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An Examination of the Multilevel Determinants of Homelessness

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Abstract

Objectives: This project aimed to explore factors contributing to homelessness within Fairfield County, Connecticut in order to understand how to develop prevention services that best match the population's needs.

Methods: This project draws on data collected from a qualitative study done by Supportive Housing Works, where researchers conducted 2 focus groups and 44 semi-structured interviews with individuals experiencing homelessness or housing instability in Bridgeport, CT. Participants were recruited by posting flyers, as well as referrals from programs such as Prospect House, and other Opening Doors Fairfield County (ODFC) partner agencies. Eligible participants had to be registered with the Homeless Management Integration System as either an "individual" or "family" 18 years and older, and all respondents were compensated \$10. Analysis and thematic coding of the transcripts was conducted using Dedoose.

Results: While the age at which participants first experienced homelessness varied, they identified several common factors that contributed to first-time, chronic, and episodic homelessness throughout their life courses. These ranged from adverse childhood experiences, derailing events such as incarceration and eviction, lack of social relationships and support, inadequate mental healthcare, barriers to employment, and navigating the system of "broken promises". These factors were often related to one another both directly and indirectly, and accumulated over time, creating significant barriers to stable housing.

Discussion: Efforts to improve homelessness prevention programs must address the lack of affordable housing, improve reentry programs for those leaving incarceration, improve mental healthcare, and increase employment opportunities as well as social support. Programs that serve this population must ensure that clients feel empowered and respected, and that the process of applying for housing assistance, unemployment and disability benefits, is transparent and not too onerous. Given participants' lack of social support to help buffer against derailing events, there should be a greater focus on finding ways to integrate those at-risk for homelessness into their community through meaningful employment opportunities and fostering supportive relationships.

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Introduction:

Though rates of homelessness in Connecticut have been gradually declining over the past decade, the fight to end homelessness is far from finished. In January 2019, it was estimated that 3,033 individuals were experiencing homelessness in Connecticut, with 771 of those residents located in Fairfield County (Opening Doors 2019). Additionally, given the significant impacts of COVID-19 on job loss and economic instability, individuals may face an increased risk of housing instability and homelessness than that observed in previous years (Nande 2020). People living without shelter consistently report poorer health, greater symptoms of physical illness, and higher rates of premature mortality than those who are sheltered (Montgomery 2016). There is also little research that examines the underlying causes of gaps between homeless services and needs and few studies that consider the lived experiences of those who become homeless (Barile 2020). With these considerations in mind, this project examines the factors that impact entry into homelessness by analyzing interviews with people who have lived experience of homelessness, and seeks to understand how prevention services can be improved to match the population's needs.

This project focuses solely on those individuals experiencing homelessness in the Greater Bridgeport community. This location was chosen by Supportive Housing Works, the organization that implemented the study, due to the fact that Bridgeport has the highest rates of homelessness and evictions in Fairfield County, as well as a significantly high percentage of rent-burdened households (35.7%) (Fairfield County Housing Needs Assessment, 2021). The findings from this analysis can assist the design and implementation of homeless prevention services in other cities, such as New Haven and Hartford. Exploring the narratives of those experiencing homelessness regarding what contributed to their loss of housing, their inability to become rehoused, and in

some cases, their repeated loss of housing, can inform future policy and interventions aimed at decreasing homelessness from occurring in the first place. This study aims to identify and analyze the contributing factors of homelessness within Fairfield County, Connecticut, in an attempt to develop a shared understanding of how homelessness prevention services can be improved.

Background:

Homelessness exists on a continuum, and varies between episodic, transitional, and chronic experiences. While there is persistent debate over whether structural or individual factors are to blame, homelessness and housing instability is a complex issue shaped by the interplay of various dynamic, multi-systemic factors (Roger 2010). Individual factors, such as behavior and health conditions, as well as structural factors, including poverty, unemployment and a lack of affordable housing, have all been identified as plausible causes. Often, entry into homelessness is understood as an event that occurs when individuals experience major negative life events and lack the necessary resources, whether they be personal or material, to cope accordingly (Crane 2005). These events include, but are not limited to, incarceration, transitioning out of foster care, illness, and job or income loss (Montgomery 2016). However, in order to fully understand homelessness as a public health issue, we must consider the social context in which these events occur, and the societal conditions that contribute to this cycle.

A substantial amount of research has observed elevated rates of mental illness, adverse childhood experiences, and substance abuse in adults experiencing homelessness (Crane 2005). However, research suggests that identified risk factors have varying levels of influence according to one's age and how resources are allocated in their community. For example, in many areas

across the U.S., higher levels of spending on residential mental health care have been associated with lower rates of homelessness. Additionally, for those who enter into homelessness in early adulthood, the precipitating causes are more often risk factors such as adverse childhood experiences relative to the causes of entry into homelessness at older ages (Crane 2005). These findings highlight the necessity of understanding the complexities of homelessness in order to develop targeted interventions towards at-risk groups, and guide the transition from awareness to evidence-based action.

Homeless prevention services are essential in breaking the cycle of homelessness, and there has been an increased effort by policymakers to develop prevention strategies for at-risk individuals. In order to design the framework and target areas of prevention services, we must begin by extensively exploring the contributing causes of all homelessness (first-time, episodic, and chronic). The majority of the research on this population has been cross-sectional in nature, which limits our ability to look at temporality and potential causality of risk factors.

Additionally, there is a dearth of qualitative research that examines the causes and pathways that lead to homelessness from the perspectives of individuals who are experiencing it. This project adds to the qualitative evidence by incorporating the voices of those with lived experience of homelessness. In order for communities to effectively prevent and resolve homelessness, there must be a shared understanding of the contributing factors and circumstances that lead to homelessness.

