THE PURSUIT OF HOUSING: CHRONICALLY HOMELESS MEN AND THEIR EXPERIENCES SEEKING AFFORDABLE HOUSING

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THE PURSUIT OF HOUSING: CHRONICALLY HOMELESS MEN AND THEIR EXPERIENCES SEEKING AFFORDABLE HOUSING

A Dissertation

submitted by

SERENA CARDOSO

In partial fulfillment of the requirements

for the degree of

Doctor of Philosophy

LESLEY UNIVERSITY

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This dissertation, titled:

The Pursuit of Housing: Chronically Homeless Men and Their Experiences Seeking Affordable Housing

is submitted for final approval by Serena Cardoso under the direction of the chair of the dissertation committee listed below. It was submitted to the Counseling and Psychology Division and approved in partial fulfillment of the requirements for the degree of Doctor of Philosophy Degree at Lesley University.

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DEDICATION

This dissertation is dedicated to my uncles—Manuel “Tito,” Amilcar “Uncle”, Adriano “Dede,” and Aristides “Dad”—and to my mother, who taught me to let the world know who I am: Tina’s kid.
ABSTRACT

Homelessness, or the lack of consistent and safe shelter, is a byproduct of nearly every social justice issue in the United States, including racism, sexism, income disparities, and inadequate education and healthcare. Chronic homelessness is a term used to describe an individual who has spent at least one year or repeated events totaling one year in homelessness, coupled with a disabling condition such as mental illness, physical disability, or substance use. Chronically homeless men deserve study because they make up the largest subgroup of the homeless population, are disproportionately men of color, and experience significant levels of traumatic stress. While this subpopulation of homeless individuals makes up 20% of the general homeless population and utilizes most of the homeless services resources, little is known about their experiences from their perspective. This study sought to understand the lived experiences of chronically homeless men pursuing affordable housing, particularly what enables them to persist. The findings were derived from nine semi-structured interviews with photo-elicitation with chronically homeless men who were actively pursuing housing or had recently obtained it. All participants named challenges to obtaining housing that resulted in re-traumatizing experiences for them. They also shared strategies they utilize to cope with and overcome these challenges, including emotional, relational, and task-oriented strategies. Black participants discussed their experiences of racism during their housing search. The findings support the need for culturally responsive and trauma-informed care within homeless services. Utilizing this approach, organizations, case managers, and counselors can support clients’ resiliency and minimize re-traumatization.
# TABLE OF CONTENTS

**Chapter 1: Introduction** .......................................................................................................................... 1

Statement of Research Problem .................................................................................................................. 3
Additional Key Terms .................................................................................................................................. 4
Research Purpose, Question, and Goals ....................................................................................................... 6
Theoretical Framework and Research Design .............................................................................................. 7
Integration of Social Justice Perspectives ..................................................................................................... 7
Overview of the Study .................................................................................................................................... 8

**Chapter 2: Literature Review** .................................................................................................................. 9

Theoretical Frameworks ............................................................................................................................... 12
  Trauma Theory ........................................................................................................................................... 12
  Risk and Resilience Theory ..................................................................................................................... 13
  Critical Race Theory ................................................................................................................................ 15

Homelessness ............................................................................................................................................... 17
  History of Homelessness in America ...................................................................................................... 18
  Characteristics ........................................................................................................................................ 21
  Chronic Homelessness .......................................................................................................................... 24

Homelessness and Psychological Processes ............................................................................................... 25
  Trauma ..................................................................................................................................................... 26
  Mental Illness and Substance Use .......................................................................................................... 29
  Neuropsychological Functioning .......................................................................................................... 30

Affordable Housing ................................................................................................................................... 32
  The Application Process ......................................................................................................................... 33
  Current Research Trends on Homelessness and Housing ....................................................................... 35
  Perspectives from the Homeless: Coping and Problem-solving Strategies ............................................ 37

Summary of Literature ................................................................................................................................. 42

**Chapter 3: Methods** ................................................................................................................................ 45

Epistemological Stance ............................................................................................................................... 45
Phenomenological Design ............................................................................................................................ 46
Research Purpose ........................................................................................................................................ 47
Researcher Reflexivity ................................................................................................................................. 48
Pilot Study .................................................................................................................................................... 51
Support and Resilience ................................................................. 113

**Implications** ........................................................................... 115
  Clinical Implications .............................................................. 117
  Policy and Organizational Implications .................................. 120
  Implications for Future Research ............................................ 124

**Study Limitations** .................................................................. 125

**Final Reflection** ................................................................. 126

**Conclusions** ......................................................................... 127

**References** ............................................................................ 129

**Appendix A** ........................................................................... 146
**Appendix B** ........................................................................... 147
**Appendix C** ........................................................................... 148
**Appendix D** ........................................................................... 149
**Appendix E** ........................................................................... 151
**Appendix F** ........................................................................... 153
LIST OF FIGURES

FIGURE 1.1 Major Phases of the Affordable Housing Tenant Selection Process…….. 34
LIST OF TABLES

TABLE 3.1 Demographic Information of Study Participants.......................... 54

TABLE 4.1 Primary Themes and Subthemes.................................................. 64
Chapter 1: Introduction

Homelessness is one of our nation’s most complex and urgent social problems. Homelessness is a traumatic experience, one that exposes individuals to risky situations and imposes enormous stress on individuals as they attempt daily to secure shelter, food and safety. Due to the unpredictable nature of homelessness, adequate medical and mental health care is often difficult to maintain. Sobriety is also difficult to maintain due to the exposure to drugs and alcohol in their environment. Chronically homeless individuals are a subset of the larger homeless population who experience lengthy periods of homelessness and have a mental health, substance use, or physical disability (United States Interagency Council on Homelessness, 2018). I have spent most of my career working in homeless services. It has been my experience that chronically homeless individuals encounter often insurmountable barriers to exiting homelessness and entering housing. Not only must they negotiate the uncertain and often dangerous environment of daily homeless life, but they must also take time to engage in housing-related activities if they want a place to call home.

I have worked with individuals who have experienced 20 years of homelessness and who have had to navigate the harsh Boston winters, trauma, substance use, unemployment, insufficient healthcare, and more, all while applying for affordable housing. Yet many have managed to persist and successfully obtain affordable housing, despite its limited availability. I have observed that even while their mental and physical condition deteriorated, they were able to wake up at the mandatory 5:00 a.m. checkout time, gather all of their life’s belongings into a single duffle bag, make their way to the various agencies to obtain the government documents required to complete housing
applications, attend medical appointments, navigate soup kitchens throughout the city, obtain treatment for substance use or mental illness use, meet with various service providers, and return to the shelter by 4:00 p.m. to secure a bed for the night.

While my advocacy has helped many individuals find housing, it has been their tenacity and courage that has really made the difference. I have been both inspired and curious about what keeps them engaged in this process. I have also found that homeless service providers, housing authorities, and city officials do not always appreciate the challenges individuals face as they are pursuing housing. My hope is that this study illuminates the barriers to housing for housing providers and counselors and inspires them to find ways to remove some of the barriers and support clients’ resilience. I hope that this study can help counselors understand the challenges and provide a trauma-informed care perspective that will help their clients build the necessary skills to navigate this process.

In my roles in direct care and program management in homeless services, I have witnessed homeless individuals demonstrating extraordinary resilience when it comes to obtaining housing. In late 2018, the city of Boston reported that since 2016, 601 of its chronically homeless residents had secured housing (Jolicoeur, 2018). However, the same report indicates that during the same time period, 1049 individuals became chronically homeless. Examining this process from the perspective of those who have experienced chronic homelessness provides critical insights into what enables them to persist and demonstrate resilience; these insights may subsequently be used to tailor clinical services to meet their needs. This study may contribute to better housing services and assist in the
development of more effective trauma-informed counseling and support services as well as illuminate potential avenues for future research.

**Statement of Research Problem**

In 2018, the Department of Housing and Urban Development (HUD) estimated that roughly 553,000 people were experiencing homelessness in the United States. Approximately 24% of these individuals were identified as chronically homeless (HUD, 2018). HUD defines chronic homelessness as:

1. An individual who: is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least four separate occasions in the last 3 years, where the cumulative total of the four occasions is at least one year. Stays in institutions of 90 days or less will not constitute as a break in homelessness, but rather such stays are included in the cumulative total; and can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability, posttraumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

2. An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility for fewer than 90 days and met all of the criteria in paragraph (1), before entering that facility; or
3. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1), including a family whose composition has fluctuated while the head of household has been homeless. (HUD, 2015)

The World Health Organization (Wisner & Adams, 2002) defines vulnerability as “the degree to which a population, individual or organization is unable to anticipate, cope with, resist and recover from the impacts of disasters” (p. 5). When compared with the general homeless population, chronically homeless individuals are a particularly vulnerable group who experience higher rates of substance use, mental illness, emergency room visits, and hospitalizations (Meschede, 2010; National Academies of Sciences, Engineering, and Medicine, 2018; United States Interagency Council on Homelessness, 2018).

While many cities have prioritized housing resources for chronically homeless people, obtaining these is not easy. From my experience, individuals pursuing housing often report that they are not given clear explanations of the types of housing available and the respective application processes that require the individual to submit numerous documents, participate in lengthy interviews and mitigation procedures, and endure long waitlists. However, despite these challenges and those associated with homelessness, a number of chronically homeless individuals manage to obtain and sustain housing.

**Additional Key Terms**

Below are definitions of additional key terms that will be used throughout this research:
Affordable housing is defined by the Department of Housing and Urban Development as “housing on which the occupant is paying no more than 30 percent of gross income for housing costs, including utilities” (HUD, 2011a). Families and individuals who are granted affordable housing typically pay a portion of their income toward their rent, while the rest is subsidized by the federal or local government.

Housing First is an approach to ending homelessness that provides immediate access to affordable housing without requiring participants to complete treatment for their addiction or mental illness (Ellen & O'Flaherty, 2010). It is grounded in the notion that having shelter is a universal human right, not a privilege, and operates under the principles of a harm reduction approach to provide support services. Ample research demonstrates the effectiveness of utilizing Housing First in improving outcomes for individuals experiencing chronic homelessness (Kertesz & Weiner, 2009; Quinn et al., 2018; Stergiopoulos et al., 2015; Tsemberis et al., 2012). When compared with housing programs that require participants at a minimum to be sober, participants in Housing First programs experience better health outcomes, recovery, and higher housing stability (Tsemberis et al., 2012). The Department of Housing and Urban Development utilizes this model when determining which communities receive funding for affordable housing initiatives.

Permanent supportive housing (PSH) is defined as:

Decent, safe, and affordable community-based housing that provides residents the rights of tenancy under state and local landlord laws. [Where] tenants have access to the support services that they need and want to use and they can remain in their homes as long as they meet the basic obligations of tenancy, such as paying
reduced or subsidized rent. (National Academies of Sciences, Engineering, and Medicine, 2018, p. 14)

Permanent supportive housing is an intervention that addresses homelessness by providing both affordable housing and support services to individuals and families.

**Research Purpose, Question, and Goals**

The purpose of this phenomenological study was to understand the lived experiences of chronically homeless men who have obtained or were in the process of obtaining affordable housing. This study’s research question was: what are the experiences of chronically homeless men pursuing affordable housing? Chronically homeless men deserve study because they make up the largest subgroup of the homeless population, are disproportionately men of color, have substantial exposure to risk and trauma, and experience lengthy periods of homelessness. Moreover, while they are the largest consumers of homeless services, little is known about their experience.

This study sought to understand the internal and external factors that enable homeless individuals to prevail and exit homelessness. While there are many studies on housing and homelessness, they focus extensively on the impact of housing on formerly homeless individuals and very little on the challenges associated with obtaining housing. This study aims to contribute to the existing literature on this subject through a qualitative inquiry into the experiences of chronically homeless individuals. The hope is that this information will assist homeless service clinicians, stakeholders, and funders in understanding the barriers to housing that are in place from the perspective of the individuals experiencing them, inform culturally responsive and trauma-informed
housing programs and policies that address these barriers, and encourage resilience in chronically homeless individuals pursuing housing.

**Theoretical Framework and Research Design**

The theoretical framework for this study is synthesis of trauma theory, risk and resilience theory, and critical race theory. Trauma theory offers a theoretical lens for understanding the toll of stressful events on human functioning (Bloom, 2013; Goodman et al., 1991). Risk and resilience theory provides a framework for understanding why some individuals thrive in spite of their exposure to risks (Ungar, 2010, 2013). Critical race theory asks that researchers address issues of power, privilege, and oppression in the context of the phenomenon being examined (Daftary, 2018).

This study employed a critical and phenomenological lens, using 45–60-minute semi-structured interviews and photo-elicitation with chronically homeless men who have pursued or obtained housing. I am deeply interested in my participants’ stories of resilience both in their experiences of homelessness and pursuing housing. I view my research as an opportunity to provide a platform from which these stories can be told. Interviews were transcribed, and then analyzed using Amedeo Giorgi’s four-step method of analyzing phenomenological research (Wertz, 2005). In order to protect their identities, each participant was assigned a pseudonym, which ensured that their participation would not impact their services.

**Integration of Social Justice Perspectives**

Homelessness, or the lack of consistent and safe shelter, is a byproduct of nearly every social justice issue in this country, including racism, sexism, income disparities, and inadequate education and healthcare. Blacks in the United States have historically
experienced discrimination in all parts of life, including housing. Race is an additional barrier to obtaining housing for people of color (Rothstein, 2017). Therefore, I am particularly interested in understanding how the participants of color made sense of their homelessness to housing experiences in the context of their race and gender.

**Overview of the Study**

This study’s literature review provides the theoretical framework for this study, describing the historical, social, and psychological context of what it means to be homeless in the United States. It also discusses the challenges associated with applying for affordable housing and the gaps in the literature. The methods chapter provides a detailed explanation of the procedures this study undertook to address the research question. The findings support the need for culturally responsive and trauma-informed care within homeless services. Utilizing this approach, organizations, case managers, and counselors can support clients’ resiliency and minimize re-traumatization. I then provide implications for research and practice, limitations, and researcher reflections.
Chapter 2: Literature Review

Homelessness is an epidemic that touches adults and children of all genders, races, and backgrounds. It is one of the most critical societal problems in the United States (Ellen & O’Flaherty, 2010; Friedman & Levine-Holdowsky, 1997; Parker et al., 2016). Individuals experiencing chronic homelessness are a subgroup of the broader homeless population, often facing physical and psychiatric disabilities and more extended periods of homelessness. They are also at an increased risk for victimization, incarceration, physical and mental health issues, and reduced life expectancy (Meschede, 2010; National Academies of Sciences, Engineering, and Medicine, 2018; United States Interagency Council on Homelessness, 2018). These issues are exacerbated for Black men, who are disproportionately represented in the homeless population (Department of Housing and Urban Development, 2018). As this literature review illustrates, chronically homeless individuals’ experiences are noticeably missing from the research on homelessness and housing. It is important to understand their experiences in the pursuit of affordable housing and its relation to homelessness, as these insights will undoubtedly help inform the types of services clinicians provide to individuals experiencing chronic homelessness. This literature review describes the psychological challenges that chronically homeless individuals face as well as the challenges associated with pursuing and obtaining affordable housing.

Homelessness is a complex and traumatic experience (Deck & Platt, 2015; Goodman et al., 1991). In addition to the lack of affordable housing, individuals experiencing homelessness also face adversities at higher rates than their domiciled counterparts, such as stigma, substance use disorders, mental illness, infectious disease,
exposure to trauma (e.g., community violence and assault), stress related to completing daily tasks such as procuring food, shelter, social and medical services, and social isolation (Deck & Platt, 2014; Maness & Khan, 2014; Mayberry, 2016; Parker et al., 2014).

Affordable housing is a woefully limited resource, one that communities typically prioritize for those experiencing chronic homelessness (Montgomery et al., 2013). A lack of stable and affordable housing has tremendous consequences for individuals, particularly those who have already been deemed vulnerable and at-risk due to severe mental illness, substance use, incarceration, and trauma. With complex application processes (New York City Department of Housing Preservation and Development, 2018) and limited availability of affordable housing, homeless individuals must become increasingly persistent and strategic in their attempts to obtain it. I have observed in my professional experience hundreds of chronically homeless individuals persevere in their pursuit of affordable housing despite the many obstacles. In August 2018, the United States Interagency Council on Homelessness identified several gaps in homelessness research, one of which was the need to further understand the factors that contribute to chronic homelessness, and the interventions that might help people return to housing more quickly after they experience an episode of homelessness. My study aims to identify and examine the intrinsic and extrinsic factors that enable individuals experiencing chronic homelessness to persist.

There are two main goals of this literature review, the first of which is to present homelessness as a critical social justice issue that deserves more attention. The second is to present evidence that shows that while affordable housing has been widely accepted as
a means for resolving homelessness, it is often challenging to procure. There are very few studies that explore homeless individuals’ psychological resources and coping strategies while seeking access to housing. This gap is present in all research but particularly noticeable in qualitative research. Therefore, my study is intended to fill this gap. It provides an overview of critical factors that make obtaining housing particularly difficult for those experiencing chronic homelessness, as well as explores their psychological resources and coping strategies, while providing a rationale for my study’s contribution to fully understanding this phenomenon.

In addition to the physical and economic challenges that individuals experiencing homelessness endure, a review of the literature reveals three main themes. The first of these themes is the examination of the negative psychological experiences of the chronically homeless. Three subcategories of psychological processes of homeless individuals discussed are 1) trauma, 2) mental illness and substance use, and 3) neurocognitive impairments. The second theme apparent in the literature consists of challenges associated with obtaining affordable housing. Finally, the third theme highlights the limited amount of research that describes the experience of exiting the state of homelessness, and the coping strategies that various subgroups in the homeless population employ in order to obtain affordable housing.

I first present the theoretical frameworks that guide this research, in addition to describing the general phenomenon of homelessness and subsequently the specific experience of chronic homelessness. I also examine the available literature on the negative psychological processes that challenge homeless people (mental illness, substance use, and neurocognitive impairments). The literature presented in this paper
derived from various search engines including PsycINFO, Google Scholar, and websites dedicated to highlighting the issues of homelessness.

**Theoretical Frameworks**

This section serves to provide a summary of the theoretical frameworks that make up the foundation of this study, namely trauma, risk and resilience theory, and critical race theory.

**Trauma Theory**

Trauma theory provides a framework for understanding the impact of life threatening or overwhelming events on human functioning (Bloom, 2013; Levine, 2008). Levine (2008) suggests “that we become traumatized when our ability to respond to a perceived threat is in some way overwhelmed” (p. 9). Traumatic events such as war, violence, illness, childhood abuse, rape, racism, and homelessness can disrupt the body’s stress response and create significant psychological pain. This pain may produce symptoms such as hyperarousal, dissociation, panic attacks, addictive behaviors, learned helplessness, shame, difficulty sleeping, flashbacks, and mood swings (Levine, 2008).

A large percentage of homeless individuals have significant trauma histories and are at risk of being re-traumatized due to the unsafe and uncertain nature of homelessness. Bloom (2013) claimed that her patients with substance use disorder, medical problems, adjustment disorders, and depression often revealed stories of severe and repeated incidents of trauma and argued that exposure to childhood trauma has irreparable, lifelong effects on human functioning. Chronic exposure to trauma and stressful life events may impact one's cognitive functioning by interfering with their ability to respond to challenging situations and categorize new information effectively.
When this occurs, it can become confusing to learn, think clearly, problem-solve, and recall information, skills that are invaluable when navigating complex tasks such as housing.

**Risk and Resilience Theory**

This study is an investigation into the positive psychological processes and environmental factors that enable chronically homeless individuals to successfully navigate their respective pathways to housing. Chronically homeless individuals present with myriad risks, including mental illness, physical disability, substance use, and lengthier periods of homelessness than the average homeless individual. However, there are very few studies that explore the ways in which, despite these adversities, chronically homeless people can have their needs met. Guiding the understanding of what enables homeless individuals' positive adaptation to adverse physical and psychosocial events requires an understanding of risk and resilience theory (Rutter, 2012). Positive adaptation happens as a result of engaging in behaviors that allow the individual to acquire the necessary resources to support this positive response. However, this can only occur with cooperation and support from their environment (Ungar, 2010, 2013). In other words, resilience cannot be assessed simply at the individual level but must also be examined in the context of one’s environment (Ungar, 2013). For example, according to Ungar’s (2013) theory of resilience, “political processes, funding, family structures, cultural norms, and even the serendipity of life circumstances make it more or less likely an individual who is disadvantaged by traumatic experiences will experience resilience” (p. 256).
In my professional experience, contrary to the stereotypes portraying homelessness as the result of laziness, individuals experiencing homelessness spend an extraordinary amount of time and energy seeking resources to meet their basic needs such as meals, employment or financial support, and medical care. Oftentimes they then find the added tenacity and the resources necessary to navigate the complex and competitive pathway to housing. There is very little research to explain or examine how homeless individuals manage this feat against the odds.

In a published literature review, Jones (2006) evaluated the role of resilience in the lives of homeless adults, particularly African Americans. Jones was interested in exploring the existing research on this topic and discovering important gaps in the literature, identifying seven articles that addressed this issue. Echoing what others have written about the construct, resilience is difficult to define and even more difficult to measure. According to Jones, resilience is complicated in that there are many factors involved, which may include "a genetic predisposition, a mastery of social skills or lack of them, high or low self-esteem, or a reaction to environmental events" (p. 40). While the author intended to review the literature on homeless African Americans and resilience, four out of the seven articles she critiqued are specific to homeless veterans.

