost my path, invisible, no one willing to help me, no place for me, played dirty) or perceptions regarding how the outside world or others view her (people don’t like me, bad guy, unwanted, influence of others against me, be a burden, insensitivity of others) which contributed to her homelessness.

The subcategories previous issues, I don’t matter/have no one, lost my path, invisible, no one willing to help me, no place for me, played dirty accounted for 50% of the categories meaning units. Subcategories people don’t like me, bad guy, unwanted, influence of others against me, be a burden, insensitivity of others accounted for the other 50%. Table 6 contains the degree of significance ratio, subcategories and excerpts from participant interviews related to the Self-belief category. In this table, the ratio for “insensitivity of others” has the highest degree of importance.
### Table 6: Category: Self-belief

<table>
<thead>
<tr>
<th>Sub-categories</th>
<th>Meaning unit excerpt</th>
<th>(\frac{m}{n+m})</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous issues</td>
<td>“We’re all here because we had issues to begin; we all didn’t just decide to be homeless because it was fashionable.” (J4)</td>
<td>.50 (n=1) (m=1)</td>
</tr>
<tr>
<td>People don’t like me</td>
<td>“I started doing drugs, I started making enemies; people don’t like me, of course, I’m a drug addict…” (B4)</td>
<td>.50 (n=1) (m=1)</td>
</tr>
<tr>
<td>Bad guy</td>
<td>“He (husband) was not a happy camper, um, so he painted a picture of me to my children being the bad guy, okay?” (A2)</td>
<td>.67 (n=1) (m=2)</td>
</tr>
<tr>
<td>I don’t matter/have no one</td>
<td>“I felt like I didn’t matter to anybody and my family seems to be crazier than the rest of the people out there…so now I have nobody… and I don’t even matter to myself.” (E7)</td>
<td>.50 (n=1) (m=1)</td>
</tr>
<tr>
<td>Unwanted</td>
<td>“Nobody wants me…nobody wants to shelter me. Okay?” (A21)</td>
<td>.50 (n=2) (m=2)</td>
</tr>
<tr>
<td>No one willing to help me</td>
<td>“All of us, my 2 sons and me we’ve helped my daughter and them, but they can’t seem to, they can’t…and then look who ends up out in the street…” (D13)</td>
<td>.67 (n=1) (m=2)</td>
</tr>
<tr>
<td>No place for me</td>
<td>“Okay, but, basically you can see what lead to the homelessness along the way. Or the problems where there was never shelter for me anywhere, okay?” (A13)</td>
<td>.73 (n=3) (m=8)</td>
</tr>
<tr>
<td>Played dirty</td>
<td>“I was at Camp Verde, and I got played dirty if you will and I am here. I don’t know how else to say it without crying.” (C1)</td>
<td>.50 (n=1) (m=1)</td>
</tr>
<tr>
<td>Influence of others against me</td>
<td>“…the gentleman that was married to my Mom was dangerous and he literally made it, he influenced my Mom and there was no, really no home for me there.” (A9)</td>
<td>.71 (n=2) (m=5)</td>
</tr>
<tr>
<td>Be a burden</td>
<td>“I’m not going to call her (sister) while I am still in this mess. I’m not going to do it.” (C4)</td>
<td>.50 (n=3) (m=3)</td>
</tr>
<tr>
<td>Invisible</td>
<td>“I became an invisible person before I got to the shelter…but now I’m completely invisible. I no longer have a worthy place in society. I am invisible.” (J18)</td>
<td>.50 (n=1) (m=1)</td>
</tr>
<tr>
<td>Insensitivity of others</td>
<td>“It was really insensitivity, from negative feedback that developed sort of a scare to have anything to do with Mom.” (A3)</td>
<td>.80 (n=1) (m=4)</td>
</tr>
</tbody>
</table>

\(n=\)Number of participants citing; \(m=\)Number of meaning units
The graph below illustrates the data presented in Table 6.

**Figure 2: Category: Self-belief**

![Self Belief Graph](image)

**Theme Two: Difficult Life Circumstances**

The second major theme to be identified was Difficult Life Circumstances and was conceptualized as unanticipated health or financial occurrences that presented a challenge for the participant and contributed to her homelessness. This theme accounted for 37 or 30.5% of the 121 total meaning units. The two categories supporting this theme are *Health* and *Financial*.

The *Health* category contains three subcategories: mental health issues (such as mental illness, suicide attempts, stress and antisocial behavior), physical health issues (including disability) and injury. The *Financial* category contains three subcategories: no job, eviction, no money.
Category: Health

Twenty one out of 37 meaning units extracted from participant interviews related to the Health category accounting for 57% of the total meaning units within this theme. This category actualized data describing health issues perceived by the participant that contributed to her homelessness. The mental health issues subcategory accounted for 48% of the meaning units compared to 38% for the physical health issues subcategory. Subcategory injury accounted for 14% of the meaning units. Table 7 contains the degree of significance ratio, subcategories and excerpts from participant interviews related to this category. In this table, the ratio for “physical health” demonstrates the highest degree of importance.

