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Life goals and gender differences among chronically homeless individuals entering permanent supportive housing

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ABSTRACT

This research seeks to understand goals and the gender differences in goals among men and women who are transitioning into permanent supportive housing. Men and women experience homelessness differently. Data collected for this study come from a longitudinal investigation of HIV risk behavior and social networks among women and men transitioning from homelessness to permanent supportive housing. As part of this study, 421 baseline interviews were conducted in English with homeless adults scheduled to move into permanent supportive housing; participants were recruited between September 2014 and October 2015. This paper uses goals data from the 418 male-or female-identified respondents in this study. Results identified goal differences in education and general health between men and women that should be taken into account when service providers, policy makers, and advocates are addressing the needs of homeless women.

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Introduction

Despite the United Nations (1991) declaration that everyone has the right to a standard of living that includes housing as a component of security, housing for unaccompanied homeless adults in the United States remains a challenge. Housing should allow individuals to experience a lifestyle that reflects a sense of safety and security, while at the same time providing a foundation for health and the space needed to engage in healthy behaviors (Henwood, Cabassa, Craig, & Padgett, 2013). According to the 2015 Annual Homeless Assessment Report, over 39% of all homeless people are women (Henry et al., 2015). Although recent efforts to address the rise of homelessness have focused on residential stability and behavioral health outcomes (Henwood, Cabassa, et al., 2013), the investigation of goals among homeless persons transitioning into permanent supportive housing is sparse.

Homelessness

Homelessness is a reflection of an exhaustion of resources that leads to dependence on social services (Padgett, 2007). This dependence results in a lack of security for homeless individuals that can impinge their ability to alter their circumstances. Ontological security can provide a conceptual framework with which to consider the goals of formerly homeless individuals entering permanent supportive housing. Ontological security is defined as a sense of confidence and trust in the world as it appears (Dupuis & Thorns,

1998). Some homeless persons experience lack of control over their environment, including concerns related to personal space and safety. Some research has shown that housing first participants have experiences that are reflective of ideas presented by the ontological security framework, which include privacy, constancy, daily routine, and a platform for identity development (Padgett & Henwood, 2012).

Homelessness and gender

Men and women experience homelessness differently. Homeless men are less likely to have children with them and are more likely to be older than their female counterparts (Evans & Forsyth, 2004). For homeless women, security is particularly important and must be carefully balanced for individuals who are transitioning but who do not wish to live in a highly controlled environment (Goering, Paduchak, & Durbin, 1990). Men make up a majority of the homeless population and are less likely to be sheltered than women (Henry et al., 2015). There is a general lack of recognition of women's experiences with homelessness (Fotheringham, Walsh, & Burrowes, 2014). For women, securing stable housing can be curtailed by circumstances such as lower incomes, less education, less work experience, and a longer wait for housing. The lack of a gendered approach to empirical studies of differences in the homeless population often leaves us unable to address the diversity of the persons who are transitioning into housing (Klodawsky, 2009). Because men and women become homeless for

different reasons, understanding how gender may influence their experiences is imperative for the creation of relevant and evidence-based support services by gender (Klodawsky, 2009).

Present study

Previous literature has described the effect of residential impermanence on restraining homeless individuals' aspirations (Henwood, Hsu, et al., 2013). This is the first study to our knowledge that has investigated the life goals of chronically homeless women and men on the cusp of moving into permanent supportive housing. Our study had two primary objectives. First, we sought to understand the types and frequencies of life goals reported by homeless individuals transitioning to supportive housing. Second, we were interested in how goals differ by gender in our sample. Understanding the expressed goals of women and men and how they differ will enhance efforts of providers to facilitate life fulfillment and overall well-being. As such, the purpose of this paper is to offer a gendered perspective regarding the goals of men and women moving into permanent supportive housing in the Los Angeles area. We examined this perspective by taking into account the long-term goals and aspirations of individuals who have secured a permanent home.

