A Qualitative Study of Voluntarily Transient Young Adults in Portland, Oregon

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Abstract
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Degree Type
Dissertation

Degree Name
Doctor of Psychology (PsyD)

Committee Chair
Genevieve L.Y. Arnaut

Keywords
voluntary transience, experience of homelessness, young adults, qualitative analysis

Subject Categories
Psychiatry and Psychology

This dissertation is available at CommonKnowledge: https://commons.pacificu.edu/spp/1245
A QUALITATIVE STUDY OF VOLUNTARILY TRANSIENT YOUNG ADULTS
IN PORTLAND, OREGON

A DISSERTATION
SUBMITTED TO THE FACULTY
OF
SCHOOL OF PROFESSIONAL PSYCHOLOGY
PACIFIC UNIVERSITY
HILLSBORO, OREGON
BY
CALEB SOLOMON REESE
IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE
OF
DOCTOR OF PSYCHOLOGY
24 JULY 2015

APPROVED:
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A qualitative study of voluntarily transient young adults’ experience of homelessness was conducted. Twenty male and female 18- to 24-year-olds who had been homeless for at least a 2-week period when housing resources were available were interviewed about their daily lives. Through a grounded theory qualitative analysis of structured interviews, themes were identified and a theory developed. Categories included catalysts leading to homelessness, adaptations to homelessness, a sense of loss, overcoming obstacles, reconnecting, and a renewed sense of purpose and hope. 

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Acknowledgements

I am uncertain of how to even begin expressing my gratitude to all those on whom I relied during the process of this project. Genevieve Arnaut’s support, patience, and expertise were paramount to my completing this project and graduate school. Without her, I would truly be lost. Thank you for believing in and pushing me to succeed even when I was ready to give up. I also want to thank Catherine Miller for her assistance, time, and effort as part of my committee. Without the New Avenues for Youth staff members who assisted with the interview process and the young adults who participated, this project would not exist, so I thank you. My friends, both in and out of school, acted as sounding boards for my frustrations and successes. Finally, I owe my family more than they know for the encouragement, support, and love that were given without hesitation.
Introduction

Data from the National Alliance to End Homelessness (NAEH, 2012) have indicated that roughly 550,000 unaccompanied youths and young adults aged 24 years or younger experienced episodes of homelessness for longer than 1 week during 2012. These data were generated from information about youths who had recently utilized services; however, even more youths in the 18- to 24-year age range may have been unaccounted for if they did not access services. Similarly, researchers from the Family and Youth Services Bureau (FYSB, 2012) indicated that approximately 380,000 youths under the age of 18 experienced more than 1 week of homelessness in 2011.

Local data have suggested that Portland, Oregon, has a large number of homeless youths. According to the Portland Housing Bureau Point-In-Time Homelessness Count (2011), a total of 2,727 people, 434 of whom were youths aged 18 to 23 years, were counted during a homeless street count conducted for Multnomah County and the City of Portland on the night of 26 January 2011. Of the 434 youths, 147 were surviving without shelter, 83 were residing in an emergency shelter for the night, and 204 were staying in transitional housing. On 30 January 2013, during the Point-In-Time Homeless Count, there were 2,869 “literally homeless” individuals – that is, people without shelter or in an emergency shelter – in Portland, Oregon and Multnomah County (Portland Housing Bureau Point-In-Time Homelessness Count, 2013, p. 5). Of the 2,869 individuals, 380 were aged 18 to 23 years, of whom 146 were without shelter, 121 were residing in an emergency shelter,
and 113 were in transitional housing. On the night of 28 January 2015, there were 3,801 individuals identified as literally homeless in Portland/Gresham/Multnomah County, Oregon. Of those, 261 were individuals aged 18 to 24 years: 134 were without shelter, 72 resided in emergency shelter, and 55 were in transitional housing. The authors of the Homeless Count speculated that individuals without shelter in 2015 were not necessarily the same individuals who were unsheltered in 2013, suggesting that housing was likely obtained by some.

Although reasons for homelessness are not always clear, certain risk factors have been identified. According to data from the FYSB (2012), roughly 26% of youths who identified as lesbian, gay, bisexual, or transgender (LGBT) were cast out of their homes and comprised approximately 40% of all homeless youths. In addition, it was noted that 25% of youths on the streets identified exiting the foster care system as the catalyst to their homelessness.

Homeless youths face a number of challenges on a daily basis. For example, within 48 hours of running away a young person is likely to experience sexual exploitation or solicitation for prostitution (FYSB, 2012). More than two thirds of homeless youths suffer from mental health problems, such as posttraumatic stress disorder (PTSD) and conduct disorder, as a result of distressing situations such as physical and sexual abuse (FYSB, 2012).

According to the National Center for Children in Poverty (NCCP, 2009), homelessness can lead to a number of problems, including lack of nutritious food, physical health concerns (e.g., being overweight), and a higher risk of sexually transmitted diseases (STDs) and unplanned pregnancies relative to levels in housed
youths. Homeless female youths have pregnancy rates of 48%, compared with 10% of housed female youths (FYSB, 2012), which suggests that homeless female youths experience higher rates of pregnancy than do housed female youths. Homeless youths also have an increased probability of exposure to violence and trauma (both physical and sexual), higher frequencies of substance use, and greater risk for mental health problems compared to youths with housing (NCCP, 2009). Homelessness negatively affects a youths’ ability to attend school regularly, attend the same schools, or graduate from high school (NCCP, 2009). Involvement in criminal behavior, delinquent survival strategies, arrests, and participation in violent crime also has been found among homeless youths (NCCP, 2009).

The initial purpose of this study was to determine reasons individuals might choose to remain voluntarily homeless. However, during the interview, participants discussed instances of victimization, maladaptive coping skills, mental health problems, marginalization, and substance abuse that they had experienced while they were homeless. Thus, the purpose of the current study evolved into identifying the path to and through homelessness as well as common experiences that either positively or negatively impacted participants’ experiences of homelessness.
Review of Literature related to Homelessness

In this review of the literature, I discuss factors that lead to homelessness, as well as transient young adults’ involvement in the foster care system prior to becoming homeless, drug and alcohol use, service utilization, and use of survival strategies. I chose to focus on these issues because prior literature has indicated these factors were influential when working with the homeless population.

Factors that Lead to Homelessness

Research has been conducted to determine potential factors that contribute to adults becoming, and potentially remaining, homeless. Morrell-Bellai, Goering, and Boydell (2000) interviewed 29 homeless adults (males and females, age 18 to 61) in Toronto, Canada, to identify precipitating factors for homelessness on both macro and individual levels. The authors defined macro factors to include loss of job, financial support, or housing, whereas individual factors include negative childhood experiences, mental health problems, issues related to substance abuse, and strife with others. In regard to becoming homeless, Morrell-Bellai et al. stated, “Our qualitative data suggest that it is the interaction between individual vulnerability and macro level factors that result in a person becoming homeless” (p. 593). With respect to individuals remaining homeless, the authors found a common thread for each individual in the study in that participants “lost hope of changing their situation, eventually becoming habituated to life on the streets” (p. 600), and had substance abuse problems. The authors suggested that providing assistance from a centralized location, shortly after individuals become homeless and before they lose hope for
future change, would be more beneficial than would an increase in community supports.

In a study involving adolescents, Mallet, Rosenthal, and Keys (2005) looked at pathways that Australian youths took into homelessness, specifically substance use, both personal and familial, and conflict within the family. The researchers asked 302 youths (ages 12 to 20 years) an open-ended question about how they came to be homeless. Based on responses from the youths, the authors found that drug use was a major influence and catalyst to homelessness. The results were then categorized into four separate sections:

- Young person’s drug/alcohol use → family conflict → homelessness
- Family conflict → young person’s drug/alcohol use → homelessness
- Family conflict → homelessness → young person’s drug/alcohol use
- Family member(s) drug/alcohol use → family conflict → homelessness (p. 187).

Of the four categories, the largest group of youths reported that drug/alcohol use, either their own or that of a family member, was the primary reason for them becoming homeless. Marijuana was the drug related to the most familial conflict. The authors also found that over one third of the youths experienced a collapse of their family, which then led to substance use as a way to alleviate stress related to conflict. The researchers suggested that youths who had experienced familial breakdown as a result of others’ substance use reacted in a number of ways, such as avoiding substance use at all costs, immersing themselves into the drug culture, or by becoming homeless to remove themselves from such a harmful environment. Ultimately, drug use, in addition to conflict within the family, led to youth homelessness.
In sum, research has demonstrated, numerous factors, such as substance abuse and interpersonal conflict (Mallett et al., 2005; Morrell-Bellai et al., 2000), as well as loss of employment and financial support (Morrell-Bellai et al., 2000), can influence an individual’s course into homelessness. Macro and individual level barriers (e.g., loss of motivation, mental health problems, childhood mistreatment, lack of resources) may perpetuate homelessness (Morrell-Bellai et al., 2000). Identification of catalysts that lead to homelessness and factors that allow it to persist could lead to expansion of community resources or an increase in support groups for at-risk individuals.

**Involvement in the Foster Care System Prior to Becoming Homeless**

This section focuses on the lack of stable housing options for individuals upon exit from the foster care system, rates of victimization of these homeless individuals, mental health issues such individuals experience, and the availability of and access to resources.

The foster care system is an arena in which many adolescents face the possibility of homelessness due to lack of housing options when they “age out” of the system (i.e., turn 18 years old). Prior researchers have not identified specific transitional services for youths who age out of the system because they have not looked for them specifically. In order to prevent such outcomes, Fowler, Toro, and Miles (2009) assessed how preventative measures might save aging-out youths in Detroit, Michigan. The authors contacted 265 youths (137 females and 128 males, ages 19 to 23 years) who had been a part of Michigan’s Department of Human Services and whose files were closed between 2002 and 2003. Fowler et al. utilized a
self-report life history calendar to track where the participants had lived post-foster care; living situations were categories as literal homelessness, a precarious housing situation with family or friends, or a stable environment. To determine how homelessness affected the youths, the authors tracked the following: psychosocial aspects of the youths’ emotional and behavioral well-being; number of foster-care placements; presence of psychological symptoms; instances of victimization (e.g., physical harm; unwanted sexual contact); unwanted pregnancies; criminal involvement; and highest grade completed.

The researchers found that youths who exited the foster care system experienced high levels of abuse in all three housing situations. However, Fowler et al. (2009) stated that “causality is difficult to determine, and reciprocal relationships are likely such that housing problems exacerbate negative psychosocial outcomes, and these outcomes in turn make securing stable housing more difficult” (p. 1457). The authors also hypothesized that if youths were allowed to remain in the foster care system until age 21 the possibility of homelessness and other damaging possibilities might be lessened. Other results indicated that youths who experienced a higher number of foster care placements and a lack of services were more likely to encounter difficulties in psychosocial emotional and behavioral well-being than were youths who were not part of the foster care system. The authors advised that future research and interventions should focus on preventative factors such as housing programs and case management to decrease rates of homelessness.

In a recent study on the transition of foster youths, Havlicek, Garcia, and Smith (2013) systematically reviewed a number of articles and reports that addressed
prevalence rates of mental health disorders and utilization of services upon aging out. The purpose of the review was to determine what factors foster youths may experience, as well as to identify whether these youths were able to access resources. The authors categorized the findings of 16 articles and/or research reports into seven sections: lifetime prevalence of mental illness disorders; 12-month prevalence of mental health disorders; comorbidity of mental health disorders; lifetime prevalence of PTSD; prevalence of conduct disorder; prevalence of substance use disorders; and mental health service utilization.

In regard to mental health, Havlicek et al. (2013) found that “foster youth experience lifetime and past year rates of mental health disorders that are between 2 to 4 times higher than the general population of transition aged adults” (p. 199). The authors also found that foster youths had not accessed mental health services or sought psychotropic medications, even though such resources could render positive results. However, Havlicek et al. recommended the use of standardized guides to identify prevalence rates of both the age when psychological symptoms emerge and the acuity of such symptoms. The identification of symptomatology severity would be beneficial in determining whether and/or how similar issues, such as substance abuse, continue into adulthood. Based on their review, Havlicek et al. also advocated for habitual mental health inspections followed by empirically based treatment to decrease the rates of PTSD, substance use, and conduct disorder in the foster youth population. The authors also strongly endorsed that a continuity of care be established for youths who are aging out of the foster care system, especially an
integration of services specifically designed for young adults who have aged out to ensure awareness and utilization of services.

**Service Utilization Among Homeless Youths**

To understand the utilization of services created specifically for homeless young adults, the types of services available should be identified, which will assist researchers in identifying factors related to their use of services. Available services discussed in this section include HIV testing, mental health counseling, sexually transmitted infections (STI) testing, street outreach workers, housing shelters, and food programs.

Tyler, Akinyemi, and Kort-Butler (2012) conducted an exploratory study of use of services by homeless youths. The authors hypothesized that transient youths who identified as LGBT would have higher levels of service reliance than would heterosexual transient youths. They also hypothesized that abused or neglected adolescents or youths with prior experiences in foster care or group homes would utilize services more than would youths without such histories.