Methods

This project draws on data from a qualitative study (focus groups and in-depth interviews) of individuals experiencing homelessness or housing instability that was conducted

by Supportive Housing Works in Bridgeport, CT. This section draws heavily on the report prepared for the Supportive Housing Works project by the researchers contracted to conduct the study (Allen & Harper 2021).

Participants were recruited by posting flyers in highly visible community spaces inside or adjacent to facilities serving the homeless population, and by sharing the study details with organizations that serve this population. Participants for 2 focus groups (12 participants per group) were recruited from Prospect House, a shelter that provides transitional and emergency housing to those living below the federal poverty guidelines. The focus groups, which each lasted about one hour, were conducted by two social workers and one clinician, and took place at Prospect House. Prior to the start of each meeting, participants provided verbal consent to the researcher, and were given a short demographic survey that asked about first-time homelessness, current sleeping location, gender, race, ethnicity, marital status, preferred language, highest degree of education, employment, experience and length of homelessness, childhood trauma, formal mental and physical health diagnoses, and the type of home they were raised in (single parent, two-parent, foster care, other). These questions were adapted from the Hartford Inflow Qualitative Research Study that was recently conducted by Community Solutions. Following completion of the questionnaire, the researcher facilitated a group discussion in line with the predetermined focus group question guide. The discussion was audio recorded, and later transcribed for data analysis. At the conclusion of each focus group, participants received a cash stipend of \$10 (Allen & Harper 2021).

Subsequently, 44 adults between the ages of 25 and 77, who had experienced or were currently experiencing homelessness, were recruited and individually interviewed. Interviewees were recruited via flyers posted in homeless shelters and distributed by case managers; some of

the individual interview subjects had also participated in the focus groups. Opening Doors Fairfield County (ODFC) partner agencies that worked directly with the homeless population, ranging from Soup Kitchens to Housing organizations, also provided referrals to the researchers. The study aimed to include a population representative of homeless adults living in the Greater Bridgeport area, as recorded by the Homeless Management Integration System. Eligible participants had to be registered with the Homeless Management Integration System as either an “individual” or “family” 18 years and older.

The interviews were conducted by a licensed clinician and two social work interns from Sacred Heart University, and took place in the preferred location of the participant, ranging from the Prospect House to Permanent Supportive Housing Units. Interview participants completed the same demographic questionnaire that was given to the focus group subjects, with an additional question about their household type, for housing inventory purposes. Following completion of the questionnaire, the interviewer asked participants questions about their life experiences, current health status, and the first time that they experienced homelessness, in accordance with the interview guide. The researchers employed a psychoanalytic interview technique to conduct and analyze the interviews, which was meant to provide insight into the unconscious meaning linked to participants’ social actions, life situations, and behaviors (Cartwright 2004). Specifically, this approach was chosen to better understand the common factors that contributed to homelessness across the study population. Interviewees were asked about various past traumatizing experiences, as well as any history of formal physical or mental health diagnosis. The interviews were semi-structured, which allowed participants to lead certain parts of the conversation surrounding their experiences with homelessness, while researchers were able to gather valuable information about causal factors. Each interview was recorded, with

the participants' permission, and later transcribed by researchers. Following the completion of each interview, participants were offered a cash stipend of \$10.

I analyzed interview transcripts with a focus on participants' entry into homelessness and precipitating causes. I reviewed data from both focus groups and interviews several times, and initially used open-coding to group data with similar concepts and patterns, in alignment with the Grounded Theory approach. After I identified recurring themes, I then refined the codes and continuously compared them against the data, resulting in 16 final codes. I created a detailed codebook using Microsoft Excel, which organized the codes into 6 key themes. I repeatedly read and analyzed the data throughout the process to ensure adequate interpretation, and discussed and confirmed key ideas and overarching themes with project advisers. Lastly, I used pseudonyms to preserve participants' anonymity.

Results:

Participants experienced a wide variety of factors that contributed to first-time, chronic and episodic homelessness at various points in their lives. While their individual stories were unique, several common factors were identified that impacted entry into homelessness and made re-housing especially challenging. These included adverse childhood experiences, derauling events such as incarceration and eviction, lack of social relationships and support, difficulties accessing mental healthcare, barriers to employment, and navigating the system of "broken promises". Oftentimes, multiple factors were experienced simultaneously, such as an individual experiencing mental illness, losing their job and being evicted shortly after. In other cases, factors were related over time, such as childhood adversity weakening the availability of social relationships and support later in life.

Childhood experiences

Several participants recounted various adverse childhood experiences that affected both their mental and physical health, as well as their housing opportunities as a child and an adult. These experiences included among others, physical and sexual abuse, being neglected or witnessing violence in one's home or neighborhood. In some cases, participants entered into homelessness at a young age after leaving home to avoid the adversity they were experiencing. In other instances, participants directly cited their childhood abuse as the cause of their mental health diagnoses, and shared how these experiences shaped the way they formed social relationships decades later. The constant reminder of these experiences often interfered with their daily activities, making it difficult to form healthy social relationships, maintain employment, and find housing. For instance, Sebastian, a 50-year old male who first experienced homelessness at the age of 21, described how years of early physical and emotional abuse from his parents still disturbed him as an adult.

“Yeah. I am on anxiety pills. I can't sleep at night. I get nightmare. I hear things. I see things. I mean I am going through all of this I believe is I am suffering all of this because of what these individuals did to me as a child. So now I am trying to live and cope with it. So when I get that rejection from them, I'm like man maybe I should just take myself out. Maybe it was wrong for me to step foot into this world. I didn't request to be brought into this world. You brought me into this world and this is how you treat me. So until today I have a lot of resentment and suffering all those things. I am trying to manage it responsibly.”