Table 7: Category: Health

<table>
<thead>
<tr>
<th>Sub-categories</th>
<th>Meaning unit excerpt</th>
<th>m/(n+m)</th>
<th>(n=Number of participants citing; m=Number of meaning units)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Issues</td>
<td>“I had kind of decided that I was going to go ahead and commit suicide. It wasn’t an impulse. You know, it’s like one day I just said oh, the hell with all this.” (F3)</td>
<td>.71</td>
<td>(n=4) (m=10)</td>
</tr>
<tr>
<td>Physical Health Issues</td>
<td>“I mean I left there on a walker, on bagged medication, surgical hose, the whole bit, and enough appointments where I couldn’t get a job because nobody would hire me with that many days off for a doctor’s appointment. I mean basically I was a professional patient and I still am.” (I15)</td>
<td>.73</td>
<td>(n=3) (m=8)</td>
</tr>
<tr>
<td>Injury</td>
<td>“I tripped over a hole and I fell face down and fractured my shoulder. So, so, shattering my shoulder ruined everything.” (D2)</td>
<td>.60</td>
<td>(n=2) (m=3)</td>
</tr>
</tbody>
</table>
The graph below illustrates the data presented in Table 7.

Figure 3: Category: Health

![Health Graph]

Category: Financial

This category actualized data describing financial issues perceived by the participant that contributed to her homelessness. Sixteen meaning units out of 37 were applicable to this category accounting for 43% of the total thematic meaning units. The no job and no money subcategories accounted for 75% of the meaning units and the eviction subcategory accounted for 25%. Table 8 contains the degree of significance ratio, subcategories and interview excerpts related to this category. The ratio for “no job” demonstrated the highest degree of importance in this table.
Table 8: Category: Financial

<table>
<thead>
<tr>
<th>Sub-categories</th>
<th>Meaning unit excerpt</th>
<th>m/(n+m)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No job</td>
<td>“Just not having a job...you gotta make sure you got a job so you can have a home, apartment or whatever.” (G4)</td>
<td>.67</td>
</tr>
<tr>
<td></td>
<td>(n=3) (m=6)</td>
<td></td>
</tr>
<tr>
<td>Eviction</td>
<td>“So I didn’t think to question that our finances might be precarious. And, ah, like I said I never expected the IRS to say well, you have 10 days to vacate this house.” (J11)</td>
<td>.50</td>
</tr>
<tr>
<td></td>
<td>(n=4) (m=4)</td>
<td></td>
</tr>
<tr>
<td>No money</td>
<td>“…when you don’t find employment, what happens is your money gets nickel and dimed away, you use your money to live on...um, but if you can’t find employment, eventually, it doesn’t matter how much income you brought with you, eventually you are not going to have any.” (A27)</td>
<td>.60</td>
</tr>
<tr>
<td></td>
<td>(n=4) (m=6)</td>
<td></td>
</tr>
</tbody>
</table>

(n=Number of participants citing; m=Number of meaning units)

The graph below illustrates the data presented in Table 8.

Figure 4: Category: Financial

Theme Three: Lack of Support Networks

The last major theme to be identified was Lack of Support Networks and was conceptualized as a variety of family systems problems perceived by the participant that contributed to her homelessness. This theme accounted for 26 of the 121 or 21.4% of the total meaning units. The two categories supporting this theme are Inadequate Family Cohesion and Relationships.
The category *Inadequate Family Cohesion* contains four subcategories: family disputes, weak family links, abandoned by family member and broken home. The *Relationships* category contains six subcategories: loss of husband, abusive parent, victim of domestic violence, forced to move on/out, taken advantage of and issues with people/family.

*Category: Inadequate Family Cohesion*

There were ten meaning units out of 26 extracted from interviews related to this category accounting for 38.5% of the total thematic meaning units. This category actualizes data describing issues within the family unit (family disputes, weak family links, broken home) or disruptive family events (abandoned by family) the participant perceived as contributing to or causing her homelessness.

The subcategory family disputes accounted for most of the meaning units (60%) and abandoned by family accounted for 20%. Weak family links (10%) and broken home (10%) accounted for the other 20% of the meaning units within this category. Table 8 contains the degree of significance ratio, subcategories and an excerpt from participant interviews for this category. In this table, the ratio for “family disputes” demonstrated the highest degree of importance.
### Table 9: Category: Inadequate Family Cohesion

<table>
<thead>
<tr>
<th>Sub-categories</th>
<th>Meaning unit excerpt</th>
<th>m/(n+m)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family disputes</td>
<td>“It really, there was no domestic violence, nobody hit each other, the family dispute, and it was just a lot of stuff that was…out and said that none of us liked what we heard, you know.” “Ok and I mean where do you go?”(D14)</td>
<td>.75</td>
</tr>
<tr>
<td></td>
<td>(n=2) (m=6)</td>
<td></td>
</tr>
<tr>
<td>Weak family links</td>
<td>“Weak, truthfully, I believe it was weak family links and selfishness on key family members that were extremely important family members.” “People that you count on the most, people that you trust the most.”(A26)</td>
<td>.50</td>
</tr>
<tr>
<td></td>
<td>(n=1) (m=1)</td>
<td></td>
</tr>
<tr>
<td>Abandoned by family member</td>
<td>“I had my stroke at my sister’s house, that’s why she put me out. She didn’t want me to die on her couch…she kind of left me hanging out in the wind” (J6)</td>
<td>.66</td>
</tr>
<tr>
<td></td>
<td>(n=1) (m=2)</td>
<td></td>
</tr>
<tr>
<td>Broken home</td>
<td>“I think what it is is my mother knows that I am very dependent on myself, ah, I came out of her home, a broken home.”(H3)</td>
<td>.50</td>
</tr>
<tr>
<td></td>
<td>(n=1) (m=1)</td>
<td></td>
</tr>
</tbody>
</table>

(n=Number of participants citing; m=Number of meaning units)

The graph below illustrates the data presented in Table 9.