To test their hypotheses, Tyler et al. (2012) interviewed 249 homeless youths (137 females and 112 males; ages 14 to 21 years) in drop-in shelters and on the streets in three Midwestern cities. The authors identified six types of services (HIV testing, counseling, sexually transmitted infections [STI] testing, street outreach, shelters, and food programs) and assessed how often such services had been utilized in the previous year. The researchers also assessed the youths’ education levels (31% had graduated high school/passed their General Education Development [GED] test), history of abuse (55% had experienced physical abuse; 33% had experienced sexual
abuse), sexual orientation (44% identified as LGBT), race (49.4% White, 23.7% Black, 8% Hispanic, 4.8% American Indian/Alaskan native, 1.2% Asian, 8.8% biracial, 4.0% multiracial), and history of foster care (37%) and group home involvement (48%). In addition, they also looked at the number of times a youth had run away (average of three times), the percentage of youths who had been kicked out of home (46%), and the number of nights they had spent on the street (12% spent an average of 1 to 2 nights per week; 11% spent an average of 4 to 5 nights per week).

Frequency and correlates of youth service utilization were examined using logistic regression. The results indicated that, over the prior year, 57% of youths had not engaged in any type of counseling, 36% had not been tested for HIV, and 31% had not been tested for STIs. Females were found to be more likely than males to engage in STI testing by a significant margin. The authors also discovered that youths who identified as LGBT, when “compared to heterosexual youth, more often use food programs, counseling, street outreach, and STI and HIV testing” (Tyler et al., 2012, p. 1349). Older adolescents had a greater tendency to use food programs and street outreach, as well as STI and HIV testing, than did younger adolescents. Youths who had experienced physical abuse were more likely to use shelters and street outreach than were non-abused youths. Sexually abused youths utilized all resources except shelter use, which might have been due to fear of future victimization. Youths who had lived in group homes were found to use a number of services, as were those who had been kicked out and spent more nights on the street than were youths who had never been kicked out or who had never lived in a group home. The authors concluded that no clear factors determined service utilization.
among homeless youths; rather, the use “to some extent, varies by sex, age, and sexual orientation” (p. 1350). However, historical abuse, both physical and sexual, in addition to sleeping on the street for a longer period of time and having been ousted from homes were correlates of service usage.

In an associated study, Kort-Butler and Tyler (2012) examined the same dataset of 249 youths used by Tyler et al. (2012) to determine service usage; however, Kort-Butler and Tyler included instances of mental health/substance abuse inpatient treatment and occurrences of incarceration while keeping all other variables from the prior study by Tyler et al., except STI and HIV testing. In addition, they identified rates of victimization (physical and sexual) since the time youths had become homeless, involvement in deviant behaviors (e.g., selling drugs, trading sex, stealing), deviant behaviors of peers, and network support (i.e., instrumental, protective, personal, advice, and emotional support). With respect to inpatient treatment, 37% of participants reported one to four instances of hospitalization, whereas about half denied any hospitalization. In regard to incarceration, 33% had never been imprisoned, whereas 58% reported one to four incarcerations.

After the frequency of utilized services had been identified, Kort-Butler and Tyler (2012) created four clusters to analyze varying levels of service usage and incarceration rates:

Cluster 1, basic survival service use (n = 82): Above-average shelter, food, and outreach service use, but below average on counseling, substance abuse/mental health in-patient episodes, and incarceration episodes
Cluster 2, multiple service use (n = 42): Above-average use of all five services and incarceration episodes
Cluster 3, incarceration experience (n = 47): Above-average incarceration episodes, but below average use of all other five services
Cluster 4, *minimal service use* (*n* = 77): Slightly above-average use of counseling, but below average use of all other services and incarceration (p. 617)

Kort-Butler and Tyler (2012) compared characteristics of the youths across clusters to determine why certain youths accessed some services whereas others did not. Based on the cluster analysis, Kort-Butler and Tyler suspected that the youths in Cluster 2 sought numerous services because they were “the group with the most precarious histories and street experiences” (p. 621); however, these youths might not have accessed services as often as they needed them due to having the highest rates of involvement in maladaptive survival behaviors (e.g., selling drugs, trading sex) compared to the other clusters. Youths in Cluster 3 were found to be second to youths in Cluster 2 in regard to deviant subsistence strategies. Of the four clusters, Cluster 4 was comprised of the youngest participants who were also the individuals who had run away from home for the shortest amount of time. These youths had also been on the streets for shorter time periods when compared with the other clusters, which might have decreased their need for service utilization. With this in mind, the authors noted that “the more time youth in the minimal service cluster spend on the street, they may find themselves progressing to basic survival service use, before moving to multiple service usage” (Kort-Butler & Tyler, 2012, p. 621).

The results of Kort-Butler and Tyler’s study (2012) imply that youths with a history of running away and of abuse, as well as experiences on the street, impacted cluster involvement. These findings may indicate that youths in different clusters experienced a need for service utilization that varied in type and quantity. The lack of knowledge or barriers to services could lead these youths to experience longer periods
of homelessness, higher rates of incarceration due to involvement in deviant subsistence strategies, and more physical and/or mental health problems.

Another approach to understanding why individuals do not access services during homelessness is to consider whether transient youths are even aware of available services. van Laere, de Wit, and Klazinga (2009) sought to determine how people become homeless, what preexisting problems were present prior to homelessness versus those emerging post-homelessness, and how many interactions with service providers individuals had experienced both pre- and post-homelessness. van Laere et al. collected data from questionnaires from 120 adults (105 males and 15 females; ages 18 to 67 years) who had lost housing for the first time within the 2 years prior to study in Amsterdam, the Netherlands. The authors gathered information on demographic characteristics, factors leading to homelessness, social and medical problems (pre- and posttransience), and contact with services (pre- and posttransience).

van Laere et al. (2009) identified a number of factors that contribute to service utilization, as well as three major routes to homelessness (i.e., eviction, relationship problems, and incarceration). The authors found that, relative to individuals from the other pathways, individuals who had been evicted were more likely to be slightly older immigrants (e.g., Surinam, Antilles, Morocco) who lived alone and who experienced more alcohol and money problems. The individuals in the relationship-problem group were likely to be younger drug users (e.g., cocaine) with histories of domestic problems. In regard to preexisting social and medical problems, the authors discovered that gambling and using substances lessened when the individuals had
become homeless, because of service utilization, which might demonstrate increased motivation to change their lack of housing. It was also found that individuals with mental health problems were motivated to obtain more sufficient services than they had utilized prior to becoming homeless. In sum, van Laere et al. found that prior contact with service providers did not serve as a preventative measure against homelessness – a realization that more than half of the participants noted. Once homeless, interactions with medical services did not increase, whereas contact with agencies that provided benefits and social work did grow.

Overall, research suggests that availability of services to the homeless population does not guarantee utilization, for a variety of reasons. Providers should be aware that homeless youths might have experienced abuse and therefore may distrust adults, which could influence participation in services that are available (Tyler et al., 2012). In addition, service providers should address specific concerns, such as substance use and sex for trade, for specific groups (e.g., victimized youths) to reduce the risk of deviant survival behaviors (Kort-Butler & Tyler, 2012). It is possible that preexisting use of services may not even prevent homelessness, and more social/medical-integrated services would be beneficial (van Laere et al., 2009).

**Life on the Streets**

In this section, I focus on survival strategies, coping skills, street families/group involvement, and victimization. Survival strategies consist of the means by which homeless young adults obtain money, food, shelter, and safety. Coping skills are the means by which individuals deal with homelessness. Street
families/group involvement touches on how peer support can provide security, build trust, and influence victimization.

Youths living on the street without stable housing, which is worrying in and of itself, may also lack protection, access to food, and other survival necessities. Kombarakaran (2004), with the assistance of a formerly homeless street youth turned street worker, interviewed 73 male street youths (ages 10 to 18) in Bombay, India, to discern strategies they used to survive. Kombarakaran utilized multi-method approaches to obtain data from the youths, social workers, and street workers via focus groups, interviews, and a case study. The author first identified themes to illustrate the overall experience and then described coping methods utilized by the street youths.

More than half of the children (62.5%) had moved to Bombay from throughout India for a variety of reasons (e.g., peer influence, possible work, favorable weather conditions, safety, and potential escape from correctional facilities). The length of homelessness ranged from 1 to 9 years and over half (60%) had never attended school; two thirds of the latter group were illiterate. Kombarakaran (2004) discovered that the youths moved intermittently from shelter to shelter to take advantage of the safety, free meals, medical services, and other resources. In spite of possible abuse, some became part of street families to gain emotional support. The youths obtained a variety of jobs, both legal and illegal, and the earnings were spent daily as a preventative measure to keep from being robbed. The majority (62%) noted exacerbating conditions (e.g., poverty, poor work conditions, conflict within the family) as their reasons for running away, and 13%
identified intense occurrences as the impetus (e.g., death, crime, poor grades). The rest of the youths noted a sudden increase in severe chronic conditions (17%) or the glorification of city life (8%) to be reasons for leaving home. As Kombarakaran noted, “The data indicate that while children make a transition to the street because of the lack of supportive home environments and poverty, they continue living on the street for lack of better options” (p. 865). The ability to adapt to life on the street was influenced by the type of work obtained, reliance on social workers to deter police harassment, and peer support as a source of coping with life stressors, protection, and survival. However, not all coping strategies were found to be beneficial; for example, youths were involved in experimental drug use, use of prostitution, sexual exploitation for protection, or involvement in criminal activity. Kombarakaran suggested that providing street youths with assistance like counseling, substance abuse treatment, medical services, stable housing, and work opportunities may decrease maladaptive coping strategies and augment peer/substitute family relationships for street youths.

Homeless youths may create relationships with others for emotional support, a sense of belonging, a source of knowledge, or as protection. These factors have been termed “social capital” by McCarthy, Hagan, and Martin (2002, p. 833). McCarthy et al. studied the differences between fictive street families (i.e., groups of youths who come together and call themselves a family with set roles and names) and other street group relationships (e.g., friendships, acquaintances, groups of youths without set loyalties) by analyzing data from a 1992 study. A total of 480 male and female youths without permanent housing, ages 12 to 24 years, were interviewed in Toronto.
and Vancouver, Canada, to gather information about relationships on the streets, instances of prior victimization, and criminal offenses. At the beginning of the study, four factors were identified as influences on the youths’ preference for one group over the other: “peer pressure, a lack of resources, the desire to be connected with others, and safety” (p. 844). The authors hypothesized that youths who were involved in fictive street families would be less likely to experience violent victimization than youths in other street relationships.

McCarthy et al. (2002) found that 54% of the youths were part of a fictive street family, with roughly one third more females than males joining families. Youths who had acted out violently against their parents and who were victims of violence while living at home were more likely to join street families than to join other street groups. A desire for safety was found to be significantly associated with fictive street family association, whereas attachment to other groups was more likely to be influenced by “the size of one’s deviant street network” (p. 847), which suggested that youths with a large number of deviant peers may choose to assist each other. Fictive street family members identified a sense of trust, access to resources and information, give-and-take relationships, security from danger/victimization, and financial assistance as reasons for joining. Street families were found to have a substantial, negative effect on rates of victimization, whereas youths who were not part of street families were not significantly affected. Other street group youths noted some experiences that were not typically identified by street family members: lack of protection, less of a sense of identification, and increased involvement in violent
crimes and behaviors. There were no significant effects of race or class origin for street families or other street groups.

Overall, McCarthy et al. (2002) found that “fictive street family relationships increase the support homeless youths receive in their search for shelter, food, and income, as well appreciably reducing victimization; non-family street group associations do not provide comparable benefits” (p. 858). This finding suggests that relationships based on social capital are more likely to result in protection than in victimization, and they may also be a strong deterrent to engaging in criminal activity when compared with relationships of convenience.

As stated previously, street families serve a variety of purposes, yet the motivation for joining may vary depending on the individual. Smith (2008) set out to understand how and why families are formed and preserved, how relationships are created, and how gender affects the roles individuals take in street families. She interviewed 30 youths (16 females, 14 males; age 10 to 18 years; the majority of whom were Caucasian) who were without permanent housing in a southwestern U.S. metropolitan area. The youths were interviewed on the streets and self-identified as members of street families. Five service providers were also interviewed. Smith found that 77% of the youths identified the impetus for homelessness as abuse (physical, emotional, and/or sexual) they had experienced in their homes. It is poignant that youths created families that provided “survival, socialization, a sense of belonging, access to resources, and feelings of support, love, and security” (p. 762), resources they did not receive in their actual homes. Once the family was formed, familial roles mimicked traditional labels and responsibilities (i.e., parents made
rules, brothers protected the family, sisters completed domestic duties), regardless of age or time spent on the streets. Smith also discovered that males used violence as a way to protect other family members, whereas females usually only engaged in violence for self-defense. Unfortunately, family members victimized females within their own family, and the girls would not leave out of a sense of duty and responsibility. Overall, Smith concluded that future services focused on treating traumatic experiences (on the streets and from home life) and the use of formerly homeless youths as voices of reason/experience could lead to less reliance on homeless peers.