Sebastian tried numerous coping strategies to help him deal with the pain of his childhood, and when he was able to find work and earn a stable income, his mother returned in his life to take his money for her own use. Participants regularly described being neglected by one or both of their parents at a young age, and lacking the guidance and healthy support they desired growing up. In some cases, they “bounced around” from place to place, often sleeping in the streets or on friends’ couches, never quite feeling like they were at home. When asked about his childhood, Josh, a 33-year old male, described his family as “dysfunctional”, and recalled both witnessing physical abuse in the household, and being physically abused by peers in his neighborhood. After leaving his mother’s house at age 19, Josh filed for disability benefits due to the PTSD and anxiety he was experiencing, and struggled with both finding an affordable place to live and his lack of social support.

“Yeah, so I was bouncing around place to place till I found this place and I have been here since. It’s hard with only having my disability and there is no one to help so I don’t have many options.”

Others shared how they had preferred to live on the streets or in other public spaces rather than deal with the abuse they were facing at home. As expressed by Janet, a 29 year-old female who first experienced homelessness after leaving her foster home at 16, *“I’d rather be away from the house than be stuck in the house unhappy.”*

While some participants fled home in their teenage years to find solace elsewhere, others were not given a choice, but were kicked out of their houses at a young age. Tom, a 60-year old

male, suffered from abuse at the age of 11 that left him “messed up” and caused problems for him at home. After his parents blamed him for the experience and failed to get him help, Tom left home at the age of 14 and stayed in his friend’s van for almost a year. He began using drugs to cope with all that he had been through as a child, and he later returned home, only to be sent away again. He noted,

“I went home. That’s when I was put away, they put me in [name of facility]. I was about 16. They said I was a runaway, I was a problem, and that was it, I was gone. When I got out, my friends took me in.”

Some who had adverse childhood experiences remained alienated from their families as adults, while others maintained strained relationships with one or both of their parents. For instance, Jeremy, a 52-year old male who first experienced homelessness at age 30, was raised by a single mother and expressed how rough it was for him to not have his father be there for him growing up. Though he still maintained contact with both of his parents as an adult, he described how his mother’s beatings and physical punishment as a child were things he knew he would never forget. *“Yeah, it was hard. I don’t forget the beatings. I mean, certain ones I just, you know. Cuz the last time my mom hit me...let me see I’m 52, I must have been in my 40’s.”* Participants reported a variety of coping strategies that they used to deal with the pain they had felt from their childhood, and the scarcity of assistance or mental healthcare that was available to them at such a young age. As shared by Monica, a 40 year-old female who first experienced homelessness at age 12, *“At the age of 8, I was acting out in school because I was scared to tell what was going*

on.” Sebastian also shared how he dealt with the adversities he faced as a child, *“I contemplated suicide. I started drinking alcohol at the age of 12, started smoking weed”*.

Without proper guidance, the long-lasting effects of these experiences may have led participants to turn to maladaptive coping strategies, such as substance use, which consequently increased risk of incarceration, hospitalization, and housing instability. Not only did these coping strategies lead to adverse health outcomes, but incarceration and hospitalization further increased difficulty in finding employment and housing, often leading to rearrest or readmission. In some cases, the stress from these experiences accumulated over time, leading to severe, debilitating health issues that created further barriers to obtaining secure housing.

Derailing event

When asked about what events precipitated their first time experiencing homelessness, several participants were able to pinpoint a specific incident or time where their life circumstances “took a turn for the worst”. Participants experienced a variety of unexpected events that significantly derailed their lives, and consequently obstructed their ability to maintain stable housing. In some instances, the event itself directly involved the loss of housing, such as a devastating house fire or a sudden eviction notice; in other cases, the derailing incident started a chain of adverse events that indirectly led to loss of housing. These occurrences uprooted participants’ lives, and left them with little time to adjust to their new circumstances or seek desired support. As illustrated by Alex, a focus group participant, *“Homelessness doesn't discriminate who you are... rich one day, poor the next.”*

Several participants cited an unforeseen eviction as the direct cause of their first time experiencing homelessness. This was the case for Erik, a 60 year-old male who first experienced

homelessness at age 59. Erik had worked his entire adult life and always financially supported himself and his family. He began experiencing severe health issues, such as strokes, that left him on dialysis and unable to keep his job. Erik had been living in the same apartment for four years, paying \$650 a month, when his landlord suddenly raised his rent to \$1,000 a month. Given that Erik's main source of income was disability benefits, this sudden rent increase was impossible to meet. He explained,

“Well I got sick and got behind on my rent and was catching it up but the landlord told me he wanted more money than I was paying for renting that apartment. So, he wanted his apartment back. So, he could get more money for it and that's what he did, he evicted me.”

Other situations were described by participants who had suffered physical injuries, work accidents, or experienced mental illness. Many struggled to get approval for disability payments. While they appealed their denial and waited for payments to come through, several wound up living in shelters due to falling behind on their rent payments. Others described the various ways in which they were taken advantage of by their landlords. Some landlords charged them for fees they were not legally responsible for, or refused to fix things in the house that made living conditions unbearable. Other participants, similar to Erik, recalled how their landlords drastically increased the rent without notice, leaving participants with no choice but to find housing elsewhere, even if that meant on the streets.

Not only did this eviction remove tenants from their homes, but for those with an eviction history on their record, finding affordable housing afterwards was an even greater

challenge. This event marred their rental applications, and prevented individuals from securing housing even when they had the necessary financial resources. Participants who described looking for housing after eviction explained that landlords immediately wrote them off after seeing an eviction history, and without knowing the details of the situation, assumed that they would not be able to pay rent on time. In some cases, participants were unknowingly being held back by an eviction history they were completely unaware of, as was the case for Monica and her husband. After spending more than \$350 on fees to look for a house, they were met with endless rejections by landlords that lacked any explanation or justification. When they decided to take matters into their own hands and took their case to housing court, they discovered the unknown blockade in their path.

“Because the landlord that kick us out from the apartment that we was fixing. He put us a double eviction, downstairs and upstairs. And if I didn’t...If I wouldn’t went to court for the eviction to fight, they would have put it right back. I wouldn’t be able to rent nowhere else.”