As Jones (2006) stated in her literature review, to understand resilience in those experiencing chronic homelessness, "it is important to understand what steps they have taken and what resources they have used. It is also important to understand how they have coped, what are their strengths, and under what circumstances do they utilize those strengths" (p. 40). This study intends to fill this gap by describing the strength, values, and skills of those who manage to survive in a world with scarce resources.
Critical Race Theory

In the United States, race and racism affect every aspect of life, rendering it impossible to engage in a discourse about homelessness without examining the racial inequities that exist for people of color in the United States. Critical race theory (CRT) provides a framework for investigating the issue of homelessness by placing it in a “social, political, and historical context while considering issues of power, privilege, racism, and other forms of oppression” (Daftary, 2018, p. 1). Poverty and housing discrimination are among the key factors that push people out of housing and into homelessness. These are issues that disproportionately impact people of color and provide a rationale for their overrepresentation in the homeless population (Carter, 2011).

There are several basic tenets of critical race theory that are central to this study. The first is the belief that racism is the foundation on which society conducts business and “an expected experience for all people of color . . . that permeates all political, legal, and social structures and practices” (Daftary, 2018, p. 4). Racism is embedded in our society and when it goes unacknowledged it is difficult to address. For example, there is a long history of discriminatory housing regulations and policies that prevented Blacks from owning or renting property in certain neighborhoods, forcing them into overcrowded and underfunded communities. Therefore, because property ownership is a primary mechanism of generating wealth in the United States, Blacks have been excluded from this opportunity. While these policies have gradually been revised in an attempt to correct these issues, the impact on the Black community remains and shows up in the lack of generational wealth passed down to Black families and the disproportionate number of Blacks represented in the homelessness population.
This leads to a second theme in CRT that is relevant to this study, the notion of “interest conversion”—the theory that civil rights gains are not due to the altruism of White people but occur when the interests of Whites converge with those of Blacks (Delgado & Stefancic, 2012). For example, addressing homelessness is in the best interest of Whites because studies have shown that it costs states more money to allow people to remain homeless than it would to house them. In other words, there is a financial incentive for addressing homelessness that benefits those in power.

Another core concept of critical race theory that is central to this study is intersectionality. Intersectionality is a term that was coined by lawyer and social justice advocate, Kimberlé Crenshaw (1991), that describes the interplay between various social categories to which individuals often belong such as race, class, and gender (Daftary, 2018; Delgado & Stefancic, 2012). These identities converge to create unique experiences of marginalization, power, privilege, and oppression that one must understand when addressing a particular social issue. For example, to address homelessness among men, providers and policymakers must be committed to understanding the stereotypes and discrimination that are associated with being Black and being a man. Making changes to address the over representation of Black men experiencing homelessness means being committed to understanding the past and present racism and discrimination that they have experienced because of their identity.

Lastly, another core theme of CRT that is privileged in this study is the idea of counter-storytelling (Delgado & Stefancic, 2012). Society has historically constructed its meaning around the stories that are told from the perspectives of those in power. As Daftary (2018) stated, CRT seeks to “include and empower voices and perspectives that
have traditionally been excluded” (p. 7). Due to the invisible nature of oppression, the voices of marginalized individuals such as those experiencing homelessness are rarely centered in what is known about an issue. This glaring omission renders our current understanding of that issue insufficient. The purpose of hearing directly from individuals who have been marginalized is to “begin a process of correction in our system of beliefs and categories by calling attention to neglected evidence and reminding readers of our common humanity” (Delgado & Stefancic, 2012, p. 50).

In addition, CRT is not only concerned with providing access to resources and opportunities for people of color, but also with dismantling the systems that maintain these inequities by exposing these systems and creating solutions that facilitate power sharing. As Daftary (2018) elaborated, “CRT is not just a body of scholarship, but also a transformational movement focused on the relationships among power, race, racism, and society” (p. 3). One of the goals of this research is to inspire clinicians and housing advocates working with homeless individuals to examine the issue of homelessness through a CRT lens so that they may recognize and address barriers preventing their clients from obtaining housing.

This section reviewed the theoretical foundations of the research study in this dissertation. In the following section, I describe the experience of homelessness by providing the historical context, a description of demographics, and an interpretation of the experience of chronic homelessness.

**Homelessness**

Homelessness has been a long-standing issue in the United States. In this section, I define homelessness and provide a brief history of homelessness in the United States,
beginning after the Great Depression, as this period offers the context for homelessness as we understand it today (National Academies of Sciences, Engineering, Medicine, 2018; Wasserman & Clair, 2010).

**History of Homelessness in America**

Homelessness first became a national issue in the 1870s. It was during this period that the term “homelessness” was first used to describe White male transients or “tramps” traversing the country in search of jobs (National Academies of Sciences, Engineering, Medicine, 2018). The Industrial Revolution created opportunities for people to migrate from rural settings where they worked on farms and in skilled trades to large cities for employment, which in turn caused an increase in the number of “vagabonds” wandering from place to place without work or home. During this time, police stations served as the major shelter system in the United States. In the late 19th century, urban slums began to spring up across the country, which were “plagued with overcrowding, poor hygiene and rudimentary sanitation, [and] became a frequent source of outbreaks of major infectious diseases” (National Academies of Sciences, Engineering, Medicine, 2018, p. 179).

As a consequence of the Great Depression that began with the stock market crash in 1929, there was an increase in people experiencing homelessness (National Academies of Science, Engineering, and Medicine, 2018). Unemployed individuals who previously had not experienced homelessness were now homeless due to the economic downturn. By 1932, shelters across the United States began to experience overcrowding, and by the following year, homelessness in America reached crisis proportions, causing the creation of several federal policies and legislation aimed at increasing the number of affordable housing units. In an effort to promote home ownership, the U.S. Congress created the
Federal Housing Administration (FHA) mortgage insurance program in 1934. However, this program was exclusively made available to Whites and presented significant barriers for achieving Black homeownership, thus reinforcing the segregation in American neighborhoods that continues to prevail today (National Academies of Science, Engineering, and Medicine, 2018; Rothstein, 2017). The year 1934 also saw the formation of Franklin D. Roosevelt’s New Deal, which created the first public housing establishments. However, the administration segregated buildings by race or excluded African Americans from the developments entirely (Rothstein, 2017).

Following years of economic distress and the conclusion of World War II in 1945, there were significant housing shortages (National Academies of Science, Engineering, and Medicine, 2018). Over the next three decades, the typical individuals experiencing homelessness continued to be White males, but were increasingly over 50 years old, disabled, and dependent on government entitlements such as social security. They resided in cheap hotels or single room occupancy (SROs) establishments that were located in the poorest neighborhoods and skid row areas of urban America. It is not until recently that individuals living in SROs were considered housed and not homeless.

In the 1960s, deinstitutionalization shifted mental health services from hospital settings to community-based service systems. As Montgomery et al. (2013) stated, “The implementation of deinstitutionalization occurred with little consideration for where the patients would go once they were released, who would provide the services they needed, and who would pay for those services” (p. 60). They highlight communities’ lack of preparedness to help this population, which resulted in an increase in individuals with mental disabilities experiencing homelessness. Funding for housing and community-
based services proved to be insufficient, sending previously institutionalized people with mental illness into the streets and emergency shelters (National Academies of Science, Engineering, and Medicine, 2018).

In 1968, Congress introduced the Fair Housing Act, following the assassination of Dr. Martin Luther King (National Academies of Science, Engineering, and Medicine, 2018; Rothstein, 2017). This decision was a major victory for the Civil Rights Movement, as the act prohibited discrimination in housing sales, rentals, and financing based on one’s race, religion, national origin, sex, and later, handicap and family status (National Academies of Science, Engineering, and Medicine, 2018; Rothstein, 2017). For the first time, the “government endorsed the rights of African Americans to reside wherever they chose and could afford” (Rothstein, 2017, p. 179). However, American neighborhoods continued to be segregated.

By the late 1980s, the federal government began pouring funding into homeless shelters, health, and housing services (Kertesz & Weiner, 2009). Despite these efforts, there would not be a decline in the rate of homelessness until nearly two decades later. Since the 1980s, rents have steadily increased while wages remained stagnant (National Academies of Science, Engineering, and Medicine, 2018). In 1990, the Office of HIV/AIDS Housing was developed to address the “inadequate housing resources for low-income people living with AIDS, who also faced difficulty obtaining supportive services and experienced discrimination” (p. 178). The forces that have impacted the current state of homelessness include: “gentrification of the inner city, deinstitutionalization of the mentally ill, high rates of unemployment, the emergence of HIV/AIDS, an inadequate supply of affordable housing options, and deep budget cuts to the Department of Housing...
and Urban Development” (National Academies of Science, Engineering, and Medicine, 2018, p. 176). This remains the face of homelessness today.

With veterans returning from the Middle East from 2000–2010, coupled with Vietnam veterans, who are at the greatest risk for experiencing homelessness, there was an increase in veteran homelessness in the United States. In 2009, much-needed attention was given to ending veteran homelessness, as President Barack Obama called for increased funding in order to end this national tragedy. To further this goal, in 2010, the Obama Administration announced their plan to end homelessness in the United States (Quinn et al., 2018). As outlined in the National Academies of Science, Engineering, and Medicine (2018), the four key goals were to 1) prevent and end homelessness among veterans in five years, 2) end chronic homelessness in the next seven years, 3) stop and end homelessness amongst youth, families, and children in 10 years, and 4) set a path to ending all types of homelessness.

**Characteristics**

This section describes the common characteristics generally found among those experiencing homelessness. The Department of Housing and Urban Development (HUD) defines homelessness as:

An individual or family who lacks a fixed, regular, and adequate nighttime residence which includes a primary nighttime residence of A) Place not designed for or ordinarily used as a regular sleeping accommodation (including car, park, abandoned building, bus/train station, airport, or camping ground); B) Publicly or privately operated shelter or transitional housing, including a hotel or motel paid for by government or charitable organizations; or C) In addition, a person is
considered homeless if he or she is being discharged from an institution where he or she has been a resident for 90 days or less and the person resided in a shelter (but not transitional housing) or place not meant for human habitation immediately prior to entering that institution. (HUD, 2011)

According to HUD (2019) there were 567,715 individuals experiencing homelessness in the United States on a given night in January 2019. Most people who experienced homelessness that year were single adults, of which 343,187 identified as male, 219,911 as female, 3,255 as transgender, and 1,365 as gender non-conforming (HUD, 2019). While African Americans make up 13% of the general population in the United States, they make up about 40% of the homeless population (HUD, 2018). In contrast, White individuals make up 76% of the U.S. population and approximately 48% of the homeless population. Additionally, Latino individuals make up 22% of the homeless population, Asians 1.2%, and Native Americans 2.8%. People of color in this country have been discriminated against in every aspect of life, including but certainly not limited to education, employment, healthcare, and housing. Racist government policies prevented African Americans from living in certain areas and purchasing homes. Discrimination and housing segregation have had negative consequences for African Americans, including crime, unemployment, and insufficient healthcare. These factors lead to the higher rates of homelessness for people of color (Carter, 2011; Feagin, 1999; Graff, 2019; Rothstein, 2017). Therefore, Black homeless people are at a greater disadvantage in their pursuit of housing.

The literature reveals that those experiencing homelessness are more likely than the general public to suffer physical illness, higher rates of hospitalization, and earlier
In their groundbreaking study, Baggett et al. (2010) examined unmet healthcare needs across five domains among 966 individuals experiencing homelessness. The results revealed that 73% of respondents reported at least one unmet healthcare need, while 49% reported two or more unmet healthcare needs. The rate of unmet healthcare needs was six to 10 times greater than the U.S. general population. The researchers reported that “competing priorities represented substantial barriers to care as well. Food insufficiency was associated with lack of access to medical or surgical care, prescription medications, and mental health care” (p. 1329). However, these competing priorities do not take into consideration other priorities such as employment, applying for benefits, and pursuing housing.

Scholars agree that a common pathway into homelessness is a negative interaction between individual and societal factors. Extreme poverty, unemployment, mental illness, substance use, and family problems account for the main individual factors, while the lack of affordable housing is the main societal factor (Ellen & O’Flaherty, 2010; Fazel et al., 2014; Kim et al., 2010; Resler, 2017). Lee et al. (2010) argued that while it is common to view mental health, substance use, and other health deficits as precursors of homelessness, a lack of stable housing can also exacerbate severe health conditions such as HIV/AIDS, diabetes, substance use, and mental illness. Individuals experiencing homelessness also have dramatically shorter life expectancies than the general population (Baggett et al., 2010; Fazel et al., 2014; Maness & Khan, 2014; National Academies of Sciences Engineering and Medicine, 2018), with an average life expectancy of 42–52 years (Maness & Khan, 2014).
The purpose of this section was to describe the homeless population and the challenges they experience. This includes higher occurrences of mental illness, substance use, medical illnesses, and social isolation. Chronically homeless individuals are a particularly vulnerable group, and when their vulnerabilities are met with lengthy periods of homelessness, chronic homelessness results. In the next section, I review the existing literature on the characteristics of chronic homelessness specifically, as this group will be the focus of my study.

**Chronic Homelessness**

While most individuals who experience homelessness do so for a short period, those who are defined as chronically homeless experience physical or mental disabilities and more extended periods of homelessness (Woodhall-Melnik et al., 2018). In this section, I deepen the understanding of chronic homelessness while providing a critical analysis of the research that demonstrates why this group is the most vulnerable subgroup of the broader homeless population. A person is defined as chronically homeless if they have a physical or mental disability and have experienced at least one year of homelessness or had four episodes of homelessness in the last three years, with a cumulative duration of 365 days (Byrne & Culhane, 2015). According to the Annual Homeless Assessment Report to Congress, there were approximately 89,000 individuals who met the definition of chronic homelessness in the United States in 2018, forcing the federal government to focus a vast number of its resources on ending chronic homelessness (HUD, 2018).

This chronically homeless group differs from the larger homeless group in that these individuals tend to be more vulnerable to crime and experience more severe mental
illness, substance use, and chronic diseases. Data consistently show high rates of chronic illness, physical disability, mental illness, and substance use disorders, as well as significant numbers of developmental disabilities among people who have been enrolled in programs designed to provide housing and services for chronically homeless people (United States Interagency Council on Homelessness, 2018). Individuals experiencing chronic homelessness consume many of the resources dedicated to homeless services (National Academies of Sciences, Engineering, Medicine, 2018). They are also more likely to experience significant health emergencies and higher rates of involvement with police than individuals with housing (Canadian Observatory on Homelessness, 2021).

Due to their experiences of long-term, complex challenges, it is important that more extensive research is done with this group to provide counselors with critical information that would inform practice. However, little research exists on the experience of chronic homelessness. The existing literature on homelessness reveals three main themes: 1) negative psychological processes, 2) challenges associated with obtaining affordable housing, and 3) the coping strategies that individuals have employed to overcome barriers to obtaining housing. The next section outlines the existing research on the psychological processes that are pervasive amongst individuals who have encountered homelessness.

**Homelessness and Psychological Processes**

This section summarizes the psychological issues that predominate among homeless people. The research reveals that chronically homeless individuals experience higher incidents of trauma, mental illness, substance use disorder, and neuropsychological impairments (Woodhall-Melnik et al., 2018). However, it is important to note that what is described below is not the experience of all individuals
experiencing homelessness. The literature reveals three main negative psychological issues that are common amongst this population. It is critical that counselors and other human services providers be aware of these issues as they pose significant barriers to obtaining and maintaining housing.

**Trauma**

It is well documented that individuals experiencing homelessness have a higher incidence of trauma compared to individuals with housing and are at higher risk of being re-traumatized (Hopper et al., 2009). Dinnen et al. (2014) state that traumatic events often indirectly lead to homelessness due to the severity of mental health symptoms, interference with the ability to maintain employment, and limited social supports. This trauma can be defined as a range of abusive physical and physiological experiences. When compared to the general population, homeless individuals experience higher rates of sexual and physical assault and theft (Canadian Observatory on Homelessness, 2021). Furthermore, the literature reveals that homeless women are at higher risk for sexual trauma and PTSD, while men are at a higher risk for exposure to psychological trauma and substance use disorders (Deck & Platt, 2014; Kim et al., 2010). This finding indicates the importance of exploring the differences amongst genders in this group, as it may lead to important implications for service delivery.

The relationship between trauma and homelessness has been well documented in quantitative research (Kim et al., 2010; Edalati et al., 2017; Woodhall-Melnik et al., 2018). Although single men form the largest subgroup of the homelessness population, most of this research has focused on women. Kim et al. (2010) provided a rationale for why this may be, stating that homeless men tend to experience homelessness in isolation,
have severe psychiatric disorders, and are often veterans with severe PTSD, which may cause them to be less willing to engage in research, compared to the participation of homeless women. Homeless men make up the largest subgroup of the homeless population, and as such, it is crucial that attempts are made to understand this group through research.

Woodhall-Melnik et al. (2018) recognized this gap in the literature and sought to investigate the early life traumatic experiences and subsequent pathways to long-term homelessness among men. Guided by grounded theory, the researchers conducted semi-structured interviews with 25 men with experiences of long-term homelessness. The participants were asked questions related to their utilization of housing and health services and to describe their living situations before the age of 13, then from 13-16, and again from 16-19. Their analysis revealed that all 25 participants had experienced complex childhood trauma. They reported trauma as a result of “physical, sexual, and emotional abuse, neglect, poverty, caregiver substance use or mental illness, early substance use, young presentation of mental illness, involvement with child protective services, and involvement with the youth criminal justice system” (p. 220). In addition to these findings, the researchers reported that not all participants with experiences of trauma had early entry into homelessness, and that some participants experienced homelessness later in life. They concluded that their findings “indicate that men’s pathways into long-term homelessness may be best framed as rooted in complex psychological trauma rather than as beginning at the point of entry into homelessness” (p. 224). In other words, the experience of chronic homelessness does not begin on the first day someone walks into a shelter; it begins with early childhood experiences of trauma.
The more clinicians know and understand this, the better equipped they can be in supporting their client’s journey toward healing and stability.

In another study, Kim et al. (2010) sought to understand the relationships between traumatic stress, PTSD, mental illness, and substance use amongst homeless men. Using a quantitative methodology, they posed three questions:

1) Is exposure to traumatic abuse in childhood or adulthood associated with mental health problems—compared with not having this experience? 2) Are the significant covariates associated with mental health problems also significantly associated with substance abuse and physical health problems? [And] 3) Do traumatic experiences differ across specific outcomes (mental health, substance abuse, and physical health problems)? (p. 42).

The participants (n = 239) were all male, recruited from four homeless shelters in North Carolina and described as either White or non-White (23.4 percent were White). They were asked to complete self-administered surveys that collected data relevant to their exposure to psychological trauma, physical and mental health, and substance use. The researchers found that having a history of trauma was associated with more mental health problems, but not associated with physical challenges or substance abuse. Findings regarding race were not reported.

Alternatively, in a quantitative study that examined stressful life events and trauma among men with histories of substance abuse (n = 99; 63.6% African American and 32.3% Caucasian), Kim and Arnold (2004) found that the participants reported an average of 3.66 stressful life events (SD = 2.73). The most common stressful life events were assaults, threats with weapons, life-threatening accidents and life-threatening
illness. They found that the number of stressful life events and co-occurring psychiatric disorders were significant predictors of traumatic symptoms. However, the study’s eligibility criteria were broad, resulting in a range of time spent homeless, mental health disorders, and types of substances the participants used. This makes their results difficult to generalize. Again, the findings in the context of race were not reported. Taken together, these studies emphasize the prevalence of trauma histories and experiences within the homeless population, stemming from childhood experiences of abuse and trauma; adult traumatic experiences, such as violence, incarceration, and racial trauma; and challenges associated with the experiences of homelessness itself.

**Mental Illness and Substance Use**

According to the American Psychological Association (2021), the rate of mental illness among the homeless is twice that of the general population. Individuals with psychological disorders are particularly vulnerable to becoming homeless. Also, often due to the lack of access to healthcare, those with existing mental illness experience increased symptomology that may go untreated (Baggett et al., 2010; Montgomery et al., 2013). Recently, housing programs have prioritized services for individuals with long histories of homelessness and physical or mental health disorders or substance use disorder (Montgomery et al., 2013). While there are high rates of mental illness and substance use in this population (Kim & Roberts, 2004), it is important to note that these issues do not apply to all homeless individuals.

In their paper, Torchalla et al. (2014) report the results from earlier studies that examined the high rates of substance use disorder among homeless individuals in the United States, one of which was a meta-analysis that showed prevalence rates of 37.9%
for alcohol dependence and 24.4% for drug dependence among homeless individuals. Research has shown that men are more likely than women to have a substance use disorder (Kim & Arnold, 2004; Torchalla et al., 2014; Zugazaga, 2004). These individuals experience more significant barriers to obtaining and maintaining housing. Montgomery et al. (2013) stated:

By definition, severe mental illness is the presence of a significant mental illness or disorder accompanied by a decrease in functioning, often observed as the presence of active psychiatric symptoms, which can lead to the loss or degradation of individuals' support networks and their ability to access services and obtain or sustain employment and stable housing. This lack of functioning is the primary psychological process by which individuals with severe mental illness may become—and then remain—homeless. (p. 62)

To address this issue, the federal government has provided funding for programs committed to addressing chronic homelessness, which often offer case management, mental health services, supportive employment, and resources for medical care and recovery services. The service providers of these programs are responsible for assisting individuals with addressing barriers to obtaining safety and stable housing. Mental illness is widely present amongst homeless individuals and often confounded by adverse neuropsychological functioning. The next section will discuss the neurological challenges that are prevalent among individuals experiencing homelessness.