Although the creation of street families seems to provide protections for members, Smith (2008) found that females tended to experience higher rates of victimization than did males while on the streets, even from individuals with whom they had formed trusting relationships. Examples of victimization and of the contexts in which the victimization took place might provide valuable information about how to prevent such abuse. To this end, Tyler and Johnson (2006) conducted a study identifying conditions under which homeless youths engaged in trading sex, willingly or forcefully, for resources (i.e., money, drugs, shelter, or food). A sample of 40 homeless youths (16 males and 24 females; ages 19 to 21 years) from Missouri, Iowa, Nebraska, and Kansas were interviewed as part of a longitudinal study. Three groups were identified: youths who had exchanged sex for resources, youths who knew others who had traded sex, and youths who had not traded sex but who had been asked to do so.
Of the 13 youths who had traded sex for resources, seven females endorsed that they were involved in bartering sex and six of these girls endorsed historical abuse and familial substance abuse prior to becoming homeless. The trading of sex for food, shelter, money, or drugs appeared to be due to a lack of alternative options and friends and/or partners who coerced them to trade sex. Tyler and Johnson (2006) noted that such pressure could lead to sexual victimization at the hands of their partners or men who paid for sex. Four youths had been propositioned for sex but had not engaged in such acts due to having other options available and utilizing services for homeless youths. Furthermore, these youths might not have engaged in trading sex because they were not in relationships where friends or partners manipulated them into performing sexual acts. The final three youths knew others who had traded sex, but they had not done so themselves because of availability of options (e.g., selling drugs, safe shelter with family). Results of the study suggested that “two separate but interrelated factors, childhood sexual abuse and gender stratification, would lead one to expect higher rates of trading sex among females compared to males” (p. 215).

In Tyler and Johnson’s study (2006), more females than males reported trading sex for resources. This finding may both influence and reflect how society views females (e.g., promiscuous, using sexuality as a means to an end) that could lead to assumptions that homeless females are sex workers. The authors recommended that more qualitative researchers address how abuse in the home coupled with street life stressors may influence an individual’s decision to engage in trading sex, voluntarily or coercively.
Involvement in partnerships, street families, or other street groups provides homeless youths with access to resources, but such relationships can also lead to maladaptive street survival behaviors (e.g., substance use, sex for trade, victimization). Ferguson, Bender, Thompson, Xie, and Pollio (2011) sought to identify the pervasiveness and connections of behaviors utilized by homeless youths visiting drop-in centers in four U.S. cities (Denver, Colorado; St. Louis, Missouri; Austin, Texas; and Los Angeles, California). A total of 196 youths (135 males and 60 females; ages 18 to 24 years; 65 Caucasian, 57 Black, 53 Mixed/other, 21 Latino) who had been homeless at least 2 weeks prior to interview were asked the following three questions:

1. What types of survival behaviors are most commonly used by homeless young adults?
2. What factors are associated with the use of survival behaviors among homeless young adults?
3. Among a more transient subsample of young adults, what risk factors are associated with survival behaviors? (p. 403)

The authors identified survival strategies, which consisted of five behaviors most commonly identified by the youths: panhandling, selling drugs, stealing, prostituting, and selling blood or plasma. Indicators of service utilization were defined as instances of transience, substance use, peer support, employment, and victimization. The authors analyzed the data of the transient subsample of youths who had moved once or more since becoming homeless ($n = 143$) and those without intercity moves ($n = 53$) to identify significant differences.

Overall, Ferguson et al. (2011) found that, across all four cities and among all 196 youths, “young adults who were more transient, unemployed, drug-addicted, and reliant on peers for help were more likely to use survival behaviors” (p. 406).
authors also found that the transient subsample was comprised primarily of Caucasian youths who had been victimized and who relied on peers for survival.

In sum, prior researchers have advocated for the identification of positive coping strategies among street youths (e.g., peer involvement, supporting others) to decrease maladaptive coping methods (e.g., drugs, alcohol, prostitution; Kombarakaran, 2004). In addition, Ferguson et al. (2011) also suggested that transient youths engaged in deviant survival strategies should have access to harm-reduction interventions aimed at socioenvironmental factors, depending on the resources available in each geographic location. To lessen the utilization of deviant street-survival behaviors, Ferguson et al. also recommended the development and integration of harm-reduction strategies aimed at providing stabilization for homeless youths in a number of areas (e.g., housing, individual counseling, substance abuse treatment, and employment skills). It would be beneficial to determine how group relationships affect violent offenses by homeless youths in fictive street families and other street groups (McCarthy et al., 2002). Finally, abusive familial relationships may lead youths to run away and become homeless, ultimately resulting in sexual victimization in some cases (Smith, 2008; Tyler & Johnson, 2006).

Alcohol and Substance Use Among the Homeless Youth Population

In this section, I address comorbidity, familial influence, and rationale for substance use among transient populations. Homeless youths often experience comorbid mental health and substance use problems at higher rates than do their counterparts in the general population. Kirst, Frederick, and Erickson (2011) interviewed 150 street-involved youths with the goal of determining factors that
influenced homelessness, as well as identifying the roles that mental health and
substance abuse played in homelessness. The participants, 75 males and 75 females
aged 16 to 21 years, were recruited when they accessed community service providers
in Toronto, Canada, from January 2005 to June 2006. Each individual was asked
about a formal mental health diagnosis, as well as alcohol and/or illicit drug
dependence. During interviews, Kirst et al. also asked about each youth’s history of
arrest, physical abuse, sexual abuse, street victimization, involvement in the foster
care system, actual homelessness, and couch surfing. Finally, they determined the
youths’ number of moves and sources of income.

Kirst et al.’s (2011) findings indicated “a health and social profile of
significant disadvantage among street-involved youth in general, but also highlight
even more pronounced disadvantage among street-involved youth with concurrent
mental health and substance use problems” (p. 551). One in four youths experienced
concurrent problems, such as mental illness and drug use; these youths were more
likely than were youths without concurrent problems to be transient, have more
incarcerations, and experience more instances of victimization over the 12 months
prior to the study. There was no direct causal link between abuse and concurrent
problems; the concurrent mental health and substance abuse problems may have
preceded the victimization.

Even though Kirst et al. (2011) did not identify specific instances of
victimization, they did determine that abused youths suffered from concurrent
substance dependence and mental health problems more frequently than did youths
who did not experience abuse. To address how victimization and mental illness are
influenced by drug use, Padgett, Hawkins, Abrams, and Davis (2006) conducted a qualitative study with 13 homeless women (age 31 to 62 years) in New York City to identify instances of traumatic life experiences, incidents related to substance abuse, and other common themes. The sample consisted of six African American, five Caucasian, and two Latina females. Mental health diagnoses identified in the study were bipolar disorder, schizophrenia, schizoaffective disorder, and major depression. Of the 13 women interviewed, nine reported some form of traumatic life experience (i.e., rape, childhood sexual abuse), which the women related to being homeless. Regarding substance abuse, nine women identified periods of using substances (primarily marijuana, alcohol, and crack cocaine). All six African American women, two of five Caucasians, and one of two Latinas reported substance abuse. Eight of the nine women with historical substance use were from lower socioeconomic classes. Four women were using substances (alcohol and marijuana) at the time of the interviews. Of the four women who abstained from substance use, partner addiction and other life stressors were identified to be preventative factors. When asked about their reasons for substance use, the women identified “inner turmoil (anxiety and emotional anguish), multiple losses (child custody, deceased friends, and family), and the cumulative effects of homelessness and extreme deprivation (including poor health)” (Padgett et al., 2006, p. 463). The authors noted six apparent themes throughout the participants’ interviews: betrayal of trust, horrific nature of traumatic events, anxiety related to getting out and speaking up, the desire for a place of one’s own, outcasts versus outlaws, status loss, and gender. Based on these findings, Padgett et al. suggested that formerly homeless women with mental health
disorders, histories of trauma, substance abuse backgrounds, and lack of resources would benefit from stable, reasonably priced housing in order to regain independence and self-efficacy, in addition to having access to community resources aimed at treating symptoms related to posttraumatic stress and substance abuse.

As noted in the previous studies, the impact of substance abuse on individuals affects many aspects of life, especially mental health and homelessness (Havlicek et al., 2013). Nyamathi, Hudson, Greengold, and Leake (2012) aimed to examine whether and/or how illicit drug use, specifically cocaine and methamphetamine, affected homeless youths. A convenience sample of 156 youths (115 males and 41 females aged 15 to 25 years) who had used drugs within the 6 months prior to the study were recruited from Santa Monica, California via drop-in center participation. In order to determine how cocaine and methamphetamine had impacted the youths’ lives, data were obtained about mental health, sexual histories, age, gender, ethnicity, foster care involvement, and social support. Nyamathi et al. found that cocaine and methamphetamine use were correlated with injection drug use (IDU), a sexual history of at least 10 partners, and trading of sexual acts for money. Cocaine use was found to be associated with recent alcohol consumption, whereas there was no connection between alcohol and methamphetamine use. There were no significant findings regarding the role of social supports in illicit drug use. Caucasian youths were more likely to report cocaine use than were African American youths. Older participants (i.e., age 20 to 25 years) were found to engage in methamphetamine use more frequently than were younger youths (i.e., age 15 to 19 years). The authors ascertained that “persons with a history of incarceration (i.e., having been in juvenile
hall, jail, or prison) and those who had previously been in foster care were three times more likely to use methamphetamine than counterparts without such a background” (p. 247). The authors suggested that future researchers should address how religious faith and foster care involvement are connected to methamphetamine use, especially because youths in the foster care system have less access to mental health treatment, psychotropic medications, and social supports.

As previously stated, substance abuse and mental health disorders can be concurrent problems (Kirst et al., 2011; Padgett et al., 2006), which can lead to involvement in promiscuous sexual behavior and homelessness (Nyamathi et al., 2012). Noell and Ochs (2001) set out to determine how four categories of variables (depression and suicide, substance use, imprisonment, and family history) affected homeless youths who identified as gay, lesbian, bisexual, and/or unsure (GLBU) relative to their heterosexual counterparts. The authors interviewed 532 youths (316 males and 216 females ages 13 to 20) in Portland, Oregon, and asked them to self-report their sexual orientation and gender to identify possible protective and/or risk factors. Noell and Ochs discovered that sexual orientation did not have any significant connections with family history; however, GLBU youths were “significantly less likely to have ever been in foster care...less likely to have been arrested...but more likely to have spent time in a locked mental health treatment facility” (p. 34) in the recent past than were heterosexual youths. The tendency for females to identify as lesbian and bisexual was greater than was the tendency for males to identify as gay or bisexual. Historical instances of injection drug use and
depression were found at higher levels in the youths who identified as GLBU, especially when compared with other juvenile populations.

Of the information regarding substance use among homeless youths addressed in this review thus far, there is little evidence about what may or may not contribute to youths’ utilization of or access to community services. Bantchevska et al. (2011) set out to identify factors that influenced access of drop-in center utilization for homeless, drug-using adolescents. The authors interviewed 82 male and female homeless youths, ages 15 to 20 years, in Columbus, Ohio, to determine catalysts to homelessness, demographic information, severity of depressive symptomatology, ability to have basic needs met, substance use, and frequency of drop-in center attendance. The authors discovered that “youths attended the drop-in center more frequently if they were depressed, infrequent alcohol users, and had parents with legal or substance abuse problems” (Bantchevska et al., 2011, pp. 60-61). These findings are similar to results of prior studies in that familial drug use can impact an individual’s ability to remain in a stable living environment (Mallett et al., 2005); in addition, concurrent mental health and substance use disorders have been associated with homelessness in youths (Kirst et al., 2011; Padgett et al., 2006). Bantchevska et al. suggested that service providers could be more influential by emphasizing substance abuse treatment and providing more emotional support to homeless youths via specialized training, which may in turn lead to increased attendance rates.

The above research demonstrates the need for preventative treatment, emotional support, and accessible services for youths who abuse drugs and/or alcohol. The impetus for substance use varies, yet a common theme appears
throughout – be it loss of autonomy, loss of mental stability, or loss of support via family or stable housing. Specific substances other than alcohol and marijuana (Mallett et al., 2005; Morrell-Bellai et al., 2000; Padgett et al., 2006) were not identified as primary factors leading to homelessness.
Rationale for the Current Study

The initial purpose of this study was to identify reasons young adults choose to remain homeless voluntarily; however, the purpose evolved into identifying factors contributing to positive or maladaptive survival behaviors because it became obvious during interviews that such events impacted decisions at various phases of homelessness for each participant. The catalyst for such an evolution in purpose was that the stories told during interview led to themes about the participants’ experiences, whether first or seventh, of homelessness. My hope was that this study would address areas about which we need more in-depth knowledge, such as transient young adults’ substance use, foster care placement, access to mental health services, victimization, involvement in street families, and service utilization. Such information may also inform our understanding of marginalized populations such as LGBT adolescents (Noell & Ochs, 2001) and help to determine how to provide efficient treatment to homeless youths so mental health and substance use problems can be addressed (Kirst et al., 2011).

I selected a qualitative approach for this study because of the insider perspective that such research provides. The emic, ideographic approach that qualitative research allows is a more detailed approach than is a quantitative methodology, and stories of voluntary transience cannot be captured via numbers (Morrow, 2006). Qualitative research is inductive, which is attractive because the results may lead to a wider range of general knowledge than is possible with a survey
in which the categories are already defined by the researcher. I explored a small number of individuals in their environment. According to Morrow (2006),

Qualitative research can be used to explore variables that are not easily identifiable or that have not yet been identified, as well as investigating topics for which there is little or no previous research...qualitative research is also appropriate when one needs to present a detailed an in-depth view of a phenomenon. (p. 211)

In addition to the fact that this research question lends itself to a qualitative approach, I also have personal and professional reasons for selecting this approach. As I conducted this research, my self-awareness of the homeless population and daily interactions was brought to the surface, which enabled me to become a better clinician and researcher. I wanted to be aware of the relationship between the participants and me to ensure accurate portrayals of participants' experiences (Morrow, 2006). Because I value building relationships with others, I wanted to accurately and fairly tell a story through the participants’ words. In doing so, I hoped to demonstrate how one person’s reality is as equally valid as someone else’s; Morrow (2006) suggested that qualitative researchers attempt to do so through self-reflection and the use of checking in with participants.