While Monica and her husband were able to petition the housing court for the removal of this undeserved eviction, others were not as fortunate and found themselves on the streets or in a shelter as a result.

Incarceration was another significant event that contributed to homelessness, as those with a felony on their record were either denied housing altogether, or asked to pay significantly higher rental fees. In Robert’s case, being incarcerated set off a series of events that led to his

loss of employment, financial stability, and housing. His 30-day sentence for driving to work with a suspended license haunted him far beyond his release. He noted,

“So when I came out now I lose the job and when I went to the apartment what I have I opened the door went inside, my big screen tv gone, my tv in bedroom gone, I have some dollars I leave there and gold and silver watch that’s gone. So I get robbed, lose the job and I have to rush out now to the housing to let them know and call the police to leave a statement and the first thing the police ask me is where is your you don’t have a camera set up. I said officer I don’t even have time to fix up those.”

Not only did Robert have to deal with the aftermath of being robbed and losing his job while in jail, but he was also overdue on bills that had racked up while he was away. Without his regular income, and with the extra hurdles he now faced when applying for a job with a history of incarceration, Robert fell behind on rent and ended up being evicted at age 30.

Participants described how they felt disconnected to society when they finished their prison sentence, and how their mental health suffered from this prolonged lack of contact with loved ones. When one participant sought out programs to assist with basic necessities, he was dismissively told that there were “no available funds”. In several instances, this contributed to homelessness, where they were exposed to substances and influences that led to rearrest and continued cycles of incarceration. As Bruce, a 53 year-old male who first experienced homelessness at age 22, recounted, *“When I came out of jail, I was on the street cuz I had nowhere to go. That led me to getting high again and all that.”*

Lack of social relationships and support

In the wake of a derailing event or unforeseen stressor, participants without supportive friends or family members to help them adapt experienced devastating consequences. Although a select few individuals had close relationships with family members or friends, several participants lacked a meaningful social support system. Without the protective effects of both perceived and received support, those participants experienced poor mental and physical health outcomes, as well as difficulty finding a place to stay in their time of need. In some cases, participants had been staying at a close friend or family member's house, until that individual fell ill, moved out of town, or suddenly passed away. In these instances, they not only lost their main source of social support, but they also lost their place of residence, as their name was not on the original rental lease. Others recalled losing their housing as a result of a breakup or divorce, and no longer being able to stay with family members due to reasons such as their "constant clashing" or lack of space. This was the case for Harry, who shared

"The breakup, the result of the breakup caused my homelessness. I lost my job cause we were working together and I couldn't see my way around that, and I couldn't go home cause my parents were like you're too old to come home."

For those who did move back in with family members, there was a shared sense of frustration over the fact that they were grown adults who felt like they had lost privacy and autonomy over their lives, which further strained their relationships and led them to seek other living arrangements. This was the case for Jeremy, who lost his job at age 30 and shared how though he

initially tried moving back in with his mother, it didn't last very long and he soon found himself living in his car.

“She didn't like me coming and going out of the house at any time. Um, because I usually don't call. I figured I had a room downstairs that I could come and go as I please, you know, cuz I'm a grown man. So, I um didn't want to disrespect her and her rules and stuff. So, I um, just decided I would sleep at friends' houses or I would stay in my car.”

Others had family members in different states whom they rarely contacted, while several participants experienced the loss of one or both of their parents. Without proximal social support, participants felt that they had nobody to turn to for assistance, and several individuals expressed that they could only rely on themselves to get something done. Janet, who had been in and out of various foster homes since she was 6 years old, recalled how she first experienced homelessness at age 16 after fleeing the negative environment of the foster home she had been placed in. She slept in parks in order to avoid getting yelled at or punished by her foster mother, and first met her biological family at the age of 18. Janet recounted,

“But I have family. I can sit here and say I have family. But do I speak to them on a daily basis, no. Do they look for me, no. Do I feel like I need to, no. I've been doing this since I was 16 so I didn't need you then I'm not going to need you now”

She felt that she couldn't rely on either her foster or biological family for support, and expressed a desire for a trustworthy, stable source of help as she managed her health, pregnancy, and shelter

living. Some recalled being “disowned” from their families during their teenage years and described the experience as being “thrown out to the wolves”. These participants regularly felt alienated from their siblings even years later, as highlighted by a focus group participant, Steve,

“I’m the only one in my family that’s going through this. So, everyone else is working, got a good job. They all have a place to stay and everything. I must be, I must have bad luck. Bad luck written all over me. I’m a black sheep, whatever.”

There was a sense that participants did not want to “burden” or impose on siblings who had families of their own to care for, and felt that they had to get by on their own. While some participants took pride in their self-reliance and refusal to ask others for help, others who did reach out to relatives were often given promises that fell through, leaving them to pick up the pieces of failed plans. This was the case for Tom, who was going through a divorce and asked his brother if he could temporarily stay at his house during the winter. His brother agreed, only to tell Tom upon his arrival that his wife did not want him in the house, but that he could sleep in his car. With no other options, Tom stayed in his brother’s car for two and a half months.

Several participants reported feeling depressed or lonely when reflecting on their social isolation, and many were eager to be in a positive, supportive environment. James, a 37 year-old male who recently lost his housing, recalled how he spent seven years living in an apartment building where he was regularly offered medications and other drugs that he was trying to avoid. After his relationship with his girlfriend ended, he desired an environment that would encourage healthy behaviors, and in turn help him manage his PTSD and anxiety. When James became aware of the opportunity to enroll in an intensive outpatient program, he explained,

“I told them I think I want to do that. Just so I could be around positive people and talk to them and that way it can guide me into the right path. I only really got like this when my girlfriend left me.”

For pregnant women and women with children, this social isolation contributed to worries about how they were going to provide for their families. In several cases, without social support to fall back on, a number of derailing events were the “tipping point” at which participants found themselves without housing.