Method

These data came from a longitudinal study examining HIV risk behavior and social networks among women and men during the transition from homelessness to permanent supportive housing and the subsequent 12 months (Wenzel, 2014). As part of this longitudinal study, 421 baseline interviews were conducted in English with homeless adults scheduled to move into permanent supportive housing; participants were recruited in Los Angeles, California between September 2014 and October 2015. This paper used data from the 418 male-or female-identified respondents in this study. These one-on-one structured interviews were conducted by trained staff members and took about 2 hours to complete. To be eligible for the study, participants had to be currently homeless, age 40 or older, speak English or Spanish, and be moving into permanent supportive housing as a single adult or couple (without children younger than 18) within 3 months. Participants received \$20 for completing the baseline interview. Interviews were conducted using survey software on tablet computers, and interviews occurred in private spaces convenient to the participant, including shelters, transitional housing and other agencies, coffee shops, parks, and other public areas. Study procedures were approved by the University of Southern California Institutional Review Board and participant responses were protected by a

certificate of confidentiality granted by the U.S. Department of Health and Human Services.

Interviews were primarily structured and quantitative; however, each interview ended with an open-ended qualitative question asking participants to briefly describe their life goals. Interviewers directly asked participants, "Tell me in a sentence or two, what is your most important goal in life right now?" Trained interviewers were instructed to record responses verbatim. Participants could mention multiple goals. The data analysis described in the following section was undertaken to better understand the goals of homeless persons as they move into permanent supportive housing. The qualitative data reported herein were aggregated from responses to one open-ended question of 418 male- or female-identified respondents.

Participant characteristics included in this paper include demographics (age, gender, race, and ethnicity, achievement of high school education or GED, whether the respondent has children, and relationship status) assessed using items adopted or adapted from previous research (Wenzel, 2005; Wenzel et al., 2012). Participants were also asked total lifetime years spent in locations that constituted literal homelessness (temporary or emergency shelters, outside, abandoned building, garage, or shed not meant for living in, indoor public place, vehicle, and public transportation; National Alliance to End Homelessness, 2012). Using a question adapted from the National Health Interview Survey (National Center for Health Statistics, 2014) with response options informed by research with homeless adults (Bassuk, Buckner, Perloff, & Bassuk, 1998; Hwang, 2001; National Healthcare for the Homeless Council, 2011), participants were also asked about the types of chronic physical and mental health disorders they had been diagnosed with in their lifetime; a variable was created to indicate the presence of both a chronic physical and chronic mental health disorder (comorbidity). Using the NIDA-Modified ASSIST (NIDA, N.D.), participants identified lifetime and recent substance use and dependence; a variable was created to indicate presence of at least "moderate risk" of substance involvement.

Data coding and analysis

Data were analyzed using a directed content analysis approach (Hsieh & Shannon, 2005). Krippendorff (2004) defined content analysis as "an empirically grounded method, exploratory in process, and predictive or inferential in intent" (p. xvii). Study analysis began by simplifying, transforming, and reducing the data (Miles & Huberman, 1994). Data coding was systematic (deliberate and planned) and sequential (an evolving process) as described by Krueger and Casey (2000). Transcripts were reviewed and specific and

general themes and threads were identified (Padgett, 2008; Seidman, 1998).

Several procedures were undertaken to ensure rigor in the content analysis (Creswell, 2007; Sandelowski, 1986, 1993; Whittemore, Chase, & Mandle, 2001). Throughout the data coding and analysis, an audit trail documenting coding decisions and thematic development was maintained; multiple coders reviewed the data and reached a consensus about data coding and analysis (Creswell, 2007; Sandelowski, 1986, 1993). Nine responses did not fit into any thematic categories and were dropped from the final analysis. Four people reported no goals; five others reported the following goals: to watch the Kentucky Derby, to receive a green card, to win the city championship in Little League baseball, to learn to play the guitar, and to reestablish credibility in society. Participants could mention multiple goals and dichotomous variables were created to indicate the presence or absence of each goal (i.e. goals are not mutually exclusive). An additional variable was created to indicate when a participant had discussed two or more life goals.

Frequency distributions of demographic characteristics, Chi-square tests of gender differences, and logistic regressions controlling for demographic, homelessness, health, and substance use characteristics were conducted in Stata Version 12 (StataCorp, 2011, College Station, TX). Chi-square tests were performed to examine the relationship between the final coded goals and gender. Because of the relatively large number of Chi-square analyses (15), Bonferroni correction was utilized (adjusted *p*-value for statistical significance was <0.003; Armstrong, 2014). For those goals statistically significant in the Bonferroni corrected Chi-square tests, logistic regressions were conducted to determine whether these gender differences remained statistically significant after controlling for demographic and other characteristics. Logistic regression models also controlled for whether the participant mentioned multiple

life goals. Note that the overall N for the logistic regression models is slightly lower (*n* = 412) due to missing data.