Street youths tend to be viewed as “victims” (Thompson, McManus, Lantry, Winsdor, & Flynn, 2006, p. 41), and service providers may make judgments about this population. Thompson et al. noted that pushing agendas that are not the youths’ may lead to backlash and a lack of utilization of services. Thompson et al. suggested that research be conducted to determine how to best interact and assist youths while remaining nonjudgmental and refraining from making assumptions of what would be in the best interest of the youths. The approach of the current research was to identify
how transient youths would like to be treated and viewed without attempting to make them change.

Finally, my aim was to uncover truths of how people who are voluntarily transient survive on the streets, through legal and illegal activities, without the assistance of service providers. These truths are meant to put a more realistic face on the homeless youth population rather than one built on assumptions of crime, drugs, and disregard for general society.
Method

Participants

In order to be eligible for participation, young adults had to be individuals aged 18 to 24 years who were homeless (e.g., they lived under a bridge, in a park, in a squat with others) voluntarily for at least a 2-week period when other resources were available (e.g., shelters, couch surfing, home residence, family/friends). They also had to be fluent in English.

The sample consisted of 20 voluntarily transient young adults who accessed services in the Portland, Oregon, metropolitan area via New Avenues for Youth (NAFY). Participant recruitment was done in collaboration with the Engagement Coordinator for NAFY. Demographic information about the participants’ age, ethnicity, and sexual orientation is shown in Table 1. Half of participants were Caucasian ($n = 10$), and males made up the majority of the participants ($n = 16; 80\%$). According to data from the U.S. Census dated 1 April 2010, 72.2\% of the 583,776 residents of Portland, Oregon, identified being White alone, not Hispanic or Latino (United States Census Bureau, 2010). Therefore, the percentage of racial minorities in the sample of homeless youths was higher than the percentage of racial minorities in the city. The average age at time of the interview was 21.5 years ($SD = 1.82$), and the range was 18 to 24 years. The average reported age of first becoming homeless was 17.9 years ($SD = 2.77$). The age range at which participants had first become homeless ranged from 10 years to 23 years. The length of homelessness prior to
interview ranged from 1 month to 8.5 years, and the average length of homelessness was 2.3 years or 27.65 months ($SD = 27.63$ months; Table 2).

*Table 1*
**Demographics of the sample (N = 20)**

<table>
<thead>
<tr>
<th>Variable</th>
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</thead>
<tbody>
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<td></td>
</tr>
<tr>
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<td>80</td>
</tr>
<tr>
<td>Female</td>
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<td>20</td>
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<table>
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</thead>
<tbody>
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<td>80</td>
</tr>
<tr>
<td>Bisexual</td>
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<td>15</td>
</tr>
<tr>
<td>Gay/Lesbian</td>
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<td>5</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
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</tr>
</thead>
<tbody>
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<td>50</td>
</tr>
<tr>
<td>African-American</td>
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<td>5</td>
</tr>
<tr>
<td>Asian</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Mixed</td>
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<td>15</td>
</tr>
<tr>
<td>Native American</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Other</td>
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<td>5</td>
</tr>
<tr>
<td>N/A</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

*Table 2*
**Ages and length of time homeless**

<table>
<thead>
<tr>
<th>Variable</th>
<th>M (years)</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age at time of study</td>
<td>21.5</td>
<td>1.82</td>
</tr>
<tr>
<td>Age when first homeless</td>
<td>17.9</td>
<td>2.77</td>
</tr>
<tr>
<td>Length of homelessness at time of interview</td>
<td>2.3 (27.65 months)</td>
<td>27.63 months</td>
</tr>
</tbody>
</table>
**Procedure**

In order to ensure that participants were adequately protected, I received approval from the Pacific University Institutional Review Board (IRB) before beginning data collection. In addition, prior to meeting with the youths, a letter of approval from New Avenues for Youth was obtained stating that the agency supported this research.

Individuals were informed of the study by NAFY staff members who posted the recruitment flyer (Appendix A) at various locations throughout the agency. Participants then signed up with the Engagement Coordinator to meet with me on the predetermined days that I would be at NAFY. The Engagement Coordinator limited the list to 20 individuals on a first-come, first-served basis. I chose 20 participants as my sample size because I wanted to obtain a large enough sample to identify common themes while also being realistic about the likelihood that people might not want to volunteer. The individual interviews were conducted at a private room at the New Avenues for Youth (NAFY) base of operation, and a NAFY staff member was present for each interview to ensure the safety of each participant (Appendix B).

Upon initially meeting with each young adult, I explained to him or her the limits of confidentiality; that is, I informed him or her of possible instances in which I would need to break confidentiality, such as if the participant was a danger to him- or herself or to others, or if he or she reported knowledge of abuse of an individual in a marginalized population (i.e., children, elderly, disabled individuals). I then provided the individual with an informed consent form (Appendix C) that detailed the risks and benefits to participating in the interview. Once I reviewed the informed consent
form, I answered any questions the individual had. If the individual agreed to participate, I asked him or her to sign the form and then gave the participant a copy of the form if desired. All participants were interviewed immediately after our discussion about informed consent. No one declined to participate after going through the informed consent process.

I asked each individual to provide a pseudonym for the study. If the participant indicated he or she wanted a summary of the results, I asked how to contact the participant once the study had been completed (Appendix D). After each interview, I provided the participant with a $25 gift card to a local store as a way of thanking him or her for participation. I utilized a crowdfunding website, Indiegogo.com, to raise money through donations for the gift cards. I posted the link to various social media sites, such as Facebook.com, and asked others to share the link with individuals who might be willing to donate money for my study. I ultimately raised over $600.00 from my campaign. All extra funds were donated to NAFY.

**Data Collection**

**Demographic Information.** Demographic information was collected prior to each interview by having the youth complete a written questionnaire (Appendix E). The following information was obtained through the questionnaire prior to the interview:

- The participant’s self-reported gender.
- The participant’s self-reported sexual orientation.
- The self-reported ethnicity of the participant.
- The participant’s current age and the age at which he/she first became homeless.
- The participant’s self-reported highest level of education achieved.
• A self-report of the participant’s involvement in the criminal justice system.

**Interviews.** I conducted an individual interview with each participant, and each interview was audio recorded, for which a consent form was completed (Appendix F). The interview consisted of open-ended questions designed to gather information on the impetus for homelessness, reasons for not utilizing housing and other outreach services, and factors that influenced the young adults’ decisions to remain homeless. The basic interview questions are shown below.

- How long have you been homeless? How many times have you been homeless?
- What factors led you to run away/become homeless for the first time? For this current time?
  - Was it your own choice or were you forced to leave?
- What does your day-to-day life look like?
  - What do you do during the day?
  - Where do you sleep?
  - What survival techniques do you use on a daily basis?
  - Who are your current sources of support on the streets? Street family, loner, gang, etc.?
- What services do you access at this time? What services do you not utilize?
  - How do you decide which services you will access?
- How long do you expect you might remain homeless?
  What factors are related to your remaining homeless or finding shelter?

I asked follow-up questions to clarify or follow up on information as needed.

In line with grounded theory methodology (Charmaz, 2008), if information from initial interviews suggested that additional questions would be beneficial, I modified future interviews accordingly. Each interview lasted between 15 min to 1.5 hr.

To protect participants’ confidentiality, their information was de-identified after the interview questions had been answered, recorded, and transcribed.
Data Analysis

I used a grounded theory methodology, based on Charmaz’s (2008) approach, to identify themes across the participants. Grounded theory is useful when identifying broad concepts about an area of interest with a paucity of research, such as transient youths. According to Charmaz (2008), “the core components of grounded theory studies are analytic categories developed while studying the data rather than preconceived concepts or hypotheses” (p. 86).

As I obtained data, I simultaneously made notes of repeated words, phrases, and/or concepts that emerged across the youths’ experiences to identify similarities and differences in experiences across the participants. As the interviews were ongoing, I concurrently transcribed prior interviews. During the transcription process, I made notes of physical descriptions of the youths as well as of how each participant interacted with me on an individual level.

According to Charmaz (2008), data analysis begins with coding, or defining, the transcript line-by-line to detect themes and my own thoughts on the dialogue, which in turn directs how the data collection proceeds. The process of coding included reviewing transcripts to identify repeated words, themes, or experiences. As I transcribed each interview, I identified or named recurring words, phrases, and/or concepts and created a list of the 25 most frequently repeated words/phrases/concepts or codes for each individual. I used these codes to make notes on each transcript as a way of identifying quotes containing, relating to, or exemplifying the code.

Once the list of representative quotes was created for each participant, I created a master list of the 25 most commonly used words across all 20 participants.
The master list was created using the website TagCrowd.com, which allowed me to derive the 25 most commonly used words across the entire transcribed interviews. I uploaded the transcribed interviews on TagCrowd and removed each participants’ pseudonym as well as commonly used words (e.g., the, and, us, me). I then searched for the most frequently used words using the word-count feature on TagCrowd to create a master list of the 25 more frequently used words, phrases, or concepts across interviews (see Appendix G). Once the master list was created, I then combined all transcribed interviews into one Word document and began to review the codes for each participant. I used a word search to identify the codes, which I then grouped together to establish themes; for example, abuse, substance abuse, lack of support, personal choice, and mental illness/suicide attempts all seemed to be related to reasons participants had become homeless.

From this list of frequently used terms, once I finished initial coding for each individual participant, I determined which data comprised “the most significant or frequent initial codes to sort, synthesize, and organize large amounts of data” (Charmaz, 2008, p. 92). That is, I found the most similar and salient codes from each individual interview to group codes together. I then created lists of various and commonly reported experiences based on the frequency of words/phrases/concepts or coding. As I created various lists of words, phrases, or concepts, I began to search for underlying meanings of the codes so that I could begin to develop a theoretical model that would demonstrate the experience of homelessness.

Based on the frequency of the identified codes, I began to recognize that homelessness appeared to be a process that occurred over time, in stages, which each
participant identified as prior or current experiences. The process reported by the participants appeared to be a cycle that, once begun, included multiple stages and specific experiences within each stage. During this identification process, I was also able to define specific experiences or subthemes that were commonly reported during each different stage of the cycle. I then began to define the categories of more general themes (stages of the cycle) and less frequently reported or more specific themes (subthemes) across each transcript. As I labeled the data into separate categories based on reported content, I also focused on how to explain the participants’ experiences by creating stages and subthemes to create the theoretical model, and I also considered how the stages appeared to be related to each other. Once each stage and subtheme were identified, I then was able to integrate specific quotes to demonstrate the cycle of homelessness.

According to Charmaz (2008), the next step consists of memo-writing, which aids in finding patterns based on analytic properties of the categories and assist in identifying gaps in the analysis thus far. In this stage, I made notes about the context in which certain themes were reported (e.g., location of sleeping, emotion underlying content), as well as about how the reported subthemes influenced specific participants’ experiences within the cycle.

After the memo-writing stage, a common stage is theoretical sampling (Charmaz, 2008), which consists of going back to participants with follow-up questions to gather more data related to specific themes or subthemes (e.g., emotions, thoughts). The purpose of theoretical sampling is to allow the researcher to identify underlying themes that, albeit not vocalized, led to the creation of the theoretical
model. Theoretical sampling allows the researcher to elaborate upon each category, as well as to “discover variation within them, and define gaps between categories” (Charmaz, 2008, p. 104), and to refine data until data no longer provided new understanding. However, given that I was not able to contact many of the youths for a follow-up interview, I instead utilized a second reader who also analyzed a subset of the data to identify themes rather than theoretical sampling. The second reader’s identified themes were then compared to my themes and, after discussion with the second reader, incorporated where appropriately matched with the underlying concepts.
Results

As previously discussed, I looked for common themes that permeated each individual’s journey through homelessness. Each individual had experienced a Catalyst for Homelessness, which was the precursor to the cycle of homelessness. Each individual had either experienced or was in the midst of experiencing one or more of four stages comprising the cycle of homelessness, which included Adaptation to Homelessness, Sense of Loss, Overcoming Obstacles, and Reconnecting. Based on the interviews, I determined that, once an individual experienced all stages of the cycle, only then did he or she make the active decision or Choice to break the cycle with a newfound Sense of Purpose and Hope. Each stage of the cycle will be addressed in further detail below, using the participants’ own language to highlight each participant’s meanings. Specific information related to each individual’s experience was screened to ensure confidentiality.

