

## Multiply Homeless Families: The Insidious Impact of Violence

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### *Abstract*

Little is known about the dynamics of homelessness among families that have been homeless more than once. Using longitudinal data from the Worcester Family Research Project, this article describes the duration of family homelessness, compares the characteristics of mothers who had been homeless only once with those who had been homeless multiple times, and identifies factors that contribute to repeated episodes of family homelessness.

Certain factors such as interpersonal violence, especially during childhood, were highly associated with residential instability. At baseline, multiply homeless mothers had higher rates of childhood sexual abuse and stranger violence than their first-time homeless counterparts. Sexual molestation during childhood was also an important predictor of recidivism. When the sample was followed prospectively, first-time homeless mothers who experienced partner violence after being rehoused were more than three times as likely to experience a second homeless episode. Although homelessness is primarily a structural problem, national housing policy for poor people must be combined with supportive programs.

**Keywords:** Homeless; Housing

### **Introduction**

Homelessness has always been endemic in America (Bassuk and Franklin 1992), but the face of homelessness has changed in the past 20 years. The population now includes more women, families with young children, unaccompanied teens, and members of racial and ethnic minorities (Baker 1994; Roll, Toro, and Ortola 1999; Rossi 1990, 1994). Although our knowledge of the characteristics of homeless people has increased (Burt et al. 1999), researchers have only recently come to view homelessness as a dynamic process: Most people are homeless for a short time, while a small subgroup uses a disproportionate number of shelter days (Culhane and Kuhn 1998; Kuhn and Culhane 1998). On the basis of shelter use patterns (number of shelter days and shelter episodes), Kuhn and Culhane (1998) classified homeless adults as follows: The transitionally homeless have one or two brief spells; the episodically homeless have multiple spells of increasingly shorter duration; and the chronically homeless have a small number of long spells.

Between 10 percent and 18 percent of single homeless adults are long-term shelter users (use shelter for 180 days or longer); this group tends to be older and to have more mental health, substance abuse, and medical problems than the other two groups.

Less is known about the dynamics of family homelessness and whether families' use of shelters is similar to that of individual adults. Although some researchers have investigated these patterns in families (Wong, Culhane, and Kuhn 1997), additional studies are necessary to identify the factors that contribute to multiple episodes of homelessness. This article uses data from the Worcester Family Research Project (WFRP), a case-control study that followed 436 sheltered homeless and low-income, never-homeless mothers over three points in time to describe (1) the duration of family homelessness retrospectively and prospectively, (2) the characteristics of first-time and multiply homeless (homeless more than once) mothers through univariate analyses, and (3) the predictors of multiple homelessness at baseline and at follow-up through multivariate analyses. Only by understanding these issues can we hope to reduce the human and economic costs of episodic and chronic family homelessness.

## Literature review

Various researchers have attempted to document the magnitude of the homeless problem and to classify people according to patterns of shelter use. Most of these studies have been cross sectional and have determined rates based on one point in time. For example, since 1988, an estimated 0.1 to 0.5 percent of the urban population was homeless at any given time (Burt and Cohen 1989; Culhane and Kuhn 1998). In examining these rates, Culhane and Kuhn (1998) suggested that this percentage greatly underestimated the number of homeless people because it did not account for the high rates of public shelter turnover. The authors therefore examined administrative databases in New York City and Philadelphia in 1992 and found that the rates were considerably higher than previously suggested: Approximately 2.8 percent were homeless in Philadelphia in three years, while 3.2 percent were homeless in New York City in five years. These findings were consistent with a recent national telephone survey conducted by Link et al. (1994), which indicated that 3.1 percent of a random sample of 1,507 adults in households with a telephone had a prior episode of literal homelessness within the past five years. Homelessness was defined as "sleeping in shelters, abandoned buildings, bus and train stations, etc." (Link et al. 1994, 1907).

In addition to documenting higher overall rates of literal homelessness, Culhane and Kuhn (1998) studied patterns of shelter stays and predictors of shelter exits among homeless adults (without accompanying

children) in New York City and Philadelphia. They found that in New York City, the median length of stay during a single episode was 25 days for men and 20 days for women. However, 10 percent of the episodes lasted for 180 days or more and consumed “53.4 percent of the system days for first-time shelter users” (Culhane and Kuhn 1998, 23). Older people and those with mental health and substance use problems took longer to exit from shelter than persons without these characteristics. Over two years, the length of stay increased to 45 days for men and 28 days for women, with half of all shelter users staying less than 45 days. Culhane and Kuhn (1998) concluded that most single adults who use public shelters stay only a short time; approximately 55 percent of men and 65 percent of women are homeless just once over two years. By contrast, the chronically homeless use half of all shelter days (Kuhn and Culhane 1998).

Other researchers have investigated factors associated with chronic homelessness among adults and identified the following: foster care or institutional placement as a child (Piliavin, Sosin, and Westerfelt 1989; Sosin, Colson, and Grossman 1988), lack of human capital (e.g., education, job skills) (Calsyn and Morse 1991; Farr, Koegel, and Burman 1986; Piliavin, Sosin, and Westerfelt 1989), and psychiatric pathology (Calsyn and Morse 1991; Piliavin, Sosin, and Westerfelt 1989; Sosin, Colson, and Grossman 1988). However, individual-level variables predicted only a small percentage of the variance in these studies. The authors concluded that structural and economic factors are more highly associated with chronic homelessness in adults (Calsyn and Roades 1994).