Neuropsychological Functioning

A 2020 meta-analysis and systematic review examined studies reporting data on the prevalence of traumatic brain injuries (TBI) amongst individuals experiencing
homelessness (Stubbs, 2020). The study found that the lifetime prevalence of any severity of TBI amongst homeless individuals was 53%, 2.5–4.0 times higher than that of the general population. In 2015, Stergiopoulos et al. (2015) conducted neuropsychological measures assessing the speed of information processing, memory, and executive functioning in 1500 homeless adults, 1009 males and 477 females, who were identified as having a mental illness (e.g., psychosis, major depressive disorder, alcohol or substance use disorder, or severe traumatic brain injury). The sample was 51% White, 11% Black, and 21% aboriginal, while 17% identified as other. The results revealed high proportions of deficits in these individuals in a number of areas: 72% in cognitive functioning, 48% in processing speed, 71% in verbal learning, 67% in recall, and 38% in executive functioning. Reinforcing the gender and racial differences within the homelessness population, the researchers also found that men and those who identified as Black had lower neurocognitive scores than did the female participants and other racial-ethnic groups. Neurocognitive skills such as organization and memory recall are critical to the process of applying for housing. Stergiopoulos et al.’s (2015) study underlines that there are higher rates of neurocognitive impairments in men and Black homeless people, and that this may be a contributing factor to their disproportionately higher rates of homelessness. Therefore, it is critical that we examine these populations and develop interventions and service models that enhance their access to housing.

Individuals with higher levels of executive functioning fare better in the community than those with lower levels (Raphael-Greenfield, 2012; Seidman et al., 2003; Stergiopoulos et al., 2015). According to Stergiopoulos et al. (2015), “Homeless adults with mental illness experience impairment in multiple neuropsychological domains” (p.
Greenfield (2012) reported that 80% of homeless people who were tested were found to be seriously impaired in cognitive functions and suggested that these individuals go without treatment because they cannot “negotiate” the many decisions poised by healthcare providers (p. 136). Neuropsychological issues present an additional barrier to navigating the housing process.

Research on the psychological processes that are common among people experiencing homelessness suggest that this population have higher rates of trauma, mental illness, substance use and neurocognitive issues (Montgomery et al., 2013; Stergiopoulos et al., 2015). These are the conditions most common in chronically homeless individuals, leading to difficulty in daily functioning, particularly in managing complex, multi-step tasks such as obtaining housing. These issues impair functioning and influence one's ability to complete complex tasks, which include obtaining housing. In the next section, I describe affordable housing and the challenges associated with obtaining it. While I was able to locate only one study that focused specifically on this issue from the perspective of those experiencing chronic homelessness, the experiences described below are similar to the stories I hear from my clients every day.

**Affordable Housing**

Researchers have found that the lack of affordable housing is one of the leading causes of homelessness (Fazel et al., 2015; Maness & Khan, 2014). When housing does become available, it is met with a lengthy application process that includes long waitlists, contradicting instructions, and multiple interviews (Mayberry, 2016; New York City Department of Housing Preservation and Development, 2017). This section provides an overview of what affordable housing is and the steps one must take to obtain it.
Understanding the process of obtaining affordable housing is critical to understanding homelessness, because it demonstrates the turbulent waters that the homeless population must navigate to achieve this fundamental human right, especially with so few resources and immense challenges beyond their lack of housing (e.g. medical, mental health, substance use, etc.).

There are some studies that explain the pursuit of affordable housing and that reveal the complexity of this process, plagued by contradictory rules and ambiguity, requiring multiple in-person interviews and long waitlists (Keene et al., 2018; Mayberry 2016; New York City Department of Housing Preservation and Development, 2017). However, there is also research that provides insight into this process. For example, in a qualitative study of individuals recently released from prison who were searching for housing, individuals reported experiencing unclear eligibility requirements, long waitlists, and their criminal backgrounds as barriers to obtaining affordable housing (Keene et al., 2018). The following section provides general guidelines for the affordable housing application process in Boston and New York City and a review of the existing literature on the difficulties related to obtaining affordable housing.

The Application Process

Applying for affordable housing can be an exhausting task. My study specifically focuses on those experiencing chronic homelessness in the city of Boston who are seeking housing. Like many urban centers, the content on the Boston Housing Authority’s website regarding the application process is dense (Boston Housing Authority, 2021). It details eight steps from applying for housing to receiving an offer, and nearly all of these steps are followed by a subcategory with additional requirements.
and constraints. This process is similar in New York City where the steps of obtaining affordable housing are summarized in Figure 1.1.

**Figure 1**

*Major Phases of the Affordable Housing Tenant Selection Process*

![Diagram showing the major phases of the affordable housing tenant selection process](image)


Applicants for public housing with the Boston Housing Authority are required to submit vital documents such as birth certificates, government photo identification, social security cards, marriage licenses, various court documents as applicable, documentation of where they have been residing for the last three years by a verified source, neighbor references, bank statements, pay stubs, social security income statements, and food stamp benefit statements (Boston Housing Authority, 2021). If the applicant does not have an income, they must present a notarized zero income statement and a letter from the unemployment office stating that they do not receive unemployment benefits. If there is anything of concern on the individual’s criminal record, they will be asked to submit mitigating documents in which the applicant must write a letter detailing their crimes and
what they have done to rehabilitate, as well as letters of support from their service providers. If they have stayed in any shelters in the last three years, then they must provide references from those shelters. If they owe a housing-related debt, that must be paid before they can proceed with the application process (Boston Housing Authority, 2021). With its complex processes and contingencies, obtaining affordable housing is particularly challenging for individuals experiencing years of homelessness, compounded with mental illness, past and present exposure to trauma, and neurocognitive disabilities.

In Boston, there are three types of affordable housing: public housing, project-based housing, and tenant-based housing vouchers (Boston Housing Authority, 2021). This does not include subsidized housing opportunities that are sponsored by nonprofit organizations. Each of these opportunities has its own application and screening requirements, wait times, service agreements, etc., and each of these processes can be confusing and difficult to navigate for those trying to manage the challenges associated with homelessness.

To date, there has been no study which has explicitly examined chronically homeless individuals’ experiences of securing safe and affordable housing. Understanding their experiences is essential to address their experiences of lengthier periods of homelessness, hospital stays, and high rates of services utilization. Research trends are discussed in the next section.

**Current Research Trends on Homelessness and Housing**

As stated previously, permanent supportive housing is an effective approach for ending homelessness because it provides immediate access to housing without any prerequisites and support services that encourage recovery and stable housing. Therefore,
a considerable amount of research has focused on the benefits of permanent supportive housing. These studies have been examined quantitatively and have demonstrated the health and wellness of homeless individuals once they have been housed. The existing literature emphasizes the benefits of affordable housing with supportive services. These benefits include: increased housing stability, reduction in emergency room visits, and improved overall wellbeing (Brown et al., 2016; Holmes et al., 2017; Kertesz et al., 2009).

In addition to these benefits, Seidman et al. (2003) found that neuropsychological functioning significantly improved for the participants in their study who were assigned to a housing intervention ($n = 114$). Tsemberis et al. (2012) investigated the rates of recovery and housing stability among chronically homeless individuals. They analyzed clinical records and conducted interviews with clients ($n = 32$) and service providers and followed these individuals for two years. The researchers found reductions in psychological distress and alcohol use and higher rates of recovery.

In a quantitative study, Brown et al. (2016) studied the effectiveness of housing first on two groups—individuals with chronic and non-chronic histories of homelessness ($n = 91$). They analyzed clinical records and data from psychiatric hospitalizations and found that 78% of the program participants remained in housing one year after being housed. In another quantitative study of formerly chronically homeless adults with serious mental illness, Henwood et al. (2014) measured the quality of life of 80 individuals exiting homelessness into permanent supportive housing. The majority of the participants were male and African American. The findings of this study revealed
improvements in various domains of quality of life such as satisfaction with their living situation, family relationships, and adequate financial resources to meet their needs.

As the literature indicates, a great deal is known about the impact of housing on the lives of chronically homeless individuals; however, the research has overlooked the experiences of these individuals as they are exiting homelessness. Therefore, a qualitative inquiry into this underexplored phenomenon is needed. Having an understanding of what enables some individuals experiencing chronic homelessness to obtain housing contributes to homeless services. The next section describes the few studies that were identified that help to shed light onto this experience, by those who were experiencing it.

**Perspectives from the Homeless: Coping and Problem-solving Strategies**

While there are few studies that examine the experiences of homeless individuals pursuing housing, there are some that contribute significantly to understanding the coping strategies and resiliency they might utilize during this process. Keene et al. (2018) described the creative and time-consuming problem-solving strategies they examined from the perspectives of former prisoners ($n = 44$) in the process of obtaining affordable housing, as they navigated limited and uncertain access to subsidized housing. Their sample was primarily male ($n = 36$) and African American ($n = 23$). Initially, the researchers were interested in understanding social relationships and HIV risk behaviors associated with reentry, probation, and parole. However, one of the interview questions asked, “Tell me about where you have been living since either the last criminal justice event or last interview,” which led to fruitful discussions about housing-related issues, leading the researchers to determine that this was an important issue that should be looked at separately. The participants in this study reported experiencing long waitlists,
opaque eligibility requirements and enforcement discretion, uncertainty as to what extent their criminal records would influence their eligibility, lack of clarity around wait times, and differences between housing programs (Keene et al., 2018). Some of the strategies they employed to address these issues included working with a case manager, participating in substance use treatment programs, appealing criminal records, and moving out of situations where they were doubled up and into a homeless shelter, where they would be given priority status for affordable housing opportunities.

There is limited research investigating the experiences of individuals living through chronic homelessness. One important study that did so was conducted in Australia. While it is unclear how chronic homelessness is defined in Australia, Parsell et al. (2014) investigated the experiences of chronically homeless individuals. The researchers noted that the recipients of homeless services are often viewed as “passive” and their success in obtaining and maintain housing is “attributed to outside intervention” (p. 295). They stated that the current research on this topic “focuses on the roles of social programs and policy initiatives in the process, rather than on the agency of people themselves” (p. 295). For their study, the researchers employed a qualitative and quantitative inquiry into understanding how unsheltered chronically homeless individuals 1) understood and expressed their engagement with outreach services and exit from homelessness, and 2) came to make meaning of their outcomes. The participants \( n = 77 \) in this study were Australians residing in Sydney and Brisbane, of which 70% were male and 30% were female. They received services from housing first programs that were aimed at reducing homelessness among individuals experiencing chronic homelessness. The researchers conducted three rounds of interviews: once at program entry and twice at
various other points of program engagement. The purpose of gathering quantitative data was to report the characteristics of this sample, experiences of homelessness, and housing outcomes. The qualitative data served as the primary source of data collection and answered the researchers’ questions.

The dominant theme to emerge from the first round of interviews was the “primacy people gave to their decisions, thoughts, actions, and sense of self” as they engaged with outreach workers to obtain housing (Parsell et al., 2014, p. 307). For example, they stated it was helpful having control over their decisions to exit homelessness and pursue housing, not feeling pressured by service providers, imagining exiting homelessness to lead to broader life changes, and expressing value in self-reliance and resilience. The second round of interviews took place 11–16 months after the initial interviews in which 69 of the participants had since been housed. The participants were asked what had been useful for them to keep their housing. Two themes emerged there: 1) sustaining housing was a personal choice, and 2) they were able to maintain housing due in part to the support programs that facilitated behavioral change. In other words, the participants acknowledged that sustaining housing meant collaborating with service providers to change behaviors that could result in returning to homelessness. This study is relevant to my research because it demonstrates that despite the many challenges they face, chronically homeless individuals play active roles in exiting homelessness.

Lee et al.’s (2010) meta-analysis supports the claim that individuals experiencing homelessness play an active role in their exit from homelessness. In their analysis of the state of homelessness, the authors summarized the existing literature on coping strategies utilized in homeless populations, including utilizing shelters, soup kitchens, and homeless
services; participation in day or temporary labor; panhandling, scavenging, recycling, bartering, street vending; plasma donation; and engaging in illegal acts such as selling drugs and prostitution. They also noted homeless people participating in social relationships and seeking connections with other homeless individuals for the purposes of non-judgmental socializing. The researchers stated that the long-term benefits of these coping strategies had yet to be examined, and as such, further research was needed on the effectiveness of coping strategies for chronically homeless people. My research expands understanding of what and how coping strategies are utilized to obtain an essential resource such as housing.

Mayberry (2016) examined the experiences of parents of homeless families ($n = 80$) pursuing affordable housing, in which participants were mainly female (96%); of these, 16% were married/partnered, 49% were African American, and 17% were Caucasian. At the time of the interview, 56% were living in their own place, 19% were doubled up with friends or family, 12% were in a shelter or hotel, and 12% were in transitional housing; however, the researchers did not report whether their sample met the criteria for chronic homelessness. The purpose of Mayberry’s study was to understand the housing service system from their participants’ perspectives. According to Mayberry, previous studies have highlighted the “time and tenacity required for successful service use” and the skills required of homeless individuals, including “negotiation, advocacy, organization, and presentation skills” (p. 295). Mayberry noted that “often their days are spent seeking, applying for, and negotiating services for temporary and permanent shelter, food, and childcare” (p. 295). Mayberry refers to this relatively unknown and
undervalued process as the "hidden work" that parents must engage in order to exit homelessness.

The participants in this study were recruited from four states that were participating in a more extensive study, wherein the participants were randomly assigned to different housing programs (Mayberry, 2016). The researchers conducted in-depth semi-structured interviews an average of 6.4 months after the random assignment, with interview questions focusing on housing decisions participants made since leaving the shelter, family processes in different living conditions, family separations and reunifications, and social support for parenting. The researchers did not ask interview questions related to the participants’ experiences with service providers or with trying to obtain their housing offers or other housing services.

Using a process of structural coding, Mayberry (2016) identified three main themes: challenges of service use, strategies of service recipients, and characteristics of positive and negative service experiences. The challenges to service usage were “catch 22s,” or the presence of contradictory rules in the application process, confusion, and long waitlists. The participants reported employing the following strategies: persistence and determination, networking, and activating formal resources (such as filing a complaint with state government officials regarding unsanitary shelter conditions). A limitation of this study was that the participants were enrolled in four different programs and were interviewed at very different stages of their journey into housing. This renders the reader unable to distinguish which responses belonged to homeless individuals versus those who were in housing. Therefore, it is unclear as to which strategies the individuals experiencing homelessness utilized in their pursuit of housing. Research focusing solely
on chronic homelessness and pursuit of affordable housing is needed to distinguish the needs of these various groups.

As demonstrated in this section, the process of obtaining affordable housing is often extensive and complicated, and a deeper understanding is needed about the experiences of chronically homeless people seeking this limited resource while managing multiple barriers. By understanding the psychological resilience that enables chronically homeless individuals to navigate this process, service providers can empower newly homeless individuals to cultivate these strategies while they pursue safe and affordable housing.

**Summary of Literature**

Research involving individuals experiencing chronic homelessness is overwhelmingly focused on the advantages of permanent supportive housing (Brown et al., 2016). Few studies examine the experiences of homeless individuals as they navigate the process of obtaining affordable housing, the internal strategies they access, and how they make meaning of the process. Chronic homelessness has not been examined in depth, leaving this narrative incomplete without the voices of those who are most impacted by the system, particularly individuals of color who are disproportionately impacted by homelessness. The invisibility and isolation that comes with homelessness are exacerbated when the voices of homeless people are not represented in the research. While most of the content in the research literature suggests that homeless individuals have all the cards stacked against them (mental illness, chronic physical illness, substance use, exposure to traumatic events, and impairments in cognitive functioning), there is also evidence for their strength and perseverance in their road to housing. As the availability
of affordable housing decreases and obtaining housing services becomes increasingly competitive, those in need must be more strategic in their pursuit and clinicians must be equipped with the knowledge and the tools to meet their needs (Mayberry, 2016).

In 2018, the National Academies Press published an extensive report on the benefits of permanent supportive housing for individuals experiencing chronic homelessness. The authors summarized in this report the immense challenges chronically homeless individuals face. They state,

The evidence of the harm caused by homelessness indicates that individuals who experience chronic homelessness are at higher risk for infections (including human immunodeficiency virus [HIV]), traumatic injuries, drug overdoses, violence, death due to exposure to extreme heat or cold, and death due to chronic alcoholism. These individuals are more likely than housed persons to use the emergency department for health care needs and to be admitted to the hospital; they are also less likely to have a usual source of health care. . . . Additionally individuals experiencing chronic homelessness have markedly shorter life spans . . . aside from a higher mortality rate, persons experiencing homelessness are three to six times more likely to become ill than housed persons. (p. 38)

In addition to these challenges, chronically homeless individuals must work tirelessly to secure food, immediate shelter, supportive services, and permanent housing. As indicated in this literature review, permanent supportive housing is commonly viewed as the antidote to many of these challenges and the vehicle to improved well-being. While many individuals do obtain housing despite these barriers, many others take years, sometimes decades to do so, which only exacerbates their negative experiences in homelessness.
Understanding the coping and resiliency strategies that chronically homeless individuals utilize to obtain housing can provide critical information to homeless services providers working to house others in this group.
Chapter 3: Methods

The purpose of this study is to examine the experiences of chronically homeless men’s search for affordable housing. In this chapter, I present the methodological procedures for this study, beginning with a description of my epistemological assumptions and study design. This is followed by an explication of the sampling procedures, participant inclusion criteria, recruitment strategies, setting, and methods for data collection and analysis as well as validity, and ethical and social justice considerations.

Epistemological Stance

This study employs a critical epistemological assumption. Those who have adopted this assumption are particularly attuned to the influences of power upon thinking and truth claims and believe that facts and values are interconnected (Carspecken, 1996). Critical epistemology rejects the notion of a single objective truth, and instead suggests that individuals make truth claims that are influenced by their belief systems (Carspecken, 1996). Therefore, critical epistemology establishes that not only is knowledge influenced by the historical, cultural, and political experiences that shape belief systems, it is also discovered by exposing injustice and challenging societal structures, with the goal being social action. Research questions are answered through conversations with participants that elicit individual meanings. As such, to truly understand chronic homelessness and the pathways to housing, we must center the voices of those who are or have experienced it and examine the cultural, historical, social, and political contexts that allowed it to persist.
Much of what we know about homelessness comes from quantitative data on the positive outcomes homeless individuals experience once they are housed and does not include detailed explanations of the complex pathways into housing. In addition to this, the lack of chronically homeless people’s voices in the research perpetuates the aforementioned dangers of a single truth, and masks what we actually know to be true about homelessness.

The design and data interpretation of this study is influenced by my experiences and observation of racism in the United States that contribute to the disproportionate numbers of Blacks who experience homelessness, in addition to my continuing advocacy for equitable access to housing and homeless services. By using a critical epistemological stance in order to understand the full breadth of this issue, it is subsequently necessary that I examine and report on the ways in which race, power, and homelessness intersect. This information can be transformative for service providers who may not necessarily be attuned to the ways in which these issues arise in their day-to-day work and reinforces the notion that “just because we have good intentions does not mean we are having the kind of equitable impact on everyone’s lives that we think we do” (Olivet & Cannon, 2019, 4:14).

**Phenomenological Design**

This study utilizes a phenomenological qualitative research design. Qualitative researchers collect data on their participants’ experiences and perceptions using interviews, observations, and written work (Patton, 2002). Researchers conduct interviews in order to more fully understand each participant’s unique worldview without requiring them to select from a predetermined list of answers found on a questionnaire or
survey. Qualitative research is often used to explore a phenomenon where insufficient research exists for standardized instruments to have been developed. Likewise, the goal of this study is to understand the experience of homelessness and the pathways from homelessness to housing through the subjective experience of homeless individuals themselves, whose voices are largely missing from the research on homelessness. Consequently, a qualitative methodology is best suited for my research, due to the dearth of research highlighting the experience of obtaining affordable housing from the perspective of those who are chronically homeless.

The phenomenological researcher obtains rich descriptions of lived experience in relation to a specific phenomenon using in-depth interviews and “remains open to new findings, terminology, and modification of practices” gathered in research (Wertz, 2015, p. 85). This method differs from other types of qualitative research in that its goal is to understand individual experiences and the structures and conditions of a specific phenomenon as experienced by the participant (Hoffding & Martiny, 2015). Examining an issue from a phenomenological perspective means that there is an emphasis on understanding how this phenomenon manifests and appears in the participant’s world (Vagle, 2018). With this perspective in mind, I am deeply invested in hearing how the participants experience chronic homelessness and the journey back to housing.

**Research Purpose**

Through this study, I sought to explore and uncover the experiences of chronically homeless men who pursue affordable housing—the core purpose of this research being to understand the psychological and resilience strategies that chronically homeless individuals utilize while in pursuit of affordable housing. This was achieved by
inquiring about the actual process of obtaining housing and what factors may have helped or hindered their success.