As shown on Figure 1, I developed a model to represent the participants’ journeys through the cycle of homelessness. Within each stage, the themes demonstrate how each participant experienced the cycle of homelessness (Table 3), which appeared fluid and ever changing. Some themes were identified in multiple stages (i.e., Substance Use), but the majority were specific to a particular stage of the cycle. It should be noted that each participant did not have the same experience within the cycle, nor were they all at the same place in the cycle. For example, six participants (Memphis, Iron Maiden, Hazetree, Mars Bars, Audrey, and Kid Carnage) had obtained permanent housing shortly prior to interview. Some stages of the
homelessness cycle were found to be essential for some individuals but were not experienced by others. Thus, it was possible to go through only some of the stages. The stages did not always happen in the same order, and, in fact, some participants had moved back and forth between stages. The cycle accounts for individuals moving in and out of the cycle more than once, and sometimes individuals remained stagnant in the cycle before moving to the next stage.

Table 3
Stages and Themes of the Cycle of Homelessness

<table>
<thead>
<tr>
<th>Stages</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catalyst for Homelessness</td>
<td>- Lack of support</td>
</tr>
<tr>
<td></td>
<td>- Mental illness/Suicide attempts</td>
</tr>
<tr>
<td></td>
<td>- Abuse</td>
</tr>
<tr>
<td></td>
<td>- Substance abuse</td>
</tr>
<tr>
<td>Adaptation to Homelessness</td>
<td>- Survival techniques</td>
</tr>
<tr>
<td></td>
<td>- Stigma</td>
</tr>
<tr>
<td></td>
<td>- Emotional reactions</td>
</tr>
<tr>
<td></td>
<td>- Lack of safety</td>
</tr>
<tr>
<td>Sense of Loss</td>
<td>- Consequences of substance use</td>
</tr>
<tr>
<td></td>
<td>- Scarcity of support</td>
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Figure 1. A theoretical model of voluntarily transient young adults’ experiences from the catalyst of becoming homeless to obtaining a newfound sense of purpose and hope.
Catalysts for Homelessness

Each participant identified a specific reason for becoming homeless, and some reasons were mentioned more frequently than others. I identified five different catalysts: lack of support; mental illness/suicide attempts; abuse; substance abuse; and personal choice. Some participants experienced more than one catalyst at varying times based on the number of times they became homeless, whereas others only experienced a single incident.

Lack of Support. Nine of the 20 participants identified a lack of support as the major catalyst leading to homelessness. Sources of support that were missing or taken away included family members, romantic relationships, financial backing, employment, and education. For example, Lil Blue indicated that “a bad environment led to choosing to leave” when his mother lost their house for not paying rent: “She wanted to not tell me until the day we got physically removed from the place and, since then, I’ve left my mom.” Similarly, Pac was kicked out of school and his family did not allow him to stay with them. Grave O’Pheliac decided that he would leave his family home because he was “another mouth to feed and I figured I could do just fine on my own, so I opted to let my sisters live a little easier.”

Rain was adopted and placed into foster care before she ran away. She stated, “I got sent to treatment and foster homes…but I would always come back.” Sonny Liston spoke about how his lack of family contact influenced his decision to become homeless and fend for himself: “Well, pretty much not too much contact with family, uh, less and less contact and family being away from me.”
In contrast, Jeyvonivik Genello was given the choice to leave or “clean up my act” after an argument with his grandparents, and he decided to leave rather than stay: “I didn’t run away, I was belligerent towards my grandparents, and they finally gave me a choice, and I chose to leave.” Memphis stated that he had run away because he was “tired of living there, so I chose to be homeless” as a way to find himself. Memphis went on to say that he “wanted to be my own, like, I just wanted, just to be me. I didn’t want anybody else telling me, like, what I needed to do; when and where…I wanted to figure out on my own.” Similarly, Kid Carnage decided after his parents’ divorce that he no longer felt supported or wanted, and he ran away:

I would have to say my parents divorcing. They were constantly arguing and fighting with each other, trying to pull me which way to go. Kinda freaked out and ran away with a couple kids I knew. Hopped a train, got out of Oregon for a bit.

X-Man’s father died of lung cancer before his mother abandoned him and left the state. “After my dad passed away, my family, my mom and siblings decided to take off to a friend’s and I was left to clean up after my dad when they left to mourn.”

Hammer was literally left on the side of the road by his boss while working on a job, which resulted in his no longer having finances to maintain housing:

I become homeless ’cause I was leaving San Diego, and I started working with this crew, was selling magazines and you know, like, um, that was, you know, that is good for me…and I was traveling, and they left me here in Oregon with nothing, and I’m here by myself… the boss dropped me off and said “I’ll be back in two hours to pick you up.” Never come back.

Audrey became homeless after her romantic relationships, on which she was financially dependent, ended. She said, “Just like, being financially dependent on a relationship partner…I didn’t move out here under my own, like, motion. It was based on being in a relationship and that ended.”
Mental Illness/Suicide Attempts. Two participants identified how mental illness and suicide attempts had been catalysts for their homelessness. B.B. reported that she became homeless when her adoptive mother kicked her out: “I just had a suicide attempt and the police were there and made me go to a mental hospital and, during my 72 hours, my mom put me out.” B.B. went on to liken the experience to “a slap in the face” and explained that she had remained involuntarily hospitalized for 11 days until “they could figure out where to put me…and I ended up in a shelter in Cleveland, Ohio.”

Similarly, The Prank Master described how his struggle with mental illness led to becoming homeless:

For the past year I’ve been dealing with extreme depression, and it’s come to the fact that there were suicidal attempts. I’ve had about four of them, maybe five. I tried one last attempt, uh, 'cause my dad was just pushing me when he didn’t have the right to even be touching me…I tried to kill myself and my dad put me in a chokehold…even after the knife was out of my hand, he kept me in a chokehold for two more minutes.

The Prank Master was ultimately forced from his home by Child Protective Services after he was informed that “either I had to get a restraining order put on me so where I could never go home again…or they were gonna take my younger brother and sister away, so I left.”

Abuse. Two participants experienced physical and emotional abuse as adolescents. Jason Wanamaker’s grandfather was physically abusive after taking him out of foster care: “My grandfather was abusive to me and somehow got me outta foster care and adopted me…I didn’t want that, so I repeatedly ran away and stayed on the streets.”
Honey worked as a prostitute because her abusive boyfriend forced her into working the streets:

When I was 17, I went with this guy and my parents was worried about me…I used to prostitute and I used to have a pimp, but he put his hands on me. Give me a huge black eye… I quit “ho-ing,” I don’t ho anymore…He kept on getting drunk and cursing at me and beating me.

Even though she no longer was with her pimp, she indicated that his abuse was what had led to her becoming homeless.

**Substance Abuse.** Substance abuse (theirs or their parents’) appeared to be the catalyst for homelessness for five participants. For instance, Mars Bars identified how he had been kicked out for using drugs. He identified his “desire to use drugs, lack of self-will, and lack of responsibility” as the main reasons he initially became homeless. Familial use ultimately led to loss for Iron Maiden when his mother died because of her addiction:

I got into a car accident when I was 16. Got on pain pill prescriptions and later on, me and my mom ended up doing drugs together. Ended up leading to heroin…and she passed away because of it, and um, ended up in a downward spiral kinda with the family and they started kicking me out, and uh, yeah, I ended up on the streets finally.

Sickle stated that he had become homeless as a result of a drunken fistfight with his father: “I got really drunk and I, um, got into a fistfight with my dad…he kicked me out. Me and him never really got along.”

Other participants lived in volatile households filled with their own and others’ drug and alcohol use, which led to loss on multiple levels. For example, John Connor chose to leave his living situation because “everybody that I knew and surrounded by was using drugs and things.” Similarly, Hazetree, another participant
who actively used drugs, said, “I started using drugs, um, bad ones…meth, to be exact, and I, uh, lost my job,” which caused him to ultimately lose his housing.

In sum, regardless of which catalyst a participant had experienced, every individual determined at some point that life on the street would be safer, preferable, or more meaningful than would be remaining in a previous living situation. Participants identified feeling written off by family and friends or being a burden to their supports as catalysts that resulted in leaving rather than enduring. Four different identified catalysts led to homelessness.

**Adaptations to Homelessness**

After experiencing one or more catalysts that precipitated homelessness, each participant endured an influx of thoughts and emotions related to his or her new life. A multitude of previously unforeseen difficulties presented themselves now that housing was no longer available. During this phase of their journey, the severity of the participants’ situations appeared to play an impactful role on their daily life and survival. In this section, I identify four experiences that the participants identified as essential in their adaptation to homelessness: survival techniques, stigma, emotional reactions, and lack of safety.

**Survival Techniques.** Each of the participants stated that they needed to engage in survival techniques after they became homeless. Each individual’s particular situation appeared to influence the type of survival technique he or she utilized.

Reliance on government funding for financial support seemed to be a barrier for various reasons for two individuals. For example, Sonny Liston reported that he
“had Social Security Insurance (SSI) but I lost it and now I’m appealing,” and he then had to ask his family for money, which was provided sporadically. The Prank Master was in a somewhat similar situation: “I am waiting for SSI, but I need to have psychological testing done” (testing was needed to determine whether he was eligible to receive SSI). Both individuals indicated that they had to rely on food stamps in the interim. At least four other participants reported using food stamps as their primary source of financial support, for which B.B. was an outspoken proponent: “I recommend every kid in here to get food stamps because there’s times I’ve been running around doing things and I miss a meal.”

Rather than relying on public assistance, eight participants reported engaging in criminal behavior as a means of survival. Hazetree stated that he “would hang out up in the Park blocks and I’d, uh, sell weed, sling dope, ya know, sell food stamps…I’ll do returns on people’s stuff.” He then explained a process by which homeless individuals would steal items from one store just to return them for cash at another store. Iron Maiden talked about how he “just hustled by, like, um, like boosting (stealing) and stuff like that.” Another participant, Lil Blue, said, “I sell everyone’s food stamps and do a bunch of crimes just to support my own habits…I’m not going to mention what crimes, though.” In a similar fashion, X-Man, Jason Wanamaker, and Sickle talked about “selling weed in order to keep my habit,” “selling marijuana if I have to,” and “selling drugs,” respectively, as ways to survive. Honey indicated that she used to “ho” (i.e., prostitute) before she called the police on her pimp after he beat her. Kid Carnage explained his reasoning for “hustling” by saying:
I would rob people in the past, just kinda steal from people. Take their money. That was my survival technique...Figuring out how I’m gonna get money for cigarettes and beer so I don’t have the DT shakes [delirium tremens; alcohol withdrawal]. Just basically hustling, hitting stores, stealing things if I have to.

Each individual who endorsed engaging in criminal behavior rationalized his or her behavior as the only way he or she knew how to survive.

Three participants took to panhandling or “spanging” (i.e., asking for spare change) to make ends meet while homeless. Jeyvonivik Genello indicated that he would “just ask people for, like, dollars, ya know what I’m saying?” whereas Honey said she “got cardboard and make a sign, you know, and I been asking people for money.” Whereas those individuals reported sitting and asking for money, Grave O’Pheliac said “I don’t usually spange for change that often, but sometimes I’ll just dance” for money as a way to remain active.

Conversely, three participants had decided to work or attempt to find work as a means to survive, which instilled a sense of purpose and hope. John Connor reported that he worked “at a school, just kinda like helping out in the food, cafeteria area. I work 5 days a week, pretty much full-time, and then I get off.” X-Man talked about how he used to work “7 days a week, about 100 hours per week” before he lost his job because of his substance use. X-Man reported that he had recently obtained a new job where he works in a kitchen at a local community service agency.

Two individuals indicated that they relied on service providers as a way to obtain income. Jason Wanamaker said, “They pay me, like, you know, like little $5 gift cards” and Memphis reported that he got “involved in education programs to earn money.”
Stigma. Twelve of the 20 participants identified experiencing undesired stigma related to their newfound identity. The stigma placed on them by society was internalized, albeit hated. Labels applied to the homeless population by society appeared to negatively influence these participants’ sense of self and pride. For example, Sonny Liston said, “It’s like (society) is staring at us cause we’re homeless…you don’t hafta have a sign and a dog and a whole bunch of luggage, and like blocking the streets, and like, smelling.” Grave O’Pheliac also identified how the stereotypical view of homeless individuals was not an image with which he wanted to be associated. He said, “I don’t believe that just because you’re homeless means that you have to be grimy, dirty, smell bad, or carry yourself any differently than a normal proud human being.” Similarly, Memphis said, “I don’t wanna be labeled as a street kid.” These participants’ statements were echoed by X-Man, who indicated, “There’s always been a battle between homeless people I see and people that treat us like people.” Such demeaning experiences and assumptions placed on the homeless population were summarized by Sickle:

Society needs to take another look at street life and actually look at it from a different angle because the only thing they’re interested in is the bad. See, what we actually do, if you are a person who’s got a job and a house and all that…take a minute or time outta your day and talk with a person from the streets and follow them around, take a look at his life. Not everything is bad. Sickle went on to ask, “Why hasn’t society accepted these people at all?” Such labels and stigma attached to the homeless lifestyle appeared to negatively impact many of the participants’ ability to integrate into society.

Other participants labeled their peers as a way to distance and keep themselves safe. For example, Audrey called her peers “transients aka ghetto fab
type people and/or drug addicts” whom she stayed away from. She added, “If I see a hobo and they’re over 30, I’m going to assume they’re a schizophrenic unless I find otherwise.” Similarly, Kid Carnage indicated that “there are bad people out there” with whom he did not associate. Hazetree echoed that statement, saying, “I don’t hang out, like, with the hoodlums,” which he indicated included the older homeless population, drug addicts, and people in certain areas of Portland. Jeyvonivik Genello indicated, “I don’t go down to Tent City because it’s kinda dirty...I don’t like being homeless, it’s not who I am. I don’t hold signs. I’m houseless; I don’t consider myself homeless.”