**Figure 5: Category: Inadequate Family Cohesion**
**Category: Relationships**

The *Relationships* category accounted for 16 of the 26 meaning units or 61.5% of the total thematic meaning units. This category actualized data describing events transpiring within her life that she perceived as disruptive or devastating enough to have caused or contributed to her homelessness.

The subcategories forced to move out (34%) and loss of husband (34%) accounted for the most meaning units (68%). The other subcategories, abusive parent (6%), victim of domestic violence (6%), taken advantage of (6%) and issues with people/family (14%) accounted for 32%. Table 9 contains the degree of significance ratio, subcategories and excerpts from participant interviews related to the *Relationship* category. In this table “loss of husband and forced to move out” has the highest degree of importance.

**Table 10: Category: Relationships**

<table>
<thead>
<tr>
<th>Sub-categories</th>
<th>Meaning unit excerpt</th>
<th>m/(n+m)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of husband</td>
<td>“The circumstance that brought me personally here was the loss of my husband and my whole life just it fell apart, it just, somebody pulled the rug out from under me and there I stood…” (J7)</td>
<td>.63</td>
</tr>
<tr>
<td>Abusive parent</td>
<td>“My mother...she was very abusive to me and my younger sister and brother...” (H4)</td>
<td>.50</td>
</tr>
<tr>
<td>Victim of domestic violence</td>
<td>“Domestic violence...I lived in the domestic violence shelter with none of my belongings.” (I1)</td>
<td>.50</td>
</tr>
<tr>
<td>Forced to move on/out</td>
<td>“...different circumstances just happened that what happened um I was just continually forced to move on, okay? (A4)</td>
<td>.63</td>
</tr>
<tr>
<td>Taken advantage of</td>
<td>“So, basically I had another person that took me to the cleaners, okay...basically from the unkindness of this individual that took me to the cleaners financially.” (A11)</td>
<td>.50</td>
</tr>
<tr>
<td>Issues with people/family</td>
<td>“The biggest cause is domestic. Just lots of issues with people that you are, have been with and that kind of stuff.” (H5)</td>
<td>.50</td>
</tr>
</tbody>
</table>

(n=Number of participants citing; m=Number of meaning units)
The graph below illustrates the data presented in Table 10.

**Figure 6: Category: Relationships**

![Graph illustrating relationships](image)

**Chapter Summary**

This chapter provided demographic data and descriptive information on study participants to answer the research question, “What was your life like before you became homeless?” In addition, an explanation of the major themes, categories and subcategories which emerged from the data provided insight to answer the research question, “What do you believe the cause of homelessness was for you?” Three themes were identified; *Personal Accountability, Difficulty Life Circumstances and Lack of Support Networks* and in association with supporting categories and sub-categories, the meaning of the data were reflected. Chapter Five will address how these findings relate to the research questions, strengths and limitations of the study and implications for nursing and further research.
CHAPTER V: DISCUSSION AND IMPLICATIONS

Introduction

The purpose of this chapter is to discuss the findings described in Chapter four. Included in this chapter will be a discussion of what the participant’s life was like before homelessness, discussion of themes, categories and subcategories as well as answers to the research questions. Application of the research findings to the theoretical framework, study strengths and limitations along with implications for future research and future nursing research will be identified.

Discussion Related to the Research Questions

The purpose of this qualitative descriptive study was to explore the older woman’s perspective regarding antecedents to homelessness. Two research questions guided the inquiry for this study:

1) What was your life like before you became homeless?

2) What do you believe the cause of homelessness was for you?

Findings will be discussed as they relate to each of the research questions.

Research Question One

What was your life like before you became homeless?

Participants of this study became homeless by a series of events or a “perfect storm” eventually leading to homelessness. According to Clapman (2003, pg 123), the homeless experience is “an episode or episodes” in a pathway to housing for individuals. Viewing homelessness in this manner ameliorates the emphasis placed on the structural and individual causes of homelessness described in the literature and focuses on the
intricacies and interrelatedness of the “personal, relational and social dimensions” associated with homelessness (Radley, Hodgetts and Cullen, 2006, p 442).

Expanding on this framework, Brown and Ziefert, (1990) found that women experience homelessness in three distinct ways: chronically homeless, episodically homeless and situationally homeless. This characterization of pathways to homelessness held true for this study sample and describes how their life prior to homelessness contributed to their perspective of antecedents to homelessness.

Research tells us that older homeless women are a different population with different needs when compared to younger homeless women, and homeless women with children. Participants recruited for this study were a group of older women with a mean age of 55.8 years old. No national statistics of older homeless people or older homeless women exist therefore a direct comparison can not be made from one geographic location to another. However, homeless older women can be compared to homeless women with children.