Although not as extensive as the literature on homeless individuals, research on homeless families has been growing. According to the 1996 National Survey of Homeless Assistance Providers and Clients (NSHAPC), when children are included in the overall numbers, families comprise 34 percent of homeless service users. This study sampled homeless people from 76 geographic areas across the nation. Homeless families were defined as those with a head of household who had a child or children under the age of 18 with them. Researchers have also investigated the characteristics of homeless families (Bassuk and Rosenberg 1988; Goodman 1991a, 1991b; Interagency Council on the Homeless 1996; McChesney 1994; Rog et al. 1995; Shinn, Knickman, and Weitzman 1991; Weitzman, Knickman, and Shinn 1992; Wood et al. 1990), pathways into homelessness (Bassuk and Rosenberg 1988; Shinn, Knickman, and Weitzman 1991; Weitzman, Knickman, and Shinn 1992), risk and protective factors for family homelessness (Bassuk et al. 1997; Shinn et al. 1998), and predictors of exit and reentry into family shelters (Rocha et al. 1996; Wong, Culhane, and Kuhn 1997). In the subsequent section, we will discuss studies related to the multiply homeless, namely, those that identify factors related to entering and exiting homelessness. We particularly focus on studies using multivariate analyses and those having a longitudinal design.

Using data from the WFRP, Bassuk et al. (1997) created a multivariate model to determine risk factors for family homelessness. They identified foster care placement and use of drugs by the respondent's mother as childhood predictors of family homelessness, while minority status, recent move to Worcester, recent eviction, and interpersonal conflict were adult risk factors. Adult protective factors included being a primary tenant, receiving cash assistance or a housing subsidy, graduating from high school, and having a larger social network. The authors concluded that factors compromising an individual's social and economic resources are associated with a greater risk of losing one's home.

In a five-year follow-up study, Shinn et al. (1998) recontacted a group of first-time homeless families initially interviewed in 1988. Mothers were reassessed (final N = 266) to determine predictors of residential stability. The comparison group (final N = 298 families) was randomly selected from the public assistance caseload. The five-year retention rate for shelter-seekers was 72 percent. At the follow-up interview, 79 percent of shelter seekers were living in their own residence, 17 percent were doubled-up, and only 4 percent were in shelter. Some 60 percent were described as stably housed, defined by being in their own residence for at least 1 year, with an average of 3 years. Investigating predictors of housing stability, Shinn et al. (1998) used variables from four domains that researchers had previously identified as contributing to homelessness: persistent poverty, behavioral disorders, impoverished social supports, and loss of housing. They found that the only predictor of residential stability after living in a shelter was receiving a housing subsidy, which increased the odds of stability more than 20 times. However, Early (1998) suggested that increasing the number of housing subsidies would not substantially reduce homelessness because those at highest risk of becoming homeless (the poorest) do not generally receive them.

Shinn et al. (1998) found that the only individual characteristic that decreased the odds of receiving a housing subsidy was domestic violence. The authors emphasized that many women return to abusive relationships and that abusive partners are unwelcome in shelters. As a result, some of these women removed their names from Section 8 housing assistance waiting lists or were no longer eligible. They concluded that other individual characteristics that might predict shelter use, such as substance abuse and mental illness, reflected the housing market and "contributed little to residential instability" (Shinn et al. 1998, 1656).

Stretch and Krueger (1992) conducted one of the few studies that specifically mentioned multiply homeless families. They investigated rehousing patterns among 875 families that had resided in a 60-day family shelter in St. Louis between 1983 and 1987. Of these, approximately half had exited to permanent housing (primarily those with housing vouchers) and were selected as the sampling frame for the study. The authors conducted field interviews with 201 families and reported that

16.5 percent became homeless again, but they were unable to identify patterns related to maintaining permanent housing.

Using an administrative database in New York City between 1988 and 1995, Wong, Culhane, and Kuhn (1997) investigated the patterns of shelter use among homeless families. Because of database limitations, variables describing the physical and behavioral health of families were not included. The authors defined exits as a departure from family shelter that lasted continuously for 30 days. They found that 48 percent of the families ( $N = 27,919$ ) had moved to subsidized housing and that 41 percent left for “unknown arrangements.” Some 7.5 percent moved to their former residence or to other apartments; the final 3.5 percent included involuntary departures, moves to domestic violence shelters, and doubling-up with friends or relatives. Consistent with previous studies, they concluded that families with housing vouchers were less likely to become homeless again and that factors such as larger families, minority ethnic/racial status, pregnancy, and public assistance were associated with a greater likelihood of shelter readmission.

In sum, researchers have begun to investigate the patterns of shelter use by families but, with the exception of a few studies, have not specifically focused on the small subgroup that uses shelters repeatedly. This article examines the characteristics of families that use shelters more than once and the factors that contribute to their recidivism. To ensure responsive programming and policy formulation, it is essential that we understand the characteristics of families for whom homelessness is likely to become episodic or even chronic.