**Emotional Reactions.** Some participants identified emotional reactions to becoming homeless and reactions to how homelessness impacted their outlook on life.

Six individuals discussed how being homeless had resulted in thoughts of uncertainty regarding their present and future situation. For example, Lil Blue said, “I’ve been homeless because I’ve chosen to be because I don’t know if I want a job, I don’t know if I want college, I’m still trying to figure out my mindset.” He identified a feeling of uncertainty related to his future and explained how being homeless impacted his emotions, which caused him to ultimately question his goals. Memphis’s reaction to being homeless was also one of doubt: “I’m not going to find the answer to why people are homeless, but I’m sure everybody’s got a destiny, and let’s let fate decide.” Sickle stated, “I’m still figuring stuff out about myself, so I got a long way to go before I know what I’m going to do...I think there’s something that’s calling me, and I need to find it and find it fast.” This uncertainty about what to
do was also talked about by John Connor. He said, “Homelessness is like, you just, like there’s so much time on your hands. People are just looking for something to do,” which lent to a sense of stagnancy. In a similar vein, Audrey said, “I mean, other people in the similar situation to me where they’re stuck…those people, that’s more like, uh, ‘nameless, faceless’ sort.” Her reaction demonstrated a sense of doubt about how to proceed with life because of her inability to identify as an individual with a sense of purpose. Grave O’Pheliac’s reaction was similar in that he would “just kinda wander around all day, see what happens” related to his uncertainty about what to do. All five participants indicated that they were at a crossroad in which they were deciding how to proceed with their lives, albeit with uncertainty and ambiguity as to how to do so.

On a more negative note, three individuals identified their reaction to becoming homeless as being detrimental to their lives and sense of self. Hazetree talked about his adverse reactions to being homeless, saying, “It seems like really trashy and weird to be doing things behind a dumpster [having sex], but, I mean, that’s homelessness. It’s really a lot different than some people expect it to be.” X-Man’s reaction was more severe, and he indicated that he had been “about to just go off and jump off a bridge” when he lost his housing. Lil Blue expressed his difficulty looking toward the future:

I don’t feel like, when you’re homeless, it feels like you have no life. You, like, you get down to where you can get depressed enough to where you don’t even feel like doing anything with your life because, it’s always going to remain negative. There’s nothing, there’s never going to be a positive outcome. Not unless you win the lottery or you win $100,000 or…Yeah, that’s how I look at it.
In contrast to the negative reactions to homelessness, Rain was more accepting of her situation. For example, her rationale for staying homeless was that “this is how our society, the homeless society, works and runs and everything. It’s what I’ve been adapted to…it’s like a comfort thing.” Her reaction was one of adaptation, which impacted her personal journey in the homelessness cycle.

**Lack of Safety.** Eight participants discussed challenges related to the lack of safety on the streets. They reported that the lack of safety made them more aware of their surroundings and acted as an impetus to make changes in how they lived their lives.

X-Man spoke about his exposure to violence related to other people’s drug use: “Freaking drug, crack dealers, hardcore dealers just walking down with AKs [AK-47 assault rifle], you know, ’cause someone messes with his turf. I would end up getting the shit knocked outta me.” He also reported experiencing the deaths of two other homeless individuals related to drugs: “One got ran over and dragged 50 ft. under a four-door Blazer over a $3 crack deal. Within a month later, someone I was close to died from blood poisoning from shooting up heroin.” Mars Bars talked about how he “had a friend who got stabbed to death” by other homeless individuals during an argument when they were high. Another example of drug-related violence was reported by Audrey: “It’s important to gauge or watch drugs other people are on, so you know where…what degree of dangerousness, how irrational they might be…it’s easy for me to tell when people are high.”

On the other hand, Kid Carnage indicated that he would use drugs in order to remain safe:
I would never sleep. I would use [meth] at nighttime and nighttime only so I wouldn’t sleep ‘cause if I was sleeping, I was vulnerable ’cause there’d be sketch people around me and I don’t know what would happen, so I would just use and stay up.

Lil Blue reported an experience in which other homeless individuals targeted him: “The last person that tried to rob me I hit in the face with a wrench and then I just ran.” He also talked about how “I like to sleep by myself because the fact I’ve been robbed so many times and if they knew where I was sleeping, I’d get robbed.” Sickle also talked about the need to be constantly aware of others: “I always keep my guard up. I’m aware of my surroundings 24/7 and usually always keep an eye on my belongings.” Mars Bars further reported being targeted by other homeless individuals: “Be aware of your surroundings ’cause a lot of these kids are not, like, exactly friendly. I mean, they’ll jump you and take your money.”

B.B. discussed an incident with a street family: “I had a KOS on my head, which is ‘Kill On Sight’ because an Old School doesn’t like me. So you have to always be aware of who is around and who you can trust.” She also identified how being female impacted her experience:

I’ve been homeless maybe 4 months and I’ve maybe gotten asked, like, 20 times do to literally do things [sexual acts] for money and it’s ridiculous. I mean, these guys, one guy I can’t get off my back is 60 years old…It makes us way more aware because we’re just, you know, females are already look at, like, less strong than males, you know? So, it’s like we’re already looked at like “the weaker link,” walking around by ourselves. It makes us a target.

The lack of safety turned to reliance on weapons. Mars Bars stated, “None of my friends carry knives and they don’t have the mentality to stab someone. Except for one of them, but she’s a girl, and that’s because she’s afraid of getting hurt or raped.” He then discussed his own experience:
And this girl, I like turned my head this way, and this girl hit me! And I was like, “Why did you hit me?!” And she’s like, “I don’t like you!” and stuff. And I was like, “I don’t even know you,” you know. I’m just trying to feel like, go somewhere ’cause I don’t know where to go. And then her friends that were males, they came at me with their fists and another one came at me with a chain and a padlock on the end. You know they call it a “smiley.” He was swinging that at me and I got lucky that day ’cause I didn’t get hit!

X-Man also reported the need to “carry a weapon with me” in order to maintain his safety when he was living on the street in southern California. Honey said, “I got a pocket knife and I carry the pocket knife for protection, you know?”

**Sense of Loss**

As part of the cycle of homelessness, a sense of loss was a stage that all participants endorsed. Individuals experienced losses upon becoming homeless; loss continued during homelessness, and new losses arose throughout. Loss was identified as a consequence of substance use and of a scarcity of support, which impacted each of their lives. Each factor affected the participants’ decisions to escape the cycle.

**Consequences of Substance Use.** Nine of the 20 participants reported loss of some kind related to their decision to use substances while homeless. Five participants indicated job loss due to their use of drugs and/or alcohol. Lil Blue stated, “I kinda flunked it off because of my addictions, and I was making money working…I lost a bunch of money and went into my addiction pretty much instead of choosing to expand my future.” He identified his active decision to use drugs, specifically heroin, as the reason for his losing his job and, therefore, financial support. Similarly, Memphis reported, “Sometimes I’ll be like off the street and then I’ll just be back to being homeless for some reason, due to job loss because of drugs
“and mainly alcohol.” X-Man said, “I had my dream job, working in El Gachos, and um, I decided one day I’m gonna go do meth for two nights and party rock hard…I’m an addict…I’m slowly giving up because I’m intoxicated every day.” His addiction resulted in being fired for not showing up to work, which he regretted. Another participant, Hazetree, also indicated that “sometimes I wouldn’t sleep at all because I’d be methed out, and I eventually lost my job” for not showing up. Jason Wanamaker indicated, “I lost my job because I was going in absent or no call/no show, or showing up with alcohol on my breath, and yeah…that got me out my first time.”

In addition to job loss, Iron Maiden talked about how his substance use affected his education: “I went to college back in 2009 for about a year, but I dropped out due to drug use [heroin] at first.” He indicated that he had chosen to leave school because his grades were slipping as a result of his substance use.

The remaining three participants identified how their substance use led to a loss of possible housing. Pac reported that he was “kinda fueling myself to be homeless ’cause I made a lot of dumbass decisions. Wasn’t being conscious of what I was doing…drugs and alcohol fueled me being kicked out of my girl’s and aunt’s…it’s hard being homeless and sober.” Another individual, Hammer, was very candid about the consequences of his use: “Drugs. Drugs are the reason I’m homeless now. Drugs, for me, I can say this; drugs fucked me up in every way possible. Every time that I’ve been in jail is drugs.” Similarly, Kid Carnage said, “The biggest factor for me staying in that circumstance [homeless] for so long was drugs.” Each
individual understood how their active decision to use drugs had resulted in a loss of some kind.

One individual spoke about how his drug use impacted his ability to function as an individual. Mars Bars said, “Drugs leave you kinda in a vegetable state in a way…drugs will kill you…It’s crazy, I’m not as sharp as I used to be…I didn’t want to do anything in life, I just wanted to do drugs.” He identified how his use ultimately led to his lack of desire to improve his situation.

**Scarcity of Support.** Five of the 20 participants described experiences in which they lost sources of support and the impact of the loss on their lives. For example, Rain discussed her experience as a member of a street family:

My street family and ya know, people, who ya know…there’s not as many people out here that there used to be. There used to be a lot of people that really, really cared about each other. Even those who aren’t really “family” we try to help out ’cause that’s how it’s supposed to be. We work as a “family.” I was adopted and I was raised in it. “Family” actually meant “family.” It isn’t what it used to be. You never turn your back on them and they never turn their back on you. Now so many of my friends and family got locked up [in prison] in situations, and they get pinned with stuff they didn’t even do. I’ve lost “family” while they’ve been locked up…shanked and stuff.

With respect to biological family, Pac talked about how his being homeless resulted in him not being able to see or have custody of his children: “I want to have my kids back in my life.” Similarly, Jeyvonivik Genello discussed the catalyst of his becoming homeless as it related to his sense of loss:

I blew up my bridge. I completely blew it up. What I mean by that is, I can’t, there’s no way I can retie the ties that I broke. It’s impossible ’cause I have little brothers that, ya know, I was fighting with my older brother, ya know, they fight now, so…Kinda a bad influence. My older brother hates my guts now ’cause I'm homeless.
Sonny Liston also talked about his experience related to familial loss: “My mom won’t even talk to me now. Mom and Dad said, ‘Fuck off,’ and my sister…she’s the one that said, ya know, ‘You gotta go’ when I was trying to stay with her.” In addition, X-Man discussed the scarcity of support relating to the loss of his family after his father’s death:

With me, I was raised in an abusive family. I was raped by my mother and she got away with it. I reported it left and right! And whenever I remember getting out of the hospital, and mom came up and I said like, “Mom, I just want you to admit you did wrong! Apologize so I can forgive you face to face so I can move on with my life.” Then she said, “I don’t know what you’re talking about.”…I was kicked out and don’t have anyone.

Shortly thereafter, when X-Man was homeless in Oregon, “My daughter passed away in California that year when I was homeless. I wasn’t there.”

In sum, every participant’s life was impacted by a sense of loss of some kind, such as consequences of substance use, the loss of support, and/or the lack of personal safety.

**Overcoming Obstacles**

The cycle of voluntary homelessness led to overcoming obstacles of societal expectations, which impacted each individual in various ways. This overcoming of obstacles was observed in participants’ desires to make independent decisions in their best interest, an increased sense of resilience and perseverance, and an aspiration for self-improvement.

**Independent Decisions.** Nine of the 20 participants discussed how their ability to overcome obstacles was influenced by independent decisions because of their newfound identity of being homeless. One individual, Sickle, talked about how his decisions impacted daily living: “If I got things I need to do for that day, I go and...
take care of them. Then when I’m done with all my stuff, then I just hang, cruise
around, and kick it with friends.” Similarly, Sonny Liston identified health concerns
as the rationale behind certain personal decisions related to his daily life:

I’m diabetic, so eh, I pretty much always have to sure I’m active by uh,
playing basketball, like two or three days a week. Ya know, I’ll, I’ll, uh, I’ll
get my basketball or whatever, and then go play at like the park or two. See
if, uh, some friends want to meet up. I dunno. Pretty much, I skate – I
skateboard a lot too, so I’ve always been doing that. Ya know, that’s
something I can always just disappear in or fade in and just relax and, and
just, uh, do that and not even jus’…just stick to that and not even know, like,
it could be like 5 hours and it’s gone before me, ya know, and I’ll still be
skateboarding and I’ll be okay with that, fine with that.

Hammer’s independent decisions with respect to overcoming obstacles were
the result of a negative experience he had while at a service provider: “Because of
them [service provider], my camera got stolen there. I went into the bathroom, left my
camera and computer, went into the bathroom, stole. What the fuck?! I don’t use
them now.”

In order to remain safe, four participants decided to distance themselves from
negative influences. Memphis said, “I don’t really like being around people, uh,
much anymore ’cause I know I’d get back into doing what I used to do [drugs and
alcohol]. I’m a pretty self-independent person, which makes things easier.” Another
participant, Pac, also associated his decision to move to the suburbs as a way to stay
away from others who might not be ready for independence: “I moved outside the
city because a lot of people don’t wanna travel, just in case I’m not there, so it’s kinda
cool. I won’t have that many ‘associates’ of mine coming over that use.” Hazetree’s
decision related to overcoming obstacles was very similar to that of the other two
participants: “I’m more drawn towards people who are, either off the streets, or, ya
know, have their own places. People who are trying to be successful themselves.”