**Researcher Reflexivity**

It is common practice in qualitative inquiry for researchers to “make their worldviews, assumptions, and biases explicit to assist the reader in understanding the researcher’s stance vis-a-vis the research” (Morrow, 2007, p. 210). In keeping with that spirit, I detail the aspects of my identity that may have influence upon my research. First and foremost, it is my belief that safe and affordable housing is a basic human right and enables individuals to heal and thrive. To that end, I have dedicated my career to assisting and supporting people experiencing homelessness, serving as a housing stabilization case manager and then as an associate director for a housing program that predominantly serves individuals who have experienced lengthy periods of homelessness. My work has primarily consisted of assisting those experiencing homelessness, particularly in navigating the often complex paths into affordable housing. I relinquished the responsibilities that are associated with my professional role, and adopted a role of “engagement, empathy, and emotional involvement with participants’ worlds to lead to a deeper understanding of those worlds” (Morrow, 2007, p. 218).

Over the course of my academic and professional careers, I have witnessed both stories of successful entry into housing and stories of individuals that have been beset by constant challenges. These stories fostered within me a curiosity—what was it about chronically homeless individuals that enabled them to persist, despite their circumstances? I am on a daily basis confronted with narratives that challenge the stereotypes surrounding homeless people, while simultaneously serving as a witness to
personal accounts of resilience, perseverance, healing, and hope. It is through these interactions that I have come to learn that people who are experiencing homelessness possess invaluable information that is crucial to addressing the issue. As revealed in my literature review, the current research on homelessness and housing describes extensively the beneficial outcomes of permanent supportive housing, yet not the pathways into these programs. Without an account of these experiences, we are deprived of critical data related to outreach and engagement, program development, and fair housing policies and procedures. It is my hope that this study illuminates these issues from the participants’ perspective, helping to inform equitable policies and improved clinical practices.

I came to this study with certain assumptions that are important to note. First, I believe that some research participants may have assumed that because I was in the field and familiar with the various types of services, that I also knew what it was like to navigate them. When these incidents did occur, I reminded the participant that I was interested in hearing their unique stories. As Josselson (2013) suggested, I remembered that “in psychotherapy, the patient (client) comes to the therapist for help; in research, the researcher comes to the participant for help” (p. 111). I recognized and expected that I might also hear stories of pain and suffering, and while these topics could be emotionally distressing for me, it was imperative that I maintain my role of learner and not use my professional role to address any issues the participants present during the interview. Josselson (2013) suggested that if these situations arose, researchers could “ask the participant whether therapy was something he or she had thought about pursuing” (p. 111). In addition to keeping this in mind, I also took note of the feelings that came up
during the interview process and reflected on them through journaling as well as in consultation with my chair and peers.

I also recognized that I held assumptions related to identity; namely, as an African American woman, I assumed that it would not be difficult to recruit men of color because they may be comfortable discussing their experiences with me due to our shared racial identity. As a Black woman, I assumed that participants of color had experienced discrimination at some point in their lives, whether they themselves were aware of it or not. However, it was also important to acknowledge that not everyone was necessarily aware of the explicit ways that they had been discriminated against, and I honored their stories by not imposing onto them my assumptions regarding race. I accomplished this by keeping a research journal where, following each interview, I documented my experiences and the ways in which my assumptions and beliefs may have emerged in the interview. As for White participants, being interviewed by a Black woman and sharing intimate details about their experience may be a new experience for them since it has been my experience that there are few Black women in homeless services and in research.

I have reflected on the notion that I am a woman interviewing only men. Because this is a group that I have worked with for many years, I was comfortable and relaxed with each of the participants. I also approached the interviews with the assumption that the men would be comfortable being interviewed by a woman. This belief was informed by the overwhelmingly positive experiences my clients in the workplace reported experiencing with me in the past. Also informing my confidence was a previous study that examined the help-seeking behaviors of 189 homeless men in Boston (Amato &
MacDonald, 2011). These researchers found that two-thirds of the participants reported difficulty or inability to ask for help when they needed it. They emphasized that due to prescribed gender roles, men are taught to be self-sufficient and not ask for help. Therefore, the participants in my study may have minimized the extent of their engagement in supportive services and their service needs. However, I also believe that due to gender roles, the participants might have demonstrated more vulnerability and spoken more honestly with me than if they had been interviewed by a man. I emphasized that the information they shared would remain confidential and asked probing questions with the intent of deepening their responses.

**Pilot Study**

It was during the pilot study that I learned an important aspect of myself as a researcher, after conducting an interview with an African American male participant who had recently obtained housing after experiencing 20 years of homelessness. I noticed that I had an emotional response to the participant’s stories of pain and suffering, and as someone who has worked in the field for several years, I did not anticipate this reaction. Since reflecting on the pilot study, I have added clarifying questions that are intended to keep me connected to the participant’s emotions, put a plan in place to take care of myself after the interview, and substantiated that these questions are important in accessing the core of my study.

The pilot study also prompted me to critically consider the various sources of help that individuals utilize in their search for housing. The participant I interviewed shared that he received support from friends who had gone from homeless to housed and he now tries to help others who are now homeless and pursuing housing. This interaction led me
to add additional interview questions that are intended to probe deeper into the
participant’s experiences with non-professional sources of support.

**Sampling Strategy**

The sampling strategy that was used in this study was purposive sampling (Patton, 2002). Unlike probability sampling, participants were selected purposefully for their potential to provide rich descriptions of their journeys from homelessness into housing. In addition to welcoming male participants of any race, I intentionally recruited African American men, because African Americans and men are significantly overrepresented in the homeless population.

**Participants**

Nine participants were recruited for this study: two White men and seven Black men. The eligibility criteria were that participants needed to be single, adult men, over the age of 18, who met the criteria for chronic homelessness. A chronically homeless individual is one who has lived in a place not meant for human habitation or in a shelter for at least one year or on four separate occasions in the last three years, equal to 12 months, while experiencing a mental illness, substance use disorder, or physical disability (HUD, 2015). I chose to focus on single, adult men because while they make up the largest subpopulation of individuals experiencing homelessness, little is known about their experiences of homelessness from their perspectives. The participants in this study were actively engaged in a search for affordable housing or had obtained affordable housing in the last three months. The purpose of the three-month timeframe was to ensure the participants’ ability to recall detailed information from their recent experience pursuing housing.
While there exist several types of purposive sampling, this study utilized criterion and extreme case sampling (Patton, 2002). Criterion sampling refers to individuals selected because they meet a predetermined criterion. In this study, the participants had to have met the criteria for chronic homelessness as defined by the United States Department of Housing and Urban Development (HUD). Under these guidelines, extreme case samples are selected because they are unusual or special in some way (Patton, 2002). The participants in this study were a special subgroup of the larger homeless population due to their lengthier periods of homelessness, mental and or medical disabilities, and higher utilization of emergency services such as the emergency room and police involvement (Meschede, 2010; United States Interagency Council on Homelessness, 2018).
Table 3.1

*Demographic Information of Study Participants*

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Age</th>
<th>Race</th>
<th>Housed</th>
</tr>
</thead>
<tbody>
<tr>
<td>J. J.</td>
<td>40</td>
<td>White</td>
<td></td>
</tr>
<tr>
<td>Paul</td>
<td>67</td>
<td>White</td>
<td></td>
</tr>
<tr>
<td>Abe</td>
<td>55</td>
<td>Black</td>
<td>X</td>
</tr>
<tr>
<td>Mick</td>
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<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>Victor</td>
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</tr>
<tr>
<td>Jack</td>
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<td>Black</td>
<td></td>
</tr>
<tr>
<td>Irvin</td>
<td>52</td>
<td>Black</td>
<td></td>
</tr>
<tr>
<td>Wes</td>
<td>64</td>
<td>Black</td>
<td></td>
</tr>
</tbody>
</table>
Recruitment Strategies

Two recruitment strategies were utilized in this study, the first of which was engaging with the shelters in Boston (for example, the Pine Street Inn and the Boston Public Health Commission) where I had existing relationships with homeless service providers. I sent out an email with a recruitment letter (Appendix B) along with a flyer (Appendix A). While I was initially told I could recruit participants directly from the shelters by hanging my flyer or going in to explain my study, this decision was later reversed. From there, I recruited participants by going to areas where, from my experience in the field, homeless individuals were welcomed. I recruited participants from the library, parks, and streets where they gathered to socialize or receive mobile support services. The participants in this study were not recruited from my agency nor were they under my supervision or oversight in any way.

Individuals who expressed interest were given a brief screening to determine their eligibility (see Appendix C for the pre-interview screening protocol). Once determined to be eligible, the participants were given the choice to be interviewed then or schedule for a later time. Participants were given flyers and invited to share them with their friends (see Appendix A for a copy of the flyer) that provides more detail about my study. Additionally, participants received a $25 Target gift card for their participation.

Setting

The interviews ranged from approximately 30–50 minutes and took place in settings that were comfortable for the participant. Because the interviews could not take place in the shelter, I suggested locations such as private rooms in the library, coffee shops that were welcoming to homeless individuals, and parks. The participants chose to
be interviewed in the coffee shop, a park, my vehicle, and for one who was housed, in his apartment. In each of these locations, I explained the limitations of their privacy while making sure that we were situated in an area that was away from other people and as quiet as possible.

**Data Collection**

Data were collected using semi-structured interviews and photo-elicitation as a probing strategy, and I also kept a research journal, documenting my experiences in the field. Prior to collecting data, I conducted pre-interview screenings (see Appendix C for the pre-screening script) to determine the individual’s eligibility and ability to provide rich descriptions of their experiences. In order to determine eligibility, participants were also asked to share their demographic information, length of homelessness, and whether they have a mental illness, substance use disorder, or physical disability.

During the interviews, the participants were asked to describe their experiences in applying for and attempting to obtain affordable housing. I was also interested in hearing about their general experiences of homelessness and the ways in which resiliency revealed itself for them in various other contexts, as opposed to just housing. I was particularly interested in knowing what they found challenging and who or what helped them navigate those challenges. With the participants’ permission, the interviews were recorded on two audio recording devices: a voice recording device and a mobile application called “Voice Recorder and Audio Editor.”

Photo-elicitation is a method of data collection that is used to elicit verbal discussion with members of marginalized groups and to invite deepened explanations of what it is like to experience a particular phenomenon. It is used in interview settings for
its potential to “prompt emotional connections to memories and provide more meaningful
accounts” (Bates et al., 2017, p. 459). Glaw et al. (2017) stated:

visual methods enhance the richness of data by discovering additional layers of
meaning, adding to validity and depth, and creating knowledge. . . . The parts of
the brain that process visual information are in evolutionary terms older than parts
of the brain that process verbal information; therefore, visual images evoke deeper
parts of human consciousness than words do. (pp. 1–3)

Photos evoke memories, feelings, and information that might otherwise be missed
in the absence of visual representation. In this study, I used photos of the Boston Housing
Authority, the housing application, and the list of steps and requirements, homeless
shelters, and apartments. Since the images themselves were not the study’s focus and
therefore would not be analyzed, the photos were categorized in my data as artifacts.

While photo-elicitation methods have yet to be standardized, researchers have
traditionally selected the photos to be used in the interviews (Padgett et al., 2013). During
each interview, photos were laid out in front of the participants and used as a probing
strategy to help the participant to recall events and connect to the emotions associated
with the experience of pursuing affordable housing. Sample photos are provided in
Appendix F.

**Data Analysis**

I used a transcription service known as Rev.com to transcribe the interviews.
Once they were transcribed, I followed phenomenologist Amedeo Giorgi’s (1985) steps
for analyzing data, which are as follows: 1) without searching for themes, read the entire
description in order to grasp the sense of the whole; 2) distinguish shifts in meaning
while paying attention to how it relates to the whole and without criteria for identifying these parts beforehand; and 3) synthesize these findings into statements that express the psychological meaning of the experience. As Aanstoos (1985) stated, “Phenomenological methods recognize and seek to describe the intrinsically intentive relation of the person to some subject matter” (p. 90). Therefore, once the researcher obtains a description of the phenomenon, there is an attempt to discern some psychological sense or meaning from it. Once I completed these steps, the data were organized using the qualitative data analysis software, MAXQDA.

MAXQDA was used to organize and analyze my data once it was transcribed. After uploading each interview to MAXQDA, I read them several times with my research question in mind. I then made note of the themes that were common across all interviews, content that described critical events and relationships, experiences that were consistent with or challenged the previous data described in my literature review, experiences of racism, conflict, trauma, interactions with systems, shared experiences, and areas of support and resilience. I did this for each of the interviews several times. Once I had a list of themes, I began to group them into larger categories and subthemes.

**Validity and Trustworthiness**

In this section, I discussed the validity strategies I applied to enhance the study’s trustworthiness. These strategies were: 1) verifying participants met the specific definition of chronic homelessness set by HUD; 2) reporting the rich and detailed descriptions from the participants about their experiences; 3) peer debriefing; and 4) engaging in ongoing self-reflection.
First, in order to ensure that I collected adequate data, I verified whether each participant met the definition of chronic homelessness, as this is the specific subgroup of the homeless population that this study is interested in understanding. I reviewed the definition of chronic homelessness with the participant and ask them to acknowledge, to the best of their understanding, whether they met the criteria outlined in the definition.

Secondly, this study conveys its findings through rich, detailed descriptions of each participant’s experiences. Not only are these descriptions the cornerstone of phenomenological research, but they also contribute to the study’s validity by providing the reader access to the participants’ experiences (Vagle, 2018). I engaged in a process of peer debriefing with members of my cohort and dissertation committee to engage in a critical discussion of the data and asked that they propose any alternative interpretations (Morrow, 2005), which was critical in the data analysis stage. Because I take a strengths-based approach to my work, I understand that this may have led me to overemphasize the positive aspects of the participant’s experience during the data analysis stage and focus less on the challenging parts that are just as informative. Therefore, it was critical that I consulted with my peers and committee members for feedback.

And lastly, the credibility of the data interpretation may have been impacted by my biases. Qualitative researchers must reflect on the aspects of their own identity that can influence their study’s methodology, and then make these assumptions known in order to avoid having them influence the research (Creswell & Creswell, 2018; Morrow, 2005). My biases may unintentionally have led me to omit or overemphasize data that supports my beliefs. In order to avoid this, I was careful to acknowledge my biases throughout each step of the research process. I worked with my committee members to
ensure that my interview questions were not leading and that they sought to reveal various dimensions of the problem. The members of my committee also reviewed my findings, posed questions, and provided feedback that allowed me to analyze the findings objectively. Moreover, in addition to making the implicit explicit via the reflexivity statement at the beginning of this chapter, I kept a self-reflective journal from start to finish where I documented my “experiences, reactions, and emerging awareness of any assumptions or biases that come to the fore” (Morrow, 2005, p. 254). Journaling allowed me to critically examine my biases, thus increasing objectivity in my data collection and interpretation.

**Ethical Issues and Implications**

It was vital that the participants in this study did not feel coerced into participating, and therefore at the beginning of each interview, participants were reassured that their services and housing opportunities would not be negatively impacted if they decided not to participate. I reminded them that their choice to participate or not remained confidential and that they could choose not to answer questions, and to ask for breaks, or stop the interview at any point. By taking these steps, my hope was that the participants would feel respected and safe during the interview process and find it to have been a “meaningful and positive experience” (Josselson, 2013, p. 13).

While this study posed minimal risk to the participants, the information discussed could have been emotionally upsetting to the participant. In situations where participants did become distressed, I remained engaged, maintained an empathetic stance, and reminded them of their right to pause or stop the interview at any time. I also reassured them that their stories could have a positive impact on the way housing services are
rendered in the future. When appropriate, participants were offered counseling and housing resources.

**Social Justice Considerations**

Housing is a basic human right. In the United States, with high rents and low wages, housing is treated as a luxury. Jeff Olivet (2015), a fierce advocate for the homeless and CEO of the Center for Social Innovation, said that “homelessness mirrors everything that is broken in our society. It reflects our biases, our meanness, our lack of compassion and our views of each other as fellow human beings” (para. 1). He continued by stating that homelessness was a direct result of society’s indifference toward social justice issues such as the lack of affordable housing, high costs of healthcare, limited access to mental health and substance use treatment, and inequities in public education.

In the United States, African Americans are considerably overrepresented among the homeless, accounting for approximately 40% of the total homeless population while making up only 13% of the overall U.S. population (HUD, 2018). Furthermore, they have historically been subjected to discriminatory housing practices, and their access to housing remains unequal (Rothstein, 2017). These practices add an additional layer of challenge to obtaining an already scarce resource. In his masterful book, *The Color of Law*, Richard Rothstein (2017) makes a case for why “many of our serious national problems either originate with residential segregation or have become intractable because of it” (p. 195). Homelessness is one of these problems. This study paid special attention to the ways in which race impacted the participants’ pursuit of housing. During the interview process, I was mindful to ask the participants of color to share how they viewed their homeless experience in the context of their race, and all participants were asked to
share any reflections they had on the ways their gender impacted their experience of homelessness.

**Conclusion**

This chapter provides a detailed description of this study’s methodological approach. Chronically homeless men who were pursuing housing were recruited to participate in a semi-structured interview in which they were asked to discuss their experiences, particularly as they related to their pursuit of housing. Once transcribed, the interviews were analyzed using Amedeo Giorgi’s four-step method of analyzing phenomenological research and interpreted through a critical epistemological lens. The goal of this research was to provide a platform from which this historically invisible group could share their experiences of injustice, poverty, oppression and resilience.
Chapter 4: Findings

The purpose of this phenomenological study was to examine the experiences of chronically homeless men pursuing housing. I was especially interested in understanding how these individuals with lengthy periods of homelessness and disabling conditions navigated the complexities often associated with obtaining housing. The present research also sought to amplify the voices of chronically homeless men, particularly those of color, who were pursuing housing, as their experiences are largely missing from the existing literature on housing. Nine chronically homeless men were interviewed using semi-structured interviews and photo-elicitation. The participants discussed their experiences with pursuing housing while homeless and the meaning they made while engaging in the process. This chapter presents the findings that emerged from the data analysis. This chapter includes a brief case study of one participant, Jack, whose experience of procuring housing reflects the themes that emerged from this study. The findings are arranged into the following categories: identity, challenges, support and resiliency.
Table 4.1

Primary Themes and Subthemes

<table>
<thead>
<tr>
<th>Category</th>
<th>Themes</th>
<th>Subthemes</th>
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<tbody>
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<td>1. Identity</td>
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<td>2.a.i. Systemic issues</td>
</tr>
<tr>
<td></td>
<td>1.b. Gender</td>
<td>2.a.ii. Individual barriers</td>
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<td>2. Challenges</td>
<td>2.a. Obtaining Documents</td>
<td>2.b.案管理 challenges</td>
</tr>
<tr>
<td></td>
<td>2.b. Case Management Challenges</td>
<td>2.c. Waiting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.d. Substance Use</td>
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<tr>
<td>3. Support and Resiliency</td>
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<td>3.a.i. Case Managers</td>
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<td></td>
<td>3.b. Coping Strategies</td>
<td>3.a.ii. Mental Health Providers</td>
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<td></td>
<td>3.b.i. Emotional-focused</td>
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<tr>
<td></td>
<td></td>
<td>3.b.ii. Relational-focused</td>
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<tr>
<td></td>
<td></td>
<td>3.b.iii. Task-focused</td>
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</tbody>
</table>
Case Study: Jack

Jack is an 80-year-old African American man who at the time of this study had been homeless for about two years. The interview with Jack took place in the private corner of a coffee shop near the shelter where he resided. Before starting the interview, Jack said that he did not have much time because he had to be back in the shelter soon for dinner. However, he expressed his eagerness to participate. Jack walked in with a cane and informed me that he had a speech impediment due to a stroke.

Jack described being a widower with three sons and one daughter. He explained to me that he had had brief periods in the shelter before, explaining that often when his wife “needed her space” he would leave their home and go to the shelter. He shared that during those times his wife would want to drink with her friends and family, and he would choose not to be around them. His wife passed away two years ago, and once she did, he was no longer able to afford the rent on his own, and therefore became homeless.

He briefly described his experience of homelessness as one where he often kept to himself while engaging solely with “positive people.” Jack said that there was a clinic he was associated with that assisted him with his medical issues, which had multiplied since going into the shelter. He had developed diabetes due to the starchy foods that were served in the shelter and that being homeless made it difficult to eat properly.

When asked what it was like being a Black man pursuing housing, Jack said that he understood that there were some things that he would not have access to because he was Black. He said because of this, some may even see blackness as a curse. However, he did not subscribe to this belief and stated several times throughout the interview, “I love being Black.” He said that while he has learned to understand that this is the way things
are for Black people, he does not tolerate it. I took this to mean that while racism and discrimination are the context in which he lives, he does not allow it to deter him from getting his needs met. Jack went on to say:

I love being Black. I don't think I look for too much outside of being a Black man. I love being Black. I love it. I'm crazy about being Black. I feel Black and I think Black. That's one of the things I enjoy too. That's why I talk to myself, talk about being Black. The other race don't bother me. [Points to a hotel across the street from the coffee shop] What's the name of that place right there? That's a hotel. I mean, say that was a house. If that was a house, and there's White people living there and I move in, and I’m shy because of White people. I would never live there in the first place, I wouldn't. I wouldn't want to live there . . . I used to hate White people. But now I don’t hate. I let people be who they are, and I’m going to be who I am.

Jack stated that he was hoping to find housing in an area where there were other Black people. When speaking of his future neighbors, he said:

I hope my neighbors mostly look like me. I wouldn't want to live in a place that some people don't look like me. . . . Well, I always look at everything like if you're Black or you’re White, I don’t look at it as you’re Puerto Rican. You’re either Black or you’re White. That’s the way I look at it.