## Methods

### *Study participants*

The WFRP is an unmatched, case-control study of 220 homeless and 216 never-homeless, low-income housed families interviewed at baseline and 12 and 24 months later. The initial sample of homeless families was enrolled from all nine of Worcester’s family shelters and two welfare hotels (3.2 percent of the families). Study staff, including bilingual interviewers, approached families that had been living in the shelter for at least 7 days and invited them to participate. Out of the 322 women approached, 102 refused to participate. Those who refused were similar to study participants in terms of race, marital status, and family size, but were younger and less likely to have graduated from high school. Of the 220 families enrolled, 52 women (24 percent) had been homeless before entering the study. The remaining 168 families were new entrants.

Worcester, like most midsized cities, had a poverty rate of 15 percent in 1990, with minorities overrepresented. The homeless families initially

enrolled in the study were similar to other sheltered homeless families in nine large American cities with respect to age and number of children (Rog et al. 1995). Compared with national samples, however, the WFRP group was more likely to be Hispanic and less likely to be African American.

Most of the families completing the baseline interview were successfully followed in the longitudinal phase of the study. The overall retention rate was 76 percent, with 61 families lost from baseline to Wave 1, and 48 families lost from Wave 1 to Wave 2 (19 families missing at Wave 1 were found again by Wave 2, however). Families lost to follow-up were similar in age, marital status, size, income, and education to those remaining in the study. Puerto Rican families were more likely to be lost ( $p = 0.03$ ), but still constituted approximately one-third of the final sample (at baseline 48 percent of the sample was Puerto Rican, compared with 32 percent at the 24-month follow-up). The vast majority of the original homeless families became rehoused within the follow-up period. The 26 families not rehoused were lost to follow-up before this event could be observed.

### *Data collection*

Data were collected in a series of face-to-face interviews at three separate times. The baseline interview included questions about childhood experiences, prior homelessness (multiply homeless only), leave-taking, income, benefits, housing conditions, life events, violent victimization, social support, mental and physical health, and service use. At follow-up, instruments and questions used at baseline to collect data on current adult variables were repeated. Instruments were selected for their previous use with low-income and homeless respondents. The interview was translated into Spanish by bilingual, bicultural translators. Whenever possible, previously translated instruments were used. Interviews were conducted at a private location in either Spanish or English, depending on the woman's preference. Women were compensated for their time.

Basic demographic information was collected using the Personal History Form, an instrument specifically designed for homeless and low-income respondents (Barrow et al. 1985). Questions dealt with income, housing, education, jobs, family structure, service use, and past homelessness. Prospective information was gathered on the date and nature of every move that occurred during the study period. Information about household resources was collected using the Family Resource Scale (Dunst and Leet 1987), a 28-item scale with an overall score of 0 to 140. Higher scores indicate more resources.

The *Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders, 3rd edition, revised, Non-Patient Edition*, Version 1.0, was used to assess major depression, posttraumatic stress disorder, substance abuse or dependence, and anxiety disorders (Spitzer et al. 1990). Clinically trained interviewers determined the lifetime and six-month prevalence of each disorder and also determined whether or not the condition had been present within two years before the first episode of homelessness. We asked additional questions on the frequency of alcohol, cocaine, heroin, marijuana, and sedative use. Frequent alcohol use was defined as drinking three drinks or more nearly every day. Frequent use of cocaine, heroin, marijuana, and sedatives was defined as using the substance three or four times a month or more frequently.

Adult intimate partner violence was assessed using the Conflict Tactics Scale (CTS) (Straus 1979; Straus and Gelles 1990). The CTS describes physically aggressive acts, with a yes/no or frequency response for each item. If a respondent says yes to one or more of eight severe acts, she is coded positive for intimate partner violence. All questions were asked for the current or most recent intimate pattern before the first episode of homelessness and then for the 12-month period between each interview. At baseline, we also asked questions about stranger violence. A comprehensive prospective partner violence variable was created by combining data from both the Wave 1 and Wave 2 interviews.

Childhood physical violence was assessed using the CTS as well. Physical aggression questions were asked about a series of caregivers, including mother, father, other relatives, and strangers. Childhood sexual abuse was determined by asking about unwanted sexual advances, defined as "anything that was sexual in any way, from touching to more serious behavior." A series of questions on growing up treated other childhood life events, including foster care, living with relatives, running away, and family homelessness.

Positive parenting behaviors were assessed using the Parental Bonding Instrument (Parker, Tupling, and Brown 1979). Respondents rate the frequency of 24 behaviors, such as "spoke warmly to you." Twelve positive items were averaged to produce a positive parenting subscale. The subscale shows strong internal consistency with a coefficient alpha of 0.87 for female caregivers and 0.91 for male caregivers.

### *Data analysis*

To understand the life course differences between first-time and multiply homeless mothers, we compared the two groups at four data points: at baseline, the two years before the first episode of homelessness, childhood, and then prospectively.

First, we described the duration of homelessness retrospectively by aggregating the duration of each episode of homelessness before baseline. Next, we used the Kaplan Meier estimator for survival analysis to describe differences in time to becoming rehoused during study follow-up (i.e., prospectively). We also tested whether differences between first-time and multiply homeless groups were significant using the log-rank test.

Second, we used univariate analyses to compare demographic and psychosocial characteristics of first-time and multiply homeless women at three time points. For each cross-sectional data point, we used two-tailed *t*-tests or Wilcoxon rank-sum tests for continuous variables and chi-square tests for discrete variables.