Results

In general, participant goals upon obtaining housing varied among men and women. Because of the relatively large sample size, the prevalence of various themes is reported and example quotes are provided to illustrate homeless individuals' goals upon obtaining housing. The final sample for this analysis was 418. Table 1 shows the demographic characteristics of the sample both overall and separated by gender. Participants were 54.5 years of age on average (*SD* = 7.5), and were predominantly male (*n* = 301, 72.0%), African American (*n* = 234, 56.1%), high school educated (*n* = 323, 77.3%), had children (*n* = 258, 62.2%), and were not in a romantic relationship (*n* = 360, 86.5%). The average lifetime duration of literal homelessness was 6.0 years (*SD* = 6.9), 54.6% reported substance dependence (*n* = 228), and 65.3% (*n* = 273) had comorbid chronic physical and mental health disorder diagnoses. Half (*n* = 211; 50.5%) of the participants reported two or more life goals. Women were younger (52.9 vs. 55.1 years of age) and had experienced fewer lifetime years of literal homelessness (4.3 years vs. 6.7 years among men). Women reported lower rates of achieving a high school education (69.2% vs. 80.4%, respectively) and of having substance dependence (42.7% vs. 59.1%), and higher rates of having children (76.1% vs. 56.7%) and having comorbid physical and mental health disorder diagnoses (79.5% vs. 59.8%). Women were also more likely to report two or more life goals (60.7% vs. 46.5%).

Table 2 provides a list of thematic categories with an example of a statement that exemplified the content. Individuals discussed ideas like wanting: "To be well again. To be well enough to do more things." and "Achieve good health and be happy." They also reported

Table 1. Participant characteristics by gender (*N* = 418).

Characteristic	Overall		Female		Male	
	<i>n</i> / <i>M</i>	%/ <i>SD</i>	<i>n</i> / <i>M</i>	%/ <i>SD</i>	<i>n</i> / <i>M</i>	%/ <i>SD</i>
Age ^a	54.5	7.5	52.9	7.3	55.1	7.5
Gender ^b						
Male	301	72.0	–	–	–	–
Female	117	28.0	–	–	–	–
Race/ethnicity ^b						
African American	234	56.1	63	53.9	171	57.0
White	100	24.0	27	23.1	73	24.3
Hispanic/Latino	35	8.4	12	10.3	23	7.7
Another race/ethnicity	48	11.5	15	12.8	33	11.0
High school or more education ^b	323	77.3	81	69.2	242	80.4
Has children ^b	258	62.2	89	76.1	169	56.7
Not in a romantic relationship ^b	360	86.5	93	79.5	267	89.3
Comorbid physical and mental health diagnoses ^b	273	65.3	93	79.5	180	59.8
Substance dependence (NIDA-Modified ASSIST) ^b	228	54.6	50	42.7	178	59.1
Lifetime years of literal homelessness ^a	6.0	6.9	4.3	5.1	6.7	7.4
Mentioned 2+ life goals ^b	211	50.5	71	60.7	140	46.5

^aDenotes variable is presented as mean and *SD*.

^bDenotes variable is presented as *n* and %.

Table 2. Examples of goal statements.

Goal	Example statements
Housing	I want a place of my own; Obtaining housing and housing stability
Religion and spirituality	To follow Jesus and be in a space that would allow him to be himself; Get to know my creator and myself
Employment	Getting a full time permanent job; Be stable in housing and have full time employment
Financial stability	Get my own income and not be dependent on government; Get situated where I can get stable/get back in church/get financially stable
Education	Get my GED to get a business. I want to open up a home for women and children; To get her college degree in art education
Relationship with family	Unite with family; To be a father to my kids, brother to my sister, son to my mother, and to one day become a husband
Relationship with children	To reconnect with children; To be a good father
Relationship with grandchildren	Stay clean and sober, stay focus and be a good mom and grandmother and help other people; Get me a place to better myself to make grandkids happy
Relationship with partner	To reunite with wife; Get wife a new house within the next year; Money for her to live the rest of her life out
Sobriety	Getting housing, having children back in life and staying clean and sober; To have peace in my life, drug free, and enjoy the small things that life has
General health	To get well; To recover from cancer; To be healthy
Mental health	Get better; Voices will hopefully leave me alone; To move into an apartment and improve mental health
Social network with friends	To be around positive people; Enjoy my family and friends
Giving back	Helping others to help themselves and be better models; To have a comfortable and safe home to further my education and help others
Relocation	Get back to North Carolina; Gain independence, get away from skid row, and move to San Diego in the future

viewing housing as an opportunity to change and achieve those goals, which had previously felt elusive. For example, one participant wanted to: “Get my GED to get a business. I want to open up a home for women and children.” Another wanted to: “Transition into a new career. Go back to school to become a therapist.”