Jack explained that recently several case managers had reached out to him regarding housing opportunities. He discussed the challenges he experienced with having multiple case managers and its implications on his housing search:
I did have some parts where I was like, "What's going on with me?" At that time the other case worker I had [case manager 1], he retired, and so that made a big gap between that time to the time now. And I had [case manager 2], they had sent me to and from [apartment complex] but they had my name spelled wrong [on the application]. So, I had trouble with that. I lost my wallet, social, things like that. All of that stuff I had to come about, I mean I had to walk from over there to out there to get birth certificates and stuff like that. And I couldn't get it.

When shown a photograph of documents such as birth certificates and social security cards, he recalled that “an old army buddy,” who had since passed away, directed him where to go in order to get his documents. He said it took six months for him to have all of his documents sent to him.

When asked what was helpful in his pursuit of housing, Jack shared a story about a specific case manager who advocated for him with the housing authority and identified a resource that helped him resolve a financial barrier to getting housed. He said:

I'm satisfied with my case workers now. I have two case workers, the one that went and got my birth certificate and I got [case worker 3], he helped me get senior health care . . . I owed [the housing authority] $1,558.73. [Case worker 1] pretended to pay it off, but they didn’t. So, I had to pay it off. But [case worker 3], he came in, and he helped me. Now I’m on the list for housing. Not just any list, the list. I’m there, and that’s by way of magic.

This debt was a significant barrier to Jack getting housed, so the fact that he was able to find a solution so quickly laid the foundation for a trusting relationship. The case manager described seemed to differ from the others, because when he was presented with
a challenge, he was able to identify an appropriate resource that quickly resolved Jack’s problem.

In addition to that example, Jack spoke fondly of his friends and family, stating that while they were a source of support, he did not want to live with them. He shared that had two sons who had overcome homelessness and were now housed and employed: “They got my back, but I want to be on my own.” He said that in addition to having a good relationship with his children, he also had one with his brother with whom he spent weekends. Jack said he enjoyed going to his brother’s home to listen to him play the guitar. Jack expressed that while these relationships kept him motivated, he also valued his alone time, when he often engaged in prayer.

As Jack described his faith in God he did so with a smile. He affirmed:

I love my spirit God. I love God. And I’m nothing without God. I pray. And I believe if things go quickly, it may not be right. I think if you take your time and figure out what you doing inside, you can come to all that you need and you get more peace inside. Just me knowing that I'm going to get a house. I feel peace, very peaceful. That’s God.

I was deeply moved by Jack’s resilience, particularly as he described his faith. In the face of so much adversity and challenge in getting help, he maintained a hopeful spirit. He valued both connection and privacy, while maintaining a hopeful perspective. He shared he was determined to have “a good time,” regardless of his race, age, and homelessness. He ended the interview stating, “I’m going to be 81 in June, and I’m enjoying every bit of it.”
Equally, I was outraged at a system that would allow an 80-year-old man with multiple health issues to become, and then remain homeless—a system that contributed to his health issues worsening. While Jack eventually got the help he needed, I was curious about what challenges prevented him from receiving this help sooner, and if he had, what implications it might have had on his health. Also, as I listened and analyzed Jack’s interview, there were moments of gratitude for the healthcare providers and case manager who were helpful to Jack. I was grateful to know that he had the support of homeless services staff who were connecting him with the resources that he needed. As someone who has worked in this system, I have worked with staff with varying levels of interest, compassion, and training in the field. I have witnessed the positive impact of this type of support on the lives of homeless individuals.

Jack’s account is just one of the many stories of resilience and humanity that dispel the myth of homeless individuals as lazy, apathetic, and culpable for their circumstances. Instead, his story reveals the tenacity and effort that it often requires to leave homelessness and the gaps in the homeless services system that must be addressed. After the interview, I was left wondering what his experience might have been like had the entire system altered its practices in ways that took into consideration his trauma and his desire for connection, pleasure, rest, and a place to call home. Jack’s story is a reminder of the larger themes that emerged, which are explored next.

**Identity**

A category that emerged from the data consisted of issues related to identity. Several participants shared the impact of their race and gender on their pathway to housing. Other aspects of identity that were revealed included faith, family, and
relationships. These dimensions of the self were often discussed in terms of participants’ coping with being homeless. However, participants were asked specifically to discuss how they viewed their race and gender in reference to their housing search. Black participants were asked to discuss how they perceived the impact of both their race and gender. Due to the overrepresentation of Black men in the homeless population, this question was only posed to those participants who identified as Black during the pre-interview screening. The intention was to illuminate the intersectionality and further marginalization that accompanies being a homeless Black man. For this reason, White men were not specifically questioned about their race, but were asked to share their perceptions of their gender on their experiences of obtaining housing.

**Race**

Black participants were asked how they perceived being a male of color impacted their experiences of pursuing housing. Four out of the seven Black participants stated that they believed that their race played a negative role in the process of obtaining housing. Two Black participants stated that while they acknowledged race as a part of their identity, they did not believe it influenced their ability to obtain housing. One other Black participant, Wes, shared that while he was not sure how race impacted his housing journey specifically, he had experienced racism throughout his life. He stated that since becoming homeless, he had been “spit on and called a nigger.” However, he did not perceive race as affecting housing because he saw all races experiencing homelessness. Irvin, an immigrant from the Caribbean, shared that “back home, we don’t have these issues. And from the time I’ve been here, I’ve never come into a situation in a way that it would bother me.” As a Black woman working in the field, I am aware of the ways in
which Black Americans have been subjected to discriminatory housing policies and practices. However, with these participants, while they shared their experiences and perspectives, I had to bracket my experiences of systemic racism in housing so that I could be present with Irvin as he shared his experience.

However, there were several participants who did see race as an issue in housing. For example, Victor stated, “Over here, if you're White you're right. If you're Black, you're going to get back in that line. That's how it work. That's how it is over here.” He seemed to refer to the fact that Black people have been kept in the periphery when it comes to having their needs met, and that encompasses housing resources as well.

Abe shared his experience:

Being a Black man affects every aspect of anything. I don't care if you're a rich Black man, you're still going to be treated like a piece of shit. No matter how well you're brought up, you know what I'm saying? And no matter how much ass you kiss, you're still a nigger. You know what I'm saying?

Abe had experienced racism in every aspect of his life, and homelessness was not excluded. When asked to share his perspective on race and housing, Mick shared that he believed Black people were chosen last for housing resources and that this had been his experience as well. He said:

Being Black means you’re always the last one. I’m always the last one . . . I'm like, I just deal with it, like, whatever happens, happens. But sometimes I'd say, “He a racist, or something?” But we got to earn our shit, you know that. You got to earn it. If you don't earn it, you don't get it. And then when you earn it, they
want to take shit away from you anyway . . . It doesn't get no better, so I just deal with it.

Mick said that he tolerated this injustice by learning to accept racism as a part of the process. He also shared that Black people had to earn housing, which contradicts the commonly held notion amongst housing advocates that housing is a basic human right, one that should be accessible to all.

Most of the Black participants in this study perceived that race and racism played a role in their path to housing. They seemed to discuss racism as an immutable aspect of the process, one that they had accepted and must tolerate in order to achieve their housing goals. White participants were not specifically asked about race nor did they discuss it spontaneously.

**Gender**

While every participant was asked how they viewed gender in the context of housing, as described above, the Black participants discussed gender and race as a singular identity. Only one participant, J.J., shared that he believed there was a difference between the way homeless men and women were treated. J.J., a 40-year-old White male, shared that he did not see a difference in the services available for single women and men, but that he did see more male homeless men than women. J.J. expressed his views on gender differences in the homeless system at length. He stated:

I found that, like, the reason why, like, maybe you guys had more male homelessness is because a female was more likely to stay with their family and more likely to be taken off the streets. I mean, I, but I've never really looked at it as like a sexism or who's worth more, a male or female. There’s definitely more
guys than girls that are homeless, and I don’t know why. Maybe it’s because girls are more likely to get their shit together. Somebody’s more likely to take in a female . . . they have children and there’s more services.

While both White participants were asked about gender, only one answered the question. The other White male participant, Paul, simply stated, “Everyone in the shelter is homeless. Everyone in the shelter would love housing” but did not make any statements about gender. Additionally, Black participants discussed their gender along with race and considered the intersectionality of the two. In addition to the challenges associated with their gender and race, participants also shared challenges that were not unique to these identities, which I explore in the next section.

**Challenges**

The second major category to emerge from the data were the challenges participants experienced during the housing procurement process. These challenges are organized into four themes: obtaining documents, negative experiences with their case managers, the issue of waiting, and the perceived challenge of substance use and its impact on obtaining housing.

**Obtaining Identification Documents**

Seven participants reported experiencing challenges with obtaining the documents required to submit with their applications. When an individual’s name comes up on the waitlist, they are required to submit documents such as state identification, social security cards, and birth certificates that are necessary for completing housing applications. Applications are not complete until these documents are submitted. Several participants reported that, due to the nature of homelessness, their documents had either been lost or
stolen. Obtaining these documents often requires multiple steps and fees, and can significantly stall the process.

The challenges with obtaining documentation are organized into two subthemes: challenges associated with navigating the systems involved and challenges that were unique to the individual but were important to describe in this chapter as they may highlight challenges for other subgroups in the population (e.g., immigrants, individuals with criminal backgrounds, individuals with chronic illness and disabilities, and other inhibiting factors).

**Systemic Issues**

Three participants shared that they found it challenging to navigate the systems involved with obtaining documents for their housing applications, due to the fact that often obtaining one piece of documentation relied on having other documents, which required not only physical labor and time management, but multiple trips to various agencies. Abe, an older African American participant, described his experience as “a marathon.” Mayberry (2016) referred to this in his study as the “hidden work” involved in obtaining housing. He stated that obtaining housing often required a great deal of time and energy navigating the systems to complete tasks associated with obtaining housing, all while attending to their other needs such as medical, social, and securing a bed at the shelter every night. Participants shared that in order to obtain one requirement, often a prerequisite needed to be met. These prerequisites then had their own list of requirements.
Jack, while looking at photos of various government documents, shared the challenges he experienced with trying to obtain legal documentation with his name on it. He said:

I lost my wallet, social, things like that. All of that stuff I had to come about, I mean I had to walk from over there to out here, Harbor Point, to get birth certificates and stuff like that. And I couldn't get it because I had no proof of my name. I mean that was a hard time.

Jack stated that it was even more difficult navigating this process alone due to the fact that his case manager retired, and he had to wait several months before being assigned to a new one. Therefore, he had to navigate this process largely on his own. Mick, a 62-year-old African American male, shared that transportation was a barrier to getting the documents he needed for his application. He stated that if he did not have a bus pass, he could not get things done and that one task required multiple bus trips. He stated:

Yeah, it's a lot of running around. Sometimes you got to think and say, “Okay, I know I got to go here . . . I got to make sure I go back and forth, doing everything I have to do.” If you can't do something, you ask someone, you say, “Are you going to help me out? I got to do this,” and say, "Do you think you'd be able to give me a bus pass?"

The “running around” that Mick and several other participants referred to in this study seemed to be an indication of a larger systemic issue, where these systems are not aware of the challenges associated with being chronically homeless. Therefore, accommodations that could address these barriers may not considered by the entities that
require this documentation. These participants highlighted the immense effort required to obtain basic documentation for housing applications.

**Individual Challenges**

Two participants, Irvin and J.J., named challenges with obtaining documents that were unique to their circumstances. Irvin named having an expired green card as a barrier to obtaining documents needed to obtain employment and, eventually, housing. He shared, “My problem is really getting back to work. If I can pay for my green card, I’ll be fine.” J.J. shared that having a warrant out for his arrest kept him from obtaining state identification, a key component of the housing application process.

Irvin, a Black man from the Caribbean, stated that his only barrier to getting housing was obtaining the funds he needed to renew his green card. Having an active green card allowed Irvin to live and work permanently in the United States. He described having to stop working because his green card had expired, which ultimately led to his homelessness. Without it, he was also unable to obtain documents such as a state-issued ID. Irvin shared that if he were able to obtain his green card and work, he would be able to afford a place of his own.

J.J., a 40-year-old White male, shared that he was unable to obtain his identification because of multiple arrest warrants. He reported that he needed a birth certificate and a state-issued ID in order to complete the litany of housing applications he hoped to submit. In order to obtain the birth certificate, he would need to produce the ID first, which meant he needed to resolve his warrants. This is an example of a catch-22 that was highlighted in previous literature. J.J. stated:
In order to apply for housing, I had to get a birth certificate and a Mass ID. I had to clear my warrant in order to get a Mass ID. . . . So that was a little challenging for me. But I was finally able to clear it up.

He shared that he had to turn himself in to the police and risk the possibility of doing jail time, a risk he was willing to take to get out of the shelter.

Engaging in the housing process presented two main challenges associated with obtaining documents. First, participants shared that obtaining documents was a time-consuming task that required multiple steps as well as lengthy waits before receiving the document. Other participants shared challenges that were unique to their individual situations, such as having a criminal record or dubious legal status, that were important to name given the research question. These challenges could also inform or prompt future research questions. The challenges that participants shared were not limited to documentation, but also occurred in relationship with some case managers who were responsible for assisting them with this process.

**Case Management Challenges**

Six participants expressed negative case management experiences that they believed stalled their housing journey. Case managers in homeless services are responsible for assisting individuals experiencing homelessness with applying for housing and ensuring that they have the social, medical, and financial supports in place to help them maintain it. The participants in this study shared that due to the multiple homeless services agencies reaching out to them, they were often confused about their case manager’s role. As J.J. explained, “They gave me four or five people trying to contact you about housing. . . . It gets confusing.” They also shared their mistrust in some
case managers, citing the need for empathy and more training on the issues specific to their population.

Three participants shared that their case managers were not helpful in their pursuit of housing. One participant cited the need for case manager training: “I don’t think he’s helpful, to be honest. Like, I think he’s helpful to the point where he’s nice, and he cares about me. . . . But I don’t think he’s—he might need more training.” J.J. stated that he did not trust his case manager to help him resolve the issue regarding his warrant and therefore took a risk by addressing it himself. He speculated that his case manager’s shortcomings could be a result of insufficient training, particularly on issues regarding the criminal justice system and effective advocacy strategies.

Two other participants said that they were confused about who their case managers were. There were several different agencies working with them on housing, and this led to confusion around who was supposed to be helping them with housing. Al, a 60-year-old African American, stated:

The frustrating part about is people telling you who you should be working with. [Case Manager 1] tells me I work with someone else. [Case Manager 2] tells me I work with this person and this person. It’s hard to find out who you’re actually working with. They said [Case Manager 2], he’s the guy that’s been looking for me. So, they said I just missed him, stuff like that. You just missed him, he just left the building and stuff like that. But now he’s meeting with me on Monday, and I’m going to be looking for him.

When asked to name challenges associated with obtaining housing, several participants shared that the case managers assigned to help them were challenging to
work with due to the confusion around having several case managers from multiple agencies reaching out to help them and the perceived lack of training on behalf of the case manager. Abe shared a similar experience. He stated that while obtaining a case manager was easy, getting the help he needed was not, and therefore, he had to rely on himself. He asserted:

Or just do it on my own. Basically everything. Like yesterday, you get a . . . You go to [Shelter 1], you get a case manager. You go to [Shelter 2], you get a case manager. Wherever you go, you're supposed to get a case manager, right? But the case managers don't do the footwork, you do the footwork. So what's the point of getting a case manager for?

Abe found that having multiple case managers was not only confusing but unhelpful. Despite having multiple case managers, he had to do the work of obtaining housing on his own. Another one of the biggest challenges and frustrations of this process—waiting—is discussed in the next section.

**Waiting**

Five participants shared that their greatest challenge with pursuing affordable housing was the wait time associated with bureaucratic policies amongst housing authorities, government agencies that issue documentation, and homeless services providers. This was the most significant emotional challenge that participants stated got in the way of their pursuit of housing. When shown a photo of the shelter, Victor shared his frustration with waiting for housing which, as previously stated, he attributed to his race. For some participants, long waits had the potential to exacerbate pre-existing medical conditions that would be better managed in one’s own home.
For example, Jack, an 80-year-old Black man, stated that once he was selected for housing, he spent several months obtaining documents:

I went and got my birth certificate. I got my ID card, I got my social security, I got my bank statement. All these things came within six months. All these things that I’m talking about, it came in six months.

He shared that waiting had serious implications for his health: he had been diagnosed with diabetes since entering the homeless shelter and reported that it had been challenging to manage in that setting. Jack explained that the shelter served mainly starchy foods and consuming them had resulted in his developing diabetes. He also stated that doctors had told him at the time that he would have better outcomes if he were in his own place where he could control the types of food he consumed.

Mick shared his experience with waiting:

I’ll sit back and I’ll wait, until I can go to talk to somebody on how to go about it. And then I started doing a lot of footwork myself. I went and got a lot of the applications, and I sent them out. A lot [of] places, though, received them and said, “We ain’t got nothing for you now, it’ll be another 10 years. We had something for you, but we can’t give it to you, because it ain’t got no elevator.”

Mick’s wait was extended because he needed a handicap accessible unit, and those are difficult to obtain due to limited quantity.

Another participant, Al, shared that while waiting for housing had been frustrating for him, he remained confident that he would be housed one day. He stated:

The frustrating part about it is just waiting. Just waiting. Like I said, it has been two years and I’ve seen people come and go. I see people get apartments and
come back because of whatever issue it may maybe. . . . But it is what it is. My
time will come. I firmly believe that my time will come.

Al maintained this attitude throughout the interview, sharing the immense challenges he
had encountered while applying for housing, yet remaining hopeful that he would
overcome them.

Similarly, another participant, Wes, discussed his experience with going to the
housing authority for a meeting regarding a housing opportunity and not having what he
needed to complete the process. He said:

The hardest part, I would say is waiting patiently. That’s the hardest part. A lot of
people give up. Waiting is a challenge, and a lot of people give up on having
patience waiting because sometimes it don’t even happen. You can go all the way
there and then when you get there, if you don’t have the right paperwork, like
birth certificate, all that other stuff, you have to get way ahead of time, and you
ain’t got all that in there, you got to go out and send out, you got to pay for it and
stuff like that. People go in there and got nothing, no IDs, no nothing. So, they got
to try to find it, find where they lived, the last addresses. It’s hard.

He shared that it was difficult not only submitting all of the necessary documents, but
also trying to remember all of the information that was being asked of him on the
application for those documents. An example of this was being asked to provide a history
of previous residences he had occupied.

Waiting for housing is a challenge that can be psychologically agonizing for
someone experiencing homelessness with no control over wait periods. Due to the higher
incidence of medical issues amongst those experiencing homelessness, waiting can also
have significant consequences on their physical health. Therefore, for these participants, it was not just the act of waiting that was challenging, but also the consequences that followed. The final challenge, substance use, is discussed next.

**Substance Use**

While the participants in this study were not specifically asked about substance use, several participants discussed sobriety and abstinence as central to their ability to obtain and maintain housing. This emerged as an important theme in how these men thought about their pursuit of housing.

Three participants shared that they believed their sobriety was what had enabled them to engage effectively in the housing search process. They had all used substances in the past, but they were currently sober, and this allowed them to work toward their housing goals. Wes shared that after experiencing several overdoses, he was ready to address his addiction and take steps to pursue housing. He told this story:

I was on drugs, too. I did drugs, smoked crack. I did heroin and went out a couple of times because I gave up. I snorted some heroin they got now, and I OD’d twice, almost died. So, I woke up after that, too. So, it was a lot of stress. And drinking a lot because I was stressed out and stuff like that. I went through a lot of that too. . . . It helped me wake up. There’s another life better than that.

Wes did not pursue housing while using substances. It seems that due to his addiction, he lacked hope and aspirations.

Similarly, J.J. shared that he turned down several housing opportunities when he was still using substances. He stated:
I was accepted at the YMCA. But I turned it down because I’m the type of kid that, like, if I get housing now, I want to make sure that I have enough sobriety time . . . because I don’t want to be a statistic where I go into housing and lost it because I’m getting high still. I want to make sure that I have enough time . . . and not just a month or two. Going into housing could be stressful for me and I could not be thinking straight, and I could go back and get high.

J.J. shared that he wanted to reach a point in his sobriety that would enable him to be successful in housing. He stated that he had witnessed other individuals active in their addiction struggle to maintain their housing and return to the shelter, due to their inability to address their substance use. For J.J. and Mick, it was important to be free of substances in order to successfully reach their housing goals.

In addition to the three participants discussed above, another two participants attributed their engagement in obtaining and maintaining housing to their abstinence from substance use. These two participants did not disclose whether they had a history of substance use. Abe stated, “A lot of people don’t make it through that process because for one, their mind is weak, for two, they’re either an alcoholic or a drug addict and everybody don’t care.” Al shared that while he was not bothered by his race playing a role in obtaining housing, he was happy that he was not a Black man with an addiction. He stated:

Well, I’m glad I’m not a Black man that’s an addict, because they’ve got it rough. Sleep on the street, being strung out, just looking for the next hit or shot or whatever they call it. Just not being an addict, they have it worse than I do. Taking care of yourself. They have it bad, they have it bad. Not just Black or
White, any color. They have it bad, they just have it bad. Sleeping on the streets not wanting to come into the shelter, not shaving, not showering, yeah, they have it pretty bad. Yeah. I mean I see them and they don’t shower. They have it a lot worse off than I do.

Perhaps due to the additional stigma that comes with being a person who is drug dependent, these participants seemed to want to distinguish themselves from individuals who use substances. For some participants, their deservingness of housing was associated with their sobriety. While these participants spoke directly about the impact of substance use on obtaining housing, there was a sense with all of the participants that using substances would have had a negative impact on their ability to obtain and maintain housing.