Finally, we used logistic regression to identify predictors of repeat episodes of homelessness. We examined the multivariate relationship of being multiply homeless or not at baseline with childhood and adult factors. This analysis was carried out in two steps: First, we modeled childhood predictors, and then we modeled adult predictors, controlling for significant childhood factors. Adult factors other than demographics and family characteristics were limited to those corresponding to the two years before the first episode of homelessness to ensure that predictors were not outcomes of homelessness. This excluded certain adult factors, such as history of partner violence, that were measured at baseline without reference to the timing of the first homeless experience. To examine the potential impact of partner violence on the likelihood of a repeat episode, we analyzed prospective data for first-time homeless women. We used logistic regression to identify risk factors for first-time homeless women experiencing a second prospective episode. In this second multivariate analysis, we considered adult and childhood predictors identified in baseline modeling, adult factors such as mental health and social support measured at baseline, and prospectively measured factors, such as intimate partner violence and receipt of housing vouchers.

## Results

### *Duration of homelessness retrospectively and prospectively*

Table 1 describes the number of weeks homeless in terms of the number of episodes of homelessness before enrollment. At baseline, 24 percent of the 52 homeless mothers enrolled in the study had at least one previous episode of homelessness in adulthood. These multiply homeless women entered the study evenly throughout the entire enrollment period. Of these, 68 percent had 1 prior episode of homelessness, 18 percent had 2 episodes, and 14 percent had 3 or more episodes (the maximum number of episodes was 18). These women had become homeless for the

**Table 1. Retrospective Time Homeless for Each Multiply Homeless Mother by Number of Episodes (N = 50)<sup>a</sup>**

	N (%)	Weeks/Woman		
		Minimum	Median	Maximum
1 episode	34 (68)	0.25	11.23	82.4
2 episodes	9 (18)	3.30	16.70	124.0 <sup>b</sup>
3+ episodes	7 (14)	28.70	138.60	168.9

<sup>a</sup>Two multiply homeless women did not indicate the number of times they had been homeless before the study. As a result, these two women have been eliminated from this table.

<sup>b</sup>Although the maximum number of weeks in shelter was 124 and the second highest was 103.6, the third highest value was 21.6 weeks, suggesting that the first two values were unusual.

first time between 1976 and 1994 (the median was 1989). As indicated in table 1, the median length of time in shelter for women who had been homeless once was 11.2 weeks. For women with 2 episodes, it was 16.7 weeks, and for women with 3 or more episodes, it was 138.6 weeks. Table 1 shows that a small fraction of the women accounted for the majority of days. This comparison is unadjusted for changing shelter rules (e.g., length of stay) over time.

Table 2 describes weeks to rehousing for the first prospective episode of homelessness for both study groups. For their index episode (the episode that got women into the study), the median duration of stay in shelter for multiply homeless mothers was 29 weeks, compared with 16 weeks for first-time homeless mothers. The log-rank test comparing Kaplan Meier estimates for time to rehousing between first-time and multiply homeless was significant ( $p = 0.0001$ ).

**Table 2. Weeks to Rehousing**

	N	Number Censored	Lower Quartile	Median Quartile	Upper Quartile	<i>p</i> Value
First prospective episode						0.0001
First-time homeless	84	8	10	16	33	
Multiply homeless	33	2	13	29	51	

*Note:* Women who are length-biased (defined as being homeless more than two weeks before their first interview) and women who were left-censored (interviewed after they left a shelter) are eliminated from this analysis.

*Demographic and psychosocial characteristics of first-time and multiply homeless mothers*

*Baseline.* At the time they entered the study, multiply homeless mothers were slightly older than their first-time counterparts ( $p = 0.0006$ ) and had more children ( $p = 0.002$ ). Multiply homeless mothers were also more likely to be white ( $p = 0.02$ ) and less likely to be Puerto Rican ( $p = 0.0007$ ) than first-time homeless women. (See table 3.)

**Table 3. Comparison of First-Time and Multiply Homeless Mothers at Study Baseline**

	First-Time Homeless N = 168	Multiply Homeless N = 52	<i>p</i> Value
<b>Demographics</b>			
Mean age	25.3%	28.9%	0.0006
<b>Race/Ethnicity</b>			
White	28.6%	46.2%	0.02
Black	21.4%	26.9%	0.41
Puerto Rican	41.7%	21.2%	0.007
Other	8.3%	5.8%	0.54
High school graduate	51.2%	44.2%	0.38
<b>Family characteristics</b>			
<b>Marital status</b>			
Never married	69.6%	64.7%	0.40
Married	6.6%	5.9%	0.84
Separated/Widowed/Divorced	23.8%	29.4%	0.46
Age at birth of first child	19.3 years	20.1 years	0.21
Number of children (mean)	2.0	2.9	0.002
Nonprofessional supports <sup>a</sup>	3.8	4.0	0.43 <sup>b</sup>
<b>Income/Benefits<sup>a</sup></b>			
Income (mean)	\$7,687.00	\$8,744.00	0.30 <sup>b</sup>
Cash assistance	92.9%	92.3%	0.89 <sup>b</sup>
Months on AFDC (median)	21	53	0.0007 <sup>b</sup>
Paid job now	3.0%	0.0%	0.21 <sup>b</sup>
Paid job ever	66.3%	69.2%	0.69 <sup>b</sup>
<b>Mental health</b>			
<b>Lifetime SCID diagnoses<sup>a</sup></b>			
Major depression	39.2%	63.5%	0.002 <sup>b</sup>
Posttraumatic stress disorder	34.8%	40.8%	0.44 <sup>b</sup>
Substance abuse	34.1%	65.4%	0.001 <sup>b</sup>
Anxiety	19.0%	21.1%	0.74 <sup>b</sup>
<b>Number of lifetime diagnoses<sup>a</sup></b>			
Zero	31.9%	15.4%	0.001 <sup>b</sup>
One	29.6%	29.2%	
Two	21.9%	28.9%	
Three or more	16.6%	36.5%	
<b>Adult violence</b>			
Partner violence ever	31.6%	33.8%	0.85
Stranger violence ever	18.8%	37.5%	0.007

<sup>a</sup>These measures were obtained during the first episode of homelessness for first-time homeless women and at some point after the first episode for multiply homeless women.