Table 3 presents differences by gender as identified in Bonferroni corrected Chi-square tests with variables indicating the presence of each life goal. Two goals were statistically significantly related to gender: education ($\chi^2 = 13.749$, $p < .001$) and general health ($\chi^2 = 9.472$, $p = .002$). Table 4 presents logistic regression results for models with education and general health goals as the outcomes; these models controlled for demographic, health, substance dependence, and homelessness characteristics, as well as whether the participant mentioned two or more life goals. Gender remains a statistically significant correlate of both education and general health life goals in these models, with women having more than twice the odds of reporting life goals related to education ($OR = 2.47$; 95% CI: 1.27–4.79) or general health ($OR = 2.37$; 95%

CI: 1.24–4.55) as compared to men who are less likely to discuss these life goals. Reporting more than one goal is also associated with naming education as a life goal ($OR = 4.30$; 95% CI: 2.14–8.70).

Discussion

This is one of the first studies to investigate the life goals of homeless individuals moving into permanent supportive housing. Women were more likely than men to report education (23.93% vs. 9.97%, respectively) and general health (22.22% vs. 10.63%) as life goals. It may be helpful for policy makers, advocates, and providers to address these two key goals through a gendered lens. Further, obtaining education and maintaining general health are reflective of the key elements of ontological security that we discussed earlier, which include privacy, constancy, daily routine, and a platform for identity development.

Researchers have acknowledged that recognizing housing as a social determinant of health raises policy questions about how collaboration should occur

Table 3. Life goals by gender ($N = 418$).

Goal	N (%)			χ^2	P value
	Overall	Female	Male		
Housing	223 (53.4%)	61 (52.1%)	162 (53.8%)	0.096	0.757
Religion/spirituality	22 (5.3%)	4 (3.4%)	18 (6.0%)	1.109	0.292
Employment	82 (19.6%)	24 (20.5%)	58 (19.3%)	0.083	0.774
Financial stability	52 (12.4%)	11 (9.4%)	41 (13.6%)	1.377	0.241
Education	58 (13.9%)	28 (23.9%)	30 (10.0%)	13.749	<0.001 ^a
Relationship-family	15 (3.6%)	5 (4.3%)	10 (3.3%)	0.220	0.639
Relationship-children	39 (9.3%)	17 (14.5%)	22 (7.3%)	5.193	0.023
Relationship-grandchildren	16 (3.8%)	7 (6.0%)	9 (3.0%)	2.050	0.152
Relationship-partner	13 (3.1%)	1 (0.9%)	12 (4.0%)	2.743	0.098
Sobriety	14 (3.4%)	5 (4.3%)	9 (3.0%)	0.513	0.429
General health	58 (13.9%)	26 (22.2%)	32 (10.6%)	9.472	0.002*
Mental health	37 (8.9%)	11 (9.4%)	26 (8.6%)	0.061	0.805
Social network-friends	7 (1.7%)	1 (0.9%)	6 (2.0%)	0.663	0.415
Give back	27 (6.5%)	13 (11.1%)	14 (4.5%)	5.819	0.016
Relocation	10 (2.4%)	1 (0.9%)	9 (3.0%)	1.645	0.200

^aReaches Bonferroni corrected threshold for statistical significance ($p < 0.003$).

Table 4. Life goal logistic regression models ($n = 412$).