Each of the participants in this study experienced some challenges related to obtaining affordable housing. Participants discussed challenges with obtaining the documents they needed in order to complete their applications. This created barriers to obtaining housing swiftly due to the multiple steps required to acquire these documents. Several participants discussed challenges with their case managers, often feeling that their case managers were unavailable or ill-equipped to assist them with navigating the process. Another subtheme in this category is the perceived challenges that participants believed they would experience had they been addicted to substances. Most of the participants in this study shared that the most significant challenge they experienced while pursuing housing was tolerating the long wait to get housed. While participants shared many challenges that they experienced pursuing housing, there were also stories of support and resilience.
Support and Resiliency

The participants in this study also shared the ways in which they were able to cope with the challenges associated with pursuing housing. With all of the challenges inherent in being homeless, successfully obtaining housing required both personal coping strategies and support from others, particularly people working in homeless services. Participants shared their positive relationships with service providers, their personal agency, and the personal coping strategies and resilience that enabled them to persist.

Service Providers

Homeless service providers are often responsible for ensuring that individuals experiencing homelessness have the support and resources they need to address their housing, medical, and mental health needs. These support services include: case management, mental health and substance use services, and healthcare. Chronically homeless individuals are a priority group amongst homeless services providers due to their medical and mental health needs (Quinn et al., 2019). While participants cited the various challenges that they experienced with their case managers, they also shared the positive experiences with case managers and mental health providers that were essential to their housing journey.

Case Managers

Case managers in homeless services are typically responsible for assisting their clients with applying for housing, placing them in housing, and providing the necessary supports so that they maintain that housing. While negative experiences with case managers were named as a barrier to obtaining housing, positive experiences with case managers were beneficial to navigating the barriers to housing. Eight participants in this
study stated that their positive relationships with case managers were instrumental to their progress as they worked to obtain housing. The fact that nearly each participant in this study cited this as a source of support demonstrated the importance of having a positive working relationship with a case manager in this process. Their responses ranged from having someone who could hold on to their vital housing documents and make accommodations for them at the shelter while they were pursuing housing-related activities to having someone to advocate for them and also provide a listening ear.

Wes shared that without his case manager, he would not have made it into the shelter to begin working on his housing goals. He said, “These people here and [the hospital] and the counselors really helped me a lot to get in and stuff like that. I would have probably never gotten in here. I’d probably still be out here and messing around drinking and getting drunk and acting stupid.” When asked what was helpful about his case manager, he explained that it was her ability to relate to his experience due to her own history of homelessness that enabled him to develop a positive work relationship with her. He said:

She’s been here. She used to be out in the streets. She’s recovering. She told me a lot of stuff that she’s been through . . . you ain’t going to sugar coat and tell her no lies. So, I was honest with her. She gave me the start, she gave me the resources, told me what to do and it’s been successful so far.

For Wes and several other participants, having a case manager who was open about their recovery from substances, playing the role of a peer support specialist, allowed them to build trust and honesty with that worker. This type of relationship enabled them to overcome the challenges associated with their housing search.
Similar to others’ experiences, Abe shared that his case manager, who worked for a homeless service agency, was “the best thing that ever happened” and that she “did all the leg work . . . going to [the housing authority] fought for my rights . . . putting in petitions and stuff, you know? All I had to do is sit back and just wait.” He shared that it was important for him to have “a 100% person that really cares about what they’re doing and not just the paycheck.” Once he became involved with this particular agency, he no longer had to go through the process alone and was able to get the support he needed to navigate the housing system.

J.J. said that he had several case managers working with him, but there was one who stood out and was particularly impactful because of the genuine compassion she expressed for her clients. He said:

[Case Manager] helps me every day do what I need to do so I can get out of here faster. She's a good-hearted person. Out of all of the people that I've met that work in the field, she's actually pretty on the top of the list that I like. She just likes to help. She's helpful. She cares about what she does. And I mean, she's burnt out and stuff like that. She gets burnt out easily. But she's a nice person, I find her helpful and she genuinely cares about people.

J.J., who had been homeless for several years and had worked with numerous case managers, could discern the characteristics of an effective case manager versus one who was not. These characteristics, along with those that the other participants named, appear to be authenticity, compassion, lived experience, and having advocacy skills.

Most of the participants in this study felt that their case managers played a vital role in helping them navigate the ins and outs of housing. The case managers they
described were skilled at recognizing and addressing the barriers to housing that their clients experienced, with some utilizing a peer support strategy to achieve this. Case managers have access to the systems that homeless people do not. Therefore, these relationships are important when navigating complex processes such as completing applications, communicating with the housing authority and landlords, and following up on requested documents. In addition to the value of supportive and knowledgeable case managers, supportive relationships with mental health providers also were instrumental for some participants.

*Mental Health Providers*

Due to the high rates of mental illness and substance use amongst individuals without a home, homeless services have expanded to include mental health services as well. In homeless services, mental health providers range from peer support staff with lived experience to therapists who address psychiatric illnesses and substance use as well as psychiatrists, to name a few. Three participants in this study shared that having support from mental health professionals was helpful. For example, when asked what had been helpful along his journey, Paul responded, “I have support from my family and mental health. I have a crisis psychiatrist . . . I see her once a week and we talk about my everyday problems.” Wes shared that he was able to remain hopeful about the process due to the relationship he has with his psychologist, the mental health outpatient program he attends, and the breathing techniques he learned in therapy.

Mick explained that it was an adjustment for him to open up to mental health providers, but when he did, he was able to become stable enough to pursue housing. He shared that both being on psychiatric medication and being able to discuss his depression
and anxiety with mental health providers had helped alleviate stressors associated with pursuing housing. He stated:

I’m doing much better. I’m more calmer. I ain’t going back and forth to the hospital. I see a psychiatrist and all that shit because of all of the shit I’ve been through, and the anger and stuff . . . And for me, to get back where I was at, I had to find a way to sit back and talk to somebody. But that was the hardest thing for me to do, to talk with someone, without blowing up all the time. But again, I had to calm myself down, and sit there and say, and talk to someone, and say, “I’m having a little hard time, trying to do certain things.” I finally hooked up . . . I was going to the veterans’ hospital, they have good doctors over there, so they helped me out a lot. They helped me a real lot.

For Mick, addressing his mental health by seeing a psychiatrist and social worker enabled him to focus on his goal of getting out of the shelter and into his own apartment. The participants in this study were clear about the types of relationships with service providers that supported their housing search. These relationships were those with caring, skilled advocates, who allowed participants to openly discuss the stressors associated with homelessness. For some, providers or case managers who served more as peer specialists, opening up about their own experiences with homelessness and addiction were most beneficial. Supportive relationships with service providers and professionals were central in helping participants navigate the system and assist them with personal struggles in their goal to obtain housing; however, participants also found ways that helped them cope with the stresses in their lives around housing. The next and final
section discusses the personal coping strategies that participants engaged in to alleviate the stressors associated with obtaining housing.

**Coping Strategies**

Each of the participants shared ways they found to tolerate the stress associated with obtaining housing. Their strategies are organized into three subthemes: emotion-focused, relational-focused, and task-focused. Emotion-focused coping strategies are those that participants utilized in an effort to manage and reduce negative emotional responses to stressors. Emotion-focused coping is directed at managing the difficult emotions caused by a problem, rather than trying to solve the problem itself. Relational coping strategies are the personal relationships in the lives of the participants that enabled them to endure challenges. Task-focused coping strategies are the actions that participants took to directly solve a problem, thus reducing the stress associated with that problem.

**Emotion-focused**

Emotion-focused coping strategies are those that alleviate the emotional distress associated with a stressor. For the participants in this study, emotion-focused strategies seemed to help participants manage the challenging emotions associated with their housing search such as disappointment, frustration, and confusion. These techniques helped them to be less emotionally reactive to stressors, particularly those they could not change. The emotion-focused coping strategies named in this study were cultivating patience, prayer, and self-love.

**Cultivating Patience.** Two-thirds of the participants in this study shared that having patience was key to tolerating the wait for housing. They seemed to define
patience as the ability to tolerate delay without becoming frustrated and upset. When asked how they were able to cultivate patience, they gave several responses including surrounding themselves with others who were motivated to seek housing; accepting that obtaining housing was a lengthy process; and having the awareness that doing anything that interfered with their patience could negatively impact their housing eligibility. When asked what had enabled him to persist, Paul shared, “You got to be patient. You can’t just expect things to happen overnight. It don’t happen that way.” Paul seemed to have accepted that waiting was a part of the process and that patience was critical for tolerating it.

When asked what advice he would share with others searching for housing, Al offered:

Just be patient. Nothing is going to come overnight. They just have to be patient. That’s the key, being patient. You can sort of promise people the world, but nothing is going to happen until it’s ready to happen. Especially with [the housing authority], they do things on their time. You can’t make them do things any faster. Al was also asked to share how someone who is experiencing homeless cultivates patience. He responded, “Try doing something with your day. Don’t just sit around at the shelter, try to make stuff happen for you.” This was also a common piece of advice that participants shared when asked what guidance they would give to others seeking housing.

For these participants, cultivating patience almost seemed to be a strategy for survival. They all had a mutual understanding that getting housing did not happen overnight and that they were in it for the long haul. For example, systems did not move as quickly as they would have liked them to, and there was nothing they could do to speed
up the process. Therefore, being able to have patience by understanding that delays were part of the process enabled them to persist.

**Prayer.** Three of the participants shared that they relied on prayer to get them through difficult periods. For these participants, prayer seemed to be a grounding technique that connected them to their faith and provided an opportunity for reflection. For example, Jack shared that he turned to God when he was faced with a challenge related to his housing search. He stated, “I pray. . . . I love my spirituality. I love God. And He’s the only thing we got.” He shared that he relied on God’s timing when it came to understanding when he would be housed.

Prayer was also how participants made meaning of their circumstances. For example, when asked how he managed to persist, Abe stated:

My mother, from how she raised me, the world’s going to beat you down, but you keep your faith in the Lord and He’ll pick you up. Now that doesn’t mean He’s going to keep you up. You still going to get beat down again. But as long as you keep your faith in the Lord, He will find a way to get you where you need to be. And that’s all I can do, was to pray. Whenever things got a little rough, I prayed. I’m a God-fearing man. And that’s another thing, too, while I was in [Shelter 1], every Sunday I would go to church. Just—how do you say? Just to get cleansed.

Abe, despite his challenges, was able to persist and make meaning of his experience by relying on his faith and engaging in religious practices such as prayer and attending church. The next section discusses the final subtheme in this category, self-love.
Self-love. Two participants named self-love as a tool for tolerating challenges associated with their housing search. For example, when asked what had enabled him to persist, Irvin expressed, “You have got to love yourself”. Similarly, Wes stated:

Love yourself first. That’s the first start. I mean that’s the only way you’re not going to give up. You don’t love yourself, don’t care about yourself, you can’t even love nobody else if you don’t love yourself. That’s the key. You won’t see Him if you don’t care about life. You love anything about yourself you want to get up. That’s the big thing.

For these men, naming self-love as a coping strategy implied being concerned with their own happiness and well-being. Loving yourself seemed to imply their awareness of their inherent worth, that despite their circumstances, they were worthy of a place of their own to call home. The participants’ engagement in emotion-focused strategies illuminates their resiliency. Emotion-focused strategies were one way that participants exhibited control over their process, while relational-focused strategies were another.

Relational Coping

Relational coping is the second category of coping strategies that the participants in this study utilized to tolerate the stress associated with obtaining housing. Three participants in this study shared that having connections with family and friends enabled them to withstand the emotional challenges associated with pursuing housing. For example, when shown a photo of an apartment and asked what enabled him to persist, Al stated that envisioning having his grandson over to play was enough to keep him
motivated toward his goal of having his own place. He also said that he is looking forward to having his sister decorate his apartment.

Jack said, “I go to my brother’s house on Fridays or Saturdays. He got music, and he plays the guitar. He plays a nice guitar. That’s family support.” For this participant, spending time with his family seemed to also allow him to maintain a connection with his life before homelessness. Paul stated, “My wife is my best friend. She’s the only one that’s supporting me right now. She’s been with me 40, no, 30 years.” Paul said that in the past, he has helped his wife with her sobriety, and now she is helping him cope with the realities of homelessness by helping him look at apartments and checking in with him regularly over the phone.

In cases where participants shared that they surrounded themselves with others in the shelter, there was a sense of solidarity amongst them, where they shared resources and advice for navigating the system. For example, Irvin said that he was able to have a positive outlook in the shelter due to the close friendships he had built while staying there. Jack shared that he was intentional about who he chose to befriend in the shelter because surrounding himself with motivated people was how he was able to stay motivated as well. Relational-focused strategies provided support and motivation to participants; they also demonstrated agency and resilience through task-focused strategies.

**Task-focused**

While emotion-focused coping strategies emphasized managing the stressful emotions associated with a stressor, task-focused coping strategies were aimed at resolving or modifying external sources of stress. The participants in this study described
Various activities that they engaged in independently to eliminate these stressors. They shared that it was establishing a routine and exerting personal agency that enabled them to overcome the challenges associated with daily shelter living and obtaining housing.

**Establishing a Routine.** Three participants shared that establishing a routine provided structure for their day and enabled them to stay focused on the tasks that would get them into their own apartments. Al stated:

Try to do something with your day. Don’t just sit around at the shelter, try to make stuff happen for you. Don’t just sit around and think things are going to come to you. The longer you just sit around, the longer it’s going to take for something to happen.

Al’s routine included running errands, attending appointments, and engaging in housing-related activities such as completing applications and meeting with housing case managers on a regular basis.

When Victor, an African American male, was asked what enabled him to persist during this time, he stated:

See, it’s because I got a plan and I ain’t going to let them stop my plan. I get up in the morning time. I go take a shower. I go to work part time. Then I come back, right this same time now. I get in my bed, put my headsets on, watch movies. Then I gets up, and I do the same thing over and over.

Victor went on to share that having a routine has also helped him avoid some of the conflict that commonly occurs in a homeless shelter and that could have a negative impact on his housing search. For these participants, their routines often included
housing-related activities that allowed them to exercise personal agency over the process when they could.

**Personal Agency.** Four participants in this study shared that taking control over application-related tasks by completing steps in the process on their own allowed them to resolve the stress they experienced due to some of the challenges they encountered. For example, Victor shared that he experienced challenges associated with his case manager and, in order to deal with these challenges, he took an active role in gathering his documents and following up with applications. He explained:

> You know what they’re going to do, forget about you. They’re going to forget about you. That’s it. Not unless you stay on them, stay on them. . . . Men like me, I don’t give a damn because I’m up out of there. I’m not going to sit back and wait for these people.

Victor was frequently let down by case managers and felt that he could not trust them to get him housed. He felt that this was his responsibility.

Wes presented a similar view:

> It’s been a long road. It’s very hard. It’s not easy. You got to put work in it. It’s not easy, and they ain’t going to do . . . You think [your case worker] and them is going to help you. . . . They going to help you if you’re going to help yourself, too. You got to go places . . . taking your stuff and going out there, filling out the right paperwork, getting your license or Mass ID, whatever.

For these participants, exhibiting control over the process allowed them to monitor its progress by being directly involved rather than relying solely on the case managers to get them through. They seemed to be motivated by distrust for some of those responsible for
helping them navigate the system. By establishing a routine and exercising personal agency, these participants were able to resolve some of the external sources of stress associated with their housing search. Participants exhibited resilience despite the challenges inherent in their pursuit of housing by utilizing coping strategies to manage their emotions, maintain relationships, and exercise agency through problem-solving and taking action.

**Chapter Summary**

Chapter 4 detailed the findings of this study that posed the question, “What are the experiences of chronically homeless men pursuing housing?” Through a semi-structured interview, participants explained the challenges they experienced while pursuing housing, along with what enabled them to persist. Participants also shared their experiences with race and gender in the context of pursuing housing. In the next chapter I interpret these findings, provide potential solutions that address the challenges shared by the participants, and describe limitations and implications for future research.
Chapter 5: Discussion

This study examined the experiences of chronically homeless men’s quests for subsidized housing through a phenomenological perspective using semi-structured interviews. In addition to interviews, photo-elicitation was used as a strategy to prompt the participants’ memories of their experiences (Bates et al., 2017). The participants frequently referred to the photos as they shared stories about their journeys with pursuing housing. A review of the literature found that the voices and experiences of chronically homeless men are significantly missing from what is known about this phenomenon. Therefore, the purpose of this study was to understand how these individuals made meaning of their experiences, with the hope that their voices could help shape future research, policy, and clinical practice in homeless and housing services. With a trauma-informed framework that recognizes the impact of racism and power, I provide an interpretation of this study’s findings, while making connections to and distinctions from previous research. I proceed with clinical and policy implications and areas for future research and conclude with an explanation of the study’s limitations and researcher reflections.

Summary of Findings

The chronically homeless men in this study described several aspects of their pursuit of housing where resilience was either challenged or supported. These descriptions may assist counselors and organizations working with chronically homeless men. First, participants discussed their views on race and gender in terms of housing, with many Black participants specifically sharing the ways they viewed their race as impeding their access to housing. Participants also described the barriers they
encountered while applying for housing. These barriers included: uncertainty around wait times, the grueling process of obtaining documents, mistrust and problematic issues with service providers, and the perceived challenges associated with substance use. Finally, the participants also reported on the types of support they received from specifically case managers and mental health providers, and emotion-focused, relational-focused, and task focused strategies that they employed in order to manage and overcome the challenges that they faced.

They seemed to accept that getting housed would not be easy and that they were faced with many challenges. This was especially so for the Black men in the study, as they reflected on their experiences of racism. While each participant in this study found ways to cope with the process, what stood out most was their tenacity and commitment to obtaining housing. However, the challenges that the participants discussed caused them significant distress, which I assess in this chapter to be the result of a system that has failed to evaluate and address traumatic stress caused by homelessness, racism, and hegemony. I suggest that in order to make changes to this system, organizations must adopt a trauma-informed framework that incorporates the principles of critical race theory (CRT). Therefore, the results of this study are examined with this lens. In addition to CRT, trauma theory and risk and resilience theory are two secondary frameworks that are integrated throughout this chapter. As the primary framework, critical race theory is discussed first.

**Critical Race Theory**

Critical race theory is a theoretical framework that examines issues in our society in the context of power, privilege, and oppression. As Pulliam (2017) wrote, “The aim of
CRT is to analyze, deconstruct, and transform power by using race as its point of engagement” (p. 416). Three of the basic tenets of CRT were central to this study. The first is that racism is the norm in the United States. As Sue (2015) writes, “The history of the United States was formed from the fabric of racial oppression, domination, and discrimination” (p. 106). The second is interest convergence. Interest convergence is the notion that civil rights are not a result of altruistic Whites. Instead, they result when the interests of Whites converge with those of Blacks and other marginalized groups (Delgado & Stefancic, 2012). Third is the concept of intersectionality, a phrase coined by civil rights activist Kimberlé Crenshaw (1991). Intersectionality is “the belief that our social justice movements must consider all of the intersections of identity, privilege, and oppression that people face in order to be just and effective” (Olou, 2019, p. 74). For example, in order to form a holistic view of homelessness, it is important to understand the unique ways it intertwines with other oppressed identities such as race, class, sexuality, and ability. Lastly, another core theme of CRT that was privileged in this study is the idea of counter-storytelling, where the stories of those who live on the fringes of American society are brought to the center of analysis.

Critical race theory acknowledges that the basis of all marginalization is an abuse of power that is connected to racism and other types of marginalization such as homelessness. A common theme among marginalized groups is the function and consequences of the unequal distribution of power. Menakem (2017) writes that “White-body supremacy in America doesn’t just harm Black people. It damages everyone” (p. 22). Its effects have evolved to include other marginalized groups such as economically and socially disadvantaged persons. Elite White people hold a majority of the power, not
just over African Americans, but also over members of the LGBTQ community, immigrants, Latinx, Asian, and Native American people and individuals with physical and psychiatric disabilities as well as impoverished people.

Therefore, CRT affords a framework for analyzing the experiences of even non-Black participants. The CRT lens facilitated my interpretation of the role of power, privilege and oppression in the stories participants shared. I was particularly interested in the ways in which power hierarchies were maintained and where, if any, there were opportunities for power to be shared.

**Trauma**

Levine (2008) defined trauma as “the often debilitating symptoms that many people suffer from in the aftermath of perceived life-threatening or overwhelming experiences” (p. 7). In their essential research on homelessness and psychological trauma, Goodman et al. (1991) reported their observation that homelessness causes traumatic stress due to the loss of one’s home, the stress of living in a shelter, and becoming homeless as a result of traumatic events. These events can be sexual, emotional, or physical abuse, war, neglect, experiencing or witnessing violence, devastating illnesses or injuries, or racism (Levine, 2008; Parker, 2020). Symptoms of trauma include hypervigilance, intrusive flashbacks, feelings of helplessness, dissociation and denial, shame, and lack of self-worth. Traumatic events can also accumulate over time and show up later on in life as addiction, anxiety attacks, phobias, forgetfulness, attachment issues, self-mutilation, and chronic pain or other medical disorders (Bloom, 2013; Levine, 2008). This study highlights specific forms of trauma within homelessness such as race-based trauma and trauma-organized systems.
Risk and Resilience

Homeless individuals enter homelessness with significant risks, which persist during their homelessness; however, as demonstrated by the individuals in this study, there are specific strategies that homeless individuals engage in to be resilient. Risks and adversities, such as those named in the previous section, are the negative experiences that have the potential to disrupt one’s functioning and development (Yates et al., 2015). These experiences have the capacity to significantly derail one’s progress toward a challenging goal such as obtaining housing. Yates et al. (2015) define resilience as “processes by which individuals achieve positive developmental outcomes despite exposure to known threats to adaptation” (p. 773). The frameworks described in this section ground the interpretations of this study’s findings, which are discussed in the next section.

