Homeless Women with Children in Shelters: The Institutionalization of Family Life

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Every child needs a place to call home. A home provides far more than just physical shelter. It anchors a family in the community and provides children with the stability and safety they need to develop and grow.1

The dramatic increase in homeless families has been well documented; families now comprise forty percent of the homeless population, with the majority headed by a single mother. By the mid-1990s over 2,000 family shelters had been established in communities across the United States.2 The demand for emergency shelter by families with children increased fifty percent between 1995 and 2000, a trend that seems to be continuing.3 A recent national study describes the “typical” homeless family across regions of the United States as one headed by a mother with two or three children under the age of six. The family lives in a homeless shelter, receives public assistance, and is on a wait list for public housing.4

In this chapter, we examine the shelter experience for homeless mothers, particularly those with young children. We review the literature on women with children living in homeless shelters and draw from the findings of our research on homeless women living in shelters and transitional housing in the midwestern United States from 1990 through 2002. This research included in-depth interviews conducted over a twelve-year period with almost 200 women residing in emergency homeless shelters, battered women’s shelters, or transitional housing for single-parent families. For this chapter, we draw from the data on sheltered homeless mothers living with or separated from their children. We begin with a consideration of the pathways to the shelter for these families.
PATHWAYS TO HOMELESSNESS

There is no one single factor that leads to homelessness for women with children. Rather, multiple factors intersecting over the life course place women at risk for homelessness in their adult lives. At the individual level, lower levels of education, unstable intimate relationships, domestic violence, drug and alcohol abuse, and limited social networks with higher levels of conflict all increase a woman’s risk of homelessness. At the structural level, eroding work opportunities, declining levels of public assistance, lack of affordable housing, limited housing assistance programs, and the soaring cost of health care contribute to individual and family homelessness.

For mothers it is often one crisis too many in a life filled with economic insecurity and unstable housing arrangements that leads to homelessness. However, most women with children do not go directly to a homeless shelter; they move from their own homes to double-up with family or friends, exhausting all other informal options before turning to the public shelter system. One fear that keeps women from the shelter is that they will lose custody of their children. Another is the stigma of the homeless label, and the perception that family and friends have rejected the homeless.

Doubling and tripling-up with relatives and friends is often short-lived, as overcrowding and/or conflict become too stressful for all concerned. As one homeless mother in our study described her situation, “You wear out your friends, you know, you sleep on their couches and probably eat a couple of meals at their house and they start looking at you kind of funny.” In addition, those most likely to offer housing to their homeless friends and relatives are economically disadvantaged, inadequately housed, and vulnerable to homelessness themselves. If they are living in rental housing, particularly subsidized housing, they are at risk for eviction when they provide housing for family members who are not on the lease or exceed the maximum number of residents permitted, as represented in the experience of a single mother we interviewed who explained:

When I was in the hospital—I just had a baby—my apartment was robbed, they took everything. They broke the windows and I was afraid to stay there. So I moved in with my sister. She has six kids and I have four. She didn’t have enough room for me so I moved in with another sister. Section 8 [the Housing Authority] called her and I had to leave. So I ended up here [in the shelter].

Another pathway to the homeless shelter is through the battered women’s shelter. Although shelters and social services treat homeless and battered women as different client populations with distinct needs, there is overlap between the two. There are also significant parallels between the stories of women in the two settings, particularly the centrality of domestic violence in their lives and as a factor in the current homelessness. However, homeless shelters focus on housing and employment needs, whereas battered women’s
shelters also concentrate on the recovery from abuse. In our study, it was not uncommon for women to report previous experience with the battered women's shelter or with interpersonal violence as a precipitating event leading to homelessness. One woman described this journey from home, which had become violent when her husband began abusing drugs, to the battered women's shelter to the homeless shelter:

I came here (to the homeless shelter) from the battered women's shelter. I went there because of my husband. We have been together ten years. Before he got into drugs he was the ideal father and husband. But the drugs led him to hurt me ... and sell most of the possessions in our house. It took me a long time to figure out what to do.