Women without children are more likely to be older, white and at risk of poverty and homelessness than women with children (Butler and Weatherley, 1992). They are also more likely to have an alcohol and psychiatric problem (Johnson and Krueger, 1989). Because women with children are younger, they qualify for more government assistance and have access to services such as financial assistance, health care, counseling, and sufficient quantities of food than women who were single (Johnson and Kreuger, 1989). Adding to the older woman’s vulnerability is the male centered attitude towards employment, family and welfare. Most women, age 50-65 years old, do not
QUALIFY FOR SOCIAL SECURITY, MEDICAID OR MEDICARE. ALSO, WOMAN OF THIS AGE WERE
SOCIALIZED TOWARDS DEPENDENCE ON THE MALE REGARDING FINANCES AND HOUSEHOLD DECISIONS.
CONTRIBUTING TO THE CURRENT HOMELESS SITUATION IS THE NATIONAL ECONOMIC CRISIS. RETURNING
TO AND FINDING WORK HAS BEEN DIFFICULT FOR EVERYONE DUE TO THE HIGH UNEMPLOYMENT RATE
AROUND THE COUNTRY. FOR THIS SAMPLE OF OLDER WOMEN, THE ECONOMIC CRISIS COMBINED WITH
AGE DISCRIMINATION AND PRIOR LIFE EXPERIENCES HAVE CONTRIBUTED TO HOMELESSNESS FOR THEM.

RESEARCH QUESTION TWO

WHAT DO YOU BELIEVE THE CAUSE OF HOMELESSNESS WAS FOR YOU?

FOR THE TEN STUDY PARTICIPANTS, HOMELESSNESS DOES NOT APPEAR TO BE AN ISOLATED
occurrence but a spiraling progression of events eventually leading to homelessness.
Research literature has categorized causes of homelessness as individual and structural.
Many of the women described one or more precipitating events perceived as contributing
to or causing homelessness that can be classified as individual or structural however the
data suggests more complex and interrelated issues in the overall context of their lives
may have acted as an antecedent to homelessness. The themes Personal Accountability,
Difficult Life Circumstances and Lack of Support Networks identified from the analysis
provide the framework for presenting the participant’s perspectives regarding antecedents
to homelessness.

THEMES, CATEGORIES AND SUBCATEGORIES

Personal Accountability surfaced as the most significant theme identified. Within
the research literature, the concept and importance of personal accountability has not
been addressed as a precipitating factor for homelessness in older women.
For this sample, antecedents to homelessness were expressed as individual choices made by the participant. The interesting finding that emerged from the data was not only the importance of the antecedent to homelessness but the connection of the consequences relative to the antecedent and the willingness to take responsibility for that consequence. Antecedents identified within this category have been cited in the literature as factors contributing to homelessness but their importance has not been acknowledged in this way.

Within the category individual choices, it was not surprising that drug addiction emerged as an antecedent to homelessness. In the research literature, substance abuse has been recognized as an individual factor contributing to homelessness. Benda found (1990) that homeless men were more likely to “drift down” to homelessness as a result of crime or drug abuse and women exhibited more mental health problems. Likewise, North and Smith (1993) found men more often than women reported substance abuse as a precipitating factor but women were more likely to abuse alcohol. None of the participants within this study acknowledged alcohol abuse as a precipitating factor, but the “drift down” theory applied in relation to drug abuse and jail.

Loss of marriage or divorce is often the impetus into homelessness for older adults (Crane and Warne, 2001) however, for this sample divorce was mentioned most often as a beginning step towards homelessness and seldom as a direct antecedent. What emerged from the data was divorce as an inconvenience or contributing factor but not as the main antecedent to homelessness.
Intentionally choosing to disconnect from society as an antecedent has not been cited as a cause of homelessness although isolation has been found to contribute to homelessness among older women especially if they were living alone prior to becoming homeless (National Coalition for the Homeless, 1999). For this sample, intentionally disconnecting from society not isolation was identified as an antecedent to homelessness and therefore not a cause directly cited in the literature.

The lack of education or a substandard education has been mentioned as a factor perpetuating the feminization of poverty for women (Merves, 1992; Shinn and Weitzman, 1996) as well as a structural factor contributing to homelessness. Bassuk, et al., (1997) found a high school education was a protective factor for homelessness. However, for this sample, the lack of education emerged as an antecedent to homelessness but not as important a factor as suggested in the literature.

Another interesting finding emerging from the data under this category were the choice of living arrangements and being too proud to beg as antecedents to homelessness. Sullivan (1991) discovered moving as one of eleven factors contributing to homelessness but what emerged from this study data was not just moving but the choice of living arrangements or the choice of a roommate as an antecedent. Too proud to beg has not been mentioned in the literature as an antecedent.

Sullivan (1991) found older women in her study cited interpersonal problems as being important to their homeless situation and made the suggestion to focus not only on family issues but on the context maintaining homelessness for older women. Feelings of rejection as well as the sense they are not valued is common among older women.
(Gomberg, 1994). For this sample, the context was more of a precipitating factor for homelessness than lack of family cohesion or the lack of support networks as were their feelings of rejection and self-worth. This was evident in the data and the importance of the category.

Living marginally as a homeless older woman also emerged in the belief they are invisible to society. Marginalization according to Hall, Stevens and Meleis (1994, p 25) can be defined as the “process through which persons are peripheralized on the basis of their identities, associations, experiences, and environment.” Therefore, homeless older woman are marginalized because of their gender and economic status.

The emergence in the data of being a burden equated with Sullivan’s (1991) discovery that older women expressed shame in regards to letting their families know they were homeless. She found that this was an obstacle to reconnection with their loved ones.

Difficult Life Circumstances was the second most important theme identified. The health and financial category were closely tied to each other. The difference in importance between the two categories suggests participants were unemployed and consequently homeless predominately due to a health issue rather than a lack of employment.