Synthesis of Findings

This section begins with a discussion about gender and proceeds with an interpretation of how Black participants shared about race. Next, I interpret the challenges that the participants expressed as consequences of structural violence taking place within a trauma-organized system. The discussion on challenges also delves into the issues of the presumed challenge of substance use and waiting, where the consequences of waiting are not only examined, but I provide evidence for its use as a tool to maintain inequality. It concludes with an interpretation of the resiliency strategies discussed by participants.
Identity

The participants in this study were asked to discuss their salient identities as they related to their pursuit of housing. Of the two White men in this study, only one shared his perspective of gender and housing. This participant did not discuss his own gender but talked about women receiving help first if they had children. His lack of insight into his own gender could be due to his privileged identity. In other words, White men are not socialized to think about their gender or race because they are viewed as the standard in our society, whereas most of the Black men in this study discussed their identity in the context of the intersection of race and gender. The Black participants did not talk about these as separate identities, but frequently referred to themselves as a “Black man.”

The Black participants in this study who shared their experiences of racism seemed to provide evidence for what is already known about access to housing—that it is not only an arduous process, but also a racist one. These participants shared that they had experienced racism their entire lives and that they expected to or had experienced it in their pursuit of housing as well. While they did not discuss specific racist acts, the Black participants did talk about “feeling last in line” for housing. For example, they noticed White men getting housed before them even when these men had not been homeless as long as they had been. There was also a sense of powerlessness; in other words, that racism was an expected part of their journey. However, they remained hopeful that they would obtain housing in spite of the racism they experienced. There is general agreement that chronic exposure to racism and discrimination is traumatic (Parker, 2020). When individuals such as those in this study are repeatedly denied access to resources and are victims of racists attacks, this racial trauma may result in psychological symptoms.
Race-based Traumatic Stress

The experiences of racism that the participants shared may be conceptualized as race-based traumatic stress. Parker (2020) states that race-based traumatic stress is a result of experiences of racial events that are negative and emotionally painful. An event can be experienced as race-related based on the individual’s perception that a racist act occurred. Symptoms include defensiveness, anxiety, depression, anger, low self-esteem, shame, and sometimes guilt. Racial stress is a cumulative experience that is often magnified by the lack of opportunity to recover before the next experience, causing it to become chronic. (p. 37)

The Black participants in this study expected to encounter racism in their pursuit of housing.

When the Black participants who shared the impact of their race in housing spoke, I sensed there was some emotional distance from their experiences, or dissociation, as a means of protecting themselves from the painful experience of racism. While participants did not directly address the emotional aspects of racism, they did talk about their experiences of racism. They spoke about them in a very matter-of-fact way that seemed to hide their emotions; this might itself be a symptom of trauma. Repeated experiences of powerlessness, or the lack of influence over one’s life, is traumatic and may cause symptoms such as emotional numbing.

As one participant shared, being Black meant being last in line for resources. Participants’ experiences of being last is supported by the data on current and historical housing discrimination based on race. There was a mutual belief among many of the
Black participants that their journey of pursuing housing was plagued with discrimination and racism, making it harder for them to access this basic human need. This finding is supported by decades of racist housing policies and practices in the United States (Rothstein, 2017). One example of this is the disproportionately higher rates of eviction and homelessness among African Americans (Rothstein, 2017). Being last seemed to indicate that there is a hierarchal structure in place that determines who gets housing resources first.

The Black participants’ experiences in this study emphasize the notion that racism is reinforced by systems, not only individual acts of racism. As Oluo (2019) writes, “we inaccurately reduce issues of race in America to a battle for the hearts and minds of individual racists–instead of seeing racists, racists behaviors, and racial oppression as a part of a large system” (p. 27). One of the ways this power has been exercised is through segregation and discriminatory housing practices. It was only 53 years ago that The Fair Housing Act was signed and this country began to see a modest rise in Black homeownership (Rothstein, 2017). The systemic and racial trauma continues.

The overrepresentation of Blacks in the homeless population is a result of systemic racism that pervades this country’s educational, economic, and healthcare systems. One of the ways organizations can ensure racism is not reinforced in homeless services organizations is to assess to what extent the tools that are used to prioritize individuals for housing are equitable. For example, in 2019 researchers found that a tool used to prioritize homeless individuals for housing and other services, the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT), was not equitable and on average, people of color were given significantly lower prioritizations scores than
their White counterparts (Wilkey et al., 2019). In other words, White clients received higher scores on the assessment, thus were prioritized for services.

**Challenges**

During this study, participants described several challenges that they experienced in pursuit of housing. These challenges included the difficult process of obtaining documents, barriers to effective case management, and lengthy wait times. Interestingly, the participants also described addiction as a perceived challenge to securing and maintaining housing. The challenges that the participants shared in this study may be interpreted as structural violence in a trauma-organized system and also highlights the impact that waiting has on individuals and self-perceived worthiness as it relates to substance use. Below, I examine these categories in an effort to make meaning of the participants’ experiences.

**Structural Violence**

Many of the challenges that the participants in this study experienced can be conceptualized as the consequences of structural violence. Structural violence can be defined as: “violence that occurs in the context of establishing, maintaining, extending, or reducing hierarchical relations between categories of people with a society” (Taylor, 2014, p. 257). Therefore, “structures, like people, can play a role in limiting an individual or group’s potential” (p. 257). In other words, the barriers that these participants experienced seemed to go largely unaddressed, thus perpetuating the inequities that exist in homeless and housing services.

Systems, like humans, are not immune to adversity and therefore can be organized around trauma (Bloom, 2013). It is generally understood that most individuals
experiencing homelessness have experiences of trauma that precede homelessness and that they are at higher risk of re-traumatization due to the risks associated with homelessness such as victimization and inadequate healthcare. The act of losing one’s home and what preceded the events that led to that loss can cause significant psychological harm as well (Hopper et al., 2009). Helping homeless individuals requires clinicians and support staff to have compassion, an understanding of risk, and the ability to utilize strategies that reduce potentially re-traumatizing these individuals and causing more psychological harm.

The participants’ experiences in this study were not limited to their engagement with the services that they received while in the shelter but also encompassed a wider network of organizations. These included nonprofit homeless and housing organizations, healthcare systems, landlords, various housing authorities, and local and federal agencies such as city hall, the Department of Transitional Assistance, Registry of Motor Vehicles, the Social Security Administration, immigration services, and parts of the criminal justice system. Along with my experiences in the field, this research confirms that these homeless services lack a comprehensive integrated system, in which each part of the system works together to ensure that policies and practices are clear and consistent. This type of system would require communication, flexibility, and an understanding of the challenges that homeless individuals face. Organizations may achieve this by inviting individuals with lived experience of homelessness to be a part of advisory boards where policies around homelessness and housing are established.

Structural violence is also manifested in the process of gathering documents requested by the housing authority. This challenge aligned with several other studies on
housing and homelessness (Shinn & Khadduri, 2020; Wusinich et al., 2018). The challenges with obtaining documents presented both logistical and psychological challenges for participants. The logistical challenges were related to getting to and from the various facilities that distributed the documents and needing to meet a prerequisite to obtain that documentation. For example, to obtain a birth certificate, one needed to present valid identification. If one did not have identification, one had to apply for it and in order to do so, one must present a birth certificate. Additionally, there were two participants who described additional challenges obtaining documents due to their immigration status and criminal record. Mayberry (2016) described these situations as a “catch-22.” Bureaucratic obstacles such as these prevent or significantly delay individuals from meeting their basic needs. Organizations may address this issue by creating a cohesive system for obtaining documents among all relevant government entities and in which individuals obtain documents at the onset of homelessness and providers are able to secure the documents until they are needed.

**Trauma-organized System.** Bloom (2010) suggests that human services organizations, like individuals, are living systems and therefore capable of creating retraumatizing experiences for people, often without either party’s being aware of it. She states that this is due to the presence of chronic stress that employees experience in the workplace, coupled with histories of trauma that individuals such as those experiencing homelessness carry with them when seeking help from these organizations. Furthermore, employees themselves often have had experiences of trauma and chronic adversity similar to those of their clients. Therefore, “The result of these complex interactions between traumatized clients, stressed staff, pressured organizations and a social and
economic environment that is frequently hostile to the aims of recovery . . . is often the opposite of what is intended” (Bloom, 2010, p. 140). Without recognizing trauma and addressing it, a system becomes trauma-organized versus trauma-informed, and prone to re-traumatizing its staff and its clients.

According to Bloom (2013), “Re-traumatization occurs when clients experience something that makes them feel as though they are undergoing another trauma” (p. 45). Similar to the experiences of the participants in this study, Bloom states that organizational issues that cause re-traumatization include limiting participation of the client in services, minimizing, discrediting or ignoring the client, failing to provide adequate safety, and abrupt changes in the clinician’s schedule and assignments. It seemed that many participants were not aware of the steps in this process, which resulted in feelings of frustration and confusion. This was the first indication that this system was trauma-organized versus trauma-informed. In other words, the system as a whole did not do enough to prepare participants for what to expect from this process. Thus, participants exhibited feelings such as frustration, confusion, and mistrust, which might have been mitigated if the system had established a centralized process for obtaining necessary documents that was transparent and seamless.

Another challenge that created similar feelings for the participants in this study was the negative interactions they had with their case managers. As in previous research that investigated the experiences of homeless individuals (Mayberry, 2016), the participants in this study cited the need for more clarity around case management roles as well as more properly trained and empathetic case managers. Inconsistencies in care, confusion about which agency one was working with, and perceived lack of competency
of case managers seemed to trigger common trauma responses such as mistrust, irritability, confusion, and feelings of abandonment. Organizations may begin to address these issues by training case managers on best practices, trauma and homelessness, and racial equity.

**The Toll of Waiting**

The process of waiting was another noteworthy challenge due to the consequences it had on people. Waiting is not only psychologically taxing but can have serious health implications as well. Lengthy periods of homelessness can increase one’s exposure to risk factors. For instance, as they continue to wait, housing applicants can experience healthcare emergencies, increased risk for police involvement, trauma, mental illness, substance use, chronic illness, and physical disabilities, leading to further marginalization (Canadian Observatory on Homeless, 2021; United States Interagency Council on Homelessness, 2018). The systems in place currently do not acknowledge the negative impacts of waiting. Those in positions of power (e.g., housing authorities, federal and state housing programs) seem to overlook the consequences.

Waiting appeared to highlight the imbalances of power between those that create and administer the housing policies and those that must follow them. Participants in this study, like those in previous research (Keene et al., 2018; Mayberry 2016; Wusinich et al., 2018), experienced wait times that they deemed excessive, for example, waiting six months for a birth certificate. Wait times are also dictated by the availability of resources such as affordable housing. Research shows that there is a lack of affordable housing; therefore, individuals must wait until it becomes available or incentives are created to prompt the development of affordable housing (Shinn & Khadduri, 2020).
Waiting until incentives are created is an example of what critical race theorists describe as “interest convergence”—where social justice goals are realized once they can also benefit the dominant group (Delgado & Stefancic, 2012). In the case with housing, the benefit may come in the form of a financial incentive. For example, in Boston, there are certain tax credits that are available to housing developers if they dedicate a certain percentage of these apartments to low-income households.

Although little academic research exists on the subject of waiting, throughout history marginalized groups have been told to wait for equality. In his letter from a jail in Birmingham, Alabama, Dr. Martin Luther King (1963, as cited in Brown, 2018) wrote:

For years now I have heard the word "Wait!" It rings in the ear of every Negro with piercing familiarity. This "wait" has almost always meant "never." We must come to see, with one of our distinguished jurists, that justice too long delayed is justice denied. (para. 2)

In the same spirit, James Baldwin said, “You always told me ‘It takes time.’ It’s taken my father’s time, my mother’s time, my uncle’s time, my brothers’ and my sisters’ time. How much time do you want for your progress?” (Thorsen, 1989). Waiting is a tool used by those in power to prolong the promises of equality. Women are still waiting for equal pay. Individuals with disabilities are still waiting for appropriate accommodations. And nearly 160 years later, African Americans continue to wait for the promises made to them in the Emancipation Proclamation. As these homeless individuals continued to wait for their basic rights to be realized, they also continued to be subjected to lower standards of living than those who get to determine the timetable.
As this study demonstrates, homeless individuals are subjected to lengthy waits for the basic human right that is safe housing. For the participants in this study, especially the Black participants, hearing “wait” was synonymous with “no.” Every day that affordable housing access is delayed is a day that homeless individuals’ physical and emotional suffering is prolonged.

**Perceptions of Worthiness**

An unexpected finding in this study was participants’ perceptions of substance use impacts on their ability to obtain housing. Based on their personal experiences with substance use and witnessing people return to homelessness due to addiction, they described their belief that substance use would limit their ability to engage in activities that are critical to getting housed. Previous literature has documented homeless individuals’ perceptions of their worthiness for housing. For example, similar to the participants in this study, Keene et al. (2018) described participants in their study who emphasized their rehabilitation as a means of distinguishing themselves from others who were still using substances and who therefore were worthy of their own place. Parsell et al. (2014) also discussed the notion of worthiness in their research, where a participant shared that he postponed engaging in housing services until he felt worthy of housing. While this participant did not specify what made one worthy of housing, one’s sense of self and attitudes and beliefs regarding deservingness could be an avenue for future research. Participants seemed to believe that using substances meant that meant they were not suitable for housing. While the housing first philosophy does not ask for sobriety as a requirement for housing, I did wonder whether there is an unknown hierarchy among homeless individuals that determines who ought to be housed first. This may be another
example of the structural and systemic racism and inequality that was seemingly present in the other challenges that the participants shared. Trauma-organized systems and the structural violence of racism are inherent aspects of the systems of housing services and warrant examination for social change. While challenges faced by participants were onerous, the participants also reflected on what enabled them to persist in spite of these challenges.

**Support and Resilience**

While the participants in this study described incredibly challenging experiences, they also shared the protective factors that enabled them to tolerate them and persist in their pursuit of housing. Risk and resilience theory suggests that when individuals are faced with adversity, there are certain protective factors that may serve as a buffer, lessening the negative impact (Masten, 2001). Parker (2020) defined resilience as “the capacity to recover quickly and bounce back from ongoing, cumulative, and recurrent stress before it becomes chronic or traumatic” (p. 79). In addition to demonstrating remarkable resilience, participants’ stories, particularly about their agency, also challenged the stereotypes about homeless individuals as lazy, apathetic, and socially excluded, a narrative that is perpetuated by White supremacy culture. This result was consistent with previous research on how homeless individuals cope with homelessness and the pursuit of housing (Lee et al., 2010; Mayberry, 2016). Parsell et al. (2014) highlights the role of human agency in chronic and unsheltered individuals exiting homelessness.

**Social Support**
Ungar (2014) states, “research shows that in situations of adversity, resilience is observed when individuals engage in behaviors that help them to navigate their way to the resources they need to flourish” (p. 256). One such behavior was engaging in relationships with others that offered social support. As several participants shared, they were motivated to obtain housing because of relationships with family and friends. Social support has been associated with positive adaptation to adverse events; however, it is often overlooked in the context of homelessness. This may be due to the assumption that if one becomes homeless, it is because one lacked sufficient support to maintain housing. However, the results of this study challenge that assumption as the participants described the various relationships that they had outside of the shelter environment that enabled them to persist in pursuing housing. Resilience is not simply an internal mechanism that some have and others do not; it relies on the availability of resources in one’s environment, such as the availability of social support.

Another key finding in this study was that case managers who functioned in a similar capacity as peer support specialists emerged as a source of support. To my knowledge, this has not been discussed in previous literature. Peer support specialists used their lived experiences of recovery from mental illness, substance use, and homelessness as a means of connecting with and inspiring hope in the individuals they work with. The participants whose case managers incorporated strategies used by peer support specialists reported feeling as though they could trust what the case manager was saying because of their shared experiences. Peer support is a powerful tool and may be viewed to some as a form of counter-storytelling, where marginalized voices and experiences are privileged and used as a vehicle for helping other marginalized people
(Delgado & Stefancic, 2012). It is through the shared experiences that that trust can grow and change can occur. Homeless services could actively recruit case managers with lived experience and consider additional personnel functioning as peer support specialists.

Hegemonic systems of oppression try to deny humanity to those lacking power, rendering homeless individuals invisible and expendable (Delgado & Stefancic, 2012). However, at the center of this study was an acknowledgment of their humanity. The participants in this study could not be simply defined by their challenges and traumas, which would leave an incomplete picture of what their experiences were like. Like non-homeless people, the participants experienced joy, determination, relationships, faith, and personal agency. By utilizing these skills, the participants in this study demonstrated remarkable resilience in the face of chronic adversity.

The findings in this study revealed episodes of both the traumatic stress and resilience the participants experienced in the process of obtaining housing. Their challenges provide evidence of a system that is organized around trauma and hegemony. However, their resilience illuminates their humanity by challenging the stereotypes that exist about them. In the following section, I use these interpretations to discuss implications and provide recommendations for working with this population.

**Implications**

This section includes clinical and organizational recommendations as well as implications for research and policy, with an emphasis on trauma-informed care and critical race theory. Often, trauma-informed approaches fail to include racial trauma in its interventions. Therefore, I propose a trauma-informed approach that is strengthened by a critical race theory (CRT) lens. CRT emphasizes the role of taking action to address
issues of power and oppression such as those highlighted in this study (Graham et al., 2011). In addition, due to the high incidence of trauma and structural violence that these participants experienced, a trauma-informed approach that is designed around the awareness of racialized trauma may be an effective tool for addressing the challenges unveiled in this study. Hopper et al. (2009) define trauma-informed care (TIC) as:

understanding, anticipating, and responding to the issues, expectations, and special needs that a person who has been victimized may have in a particular setting or service. At a minimum, trauma-informed services endeavor to do no harm—to avoid retraumatizing or blaming clients for their efforts to manage their traumatic events. (p. 81)

In addition, trauma-informed care emphasizes safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment and choice, and attention to cultural, historical, and gender issues (Substance Abuse and Mental Health Services Administration, 2014).

Trauma-informed care (TIC) is an organizational approach for reducing exposure to risk and increasing resilience in individuals with experiences of trauma. As Bloom (2006) wrote:

Every service agency, every educational institution, and every workplace needs to be trauma-informed and trauma-sensitive. It must be possible for injured people to enter any environment and have experiences that are potentially healing, rather than experiences that compound their injuries as so often happens today. (p. 58)

It is not enough for counselors and organizations to be culturally competent in their work; they also must be able to “recognize and analyze race, racism, and Whiteness” (Quiros et
al., 2020, p. 160). Quiros et al. explained that these issues were largely omitted from trauma work and proposed critical race theory as a means for connecting all of these issues.

Quiros et al. (2020) argue that, “Traditionally, trauma informed practice theory leaves out a discussion on race and racism, yet a trauma-informed approach from a CRT perspective puts racism at the center, the implications for which are critical” (p. 163). The authors linked various principles of CRT with trauma-informed care, many of which are applicable to this study’s implications. For example, codifying the ordinariness of racism into trauma-informed care would first prompt the case manager or counselor to recognize that racism is both an ordinary experience for people of color and a traumatic one. It is not enough to simply acknowledge one’s race, which is often conflated with ethnicity. Clinicians must be able to examine the power structures in place that are re-traumatizing their clients if they seek to make an impact.

Once they have an awareness of the totality of trauma and racialized trauma in our society, only then do clinicians have a foundation for developing, assessing, and modifying their interventions to effectively meet the needs of disenfranchised people such as individuals experiencing chronic homelessness. Next, I integrate various principles of CRT with those of TIC to offer recommendations on working with chronically homeless individuals on an organizational and individual level.

Clinical Implications

Counselors can help make the process of pursuing housing less challenging by helping individuals increase resilience and foster post-traumatic growth. Given the high rates of trauma that individuals experiencing homelessness have undergone and will
continue to be at risk for, coupled with high rates of mental illness, substance use, and neurocognitive disorders, clinicians must recognize these risks and integrate trauma-informed practices into their work with these individuals. In doing so, clinicians can reduce the incidents of re-traumatization. Counselors ought to anticipate and be sensitive to their client’s histories of trauma and levels of present and future risk. They should routinely assess for trauma and coping strategies using valid trauma assessment tools. In addition, if counselors are to be committed to social justice, then they must “examine the social, historical, and political contexts of our racialized society” (Quiros et al., 2020, p. 161). In practice, this might take shape as a workshop that educates counselors and other service providers on racial equity, the history of discriminatory housing practices, and offers tools for challenging and transforming the oppressive structures that prevent homeless individuals’ access to housing. Trainings should also center the voices of those with lived experiences. One way to achieve this is by incorporating the voices of individuals with experiences of homelessness into the trainings.