Similarly, Rain said, “If you wanna stay clean, you’re gonna stay clean. If you wanna be clean, you’re gonna be clean.”

The ability to make independent decisions related to future success was noted by B.B.: “I write down all my expenses and am looking for a roommate. People choose to buy alcohol and drugs instead of save.” Another participant, Sickle, talked about his decision to look for jobs on his own as a way to be self-reliant: “I just like to look for my own.”

**Resilience and Perseverance.** Twelve of the 20 participants identified a sense of resilience and perseverance that led toward overcoming obstacles. Resilience was often reported in the context of coping skills. For example, Memphis identified “going to see a movie by myself, which relaxes me and keeps me away from the stressful life on the streets,” as a way to cope.

Another individual, Grave O’Pheliac, explained his notion of resilience:

I think the biggest problem most people have with homelessness is that all they do every day is “spange” and they don’t pursue other interests. I mean, like it’s not that difficult to like sit down before you go to bed every night and pull out a journal and write what’s on your mind maybe like something happened today or just categorizing, keep yourself focused so that way you don’t turn to other darker drugs and things like that. It’s just, I don’t know, if everybody relaxed a little bit more and just stopped worrying so much, ’cause I mean you’re already freaking homeless and you know how to survive. Obviously the worst of the worst is not gonna phase you that much, so why not smile while doing it.

Participants who were in recovery from drugs and/or alcohol reported a sense of resilience. For example, Audrey reported being “10 weeks clean in a city in which drugs are easily obtainable, so I’ve had points in my life where meth was the only thing I cared about.” Mars Bars also spoke about his resilience related to use:
It feels good, man [being clean]. The only time I relapse was one time last month and I hit it [marijuana] and was like, “I’m not doing this again.” I used to smoke marijuana and drink and smoke meth. This was a one-time thing.

Kid Carnage, Hazetree, Rain, Iron Maiden, and X-Man all endorsed being in recovery, which they identified as a major indicator of resilience. Kid Carnage said, “I quit drugs ’cause of my daughter and I’ve been clean since then.”

An aspect of resilience and perseverance related to overcoming obstacles by taking care of oneself was identified by John Connor: “I’m not gonna catch a cold because I can’t afford to miss work, so you’re just like, I can’t.” Honey reported that she could “cut my own hair” and indicated that she would like to go to beauty school in the future. Another participant, B.B., talked about her resilience and perseverance in working toward her goals:

I try to call my mom once or twice a week and just like hearing her voice telling me, “You can get through this. You got this.” It has really made me push even harder to get the stuff I need done get done.

Her desire to persevere through difficult times was bolstered by being able to speak with her mother.

**Self-Improvement.** An aspiration for self-improvement influenced six participants’ desire to overcome obstacles. For example, Kid Carnage spoke about how he wanted to make a drastic change in his life. He said, “I had a baby not too long ago. My daughter was born and, uh, woke me up.” His decision was influenced by an external event, which caused him to want to improve to help another person.

Another participant, Pac, talked about his desire to overcome obstacles based on his goals: “I want to be more conscious of myself…music helps and sometimes socializing with people that have knowledge” were ways that he wanted to improve
himself. Similarly, Memphis identified goals as a means of self-improvement: “My goals and hopes for the future are to get off probation, finish my military time, and keep my housing while maintaining the job and sobriety.” Hammer echoed their sentiments: “I want to go back to [my home country] and hopefully finish my college or whatever there. If I get into college here, I’ll be clean because that’s what I want.”

The notion of self-improvement was also identified when discussing peers. For example, X-Man reported that he hoped “other people will, you know, stop feeling pity for themselves and kinda, I mean, and just want something.” He further indicated that he would like to own a restaurant that would provide “homeless youths with housing opportunities and work opportunities” as a way to obtain job experience. Rain echoed this statement in wanting others to improve:

My goals is also, once I’m there [in an apartment] and stable in myself, that I can come back out here and give back to my “family.” That I can help my “family” get off the streets, and you know, I know some of them won’t ever want to. I get that. But at least I can be able to come out and give them food.

In sum, the stage of overcoming obstacles allowed every participant the opportunity to do some personal work through his or her own decisions, demonstrate resilience and capability, and cultivate aspirations to improve oneself. As a result, the participants were able to be more willing to engage in Reconnecting, which was the next stage of the cycle.

**Reconnecting**

The stage of Reconnecting, for 17 of the 20 participants, appeared to be contingent on a combination of trust and reliance on others, a desire to belong through substance use, and use of services. In this section, I discuss how each factor impacted the participants’ lives and future decisions.
Trust and Reliance on Others. Nine of the 20 participants were able to identify individuals in whom they had decided to place their trust, which had influenced their ability to reconnect with or rely on others once more. For example, Rain talked about her street family: “I came out here a lot younger than most people, like, this is where I grew up, ya know? I’ve spent the majority of my childhood, you know? It’s comforting. It’s what I’m used to.” She further explained that members of her street family used to work together but that times had changed:

People used to combine everything. Hustling and fucking, ya know, and with everybody combining everything, all our money together, we had, shoot, 6 or 7 hotels! Ya know what I mean? Six different hotels, and like, 20 people in each hotel room, ya know? So everybody was there, ya know what I mean? Um, and we got – had food, and you know what I mean? We all thrived. Together. Nowadays it’s really selective and people are a lot more, “mine-mine-mine!” But um, nowadays a lot of people will just, ya know, are more about, like, most people won’t even spend their money on hotels or things they need or helping other people. It’s just, a lot, a lot more people gone. It’s more about money and drugs and theirs. What’s theirs.

B.B. also identified a need to rely on or trust others given that she was relatively recently homeless: “I’ve slept outside before, and that’s not fun because it gets pretty cold, but I know what bridges they sleep under, and then I can go there. That way I’m not by myself.” Honey also indicated a need to trust others as a way to have her needs met: “If I can’t go to shelter, sometimes I sleep outside. Sometimes with people that were homeless but got their housing…I have a boyfriend and a mentor who works with me who are good people.” Grave O’Pheliac’s experience of reconnecting was similar: “I sleep under the Hawthorne Bridge, right by some of the train tracks. We always clean up after ourselves.”

On the other hand, five participants noted that they were not quite ready to rely on or trust others. For example, Pac talked about his experience related to
survival: “One survival technique I use on a daily basis is staying to myself.”

Audrey’s lack of willingness to reconnect with others occurred for similar reasons:

I’m more of a “stay moving all the way” not only so that I’m not targeted but so that I just stumble across more opportunities and more people I know. I probably don’t know if I’d go as far as to call them peers, other than they’re in the same situation of homelessness. I don’t know, there are just certain naïvely misanthropic attitudes that I’ve taken pains to isolate myself from because I’m already bothered by my sophisticated misanthropy.

Similarly, The Prank Master said that he had no one to trust or rely on, which influenced his ability to break the cycle of homelessness:

I try to stay away from people, ya know, who, like, you don’t wanna mess with and if someone just come up to me and says, like, asking what my problem is, I just try to stay calm and all that. I don’t trust any of the other homeless.

The idea of trust was related to whether the individual had been wronged previously or how others viewed them. For example, John Connor discussed the concept by saying, “I have some family, a lot of people are wandering nomads or, I mean, you have friends if you haven’t ripped them off or jacked them.” Similarly, Jeyvonivik Genello reported his experience:

I’ve made a few friends and, you know, those are the only people I will put in my circle. Anybody else I do not know or have a bad feeling about is out, so I don’t talk to many people.

The notion of trust was found to be essential when relating with others.

**Substance Use.** Four of the 20 participants identified either refusing to use substances or using substances as a way to fit in and be accepted by other homeless individuals. For example, when discussing the desire to connect with others, Iron Maiden spoke about how “now that I’ve been clean and sober, I have friends and I try to keep around clean and sober people” to bolster his sense of belonging. Jason
Wanamaker reported that he only talked to “the ones that don’t do, like hard drugs, and like they can be social as long they never lied to me or mess me over” as his way of knowing with whom he could interact. However, sometimes the ability to connect with others was difficult to endure. Mars Bars shared his experience related to wanting to relate with his peers but not wanting to put himself at risk:

Yeah, yeah. I don’t want, and there’s a lot of drugs out here and people I’ll consider. “Don’t people say if you don’t do drugs?” “Oh, you’re a bitch. You’re scared, you’re a scaredy cat. Come on and just hit the weed. Hit the weed, man. Don’t be a bitch.” And you’re feeling kinda like they mentally play with you. “Don’t be a little punk man, just hit the weed. It’s not gonna do anything to you. Come on man, it’ll be ’a-ight [alright]. Just hit it and you’ll feel alright, it’ll go away quickly. You’ll be fine.” “Alright man, I’ll hit it.” Just ’cause you, just ’cause you wanna have someone you connect to or relate. But those are the people you don’t wanna relate to ’cause they’re the ones that will get you involved in things that’s not right. It’s messed up, man.

On the other hand, some participants identified how using substances was a way to connect with their peers. For example, Sonny Liston talked about “hanging out drinking beer in the park” with his friends. X-Man recanted a story about his using substances with a friend as a way to connect:

I remember me and him, it was his first time ever doing mushrooms and we did acid that summer too. Just like a lot of experimenting with drugs. A lot of it was using meth...We went down to a big drum circle under Burnside. A lot of people, you know, like eating mushrooms and acid. All the hippies hanging out.

The ability to connect with others, without judgment, appeared to fuel these individuals’ decisions.

**Service Utilization.** Utilization of services was seen as a way to reconnect in an otherwise chaotic world for 12 of the 20 participants. Audrey identified her reasoning for utilizing services as a means of reconnecting with individuals with whom she could relate: “It seems as if [service provider] gets the gay kids and
queers…I mainly rely on it [service provider] because I’ve been on HRT [Hormone Replacement Therapy] for 3 years and they’ve been paying for that for 2 years.”

Similarly, Honey reported that she would use a certain service provider specifically for women “because it’s more comfortable” than service providers that were co-ed.

Jason Wanamaker identified the need to reconnect with individuals his age:

I was using, like the adult program until I heard about the youth programs over here. I usually more go to a place that’s more mellow. I’m a mellow person and I like my surroundings to be mellow. This place, I mean, it’s as mellow as you get and there’s younger people my age, so I can correlate to them.

Another individual, John Connor, identified his reason for utilizing services as a means of self-improvement: “It [homelessness] was screwing with my sobriety and, uh, my drive to kinda pick my life up. I’d rather be in services than to be around [drug] users.” Similarly, B.B. endorsed utilizing services to improve her future: “I used an educational program and the tutoring staff to help me get into college.” Rain and Memphis both reported using educational programs and job training as means of improving their situations. Similarly, both Pac and Kid Carnage endorsed using an outpatient drug and alcohol program. Pac said, “I have the counselors around me, and these are my support people, like my outpatient counselor.”

The use of services was also identified as a means of survival. For example, Sickle discussed his experience as follows:

When I was younger, I didn’t have anything except these services. I had to literally fight on my own. I was either having to find somewhere I’d have to get out of the rain and out of the cold and, you know, sleep, somewhere for the night. I wasn’t allowed at my Dad’s. This is all I had.

Sonny Liston indicated that he needed to utilize services because of health reasons:
I’m Type 1 diabetic, so, I need to have food. I’ve been, in the hospital multiple times, emergency room multiple times, then they tell me, “Ya know, you’re gonna die, you’re gonna die. Ya know, you’re gonna die really soon. Your whole body will fail.” I’ll pack food at shelter and I’ll pack like sandwiches or whatever and ask them, “Do you have any fruit?” and stuff like that. A lot of the times they don’t even put it out and I tell them, ya know, like “Hey, I know you guys are like, ya know, I know this is like a joke around here but I’m diabetic and can you put some fruit out?” And, like, they’ll just put out a whole bunch of bananas or something, and I dunno. I pretty much make food for the day.

On the other hand, some participants actively chose to not utilize services because of negative experiences or personal reasons. For example, Sonny Liston spoke about his experiences as follows: “There’s a lot of illnesses I’m exposed to and, if I got into a shelter, a place like this, with an open cut…? I’ve already caughten scabies like four times now and skin rashes, ya know?” Grave O’Pheliac spoke about his reasoning for not utilizing services:

I would stay in shelters but I don’t really sleep that much or that well and it makes me uncomfortable to sleep in rooms full of people. I’m always that one that wakes up in the middle of the night screaming and then like, pissing everyone off. Like, I don’t need that. I don’t feel safe there.

In sum, the stage of reconnecting appeared to influence most of the participants’ views on the cycle of homelessness. It should be noted that each participant’s experience varied from that of his or her peers, and, in fact, some had opposite experiences. For example, Rain’s experience of complete reliance on her street family was completely opposite to The Prank Master’s, who isolated himself from others. Once able to acknowledge the need reconnect with others, increased awareness related to the role substances play, and the realization that utilizing services can be beneficial, the participants then actively chose to break the cycle with a renewed sense of hope and purpose, which was the final stage.