Mental illness and physical illness/disability have been categorized as an individual factor contributing to homelessness and has been well documented in the literature as a circumstance that increases an individual’s vulnerability to the situation (Burt, Aron, Lee and Valente, 2001; IOM, 1988; Koegel, Burnam and Baumohl, 1996,
Mental illness is especially difficult as people age and mental illness has been found to be more common in homeless women than men (Crane, 1998; Kisor and Kendal-Wilson, 2002; Stein and Gelberg, 1995). For this sample, mental and physical illness or debilitating injuries were perceived as important antecedent and reported many of these conditions were exacerbated the longer the participants remained homeless. Many respondents interviewed by Crane, et al. (2005) were terminated from employment due to illness creating financial problems. Not surprising, the health and finance categories were nearly of equal importance.

What emerged from the data regarding no job, no money and eviction was the affects of the feminization of poverty on the participants. Job loss, unstable jobs and unemployment are all considered structural factors contributing to the cause of homelessness (Butler and Weatherley, 1992; Morrell-Bellai et all, 2000; 1993; North and Smith, Wagner and Perrine, 1994; Wilson, 2005). In a study examining attributes of homeless women (n=186), Roth, Toomey and First (1987) found one of the attributes cited most often for homelessness by the women was financial instability. In 1987, Bassuk wrote an article on the feminization of homelessness based on a study of sheltered female-headed families in Boston. Although this study was conducted with families, many of the principles apply to homeless older woman as well. She found that poverty can wear down a person’s self-esteem and confidence thereby producing hopelessness and isolation. This creates a “tangle of pathology” leading to complex problems and a
legacy of homelessness (Bassuk, 1987, pg. 21). Many of the participants in this study were limited regarding resources for employment due to age discrimination (Mean age = 55.8), the current state of the economy and the feminization of poverty (Starrels, Bould and Nicholas, 1994). Although two were employed at part-time temporary jobs and earning minimal wage, almost all of them had care-giving responsibilities at some point prior to homelessness and were unable to peruse higher education or employment paying a higher wage. Also, as a single parent, it was a one-income household for many years which placed the family at risk for poverty or homelessness. Women often are excluded from higher paying jobs and because they are forced to accept employment paying less, woman headed households are at greater risk for poverty (Pressman, 2003).

Eviction was another important pathway to homelessness for participants of this study and a reason many older people become homeless. Crane and Warnes (2000) found evictions were common occurrences as a result of financial difficulties sometimes exacerbated by a mental illness. Surprisingly lack of housing was not mentioned specifically as an antecedent by the participants. Housing instability has been mentioned as a precursor to homelessness (Butler and Weatherley, 1992). Poverty and unemployment by itself is not necessarily a predictor of homelessness but housing instability increases the risk for homelessness (Goering, et al., 2002). However, the consequences resulting from having no job, no money and being evicted left the participants of this study without monetary support and with very few options.
Lack of Support Networks was the third theme to be identified. Social support has been documented as an important and precipitating factor for homelessness for older adults, especially older women (Bassuk, 1993; Bates & Toro, 1999; Gomberg, 1994; Milburn & D’Ercole, 1991). Little research exists to make a causal inference between social support and homelessness however homeless women report less support than housed women (Bassuk, 1993; Milburn & D’Ercole, 1991). For older women in her case study (n=25), Sullivan (1991) found the combination of social support with three out of eleven other factors predicted homelessness. However, although important, it was not found to be as significant for this sample as suggested in the literature. The Personal Accountability (48%) theme reflected factors more important.

The concept of social capital has been found to correlate with homelessness for older adults (Shinn, et al, 2007) and elements of inadequate family cohesion emerged as important antecedents for the participants of this study. The connections between and within their social networks were complex and unstable. Overall, homeless individuals report fewer social support networks (Bates & Toro, 1999) and the loss of contact with family or friends, a quarrel or wanting independence, are often cited as reasons for homelessness (North and Smith, 1993; Shinn, et al, 2007). For this sample, prior family relationship problems became exacerbated resulting in an inability to be offered continued housing from their family. Most of them had family they could elicit for help but couldn’t or wouldn’t because they feared rejection. The feeling of wanting space or freedom was also important.
A disruptive or unstable family relationship was reported occurring more often for older homeless women than men (Sullivan, 1991). However, Shinn, et al (2007) found no relationship between disruptive events and homelessness. For this study, only one participant cited a disruptive childhood as an antecedent however this factor was not explored as a possible antecedent with other study participants.

Data related to relationships emerged as another important antecedent. Many of the antecedents expressed within this category however have not been expressed as such in the literature.

Sullivan (1991) cited alienation from family and friends as precipitating factor for homelessness and the participants of this sample experienced estrangement from loved ones. Emerging from the data was the perspective that some relationship issues were grievous enough to force them to move not only from housing but from an entire state and start over.