<sup>b</sup>These *p* values are confounded by the effects of homelessness on multiply homeless women and potential differences in pathways to homelessness for the groups.

AFDC = Aid to Families with Dependent Children; SCID = Structured Clinical Interview for DSM-III-R.

Although almost all first-time and multiply homeless mothers were receiving Aid to Families with Dependent Children (AFDC) at baseline, multiply homeless mothers reported significantly more months of

AFDC. The median number of months was twice as long for multiply homeless women as for their first-time counterparts ( $p = 0.0007$ ).

Almost two-thirds of the multiply homeless mothers had suffered from major depression or substance abuse at some point in their lives, compared with about one-third of the first-time homeless group ( $p = 0.002$  and  $p = 0.001$ , respectively). These results remain significant when controlling for age. Multiply homeless women were also significantly more likely than first-time homeless women to have three or more lifetime major mental health diagnoses ( $p = 0.001$ ). Although the rate of ever experiencing abuse from an adult partner before baseline was similar for the two groups, multiply homeless women were significantly more likely to have been assaulted by a stranger as an adult (37.5 percent versus 18.8 percent,  $p = 0.007$ ). These comparisons are confounded both by the effects of homelessness on multiply homeless women and by potential differences in pathways into homelessness.

*Experiences two years prior to first homeless episode.* On average, women in both groups became homeless for the first time in their early twenties; about 20 percent of these women had lived with their parents just before becoming homeless. More than twice as many multiply homeless mothers had been living with a partner before becoming homeless ( $p = 0.007$ ). Although multiply homeless mothers were less likely to have household resources as measured by the Family Resource Scale ( $p = 0.03$ ), they were more likely to have used a housing subsidy ( $p = 0.02$ ). Multiply homeless mothers also had significantly less instrumental support (tangible aid) ( $p = 0.02$ ), less emotional support ( $p = 0.01$ ), and greater conflict among nonprofessional supports ( $p = 0.009$ ) before the onset of homelessness.

Almost half the multiply homeless women had a substance abuse problem before becoming homeless; this was significantly greater than the rate among first-time homeless women ( $p = 0.002$ ). Cocaine and marijuana were the two most commonly used drugs, with the rate of frequent cocaine use before becoming homeless about twice as great as the rate among the first-time homeless women ( $p = 0.02$ ). (See table 4.)

*Childhood experiences.* Although both groups had similarly high rates of childhood physical abuse, almost twice as many of the multiply homeless mothers had experienced childhood sexual abuse compared with their first-time counterparts ( $p = 0.001$ ). Multiply homeless women were also more likely to have an out-of-home placement ( $p = 0.04$ ) than first-time homeless women, but the rate of foster care was similar for the two groups. In addition, multiply homeless women were significantly more likely than their first-time counterparts to have run away from home ( $p = 0.02$ ) and to report less positive parenting ( $p = 0.0003$  for the mother and  $p = 0.03$  for the father) and more random, unexplained anger from their parents ( $p = 0.02$  for two angry parents). (See table 5.)

Table 4. Experiences before First Homelessness Episode<sup>a</sup>

	First-Time Homeless N = 168	Multiply Homeless N = 52	p Value
Age at onset (median)	24	22	0.09
Household characteristics before first episode			
One or more children	79.5%	69.2%	0.13
Living with partner	14.3%	30.8%	0.007
Living with parents	18.5%	21.2%	0.67
Family Resource Scale	89.9%	84.0%	0.03
Housing subsidy	3.6%	12.5%	0.02
Mental health before first episode <sup>b</sup>			
Lifetime SCID diagnoses			
Major depression	63.3%	51.5%	0.27
Posttraumatic stress disorder	61.5%	63.1%	0.90
Substance abuse	25.0%	48.1%	0.002
Anxiety	17.3%	21.1%	0.14
Mental health hospitalization	3.6%	3.9%	0.93
Substance use before first episode <sup>b</sup>			
Frequent cocaine use	13.3%	27.5%	0.02
Frequent heroin use	3.6%	3.9%	0.93
Frequent marijuana use	16.8%	23.5%	0.28
Frequent use of sedatives	3.0%	5.9%	0.34
Substance abuse hospitalization	8.3%	9.6%	0.77
Social support before first episode			
Nonprofessional supports	3.8%	57.5%	0.01
Emotional support	66.3%	57.5%	0.01
Instrumental support	58.2%	51.5%	0.02
Conflict	22.4%	31.4%	0.009

<sup>a</sup>Note that there is a time difference between the date of the first episode for multiply homeless women (1976–1994), compared with first-time homeless women (1990–1995).