**TURNING TO THE SHELTER**

In making the decision to go to the shelter, some mothers choose to place their children with relatives or friends rather than expose them to life in the shelter, or risk losing custody of their children once in the shelter. Separation from children for mothers living in a shelter is a common occurrence; homeless mothers are much more likely to be separated from one or more children than are mothers on public assistance who have not experienced homelessness. In our research over half of the mothers had at least one of their children in the shelter with them. For those who were separated from one or more of their children, the most common placement was with the mother's relatives, followed by the father or his relatives. There was a racial difference, with African American mothers more than twice as likely as white mothers to have their children staying with their relatives. White mothers, on the other hand, were five times more likely than African American mothers to report that their children were living with their fathers.

Despite their goal of protecting their children from homelessness and life in the shelter, these mothers reported that they and their children were negatively affected by this separation. Some mothers chose to hide the fact that they were staying in a shelter, telling their children they were "going away for a little while." Others kept in contact with their children, talking on the phone and visiting regularly. However, this could also be emotionally difficult, as one mother described, "It is very hard. I cry practically every night ... I talk to my kids on the phone and they say 'Mommy, I am ready to come home. Please hurry up and find a home.'"

Other mothers describe their absent children as angry, resentful, and confused by the separation. A mother in the battered women's shelter talked about trying to maintain a relationship with her two-year-old daughter, now staying with her parents:

Well I make it a habit to call her once everyday, when I can, I mean she don't really like to talk on the phone very much ... and now she don't like me. I try to
get out there and see her when I can and I keep in touch with my parents to see how she’s doing.

Some mothers have no choice about separating from their children; the U.S. Conference of Mayors reported that in a majority of cities surveyed (fifty-five percent), families might have to separate in order to be sheltered. Family shelters are often restricted to women and young children. As a result, boys over the age of twelve may be placed in an unaccompanied youth shelter or an adult singles shelter. Additionally, child welfare authorities are more likely to remove children from homeless families, regardless of age and sex, during or after episodes of shelter than before. In other words, removal of children from their mothers was more likely after they entered the shelter and were labeled as homeless.

In our research, mothers were wary of coming to the attention of the authorities. As one mother, who spent several nights in the local emergency room after eviction from her apartment, explained:

Sunday night we were out on the street. I called (the local churches) ... all they said was “we can’t help you.” (My friend) called a social worker and she said they would come in the morning to take us to the shelter, but I am sure that what they wanted to do was take the kids.

Fear of losing custody is related to a larger concern about the future of their families. There are many barriers to family reunification once children are removed from their mothers’ custody. Mothers who have lost custody of their children are typically ineligible for housing and welfare benefits, and so may be at a disadvantage when attempting to prove their ability to provide housing and to care for their children.

Paradoxically, residence in a shelter is often the most direct route to obtaining low-cost permanent housing. Living in a shelter serves as documentation of homeless status, and residents who apply for subsidized housing are given priority in the long waiting lists of eligible applicants, as are women residing in battered women’s shelters. Ultimately, a woman’s decision to turn to a shelter is driven by a desperate need to provide the basics for her family. As one young mother who was new to the shelter explained in our study:

When I first became homeless, I was like “where am I going to go? Where will I sleep tonight? I have a baby that is three months old, where will she sleep? I have to boil her water (for formula), where will I be able to do this?” You need (the shelter) when you don’t got a place where you can take care of yourself and your children the way they need taken care of.

Turning to the shelter is usually a desperate last step to provide for the needs of their children, and for those leaving an abusive situation it can symbolize breaking free and having a “fresh start.” However, the realities of
shelter life make it difficult to look beyond day-to-day needs and reinforce the shame and guilt of not being able to provide for your children.

THE SHELTER EXPERIENCE AND FAMILY LIFE

Programs for homeless women with children typically consist of emergency shelters, transitional housing, and financially and/or service supported permanent housing arrangements. The majority of assistance is provided through the emergency shelter system. These shelters are generally similar to shelters for homeless single men and women in terms of hours, services, and length-of-stay. However, shelters for women with children tend to serve a smaller population than programs for single adults and there is often greater flexibility in length of stay (e.g., extending a family beyond thirty days if they have not yet located housing). In addition, family shelters usually provide special programs and services for mothers (e.g., parenting classes) and children (e.g., tutoring and field trips), as well as “after-care” programs designed to support exiting families in independent living.