In addition to utilizing basic counseling skills such as listening, empathy, and genuineness, counselors must adopt specific competencies for working with this population. First, due to the inequities that exist for homeless individuals, counselors working in homeless services should have a commitment to social justice. Counselors committed to social justice use “social advocacy and activism as a means to address inequitable social, political, and economic conditions that impede the academic, career, and personal/social development of individuals, families, and communities” (Lewis et al., 2011, p. 6). Counselors’ primary objective should be to use their power to create a more equitable society for this vulnerable population.
Counselors ought to assess for trauma and resilience in every client they work with by utilizing appropriate assessments and paying attention to the experiences they share. This will not only allow counselors to determine the best course of treatment, but by collecting this information, counselors can also understand the ways in which clients’ symptoms may interfere in their process of obtaining housing and what supports they might need to be successful. These assessments should also incorporate questions about racial trauma. Also, by understanding how a client copes with trauma and adversity, counselors can promote healthy coping skills. For example, as demonstrated in this study, several of the clients who had used substances in the past report that having a case manager who shared their experiences of homelessness and drug use was helpful in their journey. Because this is not the typical role of a case manager, counselors may be able to refer clients to peer support specialists who are trained in using their lived experiences to support their clients. This requires another skill, that of working collaboratively with other service providers to ensure that clients have access to this and other types of supports that can help them be successful in their pursuit of housing.

In addition to developing these competencies, counselors should also support their clients’ development of additional coping strategies. Jones (2006) states, “The greater the range of resources an individual has, the greater their capacity is to respond adaptively to life’s crises” (p. 37). Therefore, using this and previous research findings as a baseline, counselors can begin to understand what helps homeless individuals persist when faced with challenges. By utilizing evidence-based treatments such as cognitive processing therapy, mindfulness-based interventions, and stress inoculation therapy that are aimed at treating trauma and building resilience, counselors can help their clients develop coping
skills such as mindfulness and self-efficacy, make healthy connections with family and peers, and utilize existing coping strategies such as religion and spirituality (Dinnen at al., 2014).

**Policy and Organizational Implications**

In this study, participants engaged with a wide range of organizations and experienced significant challenges while doing so. For the most part, they relied on their individual coping strategies, although some case managers and mental health providers also were instrumental in supporting them. However, just as organizations and their policies may create re-traumatizing experiences for people, they can also alter their practices to provide opportunities for healing. Organizations, like clinicians, must recognize the impact of trauma and racism on the lives of people they intend to serve. Power inequities are inherently built into all structures. The notion of a structure in and of itself has the connotation that there is a hierarchy in place, where those in power determine how and when individuals at the lower end of the hierarchy are allowed to have their needs met.

The Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) explains, “A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for healing; recognizes the signs and symptoms of trauma in staff, clients, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings” (p. 11). There are three key elements of TIC that are discussed. They are: “1. realizing the prevalence of trauma; 2. recognizing how trauma affects all individuals involved with the program, organization, or system, including its own
workforce; 3. responding by putting this knowledge into practice” (SAMHSA, 2014, p. 11). Using these three components, I provide recommendations for integrating a trauma-informed approach that is linked with critical race theory (CRT) into an organization’s policies.

**Realizing the Prevalence of Trauma**

The first step in integrating this approach is to realize that trauma, like racism, is an ordinary occurrence in our society. Therefore, training in topics such as trauma and racial equity, are essential to ensuring that every individual working in the organization is aware of and sensitive to the trauma homeless individuals experience. Compared to the general homeless population and non-homeless individuals, chronically homeless individuals experience higher rates of untreated mental illness and trauma, and thus are at greater risk of exposure to further trauma. Therefore, individuals may experience symptoms such as depression, mistrust, uncertainty, increased need for control, avoidance, use of alcohol or drugs to manage these responses, and isolation (Hopper et al., 2009). Organizations and their staff should also be aware of the history of discriminatory housing practices. Once training is completed, ongoing education and consultation is necessary ensure adherence to the trauma-informed principles (Hopper et al., 2009).

**Recognizing Impact of Trauma**

A trauma-informed organization recognizes the signs and symptoms of trauma as well as the impact of historical racialized-trauma in the United States. Critical race theory is not a diversity and inclusion training (George, 2021). Therefore, it is not enough to simply be aware of different cultures and ethnicities; organizations must also recognize
the ways in which their policies perpetuate symptoms of trauma and develop ways to address them. For example, establishing clear case management practices can support a trusting relationship between case managers and their clients. There are various trauma-informed program models, such as the sanctuary model’s organizational approach, that organizations can follow to guide their trauma-informed service delivery (Bloom, 2013; Hopper et al., 2009).

In addition, recognizing the impact of trauma is incomplete without an understanding of intersectionality (Quiros et al., 2020). It is not enough to recognize only the economic issues clients face to obtaining housing. It is also necessary to take into account the challenges they encounter based on additional identities such as race, gender, LGBTQ, disability, immigration status, and criminal history. Together, these identities lead to greater experiences of marginalization. Therefore, organizations must acknowledge intersectionality and make changes accordingly, if they seek to resist re-traumatizing their clients. Effective supervision and training can be tools for recognizing gaps in knowledge around trauma, including race-based trauma. Also, having a diverse board of directors can improve an organization’s ability to recognize practices that promote trauma and race-based trauma, and thus be more likely to respond effectively.

Responding

Critical race theory also calls for transformation through action (Graham et al., 2011). Responding to trauma requires that organizations integrate the knowledge that they obtain from realizing the prevalence of trauma and recognizing its impact into their policies and procedures. Responding to the traumatic stress that results from homelessness also requires that organizations and their staff, particularly clinical staff,
“strive to include and empower voices and perspectives that have traditionally been excluded” (p. 7). Victims of trauma such as racism are robbed not only of their power but also of their “speech, memory, and feeling” (Bloom, 2013, p. 133). Therefore, providing these individuals with opportunities to share their stories not only empowers them, but also serves as a vehicle for healing. One way to empower marginalized voices would be to collaborate with them when constructing policies and procedures. An example of this in practice would be inviting individuals with lived experience to participate in advisory boards, where State and local officials can learn about their experiences with pursuing housing as they create policies. This serves to level the power differences between staff and clients.

While organizations may have begun to implement trauma-informed services, this study reveals that there are still gaps in implementation (Hopper et al., 2009). Mayberry (2016) offered one specific suggestion: “Communication across services needs to be routinized both within the housing service system and between housing services and other relevant social services” (p. 307). I believe that doing so would alleviate some of the confusion that participants experienced in this study, particularly as it relates to obtaining documents. Guided by the principles of trauma-informed care, Hopper et al. (2009) and SAMHSA (2014) offered additional recommendations for making homeless service systems more trauma-informed. These include: implementing a system-wide trauma-informed program, improving communication across organizations, inviting clients to participate in decision-making (for example, establishing town hall meetings and consumer advisory boards), ensuring that policies are frequently evaluated to ensure that they are not re-traumatizing, developing policies that support a trauma-informed
environment, and hiring additional peer support specialists. In addition, toolkits such as the “Racial Equity Toolkit” developed by the Housing Development Consortium, can help organizations learn about racial equity, identify problems, and create and implement a plan for making change (Joe & Waddy, 2016). In sum, clinicians and organizations ought to establish policies and practices that anticipate trauma in the individuals whom they serve.

Implications for Future Research

The findings and their interpretations reveal several avenues for future research. First, several of the recommendations for future research on homelessness and TIC that Hopper et al. proposed in 2009 continue to be relevant today. Future studies should examine the efficacy of trauma-informed approaches in homeless services. This may be achieved by evaluating the effectiveness of various models of trauma-informed care in homeless service settings, examining the implementation of trauma-informed care across a multi-organizational system, pursuing research that defines the process of establishing a trauma-informed framework, and qualitative studies that examine the needs of subpopulations such as women, immigrants, and LGBTQ individuals. Also, the ages of the men in this study ranged from 40-80 years old. There may be difference in experience by age and so a range of ages should be included in future research. Research that explores trauma-informed care in homeless services would be useful for understanding and reducing the risk of re-traumatization in homeless services.

In addition, I am unaware of any studies that specifically examine the impact of waiting on homeless individuals. This was a significant challenge for most of the individuals in this study and deserves further attention. Future qualitative and quantitative
research that examines waiting would contribute to the existing literature that seeks to understand the impact of homelessness. It may also inform housing policies and shape homeless services. However, due to the gap in research that gives voice to homeless individuals, future qualitative inquiry should examine the challenges and resiliencies within other homeless subgroups such as Latinos, LGBTQ individuals, immigrants, and women. Marginalized perspectives are undervalued in research and deserve further attention because their voices can reveal patterns that individuals from privileged positions cannot (Ford & Airhihenbuwa, 2010). Their voices can provide additional insights into homeless and housing services that were not revealed in this study. And lastly, future research should examine the role of peer support on housing navigation. While the participants in this study described case managers who shared their lived experiences with them as helpful, they were not technically functioning in a peer support role. There is a gap in literature that examines the role of peer support in homeless services. Therefore, future research ought to consider the impact of peer support in homeless populations. This would expand on what is known about effective support in homeless services. While there are several avenues for further research, there were limitations to this current study, which may advise researchers in the future. I describe these limitations in the next section.

**Study Limitations**

Although this study offers insight into the experiences of pursuing housing from the perspectives of chronically homeless men, it is not intended to be generalizable as this is not the aim of qualitative research. There were several limitations in this current study. For instance, White participants were not asked to discuss how they viewed their race in
the context of housing. While the intent was to understand the intersectional identities of being Black and homeless, it would have been useful to know how the White men in this study perceived their race, or race in general, while seeking housing. In addition, another limitation was that the participants were either Black or White, and thus the results do not include voices from other people of color such as Latinx, Asian or Native American individuals.

Also, while several participants reported spending time in other shelters, at the time of this interview, all of the participants came from the same shelter. It should also be stated that one of the shelters that I had planned to recruit from did not allow me to post any flyers, nor would they refer participants to this study. In addition to this, participants often had time constraints that prevented them from engaging in a full hour-long interview. These time constraints were attributed to needing to get back to the shelter on time for dinner or to obtain a bed for the night. Therefore, when researching this population in the future, researchers ought to be mindful of this and perhaps schedule multiple shorter interviews in order to accommodate them.

Finally, photo-elicitation is a tool to prompt memory (Padgett et al., 2013). Participants referred to the photos they were presented with, and it seemed to prompt their recollection of stories that were relevant to that photo. It was also used as a means for redirecting their focus to the research questions. It was outside of the limits of this study to determine this tool’s efficacy. In sum, these limitations should be taken into consideration when researching homeless individuals.

**Final Reflection**
From this study, I learned that when working with this population, my clinical brain tends to be oriented more toward a client’s deficits versus their assets and resilience. In other words, when working with an individual who is homeless, I become curious about their trauma and marginalization, with less attention to resiliency. This may be attributed to the nature of the work because those who come into a homeless shelter are presumed to have few resources, and so my initial response is about helping them obtain what they need. While recognizing trauma is key to a trauma-informed approach, I have learned that to really connect with my clients’ humanity, it is important to assess and value all dimensions of the person I am helping.

For me, this study illuminated the resiliency and humanity that homeless individuals are so often robbed of. These were individuals with a depth that extended far beyond what led to their homelessness and they offered key insights on how to transform the homeless services system, even while the actual remedy—increased availability of affordable housing—is delayed. Just like me, these men are defined not only by their trauma and pain, but by who they are in spite of this. I have a deeper curiosity for understanding what enables marginalized people to thrive in the face of adversity and a yearning to help others recognize their humanity by continuing to share their stories.

**Conclusions**

In conclusion, chronically homeless men contend with various challenges to obtaining affordable housing such as waiting, confusing case management practices, and barriers to obtaining documents. As with any social problem, power, privilege, and oppression are the root causes of homelessness and the challenges homeless individuals face. Racism was emphasized as an obstacle that influenced the Black participants’
access to housing. There is also a lack of trauma awareness, which causes organizations to often inadvertently re-traumatize those they serve. In order to tolerate these experiences of trauma, participants engaged in a wide range of coping strategies that enabled them to persist and be resilient. The participants in this study demonstrated amazing resiliency when confronted with repeated experiences of adversity. While the sources of that adversity need to be addressed, the amazing resilience of the human spirit must also be celebrated.

In order to support chronically homeless individuals with obtaining housing, clinicians and the multi-organizational system that homeless individuals work with must be aware of the ways in which their policies and practices can be re-traumatizing, and, in the process, do more harm than good. By integrating a trauma-informed approach that encompasses the values and tenets of critical race theory, these systems can begin to be spaces of healing and transformation that remain with people long after they are no longer homeless.
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Appendix A

PARTICIPANTS NEEDED FOR A STUDY EXAMINING CHRONIC HOMELESSNESS AND HOUSING

Your participation is voluntary and confidential!

<table>
<thead>
<tr>
<th>Qualified Participants Must:</th>
<th>Qualified Participants will be asked to:</th>
</tr>
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<tbody>
<tr>
<td>• Be single adult men 18+</td>
<td>• Participate in a confidential interview (approx. 45-60 mins) in a private room at the shelter or library in the area- your choice!</td>
</tr>
<tr>
<td>• Meet the definition for chronic homelessness*</td>
<td>• Discuss their experiences with pursuing affordable housing</td>
</tr>
<tr>
<td>• Be actively pursuing housing or recently housed</td>
<td></td>
</tr>
</tbody>
</table>

Please note: You will not lose your housing services if you either agree or decline to participate.

Interested? Please contact Serena Cardoso at 443-379-4490 or Scardoso@lesley.edu

*Chronic homelessness is defined as having experienced at least one year of homelessness or four episodes of homelessness in the last three years with a cumulative duration of 365 days. The individual must also have a physical or mental disability or substance use disorder.
Appendix B

Recruitment Letter

Date:

Dear Homeless Service Provider,

My name is Serena Cardoso. I am currently a student at Lesley University pursuing my doctoral degree. I am a professional in the field with many years of experience working with homeless people and supporting them in their efforts to obtain housing. I am writing to you to see if you would be willing to refer chronically homeless*, single adult males over the age of 18, to participate in my research study? I have attached a flyer to this email with more detail about the study.

The goal of this research study to is to gain insight into what it is like to pursue housing for individuals experiencing chronic homelessness. My study will involve a one, one-hour semi-structured interview. I am interested in talking with single, adult chronically homeless men about their experiences with pursuing affordable housing. Participants must either be 1) actively pursuing housing opportunities, or 2) housed within the last three months and willing to talk about their experience. I am especially interested in interviewing men of color, particularly African Americans, so that I may examine the intersections of homelessness and racism.

The current research on housing and homelessness relies on the perspective of the homeless services provider. I am interested in understanding this process from the consumers’ perspective. My study will involve conversations with participants about what it has been like for them to pursue housing, what have been the challenges, and what helped them navigate those challenges. I would like my study to provide a space for these stories to be told and ultimately impact policy and improve clinical homeless services.

I believe sharing their personal stories is essential to making that happen. Participants will receive a $25 gift card to Target for their time.

If you are interested in referring a participant to my study or have any questions, please contact me at scardoso@lesley.edu or call 443-379-4490. The participants may contact me themselves as well!

IRB number: 19/20-020

Thank you in advance for your consideration,

Serena

*Chronic homelessness is defined as having experienced at least one year of homelessness or four episodes of homelessness in the last three years with a cumulative duration of 365 days. The individual must also have a physical, mental disability, or substance use disorder.
Appendix C

Pre-interview Screening Script

Interviewee: _________________________________ Interview #: _____________
Time: _______________ Date: ____________ Location: _______________________

Hi, my name is Serena Cardoso and I am a Counseling and Psychology doctoral student at Lesley University. I am conducting research on chronically homeless individual’s experiences with pursuing affordable housing.

The purpose of this study is to understand what it has been like for you to obtain housing. Your decision to participate will not impact your services. Would you be interested in learning whether you are eligible to participate in this study? (If yes, continue. If no, thank the individual for their time and end the screening.

I have some questions that I would like to ask that will determine your eligibility.

  o Are you chronically homeless?
    ▪ Have you been homeless for at least one consecutive year?
    ▪ Or, have you been homeless four times in the last three years, equal to 365 days?
    ▪ Do you identify with having a mental illness, substance use disorder or physical disability?
  o Where are you in the housing search process?
  o Are you working with a case manager?
  o Do you feel like you could talk about your experience with housing?
  o For the purposes of capturing our conversation so that I may review it later, would you agree to the interview being audio recorded?

If yes to each of these questions, obtain demographic information (age, race, gender, shelter or area they sleep at). If no to any of these questions, thank the individual for their time and terminate the screening.

Inform the participant that there is an informed consent process where I will explain the measures, I will take to keep their information protected and confidential.

Where would you feel comfortable meeting? Schedule the interview for a time that works for both myself and the interviewee. Depending on availability, the interview can be conducted that day. Request the interviewee’s contact information.

Here is my contact information if you need to reach me. Provide participant with my contact information.
End of screening.
Appendix D

Interview Protocol

Semi-Structured Individual Interview Protocol

The Pursuit of Housing: Chronically Homeless Men and Their Experiences Seeking Affordable Housing

Interviewee: _________________________________ Interview #: _____________
Time: _______________ Date: ____________ Location: _______________________

Hi, my name is Serena Cardoso and I am a Counseling and Psychology doctoral student at Lesley University. I am conducting research on chronically homeless men’s experiences with pursuing affordable housing.

Thank you for your interest in participating in this research study. We will spend about 45-60 minutes together today. Will you be able to talk with me for about 45-60 mins today?

If yes, present the participant with a $25 gift card to Target.

The purpose of this study is to understand what it has been like for you to obtain housing. Photographs will be presented that directly relate to the interview questions. If you get stuck, you can look at them to help prompt your memory. I may also ask you to explain what you see in the photo to help you.

The interview will be audio-recorded. Are you comfortable with being audio recorded? If yes, review the informed consent form.

Next, we will review the informed consent form. Review Form.

Do you have any questions?

If the participant agrees and signs the informed consent form, continue. If not, stop.

Okay, are you ready to begin?

Interview Questions:

First Question: “Tell me your story about being homeless”

Questions to follow:

• Tell me your story about pursuing housing.
• How did you think about yourself during this process?
• What was an obstacle or challenge you experienced while pursuing housing?
• What was hard about this?
• Tell me how you thought about overcoming it?
• What made it possible for you to persist?
• Who or what helped you overcome that obstacle?
• What was most helpful?
• What kind of help did you hope for but did not receive?
• How do you think being a male/male of color impacted your experience?
• What advice would you give to others starting off in this process to know?
At the end of the interview. Thank you for sharing your experience with me. Before we end today, is there anything else you would like to share?

Over the next few weeks, I will be reviewing our conversation and my notes. I may have additional questions; would it be alright if I called you?

Provide participant with my contact information.
End of interview.
Appendix E

Informed Consent

INFORMED CONSENT

Study Title: The Pursuit of Housing: Chronically Homeless Men and Their Experiences Seeking Affordable Housing

Researcher: My name is Serena Cardoso and I am a Counseling and Psychology doctoral student at Lesley University. I am conducting research on chronically homeless men's experiences with pursuing affordable housing. This study is being conducted under the supervision of Dr. Sue Motulsky at Lesley University and she may be reached at smotulsky@lesley.edu.

About the Study

The purpose of this study is to examine the phenomenon of chronically homeless men pursuing affordable housing.

Voluntary participation

Your participation in this study is voluntary. You may decide to terminate your participation in this study at any time. Your services will not be impacted for choosing not to participate in this study. You will be given a made-up name and your real name will not be used. Your information will not be shared with the referral source or any of your providers. You may also decline to answer any question asked in the interview.

What will happen during the study?

The study will require you to agree to a pre-screening interview. The purpose of the pre-screening will be to determine your eligibility for the interview. The pre-screening interview will be approximately 15 minutes. Once it is determined that you have met the eligibility criteria, you may participate in an interview, ranging from 45-60 minutes. The interview will be recorded and will take place in a private office at either the shelter or a library in the area. You may also be contacted to clarify or provide additional information.

Risks

There is little risk to participating. A potential risk of participating in this study is that the questions may lead to distressing feelings. As previously stated, you may decline to answer any of the questions and take a break. I will check in with you throughout the interview process and provide you with resources if you would like additional support.

Benefits

There is no direct benefit to you by participating in this research, beyond having the space to share your experience with pursuing housing. However, I hope that the information that is gathered in this study will influence policies and help improve other homeless individuals’ pathways to housing.

Compensation
Before starting the interview, you will receive a $25 gift card to Target for your participation. You are not required to complete the entire interview to receive the gift card.

How will your privacy be protected?
Every effort will be made by the researcher to protect your privacy. This means I will not share your answers with anyone outside of my study. This includes the following:

- Notes, audio, transcriptions, and any other identifying participant information will be kept in a locked file on my laptop. The file will require a private passcode to enter. The file will be destroyed after 5 years.
- Information from this interview will be used solely for the purposes of this study and any publications that may result from this study.
- You may withdraw your consent to participate in this study at any time. If you choose to do so, all information gathered during your participation will be immediately destroyed (shredded and deleted from my laptop).

Contact
Should you have any questions or concerns about this study, please contact me at:
Serena Cardoso
scardoso@lesley.edu
cell: 443-379-4499

There is a Standing Committee for Human Subjects in Research at Lesley University to which complaints or problems concerning any research project may, and should, be reported if they arise. Contact the Committee Chairperson at irb@lesley.edu.

Please read the following statement and sign below if you agree.

I ______________________________ voluntarily consent to participate in this interview. I also agree to be recorded. I understand that I can discontinue my participation and withdraw my consent at any time.

_________________________________                                  _________
Participant’s Signature                                                                   Date

_________________________________                                  _________
Researcher’s Signature                                                                        Date

A copy of this consent form has been given to me ____________ (Initial)
Appendix F

Sample Interview Photos