Mental healthcare

For several participants, mental health conditions, and subsequent lack of access to adequate mental healthcare, created significant obstacles in nearly all aspects of life-employment, relationships, and housing, among others. The experience of homelessness itself, as well as the events that preceded it, put individuals on an “emotional rollercoaster” which they frequently had to navigate entirely alone and without instruction. In a variety of cases, they were eager and motivated to improve their situation, only to be met with apathy or opposition when seeking necessary services. As summed up by Scott, a focus group participant, *“I know there’s a lot of people who are ready to pick themselves up but don’t know how.”* For instance, Sam, a 50 year-old male who first experienced homelessness at age 20, recalled how his life was derailed after a motorcycle accident which resulted in a traumatic brain injury and subsequent suicidal ideation. Though he initially received professional mental health treatment immediately following the accident, it was short-term and he was soon transferred into an intensive outpatient

program. This experience was jarring, as his new provider claimed that he was not suicidal, but rather “just looking for attention” and that there were other patients who “really wanted help”. When the provider became aware of his homelessness merely two weeks later, he was told that he was not depressed but instead homeless, and that they could not help him.

In several scenarios, participants’ lack of access to appropriate mental health care resulted in them losing their job, and without an income to pay rent, losing their housing followed shortly after. This was the case for Natasha, a 59 year-old female who was experiencing severe depressive symptoms after her boyfriend’s death and asked her employer for a referral to a mental health professional. She was placed on an extensive waiting list and was left with no choice but to seek services outside of her employer’s network. Without receiving adequate time to mourn or being connected to long-term resources, Natasha described the experience as being “in survivor mode”, and was later terminated from her position.

“I was there in a fog after [name] died. It’s like they don’t care. I’m like listen cuz this one paperwork, an EAP, we’re on the phone, she goes, she’s clearly depressed. And I can’t sign off, she was a clinical social worker but because she works with EAP they can’t sign off. At that point, I think you get to a point where you know what. Really, where you fight so much and then... (client fight back tears)”

While some were able to reap the benefits of regular therapy and mental healthcare, other individuals encountered several obstacles in receiving adequate care, even when they were able to access it. As Sam illustrated,

“Umm, I’ve tried [name of program] and that was a joke. Mental health is the biggest problem you have out here. Mental health treatment sucks. When I first came out here, I knew I was screwed up and I want to fix myself, but nobody in mental health wants to hear that. They all say, “Oh” answer these questions and we will figure out exactly which cookie-cutter we put you in. If you don’t fit into a cookie-cutter, they don’t do anything for you.”

The need for effective mental health treatment was further highlighted by Carter, a 32 year-old male who first experienced homelessness at age 19. Carter struggled to move on after distressing childhood experiences and the loss of several family members. His lack of access to adequate mental healthcare created further obstacles to maintaining employment and securing stable housing.

“I always fall back for some reason. I do good and then I fall back. I think it is because of my condition... my PTSD. I tried to deny it but then the doctor is like I think you need it.. analyze yourself.. I think I need more time. I want to work, but I can’t do full time.”

Some participants with mental health conditions and illnesses found it challenging to perform daily routine activities that enabled them to maintain housing, such as paying rent and other bills on time or working full-time. In some cases, they struggled to get back on their feet after a distressing event, and without any social support or help, their mental health rapidly deteriorated. This was highlighted by Hank, a focus group participant, who found himself unable to keep both

his job and housing while grappling with the sudden death of his best friend, which exacerbated his existing mental health conditions and feelings of isolation.

“So that threw me completely for a loop, couldn’t think straight, you know, fear, anxiety, PTSD kicked in, um didn’t want to leave the house, um social anxiety, just an emotional rollercoaster.”

The relationship between mental health and homelessness was complex and varied among participants; some had conditions that preceded and contributed to their loss of housing, while others credited their loss of housing as the source of their mental health conditions.

Barriers to employment

Participants’ narratives highlighted the importance of employment for securing stable housing. However, numerous factors made finding and maintaining sustainable employment especially challenging for some participants in this study. For example, the job application process itself proved to be an obstacle when participants were asked to list a home address that they didn’t currently have. Many factors were experienced simultaneously and were compounded by each other, which inhibited individuals from securing steady work opportunities, and consequently steady housing.

Multiple participants noted lack of available and affordable transportation as a common barrier to securing job opportunities. As Steve noted, *“I had a hard time after that job because I didn’t have transportation and my mom moved.”* One focus group participant, Cole, described how his walk to work took approximately two hours, and that his shift often ended at midnight,

when the city buses had already stopped running. This resulted in Cole getting back to his place of residence at 2:00 am, which raised both health and safety concerns. Howard, a 54-year old man, also detailed how he was forced to find local employment when his car was totaled by a drunk driver, which required his dependence on an unreliable city bus system. He explained,

“So then they totaled my car everything went downhill. No way to fix it. So when my car went out I had to work locally which was hard cause I was tied up to a bus. And I worked like that for awhile and then I got a job close by. But my health is getting worse.”

Some participants expressed the feeling of being in a “catch -22”, where they needed a stable income to purchase a car, but they could not find employment without first having transportation to get there. In other cases, having a suspended license stalled participants from gaining employment. As Mark, a 45-year old male who first experienced homelessness at age 22, shared,

“My license was suspended in NY, and that stalled me from uh, gaining employment and moving on. I um, just made a bargain with the director for assistance in getting my CT license restored. And I only need ugh...upgrade or restore, something of that nature? But I only need \$70 dollars and 12 to 15 cents. And ugh, I don't have it at present.”

In order to get his license restored and continue his job search, he had to pay a fee of over \$100, which was exceedingly difficult without first having a source of income. These factors only

perpetuated the cycle of homelessness, leaving Mark feeling trapped with very few feasible options for employment.