Family shelters vary greatly in terms of their size, atmosphere, and operating procedures. Some shelters are large houses, with one or more families per bedroom. Other shelters are more institutional, with shared or semi-private rooms down long corridors, or a large room with living spaces separated by curtains. Whether large or small, the experience and effects of going to a shelter are established in the initial contact with the shelter. Screening for admission involves assessment of the immediacy of need, drug and alcohol abuse, mental health history, number and age of children, and history of homelessness. This processing of incoming families often results in greater access to public assistance at the same time that it transforms the private family unit into a public client subject to the rules and regulations of the shelter.

Rules dominate shelter life. Rules vary, but generally include curfew, meal-times, appropriate discipline (e.g., many shelters have a “no spanking” rule), and mandatory “time out” when mothers and their children must leave the shelter during the day. The rules are seen as necessary in order to manage large numbers of people, provide services in an equitable way, and meet the criteria of funding sources. However, these rules can make parenting and family life in the shelter difficult. Rigid hours and schedules make an already disorienting experience more difficult and can ultimately take away individual agency and undermine the role of parents.

Although homeless women recognize the necessity of rules for communal living, many experience rules related to parenting as stressful. The inability to set and maintain one’s own rules is seen as the most difficult aspect of parenting in the shelter. One rule that is commonly enforced in shelters that mothers experience as limiting their parental authority is the “no spanking” rule. When corporal punishment is their usual method of discipline, mothers
find they are less effective with their children when they are prevented from spanking. One mother we interviewed complained that her daughter “doesn’t listen now. She is much more whiny and undisciplined. You can’t hit your kids here … she knows that … so she just won’t mind me … because she knows there is nothing I can do about it.” In addition, homeless mothers see their authority being usurped when they were trying to regulate their children’s behavior only to have the staff members interfere and give their children different instructions. Mothers with their children in the shelter feel that the staff members often take over the parental role. As one mother in our study explained, “It is like they are the mom and I am the child.”

A manifestation of the parental authority of the shelter staff is their supervision of homeless mothers as they carry out family life in the public setting of the shelter. Small sleeping areas combined with rules that often disallow staying in bedrooms during certain hours of the day push mothers and their children into the common spaces of the shelter, areas that are usually under constant surveillance by shelter staff.

Homeless mothers, aware they are being monitored, are fearful of being reported for not being able to control their children. At the same time, their efforts to control their children can be defined as abusive by the staff. A mother in our study talked about being written up for telling her son to “shut up one day because he was crying about something.” She went on to explain that a staff person she did not “get along with … said I was verbally abusing him … you know if Children’s Services look in my file they are going to want to know why I was verbally abusing him, like I was cussing him or something, which I don’t do.”

The overriding concern when it comes to being written up is the possibility of expulsion from the shelter. Many homeless shelters have a progressive warning system, in which mothers are given up to three warnings about rule violations. The third warning results in termination or being “exited” from the shelter. Behaviors that would be considered unremarkable in the privacy of one’s own home become offenses that can quickly add up and result in eviction. One mother in our study had been written up on two occasions, once for eating in her room and once for cussing. She was afraid “to say or do anything … with only one more to go.”