<sup>b</sup>Present within two years of the first episode of homelessness.

SCID = Structured Clinical Interview for *DSM-III-R*.

### *Predictors of repeat episodes of homelessness*

*Baseline.* Even when accounting for potential adult mediators, women who were sexually molested as children were significantly more likely to have experienced repeated episodes of homelessness before entering the study than their first-time homeless counterparts ( $p = 0.002$ ). The number of children (i.e., more children) at baseline was another independent predictor of being multiply homeless at baseline ( $p = 0.006$ ). On average, when controlling for other factors, the first-time homeless group had significantly more household resources ( $p = 0.025$ ) before becoming homeless than multiply homeless women and less conflicted support among friends and family before the onset of homeless ( $p = 0.041$ ). Ethnicity further predicted the likelihood of experiencing repeated episodes: Puerto Rican families were significantly less likely to be multiply homeless than white families ( $p = 0.02$ ). We did not find any significant interactions when testing specifically for the potentially

**Table 5. Comparison of First-Time and Multiply Homeless Mothers: Childhood Variables**

	First-Time Homeless	Multiply Homeless	<i>p</i> Value
Childhood violence			
Childhood physical abuse	64.1%	74.5%	0.17
Childhood sexual abuse	36.5%	64.7%	0.001
Childhood life events			
Placed out of home	41.1%	57.7%	0.04
Foster care	20.4%	21.6%	0.85
Run away	37.5%	55.8%	0.02
Homeless	11.0%	7.7%	0.50
Parenting as a child			
PFC mental health problem	43.5%	57.7%	0.07
PFC health problem	28.4%	27.5%	0.90
PFC substance use problem	46.1%	57.1%	0.17
PFC battered	43.6%	55.1%	0.16
One angry parent	42.3%	34.6%	0.32
Two angry parents	20.8%	36.5%	0.02
Mother positive parenting			
Score (maximum = 2)	1.3	0.94	0.0003 <sup>a</sup>
Father positive parenting			
Score (maximum = 2)	1.1	0.89	0.03 <sup>a</sup>

<sup>a</sup>*p* Value from Wilcoxon rank sum test.

PFC = Primary female caregiver.

moderating effects of childhood molestation on the relationship between adult factors (e.g., mental health, social support) and being multiply homeless. (See table 6.)

**Table 6. Multivariate Model for Being Multiply Homeless at Baseline**

	Adjusted Odds Ratio	95% Confidence Interval	<i>p</i> Value
Age	1.046	0.97, 1.10	0.31
Black	0.708	0.30, 1.77	0.48
Puerto Rican	0.373	0.13, 0.83	0.02
Other	0.547	0.10, 1.88	0.26
Number of children	1.438	1.11, 1.93	0.006
Childhood sexual abuse	2.830	1.53, 7.01	0.002
Family Resource Scale*	0.978	0.95, 0.99	0.025
Conflict in nonprofessional network*	1.020	1.00, 1.04	0.041

Note: Reference group is white.

\*Measured before the first episode.

*Follow-up.* Among the 168 first-time homeless mothers in our study, 19 women became homeless again after being rehoused for 30 days or longer. To better understand what differentiated these “new” multiply

homeless from the remaining 149 women, we used their prospective experiences of receiving Section 8 housing vouchers and intimate partner violence (both suggested by the literature) to see whether either variable predicted the second episode of homelessness. We also controlled for whether or not they had been molested as children and tested for other predictors identified by baseline modeling. Given the limited statistical power of this prospective analysis, we further tested whether significant effects such as baseline measures of social support and mental health remained after adjustment for other important variables and whether women had become homeless as a result of a relationship with an abusive partner. To aid interpretation, the final model includes key hypothesized predictors, even when not statistically significant.

As indicated by the multivariate results in table 7, first-episode mothers who became homeless again were not significantly less likely to receive a Section 8 housing voucher than first-episode mothers who remained housed (adjusted odds ratio = 0.787,  $p = 0.68$ ). First-episode mothers who became homeless again, however, were more than three times as likely to experience partner violence once they became rehoused, when controlling for childhood sexual abuse and receipt of Section 8 assistance. We note that the prospective measure of recent intimate partner violence differs from the one in table 3, which indicates whether or not a woman had experienced partner violence at *any* time before baseline.

*Table 7. Multivariate Model for Becoming Multiply Homeless during Follow-up*

	Adjusted Odds Ratio	95% Confidence Interval	<i>p</i> Value
Childhood sexual abuse	1.114	0.424, 3.149	0.83
Recent partner violence	3.571	1.327, 10.445	0.015
Received housing voucher (after rehousing)	0.787	0.237, 2.415	0.68

Table 7 further shows that childhood molestation did not significantly predict a second episode of homelessness. This was true, even when the potential mediator of intimate partner violence was omitted from the model. Although these results appear to contradict the role of childhood sexual abuse as an independent predictor of multiple homelessness at baseline, it is important to consider differences in spell history for the baseline multiply homeless group (see table 1). The retrospective data show that the rate of childhood sexual abuse among women with one, two, and three or more episodes of homelessness before baseline are 58 percent, 67 percent, and 86 percent, respectively. Thus, mothers with a chronic history of homelessness were more likely to have been molested as children. Direct comparison of childhood molestation rates for first- and second-episode mothers shows less discrepancy between prospective and baseline results: 36.2 percent versus 42.1 percent (prospective)

and 36.5 percent versus 58.0 percent (baseline). However, in contrast to the prospective one, the baseline difference in rates is statistically significant ( $p = 0.03$ ) because of the smaller number of prospectively observed second episodes and the somewhat lower rate of childhood sexual abuse among the 19 mothers who became homeless during follow-up.