	Education goal		General health goal	
	Odds ratio	95% Confidence interval	Odds ratio	95% Confidence interval
Age	0.98	0.94–1.02	1.03	0.99–1.07
Gender (male is omitted category)				
Female	2.47	1.27–4.79**	2.37	1.24–4.55**
Race/ethnicity (African-American is omitted category)				
White	1.56	0.77–3.17	1.96	0.97–3.91
Hispanic/Latino	1.30	0.45–3.72	2.08	0.74–5.85
Another race/ethnicity	0.71	0.23–2.23	1.52	0.59–3.96
High school or more education	0.92	0.44–1.93	0.9	0.43–1.89
Has children	0.68	0.36–1.29	0.72	0.38–1.37
Not in a romantic relationship	1.10	0.45–2.67	0.71	0.33–1.56
Comorbid physical and mental health diagnoses	1.17	0.59–2.34	1.57	0.77–3.19
Substance dependence (NIDA-Modified ASSIST)	0.97	0.52–1.81	1.38	0.73–2.60
Lifetime years of literal homelessness	1.01	0.96–1.05	0.97	0.92–1.02
Mentioned 2+ life goals	4.30	2.14–8.70***	1.76	0.95–3.26

**Significant at $p < 0.01$.

***Significant at $p < 0.001$.

between health care and housing systems (Henwood, Cabassa, et al., 2013). The responses of homeless women in the current research indicate that the recognition of gender differences in education and physical health is an essential consideration. For women who experience poverty, educational attainment can be curtailed by economic circumstance. Women in our study rated education as the most significant goal upon transitioning into permanent supportive housing. A number of women in the study also discussed becoming therapists, hairdressers, drug and alcohol counselors, or medical assistants. Educational programs that include vocational training opportunities that are geared toward women and their identified ambitions could promote success among homeless women.

Even when experiencing homelessness, income inequality plays a role in whether or not homeless men and women are able to exit homelessness. Men consistently report higher lifetime income and are more likely to obtain gainful employment, whereas women ask for and receive more social services (Rich & Clark, 2005). Programs that improve the likelihood that a woman can advance her level of education may help her maintain housing success and keep her from re-experiencing homelessness.

Education and general health are two significant ways in which homeless women and men differ from each other in terms of expressed goals upon entry into housing and two ways that women aspire to lead different lives once they are housed. We found that women report more goals than men. Further, there may be similarities and differences in goals between men and women who are transitioning into housing. Achievement of these goals can lead women into a life that goes beyond survival, allowing them to thrive in their new circumstances. Understanding how goal achievement helps women thrive once they have secured and maintained housing can help service providers, policy makers, and advocates improve funding streams and develop programs that are aimed at the successful transition of women out of homelessness.

Limitations

These analyses were limited to reports from homeless men and women in Los Angeles who were moving into permanent housing. The experiences of these individuals may be different than those of homeless persons in smaller urban or rural areas. In addition, because the data were collected as a part of a larger quantitative study, the responses were not audio recorded and there was no opportunity to engage in theoretical or purposive sampling. An individual participant's educational attainment or skill level could potentially affect goal determination. Given that this research is exploratory in nature, further research is warranted among those moving into permanent supportive housing. Finally, our results are based on data collected from individuals age 40 and above who were moving into permanent supportive housing and did not include data from follow-up interviews with participants after they had moved into housing. We are therefore not able to expand on the emerging themes or examine change in goals over time.

Conclusion

This paper offers a gendered perspective regarding the goals of men and women who are moving into permanent supportive housing in the Los Angeles area. Permanent supportive housing is about more than just bricks and mortar; it is about a place to call one's own that makes a person feel safe and secure in the world. Lower levels of education and increased prevalence of health problems among women must be addressed by service providers to ensure that women's goals are met in permanent supportive housing. Continuing to engage in empirical data collection that does not take unique needs of women into account will only continue to discount the needs of these vulnerable women. Many researchers have suggested that the pathways to exiting homelessness are just as complex as the pathways that women take entering it (Fotheringham et al., 2014;

Klodawsky, 2009). By recognizing differences in expressed life goals among homeless men and women, policy makers, advocates, and service providers may be more effective in policy development and program funding and administration, thus improving the lives of homeless women and men for a lifetime.

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Notes on contributors

Melissa Bird, MSW is a passionate feminist whose education in social work has led to a career advocating for children, women, and their families. She is a fierce believer in social justice advocacy and preparing women for leadership roles in politics. She has a wealth of experience working with policy makers, community leaders, and other stakeholders to improve access to reproductive health care for women, men and teens.

Harmony Rhoades, PhD, holds an M.S. in Epidemiology and a Ph.D. in Sociology from UCLA, and is a Research Assistant Professor at the USC School of Social Work. Her research focuses on understanding behavioral health and social integration outcomes and the impact of the built environment and service utilization among vulnerable populations, including socioeconomically disadvantaged groups, persons experiencing homelessness, sexual and gender minority populations, those living with HIV/AIDS, and those with serious mental illness.

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