This fear is exacerbated by the threat of eviction if homeless mothers fail to adhere to the rules or follow the orders of shelter staff. A passive version of this threat used by some staff members is telling women to leave if they do not want to follow the rules. Some of the women experienced this attitude as coercive, since they had decided to enter the shelter as a last resort. One woman in transitional housing said, “I would hear them say if you don’t like it here you can just leave, but you can’t. And you are fully aware of that position and you do not need that to be brought up to you when you are down. That is a power play that is totally unnecessary. You don’t power play the powerless.”
Other problems mothers and children face in the homeless shelter include geographical separation from social networks, lack of transportation, set menus with rigid meal schedules, nonexistent or limited child care, and lack of privacy. Shelter residents note that when they enter the shelter they lose autonomy and decision-making privileges about the activities of daily living, such as what to serve for dinner or watch on television. Furthermore, the “open door policy” of many shelters means that residents cannot lock their rooms or secure their belongings. Representatives from funding agencies and community members often take tours of the shelters, exposing families to further feelings of humiliation, as they are on display as “the homeless.” Thus the private life of home becomes public, institutionalized, and “out of order” for homeless families.

One of the ways that homeless families lose the order of life at home is through the distortion of family roles in the shelter. The “unraveling of the mother role” in the shelter affects the children such that older children begin to take on nurturing and care-giving responsibilities for younger siblings. One mother in our study described her eight-year-old daughter, who “used to be a little girl, but now I see a lot of me in her. She took on that role with (her siblings) and it hurts.” In addition, this mother described how she had come to rely on her daughter for comfort and advice since entering the shelter. Although this may indicate a disrupted family structure, another interpretation from homeless mothers is that they and their children are taking care of one another in a time of family crisis.

In fact, homeless mothers see their families as a source of strength and survival in the shelter environment. In our study, mothers felt the best way to manage in the shelter was to carry on usual family activities like “snuggling before bedtime,” “praying together,” and “holding onto the love we got until we are able to get our home back again.” Many homeless mothers experience an increased emotional closeness and stronger relationship with their children, who they get to know in new and different ways as a result of living in the shelter. One mother explained it this way: “You don’t have nothing else taking your attention and the kids are always with you. You see things about your kids you really didn’t get to notice before because you were too busy doing other things.”

Some women credit the shelter with helping them become better mothers. One mother felt that with the relief from “the tension and pressure of finding a place to stay ... now I can concentrate on being a mother.” Another mother agreed, saying that in the shelter she can “devote more time to the kids and to taking care of their needs.” She also sees the direct support and advice from the staff as helping to improve her parenting skills: “Sometimes I get suggestions from the shelter. If they think I am putting them to bed too late they will tell me. Then I see where I need to make improvements on stuff like that.” It was this informal type of support that was most appreciated. Mandatory parenting classes were seen as judgmental, evoking feelings of maternal incompetence.
Effects of Shelter Life on Children

A typical trajectory into homelessness for children is marked by multiple moves prior to coming to the shelter. Thus, admittance to a shelter means temporary stability, structure, regular meals, and a range of services and programs to meet the needs of children. When asked about their experience in the shelter, children report that they enjoy the recreational activities provided, such as tickets to concerts, ball games, and swimming. Although their mothers are distressed by “no-spanking” policies, children happily claim that their mothers cannot “whip them” for disobedience.28

In our study, mothers also noted the positive aspects of shelter life for their children. In particular, the increased social contact and assistance their children received from staff and other shelter residents were described as positive. One mother, whose son was diagnosed with cerebral palsy, attributed his physical improvement while in the shelter to the increase in activities and attention: “He has been talking more ... and playing a lot and that exercises his legs.” More generally, mothers expressed appreciation for the resources made available to their children, including tutoring from volunteers and visits from nursing faculty and students at the local university.

Although there are some benefits to families who enter the homeless shelter system, they are arriving with a myriad of problems and challenges related to their family history, social networks, and poverty. While it is difficult to isolate the effects of shelter life from the more general effects of poverty on families living in economically distressed communities, there is evidence that homelessness poses serious threats to the well-being of children. In particular, homeless children in shelters are at risk in terms of health problems, developmental delays, psychological problems, and educational disadvantages.