Finally, we note that it is not possible to similarly assess the potential effects of small sample size on the predictive role of Section 8 assistance reported in table 7 because prospective data were collected on the receipt of housing vouchers, whereas baseline data were collected on the *use* of housing vouchers. This is consistent with the much higher rates observed during follow-up: 26.3 percent and 25.5 percent of first- and second-episode mothers, respectively, received vouchers after the index episode. These rates are substantially larger than the 3.6 percent reported in table 4 for the use of vouchers by mothers who were in their first episode at baseline.

## Discussion

This article focuses on the needs of families that have been homeless multiple times and compares them with those who have been homeless only once. As is the case with Culhane and Kuhn's (1998) findings about homeless adults, most of the families in the WFRP have been homeless only once; 24 percent have been in shelters more than once. During the episode that got women into the study, the median length of time in shelter for the multiply homeless was 29 weeks, compared with 16 weeks for the first-timers. In contrast to Wong, Culhane, and Kuhn's study (1997), we also investigated the association between repeated shelter visits and psychosocial factors. The WFRP found that multiply homeless women with children at baseline had higher rates of childhood sexual abuse, stranger violence during adulthood, and lifetime occurrences of major depression and substance abuse than their first-time counterparts. Independent of other childhood and adult factors, being molested as a child was also a significant predictor of being multiply homeless at baseline. When the sample was followed prospectively over two years, those who became homeless again were more than three times as likely to experience partner violence when they became rehoused (after controlling for other factors). Given the disproportionate use of services by multiply homeless families, it is essential to understand the impact of violent victimization and other psychosocial variables on the residential stability of extremely poor women.

Various study limitations must be borne in mind when considering the findings. This is a single-city study, which means that the results are most generalizable to other similar cities (midsized cities). There are time differences between when the first-time and multiply homeless women first entered shelter. In addition, structural and systemic factors,

such as state shelter policy and the availability of beds have not been accounted for in this study. Although our study was unable to highlight the importance and relative contribution of structural factors to multiple homelessness, our data identify some individual factors, such as victimization, in the lives of poor women. The variables we identified that contribute to multiple homelessness provide additional information that can help create responsive programs and policies. Obviously, the inequitable distribution of resources in this country, as well as the lack of decent affordable housing and the gap between median rent and income, must be addressed to eradicate homelessness. Furthermore, at baseline, we were unable to determine whether women who had received housing vouchers were able to find appropriate housing and use them. Finally, a 24-month study is too short to capture the full impact of violence and other factors on a woman's residential history. For example, some first-time homeless women might have become homeless again if we had followed them longer.

Consistent with what other studies have found, the multiply homeless were somewhat older, had significantly more children, and were more likely to be living with a partner than their first-time counterparts. However, in contrast to existing data, they tended to be non-Hispanic white rather than Puerto Rican (or another minority). They were also slightly less likely to be high school graduates, but their mean income at baseline was somewhat higher. Before becoming homeless, they had significantly fewer household resources and more conflicted nonprofessional supports, controlling for other childhood and adult factors. Surprisingly, before the first episode, the multiply homeless were more likely to have a housing subsidy, although the absolute numbers were small and this factor was not a predictor of being multiply homeless at baseline. Prospectively, counter to Shinn et al.'s findings (1998), the women who became homeless again were not more likely than those who remained housed to receive a housing subsidy (see table 7).

Data from the WFRP suggest that some of these inconsistencies may be partly explained by the violence in these women's lives. Bassuk et al. (1996) investigated the relationship between homelessness and interpersonal violence in the WFRP and found staggeringly high rates of abuse: 63 percent of homeless mothers and 58 percent of low-income housed mothers had experienced adult intimate partner violence (Bassuk et al. 1996). Given the high rates of violence in both groups of this case-control sample, interpersonal violence and childhood molestation did not show up as a multivariate predictor of family homelessness.

Much less is known, however, about the relationship between violence and repeated episodes of family homelessness. Focusing on this issue, the data in table 4, which are based on univariate analyses, suggest that the subtext of multiple homelessness is related to the short- and long-term effects of childhood histories of sexual assault, threat, and running

away. The multiply homeless were twice as likely to have been sexually abused as children and more likely to have experienced random anger from both parents and to have histories of running away. Previous studies have documented that childhood sexual abuse, random unexplained parental anger, and running away are predictors of posttraumatic stress disorder during adulthood (Bassuk et al. 2001; Litz and Roemer 1996; Polusny and Follette 1995; Rowan et al. 1994). Childhood sexual abuse is also associated with adult substance abuse (Fleming et al. 1998; Miller, Downs, and Testa 1993; Polusny and Follette 1995). Although there is some confounding with past homelessness, multiply homeless women have more complex mental health pictures as indicated by the high rate of three or more lifetime Structured Clinical Interview for *DSM-IV* (*Diagnostic and Statistical Manual of Mental Disorders*, 3rd edition) diagnoses (37 percent versus 16 percent at baseline,  $p = 0.001$ ) (see table 3).