Participants with physical injuries or health conditions found it difficult to find accommodating employment, and employees were often forced to choose between their health or a paycheck. For pregnant women who worried about their child's health as well as their own, this was highly concerning. Participants with jobs that didn't offer employer-sponsored health insurance were forced to pay significant out-of-pocket costs to see a medical provider and access necessary treatment, which regularly led to the foregoing of care. Additionally, some participants spoke of their constant fear that if an employer became aware of their health condition, they would be let go and replaced by a healthier individual. For example, Howard shared how he was let go from a previous job when his high blood pressure prevented him from being able to work the required, labor-intensive 13-hour shifts. For others, the lack of workplace accommodations for those with mental health conditions contributed to low levels of employment. Participants frequently mentioned how conditions such as PTSD, depression, anxiety and schizophrenia impacted their performance at work, which complicated their job search. Oftentimes, an unexpected physical injury led to a cascade of events that resulted in both the loss of current employment and the obstruction of future employment opportunities. As explained by Natasha, a female shelter resident,

“And then, I broke my arm because I had bad steps where I was living. It just all unraveled. Then because of an issue with a bout of depression, I called out five days in a row. I went to the EAP (employee assistant), but they couldn't sign off on it. So, they

terminated me last May. Not in good standing. Mind you, I had 22 years with the state, and I was making good money and my benefits, so I'm appealing that."

An employment record that reflected a "not in good standing" status posed a significant barrier to not only collecting unemployment benefits, but also to finding a new job – in addition to the numerous obstacles mentioned previously. Furthermore, this was not the only status that negatively impacted one's chances of finding employment. Participants with a history of incarceration explained how they reentered into their community without any connections to employment or housing, and struggled to find employers who didn't view their record as an immediate disqualification for work.

In a few instances, individuals had spent years working at the same company, only to be laid off for no apparent reason when the company underwent a change in management. While some had no explanation for their early termination, others felt that their older age was the underlying reason, and expressed frustration that employers were "cleaning house and hiring younger people". One participant described his exhaustive job search of sending out applications from library computers daily and regularly called various staffing agencies to find available opportunities, usually to no avail. While some were able to obtain seasonal employment (typically lasting around 120 days), there was a shared desire for full-time jobs with benefits and job security. Several participants had a previous history of employment, and emphasized their desire for meaningful work opportunities. Paul, a self-proclaimed "soul survivor", took a great sense of pride in his prior work experiences, and the lessons that it taught him growing up.

“I’ve been working since I was like 16. I just always kept me a job. Kept busy. Kept working. They taught me independence. Whatever I wanted I would get. That’s the way I been all of my life.”

At age 60, Paul was laid off and described how though he didn’t want to retire, he felt that he had no other choice due to the lack of available full-time opportunities. He shared his interest in finding volunteer work or a part-time job to keep his mind occupied and “stay out of trouble”. Sam, who first experienced homelessness at the age of 20, echoed this sentiment and volunteered his time every night to help clean a local outreach program. He emphasized the importance of work that improves one’s self-esteem and sense of purpose, and detailed how even this small act of volunteering made him feel “a hell of a lot better” than the years he spent without work.

Navigating the system of “broken promises”

Participants described an overall sense of frustration and disappointment when discussing their experiences trying to obtain housing resources and find housing through shelter programs. Several participants had applied for rental assistance programs that provided affordable housing. They would frequently check on the status of their application, only to be told that there had been no progress and that they should check back again at a later date, though there was no timeline given on when to expect aid. There was a general confusion about the details of the housing application process, and several participants did not know why their paperwork took months, or even years, to get approved. One participant described their experience applying for assistance as a seemingly never-ending process of jumping through hoops, getting denied, and consistently

fighting against the system. As expressed by Jack, a 56 year-old male who first experienced homelessness at age 50,

“I always thought about how does it really work and the way they do it and then sign a piece of paper and get denied. I am looking for a better way. There has to be a better way cause all of this about signing a piece of paper and you get a yes or no. It’s kind of like getting your hopes up.”

Various administrative obstacles complicated the process of applying for housing resources. Some recalled how they were unable to receive assistance if they did not provide sufficient evidence that they did not have employment or housing. However, when they asked staff members how to prove these facts, they were not given a clear answer, but instead left to navigate the rules themselves. This lack of instruction and clarity consequently delayed the application process, and participants often did not receive the aid they deserved until several months had passed. In instances where participants received housing assistance quickly, they noted how their needs were acknowledged only after a major distressing event. For instance, one female participant received assistance only after collapsing from a medical emergency and being rushed to the hospital. In another scenario, after two years of waiting, Sam discovered that he had been placed on the wrong waiting list for housing and confronted program staff about their errors. As he recounted,

“How the hell am I sitting on another list for a year and a half- two years and I’m not even on the right ones? How does this happen? It took that explosion in order for [name

of staff member] to bring it up in a staff meeting. This happened on a Wednesday, on a Thursday it was brought up, the following Friday I was offered housing. In an apartment that was vacant for 3 months! Where's the follow through? Where's the accountability? That's huge, because a lot of it is...if you're not doing what you're saying, I'm not asking and I just...just dig my little hole in the corner and keep sleeping wherever."

Several participants felt as if they fell through the cracks of the system, due to the lack of continuity in the process and the seeming indifference of staff members. Some expressed frustration over the fact that they were handed off to various case workers without their information and application history being transferred over as well. In several cases, clients were told that a staff member would be in touch with them, only to be left constantly checking their phones for a call that never came. For others, agencies often gave them instructions on what the next steps were in their application, only for those steps to change at the last minute. This generated a sense of confusion and growing distrust in programs that were meant to be places of hope and aid to those in need. When clients were consistently being told conflicting information by agencies and left to navigate this uncertainty alone, this posed an additional barrier to finding stable housing.