Health problems for homeless children can begin before birth; a significant percentage of pregnant homeless women receive no prenatal care and they are more likely to have low birth-weight babies than housed poor women and women in general. Common health disorders among homeless children, often occurring at twice the rate of the general population, include upper respiratory infections, skin ailments, ear disorders, chronic physical disorders, and gastrointestinal disorders. Many of these problems are exacerbated by congregate living environments in the shelters with people sleeping in close proximity, sharing the same bathrooms, and being exposed to unsanitary conditions and disrupted sleep.29

Access to health care is often difficult for homeless families. Most of the mothers in our study used the local children’s emergency room, waiting until their children’s symptoms were severe enough to warrant attention. Shelter staff members call the local taxi service to take sick children to the emergency room in the middle of the night on a regular basis. However, once a visiting nurse clinic was established, children received on-going care in a
setting where preventive health care measures could be implemented. For many of the families this was their first experience with consistent access to a health care provider.

Behavioral problems are also common for homeless children and include withdrawal, aggression, sleep disorders, and regressive behavior. Furthermore, developmental delays in language, gross motor skills and fine motor coordination, personal/social development, and cognitive ability have been observed in children residing in homeless shelters. In our study, white mothers were most likely to identify sleep disorders, bedwetting, and unexplainable crying as problems that had emerged since coming to the shelter. Some of the regressive behaviors observed can be attributed to the overwhelming stress of homelessness on children. One mother in our study said that her four-year-old had been completely potty-trained at home, but in the shelter bedwetting was a nightly occurrence.

Black mothers were more likely to identify an increase in aggressive behavior or a withdrawal from social interaction on the part of their children in the shelter. One manifestation of aggressive behavior was fighting between children in the shelter. Another was hitting and thrashing about when prevented from running and playing freely. As one mother explained her dilemma, “At home I am just used to letting him run where he wants to run because everything be out of the way. But you know you have to keep a real good eye on him here ... and that makes him mad.”

Psychological problems identified most often among homeless children include clinical levels of depression, anxiety, or behavior (particularly externalizing) problems. It is important to note that, as a result of loss of control of their environment and their lives, homeless mothers are also at increased risk for depression and anxiety, and that maternal depression places children at increased risk for depressive disorders. Mothers in our study described their children as deeply sad, depressed, nervous, and scared. One mother talked about her preschool-age son, saying, “He seems to be very, very depressed ... I can see it in his face. I try to make him smile and he won’t smile.” However, most of the children had never been assessed or treated for psychological distress or disorders. Their mothers believed these were temporary symptoms that would resolve once they found stable housing. One problem with this belief is that, although the children’s symptoms may be related to the conditions of shelter life, it is also the case that the difficulties of many homeless children predate their current homeless situation. As one mother in the battered women’s shelter said, “Shelter life hasn’t affected anything with me and my kids that I can see. The shelter has nothing to do with it. We have our own family problems that have nothing to do with the shelter. Whatever is going on now was going on before.”

Because home/shelter life for insecurely housed and homeless children is chaotic, school could represent a haven where for a few hours a day they enjoy a sense of order and predictability. However, this is not the
experience of most homeless children. Only one-fifth of preschool homeless children are enrolled in preschool programs, less than half the rate of all children nationally. School-age children do not fare much better, with almost half not attending school on a regular basis, and over half transferring schools at least once in the previous year. Transferring schools multiple times, a common experience for many homeless children, is especially problematic, because it takes four to six months to recover academically from such transfers. In fact, homeless children who transfer are thirty-five percent more likely to repeat a grade and seventy-eight percent more likely to have poor attendance than those who do not transfer at all. 36

The McKinney Act, passed in 1987, included measures to reduce barriers to school attendance and success for homeless children. Although there have been some improvements, many barriers still remain. For example, one provision of the McKinney Act is that children be allowed to continue their education either at their home school or the school serving their shelter, whichever serves their best interests. In our study, mothers of school-age children described heroic efforts to keep their children in their former school by using the address of a friend or family member, and driving (if they had a car) or taking their children on the bus (often with multiple transfers) to school everyday. For most, this was too difficult to manage and the children soon transferred to a school in the shelter’s district. Additionally, homeless children encounter numerous problems enrolling in school, including delays in transferring school records, lack of transportation, missing immunization records, and residency issues. Complicating the issue, the majority of homeless service providers have little to no knowledge of the McKinney Act and the educational rights of homeless children. 37