Loss of spouse was cited as one of five devastating life conditions by Crane & Warnes (2000) and identified as a precipitator for homelessness (Butler & Weatherley, 1992; Crane & Warnes, 2000; Kisor & Kendal-Wilson, 2002). Mentioned by this sample was the loss of income as well as the loss of companionship and “being a couple.” The transition from wife to widow for older women is devastating and living alone can lead to seclusion, isolation, health problems and a decline in quality of life (Gomberg, 1994). Health problems and a decline in quality of life were expressed by the participants of this study.
Domestic violence and disruptive childhood events have been cited as a structural factor for homelessness however no direct link between domestic violence and homelessness has been documented in the literature. It is felt that abusive relationships contribute to a woman becoming socially and financially vulnerable and this becomes the pathway into homelessness (Anderson & Rayne, 2004; Browne, 1993; Metraux & Culhane, 1999; Montgomery, 1994; Wesely & Wright, 2005; Wilson, 2005). Surprisingly, only one study participant’s perspective was an abusive relationship was her pathway into homelessness. Montgomery (1994) found the majority of the homeless women \( (n=\text{six out of seven}) \) in her study reported some sort of abuse by their mother however for this study only one out of ten cited abuse.

Summary Related to the Discussion

This qualitative descriptive study revealed antecedents to homelessness through the perspective of older women through three themes: Personal Accountability, Difficult Life Circumstances and Lack of Social Support. All themes were interrelated and offered a perspective regarding the steady progression into homelessness. Although themes Difficult Life Circumstances and Lack of Social Networks reflected previously documented findings, the theme Personal Accountability revealed antecedents not expressed before in the literature.

Baumann (1993) discovered homeless women have trouble maintaining relationships, self-respect and control over their lives. This study suggests similar findings however, it also suggests concentrating on factors which contribute to either the independence or dependence of older homeless women on others. Personal accountability
was a theme that resonated with participants in this study. Although each of them remained vulnerable to difficult life circumstances and lack of support networks, they all were hopeful, courageous and resourceful women determined not to get caught up in the cycle of homelessness. Because older women are viewed less significant by virtue of their age and sex (McDaniel, 1998) and because study findings suggest this sample of older homeless women view themselves as less valuable, skills are needed to enhance and restore their self-esteem and self-confidence in order to reduce family issues and bring a sense of normalcy back into their life.

Application of the Research to the Theoretical Framework

This study was informed by feminist theory and in particular feminist standpoint theory therefore the emphasis of the research focused on a participatory, empowering process for the participants from their standpoint. What emerged from the data was a clearer picture of antecedents to homelessness and events leading to homelessness for older women because it was viewed and described within the context of their lives or viewed from their standpoint.

The health of a poor woman is an issue with cultural, social and economic implications. A woman’s societal position, where she lives as well as her lifestyle must be considered. Socially disadvantaged groups such as older women who are homeless retain a lower social status than more advantaged populations hence are afforded fewer chances in society (Thomas, 1994). Poverty is affected by race, gender and single parenthood and gender and single parenthood interact through socialization to affect only women (Starrels, Bould and Nicholas, 1994). Role socialization that only considers
gender perpetuates the feminization of poverty. Although women have established themselves as equals in society and the workplace over the last twenty years, older women remain socialized to be dependent of men, care-givers for the children and discriminated against in the workplace. The results of this study found the experience of homelessness for older women is devastating to her self-worth and independence that may perpetuate a cycle of homelessness. For no other reason then this, it is important that feminist-oriented, qualitative studies continue to examine antecedents of homelessness from the older women’s perspectives in order to highlight the multiple and complex process and give this unique population a voice.

**Study Strengths**

The strength of the study was in the methodology. Qualitative description provided for direct exploration, description and understanding of the data without interpretation. The use of this methodology allowed the study participants to provide additional insight into the perspectives of antecedents of homelessness without limitations or preconceived ideas. The willingness and enthusiasm of the participants to tell their story was also a strength of the study. The women expressed gratitude and feelings of empowerment because someone cared and was willing to listen to what they had to say. Also, although the number of participants (n=10) was small, the amount of data generated and the verbatim quotes presented contributed to transferability.

**Study Limitations**

Findings from this study lack transferability to unsheltered older women. All the interviews were conducted at a shelter eliminating the experience of homelessness for
unsheltered women. Another limitation was an underrepresentation of minority women. Participants recruited for the study who met the selection criteria were predominately White.

Implications for Nursing

The findings of this study are preliminary but provide important information regarding the pre-homeless condition and antecedents of homelessness for older women. Social stratification and its relationship to power is an important concept to consider when designing interventions for women, especially older women. Although Thomas (1994) discussed this concept in relation to thoughts and experiences of poor women and healthcare practices, the idea can be applicable to homelessness for older women. A woman’s societal position must be taken into account when planning programs for this population. Most programs for homeless adults concentrate on helping the individual acquiring low income housing, helping to find temporary or permanent employment or enroll in programs for substance abuse or mental illness. These programs are designed for all adults and not for individual populations. Shelters and drop-in centers need to be developed with programs dealing with specific populations such as older women in order to empower them and move them out of homelessness. Nursing must become advocates for this vulnerable population and use the findings of this study to plan programs and interventions and influence social policy to not only move older women out of homelessness but to prevent it from occurring.
Implications and Recommendation for Future Research

This qualitative descriptive study was conducted not only to add to the existing literature on older women who are homeless but to contribute to a deeper understanding of the unique lives and needs of this population and encourage new research. With every passing year, the consequences and imminent proliferation of the baby boom generation become evident. Considering the current economic environment, studies are crucial for designing programs and policy to ward off a potential crisis. Further research is also necessary to compare the needs of sheltered and unsheltered older women and the needs of older women compared to older homeless men.