Several participants also noted that they preferred to live on the streets rather than to deal with the complexities of living in a shelter. They noted their frustration with sharing a room with several other strangers, many of whom had clashing personalities and personal hygiene practices. They described how they frequently felt disrespected or belittled in conversations with certain staff members, and felt that staff lacked the compassion and understanding of the complex experience of homelessness. Sam explained how he was seeking mental health treatment through

a shelter, but was refused to be seen at his appointment by a therapist who claimed that there was an odor emanating from him. This did not appear to be an isolated experience— Nick recalled being required to leave a shelter after a staff member thought that they smelled like alcohol, regardless of the fact that they had not been drinking. As Luis, a 47 year-old male who first experienced homelessness at age 17, expressed,

“There’s a lot of places that needs to be checked out. And the way they were making me feel was like you have two weeks before we kick you out, this and that... and I just got here. Give me time to find something. Let me do that so that way I know I can achieve something. Help me out. You don’t know me, you don’t know my background.”

When participants entered a shelter, they were given a discharge date (typically 30 days later) at which they were expected to exit the program. Oftentimes, they felt as if this was not an adequate period to obtain the employment and housing resources they needed, and felt unprepared when their deadline approached. Participants unanimously agreed that there was a lack of knowledge and awareness of what community resources were available to them, and how or where they could be obtained. For instance, Sam described how a specific organization allowed people to take showers and do laundry at their facility. This program also gave out clothes, blankets, and travel-sized toiletries to those who came in and asked for it. While these were essential items and services for those experiencing homelessness, they were not publicly advertised throughout the community. As a result, those who needed it the most were unaware that such opportunities even existed and where they were located. They shared a desire for a

more thorough, targeted outreach to increase visibility of and access to commonly sought-after services. As Sam illustrated,

“Even though homelessness is cured in Fairfield, they had 2-2 man teams go out to look for homeless. Give em lunch, give em bag lunches, food, toiletries, whatever they needed. But they were spending all their time in Bridgeport, in the train station, where everybody is visible. Those are not the people that need the help. The ones that need the help are the ones that you don’t see.”

Harry, who had experienced homelessness on and off for the past 18 years, echoed this concern over the lack of knowledge about existing services. After 2 years of fighting to receive Temporary Rental Assistance and wondering why he was consistently getting denied, Harry had lost all trust in the system that was meant to support him. Though he finally received his long-anticipated call that he was qualified to receive assistance, he wondered how the process had taken so long.

“I finally got stuff going with social security that I should’ve had a long time ago that I didn’t even know anything about.. so and so helped me with that. I’m sure there’s other people like me that are entitled to stuff and help but nobody is telling them. Nobody is going to tell them exactly. And the time that it takes for those people, like I do have a mental illness.”

Participants also expressed confusion as to why services were often offered in locations where those experiencing homelessness did not frequent or could not easily access, such as community outreach in the basement of a local police department.

Discussion

Participants identified several factors that not only contributed to first-time homelessness, but also made re-housing difficult, which often resulted in repeated episodes of homelessness. These factors ranged from childhood adversity, derailing events such as eviction or incarceration, lack of social support and mental healthcare, to employment barriers, and navigating the system of “broken promises”. In several cases, these factors were related to one another and accumulated over time, creating significant barriers to stable housing.

Childhood adversity led to homelessness both directly, when children left home to escape abuse and neglect, as well as indirectly, by increasing risk factors for homelessness such as weakened social relationships and familial support, and mental health conditions such as PTSD and anxiety. Several participants described one specific event that was the tipping point at which their lives were derailed from their original plans, and subsequently resulted in their loss of housing. These events, most notably eviction and incarceration, left participants little time to adapt to their drastically altered circumstances, and made it especially difficult to become re-housed. In some cases, participants unexpectedly fell ill and had to manage on a reduced income, which led to them facing eviction after being unable to find affordable housing.

Additionally, participants lacked the buffering resources of both perceived and received social support when coping with negative life events, which further contributed to feelings of isolation and other mental health conditions. The relationship between mental health conditions

and homelessness was bidirectional; some noted mental health conditions as precipitating causes of homelessness while others described how homelessness contributed to their mental health conditions. In either case, mental illness not only made finding stable, accommodating employment difficult, but also complicated performing other daily routine tasks and obtaining housing. In addition to mental health conditions, other factors such as a history of incarceration, lack of transportation, older age, and physical health conditions posed further obstacles to employment. The lack of access to culturally competent, empathetic mental healthcare created yet another barrier to housing, as participants reported negative, stigmatizing experiences with medical professionals when seeking treatment. These negative experiences were reported outside of the healthcare system as well - participants were overwhelmingly confused by the process of obtaining rental assistance and finding housing - referred to as the system of “broken promises”. They felt that there was no transparency or accountability taken throughout the process, and were frustrated by the constant disappointment and seeming lack of care by the very programs meant to help them.

Limitations

In interpreting the results of this study, there are a few key limitations that should be noted. The retrospective, self-reported nature of many of the interview questions potentially introduces recall bias, as some participants recounted events that had occurred several years prior. Though this study did not interview others in participants’ social networks (family, friends, case managers, etc.), future research might benefit by doing so, as this could provide valuable insight into participants’ narratives. Additionally, a select few participants reported distressing

events that they did not feel comfortable elaborating on, which may have limited the inclusion of key events that impacted entry into homelessness.

Recommendations

Several structural factors must be considered when enacting community-wide efforts towards preventing homelessness. With the significantly high percentage of rent-burdened households, steps must be taken to address the lack of affordable housing and increase the protection of tenants against unforeseen evictions. If an individual unexpectedly loses their job, faces a physical or mental health condition, or is unable to pay rent on time for other external circumstances, an eviction should not be the immediate response. These individuals should be connected to rent assistance programs, local resources in their community (food banks, job opportunities), or alternative housing options to ensure that they don't end up living on the streets. There is also a dire need for increased access to programs and resources specifically targeted towards those transitioning to society after incarceration. This includes connections to employment training and work opportunities, as well as affordable mental healthcare services, opportunities to engage with the community, and housing.