Homeless children who make it to school often have trouble completing their homework and are exhausted from interrupted sleep at the shelter. Many are met with ridicule and rejection by their classmates. 38 Children living in shelters use a number of strategies to avoid the stigma of homelessness, including getting off the school bus before their stop at the shelter and skipping school altogether. 39 As their peer groups reinforce the societal view of the homeless as undesirable, homeless children come to see themselves in this same way. In self-protection they may respond by withdrawing from social interaction or acting out in various ways such as aggressive behavior. 40 Either way, they pay a high price, since early educational setbacks are the best predictors of future difficulties. Accordingly, stress-related problems associated with residential and school instability suggest a need for school-based supports for homeless children. Schools could help by facilitating the integration of homeless children into social and academic activities through tutoring, peer support such as “buddy” programs, and supportive group intervention. 41

In fact, some successful programs have implemented peer-based approaches in the schools, formal after-care school programs, and diversity
education for student populations about the topics of poverty and homelessness. In our study, most of the school-related services were shelter-based. High school and university student volunteers tutored school-age children in their coursework. Volunteers also came into the shelter to read to younger children and to work with them one-on-one as they learned problem-solving skills, including use of computers.

**SUPPORTING HOMELESS FAMILIES BEYOND SHELTER**

Over the last twenty years, the response to family homelessness has been an increase in temporary homeless shelters and related emergency services. At the same time, welfare reform policies and the decrease in subsidized housing have jeopardized the safety net that previously prevented many families at risk from becoming homeless. Making significant inroads to decreasing family homelessness requires more than temporary measures to shelter and feed mothers and their children.

Children need stable housing and access to education, preventive health care, adequate nutrition, and programs to enhance their growth and development. Parents need the tools—education, job training, child care, transportation, health care, income supports, and affordable housing—that will reduce their risk of homelessness and provide greater stability and security for their children. Homeless mothers in our study described what they envision in the future for their family at home.

I consider a real home ... as some place that is always warm, comfortable, and nonviolent. A place where you walk in and you see smiling faces. A place where you can always go. You feel safe and there is love. That is what I want to see and that is what I want my children to see. I don't think they have ever seen it. I show them love but I have so many problems and I have accumulated problems. I need help with these kids and I need to be more financially stable and then I think things will fall in place better.

While homeless mothers recognize that they have problems that need to be addressed, they also claim that many of the challenges they face are larger than they can handle individually. They question the policy-makers who, in their opinion, are making decisions based on stereotypical views of the homeless. As one mother explained:

It is not that we are not as good as everybody else as far as being on welfare and all of that. We love and care for our kids as much as they do theirs. We want a home for them just the same as they want a home for their kids. A lot of these decisions I don't understand. They read the paper and they know how much it costs to rent a two-bedroom apartment. I would tell them to live what I have lived and then tell me that you would make the same decisions. Everybody was not born with a silver spoon in their mouth. I don't expect you to give me anything. I expect you to give me a chance. That is what I expect you to give me—a chance.
The women stressed that being given a chance must include more than temporary housing. The issues confronting poor families, especially those headed by single mothers, need to be addressed in a comprehensive way, as this mother residing in a transitional housing program explained:

There are so many issues that women as a whole need to be addressed and they are just not being addressed. You just cannot take women and kids and throw them into a (housing) program and say this is it. And then when our time is up, a lot of us will be going right back to public housing. Then all of a sudden we will be hit with the changes in (welfare). All of a sudden our (welfare) is going to be cut off. The system is just not geared or organized to help single women that have kids.

Ultimately, homeless mothers want “a place to be, to raise our children. We want to belong, you know, not just to the homeless, but to society and to ourselves.” Homeless shelters can be the first step in allowing homeless mothers and their children to enact this vision. Shelters that continually balance the need for rules that benefit the most residents while also respecting the individual needs of each family will likely be the most successful in providing for the needs of many while also minimizing the negative effects of institutionalizing family life.

NOTES

15. Ibid., 727.
30. Ibid., 1172.
40. Ibid., 60.