The multivariate model of the predictors of multiple episodes of homelessness at baseline further explains the univariate findings. Consistent with our previous findings, childhood sexual abuse was the only childhood factor remaining in the model and a strong predictor of repeated homelessness. Childhood sexual abuse commonly leads to long-term adverse emotional and medical outcomes. Many women who have been victimized have difficulty trusting and sustaining supportive relationships that help buffer stress. Furthermore, they are more likely to develop posttrauma responses characterized by dissociation, sleep disturbances, anxiety and depression, and high levels of emotional distress (Bassuk, Melnick, and Browne 1998; Herman 1992). It is not uncommon for these women to self-medicate with substances, such as cocaine, that numb painful feelings and dull intrusive memories. Such long-term adverse effects of childhood sexual abuse are exacerbated by the clustering of problems arising from family turmoil and disruption during childhood.

The baseline multivariate analyses leading to table 5 exemplify findings from the literature. Childhood correlates of repeated episodes of homelessness that were confounded with childhood molestation (and hence not independent predictors) are indicative of the clustering of childhood problems of the multiply homeless women and hence their greater vulnerability. In addition, their substance abuse histories before becoming homeless, compared with their first-time counterparts, were similarly confounded with childhood molestation, underscoring the vulnerability of these women. By contrast, adverse childhood experiences such as sexual abuse were not found to be confounded with social support resources (instrumental, emotional, negative) before becoming homeless, suggesting that these factors operate somewhat independently relative to the risk of repeat episodes of homelessness. In particular, after controlling for childhood molestation, negative or conflicted support before homelessness was an independent significant predictor of being multiply

homeless at baseline. More generally, social support resources before the first episode neither mediated nor moderated the relationship between childhood sexual abuse and multiple episodes of homelessness.

Not surprisingly, factors related to family resources were protective. Mothers with more household resources (money, food, access to shelter), less conflict among family and friends, and fewer children were less likely to reenter shelter. For example, in some states shelters do not accommodate families with more than three children. It is important to note that these protective factors did not buffer the effects of childhood molestation on the risk of experiencing multiple episodes of homelessness.

The prospective multivariate model offers additional insight into the impact of violent victimization on repeat homelessness. First-episode women who experienced partner violence after being rehoused were at significantly greater risk of experiencing a second homeless episode, even after controlling for the effects of childhood sexual abuse. Moreover, the descriptive data indicate a relationship between childhood sexual abuse and retrospective spell history in women who were multiply homeless at baseline. More study is needed to understand the extent to which childhood molestation is a marker of chronic homelessness, in contrast to recent partner violence, which may be a marker of episodic homelessness.

Despite the limitations of our current study, our data suggest that certain factors, such as violent victimization, may contribute to residential stability. These factors do not explain the cause of homelessness but only suggest who is vulnerable in this housing market. For example, Shinn et al. (1998) found that domestic violence was the only individual characteristic that decreased the odds of using a housing subsidy but interpreted this as a function of housing-related factors. Although we agree that partner violence affects a woman's likelihood of obtaining or using a housing voucher, the data suggest that the contribution of violent victimization may go beyond housing. Using two points in time (12-month and 24-month follow-ups), Browne, Salomon, and Bassuk (1999) documented from the WFRP that after controlling for other factors, women who experienced intimate partner violence during a 12-month period were 30 percent less likely to work over the course of the next year.

## Conclusion

In sum, the findings from this study suggest that interpersonal violence, especially during childhood, may be highly associated with a woman's ability to remain housed in the community after an episode of homelessness. We have previously reported that neither childhood molestation nor partner violence experienced as an adult predicted whether

women in our study were homeless or housed at baseline (Bassuk et al. 1997). By contrast, our findings here suggest that childhood sexual abuse may be a marker for chronic homelessness. Our prospective results further show that there are independent effects of partner violence and childhood molestation on the likelihood of a repeat, second episode. It is also possible that intimate partner violence during adulthood may be a mediating variable in the pathway into homelessness. Because of the design of the WFRP, it was not possible to differentiate the onset of homelessness and recent partner violence. Further research is necessary to refine these distinctions.

These findings have critical policy implications, but it must be kept in mind that homelessness is primarily a structural problem that will be remedied only when the supply of affordable housing is large enough to meet the demand. Reducing homelessness will require adopting a national strategy for developing enough units of low-income housing and supportive programs to ensure that women can become economically self-supporting. Short of implementing a national housing policy for poor people, studies have suggested that housing vouchers may help extremely poor and homeless families find apartments they can afford (Shinn et al. 1998). However, results from our study suggest that housing vouchers alone may not be enough to prevent repeat episodes of homelessness. The pernicious effects of violent victimization are also associated with severe residential instability. Therefore, to help keep families from returning to shelter, providers and policy makers must be aware of the pervasiveness of childhood sexual abuse and recent partner violence and its relationship to repeated shelter use.

In the short term, providers must identify and respond to the needs of persons at immediate risk of harm as well as those suffering from the emotional and medical effects of childhood abuse. Policy makers must account for a woman's experience of violence when implementing various welfare-related time limits and shelter rules (e.g., waivers implemented humanely for those in abusive relationships). In the long term, the relationship between poverty and violence must be addressed by developing community-wide preventive strategies that begin with public education. Unless violence is included in the equation, the lives of homeless women and their children will continue to be compromised.

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