For those experiencing homelessness, stable housing was described as the first necessary step in their journey to improving the quality of their life. It was extremely difficult for participants to hold steady employment without first having a secure place to live, and many found it especially difficult to abide by shelters' restrictive rules and curfews. Outreach and interventions targeted towards this population must ensure that they do not unintentionally restrict individual autonomy, and should account for the considerable heterogeneity among those experiencing homelessness. Shelter staff and service providers must work on establishing rapport

and increasing trust among clients, and not only make the housing application process transparent, but also actively involve and support clients throughout their experience. Improving the provider-patient relationship is also of importance in the delivery of healthcare; simply increasing the availability of mental health services is not enough – the quality and cultural competence of treatment must also be vastly improved in order to be effective for this population. The relationship between mental illness and homelessness is complex, though regardless of which existed first, it was evident that managing mental health was extraordinarily difficult without first having stable housing.

Given that there was a general misunderstanding of the process of applying for and receiving housing assistance, unemployment benefits, and disability benefits, future efforts should focus on how to effectively connect this population to the benefits or assistance they seek. Community-wide transportation assistance must also be improved by ensuring affordable access to transportation, which might entail subsidized or free bus/train passes distributed by case managers or shelters. City officials must also make sure that job opportunities are easily accessible through the various forms of available public transportation. Furthermore, the lack of belongingness among this population further highlights the need for novel ways to integrate those experiencing homelessness into their broader community to increase social support, foster meaningful relationships and empower individuals to find employment and housing. Finally, the placement of services within a community is equally as important as what kind of services are offered – without careful, intentional planning, these programs may never reach their intended users.

Appendix:

Appendix One - Demographic survey

Gender:

**Marital Status: Single In a Relationship Married Widowed Separated Divorced
Other**

Race/Ethnicity: Caucasian African American Asian Other

Hispanic/Latino? Yes/No

Preferred Language: English Spanish Other

**What is your highest degree of education? Less than 9th grade, 9-12 years (not graduated),
High school or GED, Some college or vocational, associates/vocational graduate, 4-year
college graduate, some graduate school, MA or equivalent, PhD or equivalent**

Employment Status: Full- Time Part-Time Retired Disabled Unemployed Student

Occupation:

Do you currently live in Bridgeport?

Have you ever experienced homelessness?

If yes, how long were you homeless?

Where are you currently staying? own house/apartment (rent or owned), stably housed staying with friends/family, unstably housed with friends/family (couch surfing), rooming house (single room), healthcare facility, supported housing, transitional housing (Half-way house), homeless shelter, on streets/abandoned buildings.

Do you currently pay rent at the place you stay?

IF yes, how much do you pay per month?

Have you ever experienced childhood trauma/suffering? (Ex. Physical Abuse, Sexual Abuse, Emotional Abuse, Neglect, Parent with a mental illness, Parent with a drug/alcohol problem/Exposure to drugs/alcohol, Incarceration, etc.).

Have you ever experienced trauma/suffering in your adult life?(Ex. Physical Abuse, Sexual Abuse, Emotional Abuse, Incarceration, Drug/Alcohol Exposure, etc.).

Do you have a mental health diagnosis?_____

Do you have a physical disability?

Appendix Two - Focus Group Questions

- 1) When I say the word “Homeless”, what comes to mind?
- 2) Which groups do you believe experience more homelessness than others? (Age group, other)
- 3) Do you know anyone who is currently or has been homeless?
- 4) What events precipitate or lead individuals/ families to become homeless for the first time? (allow participants to share their own ideas, probe with the below if necessary)
 - a) domestic violence?
 - b) lack of positive and healthy relationships?
 - c) lack of family support?
 - d) childhood trauma?
 - e) criminal justice involvement?
 - f) education?
 - g) physical disability?
 - h) Mental health problems?
 - i) unemployment or low wages?
 - j) cost of housing/shortage of affordable housing?
 - k) shortage of government aid (Cash assistance, Welfare)?
 - l) People behave irresponsibly or are lazy?
- 5) Do you think homelessness has gotten worse within your community?
- 6) Do you think people all over Bridgeport feel that homelessness is a problem in the city?

- 7) Do you think that people generally feel compassion for people who are homeless?
- 8) Does it make you angry to think that so many people are homeless?
- 9) Have you ever worked for or volunteered with people who are homeless?
- a) Did this working/volunteering change your thoughts of the homeless population?
- 10) What do you think would help reduce homelessness in Bridgeport? (allow participants to share their own ideas, probe with the below if necessary)
- a) Do you think that increasing the minimum wage would help reduce homelessness?
- b) Do you think having more counselors in schools who can help students deal with behavioral problems would help reduce homelessness
- c) Do you think that people need more information about the resources that are available in Bridgeport to help avoid homelessness?
- 11) If you have experienced homelessness yourself, or you know people who have experienced homelessness, what is one thing that could have helped you or them stay housed?
- 12) What is the number one service that you think everyone involved in ending homelessness always forgets when they are developing strategies and programs to solve the problem?
- 13) Do you feel that some groups of people that are homeless are getting more positive attention than others, or does it seem pretty fair to you?
-

Appendix Three- Interview Guide

PRE INTERVIEW

Name:

Gender you consider:

Male Female Trans

Type of home you grew up in:

Two Parents Single Parent Grandparents Foster home

Relationship:

Legally Married In a relationship Widowed Separated Divorced

Race:

Ethnicity:

Preferred Language:

Highest Degree of Education:

What age did you experience First time Homelessness:

POST INTERVIEW

Great Quote:

Mental Health dx or tx (past or present):

Yes/ No

Dx:

Physical Health dx or tx (past or present):

Yes/ No

Dx:

Childhood Trauma:

Yes/ No

Experience:

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