Chapter Summary

This chapter presented the discussion related to the research questions as well as application of the research to the theoretical framework, strengths and limitations of the study and implications for nursing. Recommendation for future research was also presented.
APPENDIX A: HUMAN SUBJECTS APPROVAL
Jul 29, 2008

Judy Hightower, Doctoral Student
Advisor: Judith Berg, PhD
Nursing
P.O. Box 210203

RE: PROJECT NO. 08-0677-02 THE OLDER HOMELESS WOMAN'S PERSPECTIVE OF ANTECEDENTS TO HOMELESSNESS

Dear Judy Hightower:

We received your research proposal as cited above. The procedures to be followed in this study pose no more than minimal risk to participating subjects and have been reviewed by the Institutional Review Board (IRB) through an Expedited Review procedure as cited in the regulations issued by the U.S. Department of Health and Human Services [45 CFR Part 46.110(b)(1)] based on their inclusion under research categories 6 and 7. Although full Committee review is not required, the committee will be informed of the approval of this project. This project is approved with an expiration date of 28 July 2009. Please make copies of the attached IRB stamped consent documents to consent your subjects.

The Institutional Review Board (IRB) of the University of Arizona has a current Federalwide Assurance of compliance, FWA00004218, which is on file with the Department of Health and Human Services and covers this activity.

Approval is granted with the understanding that no further changes or additions will be made either to the procedures followed or the consent form(s) used (copies of which we have on file) without the knowledge and approval of the Institutional Review Board. Any research related physical or psychological harm to any subject must also be reported to the appropriate committee. Approval is also granted with the condition that all site authorization letters will be submitted to the IRB prior to data collection.

A university policy requires that all signed subject consent forms be kept in a permanent file in an area designated for that purpose by the Department Head or comparable authority. This will assure their accessibility in the event that university officials require the information and the principal investigator is unavailable for some reason.

Sincerely yours,

[Signature]

Elaine G. Jones, PhD, RN, FNAP
Chair, Social and Behavioral Sciences Human Subjects Committee

EGJ/kd
Cc: Departmental/College Review Committee
APPENDIX B: CONSENT FORM
SUBJECT CONSENT FORM

Proposed Project Title: Older Homeless Women Perspective Regarding
Antecedents to Homelessness

You are being invited to take part in a research study. The information in this form is provided to help
you decide whether or not to take part. The investigator will be available to privately answer your
questions and provide additional information. If you decide to take part in the study, you will be asked to
sign this consent form. A copy of this form will be given to you.

PURPOSE
The purpose of this project is to describe the older homeless woman’s perspective of the causes of
homelessness. Although it is felt that individuals who are homeless share many characteristics in
common, the experience of homelessness is unique for every individual and the path varies from person
to person. To design appropriate interventions to prevent homelessness, nurses should have an
understanding of causes of homelessness from the older woman’s perspective.

SELECTION CRITERIA
To be invited to participate in this study, you must meet the selection criteria. You must be currently
homeless or homeless for six months or more, 50 years old or older, speak and understand English,
female and, a resident of CASS or a frequent user of the Justa Center. A total of 8 to 12 participants will
be enrolled in this study.

PROCEDURE
This is not a treatment study.

If you agree to participate, the investigator will then set up an appointment to meet with you privately for
an interview. The interview can take place in a private room at the CASS shelter, Justa Center or another
convenient place. In this interview you will be asked a few questions regarding your general life such as
age, marital status, education, length of time homeless, etc and questions related to what you perceived to
be the cause of your homelessness. The interview will be audio-taped with your permission so I can be
certain your responses are recorded correctly. The interview could last up to 60 minutes but no more than
90 minutes. You may be asked for a second interview to clarify some information a week or so following
the first interview. Providing additional information is completely voluntary. This study should take no
more than two to three hours of your time.

☐ I give permission to audio-tape my interview during my participation in this study

☐ I do not give permission to audio-tape my interview during my participation in
this study

RISKS
The things that you will be doing have minimal risks. You may feel some of the questions I ask you are
stressful or upsetting. If this occurs, we can stop immediately.

BENEFITS
There are no direct benefits to participating in this study.

Version Date: July 28, 2008     Page 1 of 2     Participant Initials ______________
PARTICIPANT COST AND COMPENSATION
Aside from your time, there is no cost for taking part in this study. Following the final interview, you will receive a $10.00 grocery store gift card for your participation.

CONFIDENTIALITY
The only person who will know that you participated in this study will be the investigator, Judy Hightower and the investigator’s advisor, Dr. Judith Berg. Your records will be kept confidential and you will not be identified in any reports or publications resulting from this study. In addition, all written information and audio-tapes will be kept in a locked safe at the investigator’s office. Only the investigator and the investigators advisor will have access to this information. You will be identified by a study number and pseudonym on all written, transcribed and taped information. All information will be shredded and the tapes will be destroyed following data analysis. Computer files will be kept indefinitely but will be password protected and you will not be identified on these files.

May I change my mind about participating?
Your participation is strictly voluntary and you can decide to withdraw or not participate at any point. Your refusing to participate or withdraw will have no effect on your status or treatment at the CASS shelter or Justa Center.

CONTACT INFORMATION
You can obtain further information about this study or voice concerns regarding this project from the principle investigator Judy Hightower, RN, MS, M. Ed, PhD candidate at 602-228-1575. If you have questions concerning your rights as a research participant, have general questions, concerns or complaints or would like to give input about the research, you may call the University of Arizona Human Subjects Protection Program office at 520-626-6721. If you would like to contact the Human Subjects Protection Program via the web, please visit the following website: http://www.irb.arizona.edu/contact/.

AUTHORIZATION
By signing this form, I give my consent that the methods, risks and benefits have been thoroughly explained and my questions have been answered. I also understand that I can change my mind about participating in this study at any time. Also, my participation in this study may be terminated by the investigator for reasons that would be explained. This information will be filed in an area only accessible to the principle investigator Judy Hightower, RN, MS, M. Ed, PhD Candidate or authorized representative of the University Of Arizona College Of Nursing. I do not give up any of my legal rights by signing this form.

Name (Printed)

______________________________
Participants Signature Date

INVESTIGATOR AFFIDAVIT
I certify that I have explained the research study to the person who has agreed to participate and she has been informed of the study purpose, procedures, risks and potential benefits. Any questions raised have been answered to the satisfaction of the participant.

Signature of Investigator Date

Version Date: July 28, 2008 Page 2 of 2 Participant Initials ________
APPENDIX C: RECRUITMENT FLYER
Research Study

Women's Homeless Experience

The Investigator

Judy Hightower, R.N, M.S., M.Ed is currently a doctoral student at the University of Arizona College of Nursing. She teaches at Arizona State University College of Nursing & Health Care Innovation

You may qualify for this study if you meet these criteria:

1. Female
2. Age 50 or older
3. Currently homeless or homeless for 6 months or more
4. CASS resident or frequent user of the Justa Center
5. Speaks English

I want to learn more about the causes of homelessness for older women. For this study you will be asked to be interviewed for about 60-90 minutes regarding your experience with homelessness. If you agree to participate, your identity & rights will be protected.

I invite you to contact me to see if you would be interested in learning more about this study. Judy Hightower, Study Investigator (Cell # 602-228-1575)

If you are interested in learning more about this study, please see Judy Hightower or call her at 602-228-1575.

The investigator will explain the study & ask you a few questions to see if you qualify to be in the study. You will be under no obligation to participate in the study if you talk to the investigator. As a way of saying “thank you” for participating, you will be compensated with a $10 grocery store gift certificate.

Thank you for your interest!
APPENDIX D: DATA GENERATING QUESTIONS
DATA GENERATING QUESTIONS

Demographic information will be gathered to begin the interview and gather trust. Questions will be:

1) Can you please tell me a little about yourself?
2) Do you mind telling me your age?
3) Can you please tell me your race and ethnic background?
4) What is your marital status?
5) What was the highest education level you attained?
6) How long have you been homeless?
7) How many times have you been homeless?

Data generating and probing questions to illicit information to answer the research question will be:

1) Can you please think back and tell me your story about becoming homeless?
2) Please describe the series of events that led up to your becoming homeless?
3) Can you please tell me how it happened and how you felt when it happened?
4) Can you please tell me how you came to be without a permanent home?
5) Please tell me what you believe the cause of homelessness was for you?
APPENDIX E: SITE AUTHORIZATION LETTERS
Judy Hightower, RN, MS, M. Ed
5522 W. Irma Lane
Glendale, Arizona 85308

Dear Judy,

I have reviewed your request regarding your study and am pleased to support your research project entitled “The Older Homeless Woman’s Perspective Regarding Antecedents to Homelessness.” Your request to use the Central Arizona Shelter Services main shelter facility as a research site is granted.

I understand the research will include 8 to 12 women who are currently homeless or homeless for six months or more, be 50 years old or older, speak and understand English and a resident of CASS. Also, the interviews will take place at the CASS shelter or any other convenient place the participant chooses. Interview will be audio-taped with permission and can last up to 60 minutes but no more than 90 minutes. A second interview may be necessary.

I am also aware this study should take no more than two to three hours of the participants’ time but the entire project may last up to 6 weeks. Identification of potential participant from CASS will be made by the investigator and recruitment flyers outlining inclusion criteria and contact information will be provided and distributed to potential participants. Additionally, recruitment flyers will be displayed in the women’s day room at CASS. This authorization covers the time period of July 1, 2008 to July 1, 2009. We look forward to working with you.

Sincerely,

John Wall
Program Director
July 9, 2008

Judy Hightower, RN, MS, M. Ed
5522 W. Irma Lane
Glendale, Arizona 85308

Dear Judy,

I have reviewed your request regarding your study and am pleased to support your research project entitled "The Older Homeless Woman's Perspective Regarding Access to Homelessness." Your request to use the Justa Center as a research site is granted.

I understand the research will include 8 to 12 women who are currently homeless or homeless for six months or more, be 50 years old or older, speak and understand English and a user of the Justa Center. Also, the interviews will take place at the Justa Center or any another convenient place the participant chooses. Interview will be audio-taped with permission and can last up to 60 minutes but no more than 90 minutes. A second interview may be necessary.

I am also aware this study should take no more than two to three hours of the participants' time but the entire project may last up to 6 weeks. Identification of potential participant from the Justa Center will be made by the investigator and recruitment flyers outlining inclusion criteria and contact information will be provided and distributed to potential participants. Additionally, recruitment flyers will be displayed in the day room at the Justa Center. This authorization covers the time period of July 1, 2008 to July 1, 2009. We look forward to working with you.

Sincerely,

Scott Ritchey
Director of the ECH/Justa Center
REFERENCES