**Sense of Purpose and Hope**

As previously noted, the journey through homelessness was filled with a new identify, a sense of loss, the search for acceptance and belonging, and a desire to demonstrate independence. Over time, each individual identified a sense of purpose and hope, whether it was their first time through the cycle or their tenth. An underlying craving to succeed impacted their choice to pursue this newfound goal to rejoin society as a contributing member. I identified three themes related to the decision to break free of the cycle of homelessness: a feeling of pride; optimism for the future; and altruism toward those who remain voluntarily transient.

**Pride.** Even when homeless, 6 of the 20 participants were able to identify a source of pride related to their ability to make it to this stage of the cycle. For example, Sonny Liston exhibited a sense of pride when talking about the accomplishments he made since becoming homeless. “I’ve gotten a culinary arts certification, I’ve gotten my GED first try, I’m good, I’m educated, I’ll get a job.” B.B.’s sense of pride and accomplishment that fueled her desire to leave the cycle was related to her writing abilities: “I’m only 20 years old and people are recognizing that I have a talent for writing poetry, and it’s totally, like, motivating me… I’m gonna go to college for this. I know I really can intrigue people.” She later gushed about one of her poems being used on a blog. Similarly, Audrey identified skills that would allow her to obtain a job once she obtained housing: “I’ll probably work in IT [information technology]. I have some programming skills but they’re slowly deteriorating because I’m not practicing.”
The idea of accomplishing a goal that was previously out of reach was also noted to be related to a sense of pride. Kid Carnage explained his situation:

I’ve been sober for about two months now, and, if I were to keep using, I would still be homeless ’cause that program be like, “You’re not trying to get clean, so we’re not gonna house you.” So, I’d be homeless still, and I’d probably still be using. I’d be going the same cycles and doing the same shit. So, I thought obviously something has to change, emergency circumstance.

His willingness to engage and push himself allowed for success to occur, which resulted in his obtaining housing. Memphis also reported feeling accomplished:

“This will be my last year. 2014. This is it for me. I’m going to be moving on. I just gotten approved for an apartment, so I can be out of the system.” Similarly, Hazetree’s sense of pride came from his currently maintaining a job and obtaining housing:

I’ll be sitting there, and I’ll be doing my work, and he’ll [boss] and he’ll come in, ya know, and compliment me and say, “Ya know, you’re, you’re doing a good job.” He’s like, “Rock and roll, man!”…I just really wanna, I-I think I wanna go to college and try again. I fucked it up last time but, I just wanna, ya know, just maintain homeless. I mean, like, sorry…maintain not being homeless. And keep working, ya know, and just like, follow my career.

Pride was found to act as a boost toward breaking free from the cycle.

**Optimism.** The possibility of having a positive future was discussed by 6 of the 20 participants. Their goals and hopes were kept alive by the notion of one day breaking out of the cycle to become part of society again.

Jeyvonivik Genello talked about his goals of becoming a filmmaker: “The first movie’d be based off my life story about being homeless.” Memphis discussed how his past failures of breaking the cycle influenced his current situation:

I had a job, was clean cut, and I’d only keep it for so long and then I’d go back to the streets and just pretty much goof off and drink a lot…This [homelessness] is really making me want to get off the streets and get a job.
Sometimes homeless individuals became stagnant when the odds were stacked against them. John Connor stated that “people do snap outta it, but it might take them years to realize they don’t wanna be here anymore” and to regain optimism. Lil Blue echoed this sentiment: “I accepted it [being homeless], ya know, and now I wanna change it.” X-Man talked about his optimism for others: “My heart is just fucking huge where I just see every single person that’s homeless, and I see so much potential, and they just ruined their lives.” The ability to be optimistic about the future appeared to influence one’s ability to interact with, and provide assistance to, others.

**Altruism.** An underlying tone of altruism was demonstrated by 7 of the 20 participants in that, once they reached the stage of renewed hope and purpose, they decided to allow others the opportunity to use resources and to join them in the final stage of the cycle. It appeared that some individuals who had previously exploited the system had moved on to take a more altruistic approach. For example, Jeyvonivik Genello talked about how he did not want to take advantage of the system:

> I don’t really need them [services]. I got everything I need, and I don’t wanna abuse the system by going there and taking things I don’t need. So I give others a chance to get what they need. I don’t manipulate the system. I’m a generous person.

Another individual, X-Man, talked about giving to others as a way for him to obtain hope himself:

> I have a chance to give back, like volunteer in the kitchen. The kitchen is where, it’s like, I can go in there sober and I’m free…there’s only so much volunteering you can do ’cause when you’re not working on yourself, you’re working for other people to make them smile. That’s what I try to do on a daily basis…I see someone asking me for a dollar; if I had that dollar, I guarantee that dollar is not gonna be in my pocket.
A sense of altruism was also seen when Iron Maiden discussed why he did not use certain services:

I don’t use the LGBT, like, ones because I’m not [LGBT] and I feel like I shouldn’t use services that are meant for specific people because it’s taking away from money that could be used for someone else that is actually LGBT.

He went on to explain that “I should have this apartment that’s paid for in a month, and I’m trying to get a job and get into college.” Grave O’Pheliac’s reasoning was quite similar:

It’s based on what I need at the time. I mean, if I don’t need it, I don’t access it, because someone else will need it more than me, and these people don’t have infinite money, and obviously I’m aware of that.

Similarly, Memphis reported that he did not utilize services because he had already done so: “I don’t do use the job program because I’ve already done Job Corps and don’t need it, so others can use it.” Mars Bars also endorsed such ideas by saying, “I don’t have a need for it because I already other ones, which is good enough.”

After choosing to make the most of their renewed sense of hope and purpose, some participants were able to obtain housing. For example, Kid Carnage had an apartment and utilized his newfound identity as a way to give to others:

Just some friends, ya know, my crew I guess. My friends, my homies. They’re still a support and I feel like I’m more of their support now ’cause I have a place. I invite them over sometimes and let them shower and stuff. I feed them.

Jeyvonivik Genello also reported that he tried to help others: “I do give people money and they do pay me back, so I trust them in that way.”

In sum, the final stage of the cycle of homelessness occurred when the participants were able to feel a sense of purpose and hope for the future. Such
emotions were influenced by a renewed sense of pride, the sense of optimism to succeed, and the ability to give to others in need. The underlying themes for this stage were of success based on the notions of hope and new purpose for life.
Discussion

The results of this study provide insight into the experiences of voluntarily transient young adults in Portland, Oregon. A qualitative methodology was utilized in which participants answered open-ended questions about their experiences. A theoretical model and themes were developed from the information provided by the young adults. The voluntarily transient young adults identified a variety of themes during the journey of homelessness that could result in positive outcomes based on decisions made throughout the cycle. Catalyst for Homelessness represents the impetus for homelessness. Subsequently, participants appeared to go through four stages within the cycle of homelessness: the Adaptations to Homelessness, a Sense of Loss, Overcoming Obstacles, and Reconnecting. Finally, after each stage of the cycle was experienced, some participants chose to break the cycle due to a newfound Sense of Purpose and Hope, which is the last stage of the cycle.

In the following sections, I compare the current results with prior findings. The themes derived in this study represent topics that are generally consistent with available literature. However, no known qualitative researcher to date has addressed the voluntary decision to remain homeless when resources are available; therefore, some results are not easily compared to current literature.

Catalyst for Homelessness

Participants discussed some catalysts previously addressed in the literature as catalysts for becoming homeless: a lack of support, substance abuse, and mental
illness/suicide attempts. However, one catalyst identified in the current study—personal choice—was not identified in prior literature.

In regard to a lack of support leading to homelessness in the current study, participants identified involvement in the foster care system, absence of contact with family, relationship break-ups, and loss of jobs as examples. These examples of an absence of support were also identified by Morrell-Bellai et al. (2000) in that they suggested that “the interaction between individual vulnerability and macro level factors result in a person becoming homeless” (p. 593). The prior authors identified a number of factors related to lack of support, specifically job loss, mental illness, traumatic childhoods, and substance abuse. Their results are consistent with the reports of job loss as a catalyst for homelessness. Fowler et al. (2009) examined how involvement in the foster care system influenced becoming homeless and found that adolescents involved in multiple foster care placements often lacked support, which was similarly reported in the current study.

With respect to mental illness/suicide attempts, the current participants endorsed becoming homeless as a direct result of having attempted suicide due to mental health concerns. Havlicek et al. (2013) found that youths in the foster care system experienced “rates of mental health disorders that are between 2 to 4 times higher than the general population of transition aged adults” (p. 199). In addition, the authors found that mental health disorders contributed to perpetuating homelessness and indicated that those in foster care did not access services, especially mental health services. These findings are very similar to those identified by participants in the current study, as well as those identified by Gharabaghi and Stuart (2010). Noell and
Ochs (2001) also found that individuals who identified as GLBU experienced more time in locked mental health facilities than did their heterosexual peers. However, unlike prior research, some current participants became homeless as a result of their mental illness and suicide attempts, whereas prior researchers found mental illness to contribute to homelessness rather to act as a catalyst for becoming homeless. This inconsistency is noteworthy because researchers have not examined what happens to young adults who, after suicide attempts because of symptoms of mental illness, become homeless.

Another consistency with prior literature related to physical abuse at the hands of parents, caregivers, or significant others as a catalyst to homelessness. Similar to the current results, Smith (2008) noted that over 75% of youths in her study identified abuse as the catalyst for homelessness. Tyler and Johnson (2006) also noted that abusive environments likely contributed to homelessness. Similarly, Kort-Butler and Tyler (2012) also identified that abuse contributed to youths running away, which in turn influenced service utilization.

As noted, a number of the current participants identified substance abuse as the catalyst for their homelessness. Similarly, Mallett et al. (2005) identified substance abuse as an influence for adolescents becoming homeless. For example, the authors indicated that substance use, by either the adolescent or a family member, in addition to familial conflict were the main reasons for becoming homeless. This finding is consistent with the current findings in that several participants became homeless as a result of either their substance use or that of a family member.
Adaptations to Homelessness

Some of the participants’ descriptions about their adaptations to homelessness were consistent with prior literature, such as survival techniques and lack of safety; however, two themes were not noted in available literature: stigma and emotional reactions.

Participants in the current study identified engagement in criminal activity, involvement in panhandling, and working while homeless as survival techniques. In Ferguson et al. (2011), the authors identified the survival strategies that were consistent to that of the current study, specifically panhandling, selling drugs, stealing, and prostituting. However, Ferguson et al. also identified selling blood or plasma as a strategy, which was not noted by any of the current participants. Tyler and Johnson (2006) and Gharabaghi and Stuart (2010) also examined involvement in criminal behavior as a means of survival, which was consistent with the current results. They also noted that females traded sex for money, often at the behest of their partners, which was also found in the current study. In addition, Kombarakaran (2004) identified how homeless youths in Bombay, India, engaged in work, either legal or illegal, as a way to survive and support others while decreasing maladaptive behaviors. Kort-Butler and Tyler (2012) also identified deviant survival strategies of youths and the impact of such engagement on service utilization. In sum, the current findings and prior literature were consistent with respect to certain survival techniques, legal and illegal.
With respect to adapting to becoming homeless, Smith (2008) identified a lack of safety and noted that females relied on carrying weapons as a means of self-defense to remain safe. Individuals in the current study also reported similar experiences.

An area of inconsistency between available literature and the current results included the *stigma* and *emotional reactions* that impacted the participants. The stigma experienced while being homeless, albeit voluntarily, appeared to be an ever-present influence on daily experiences of multiple participants in the current study, mostly in negative ways. Emotional reactions related to being homeless were not noted in prior literature.

**Sense of Loss**

The present study is unique in that it dealt with voluntarily transient young adults and their experiences related to loss. Therefore, limited research is available to which this study can be compared. One theme identified by current participants was the *consequences of substance abuse* and how it contributed to a sense of loss. Kirst et al. (2011) found that homeless youths who used substances experienced more struggles than did those who did not use substances. Similarly, Padgett et al. (2006) found that substance abuse was related to traumatic life experiences, loss of children and family, and inner turmoil. Even though Nyamathi et al. (2012) did not find significant results related to substance use, the authors did note that individuals with criminal backgrounds were more likely to use illicit drugs (i.e., methamphetamine) than were those without such a history. These findings are consistent with what was reported by the participants in the current study.
Additionally, both prior literature and the current results suggested that homeless youths experienced a *scarcity of support*. For example, McCarthy et al. (2002) and Tyler and Johnson (2006) found that individuals, without support systems and at risk of physical abuse while homeless, appeared to have similar traumatic experiences as the participants of the current study.

**Overcoming Obstacles**

The notion of *overcoming obstacles* related to homelessness consists of two themes: *resilience and perseverance* and *self-improvement*. There is limited previous literature related to any of these themes, which makes appropriately comparing the findings difficult. Tyler et al. (2012) and Bantchevska et al. (2011) suggested that homeless youths chose to be self-reliant because of historical abuse or familial substance abuse, respectively, which likely influenced their decision to not rely on services. This finding was consistent with the current results in that many participants chose to not utilize services because of historical influences.

Similarly, *resilience and perseverance* and *self-improvement* were identified in previous literature. For example, Padgett et al. (2006) identified how homeless women with mental health disorders, substance abuse histories, and histories of trauma used resources as a way of self-efficacy and regrowth.

**Reconnecting**

The themes identified during the stage of *Reconnecting* in the cycle of homelessness included *trust and reliance on others, substance abuse*, and *service utilization*. All themes were consistent with prior literature.
In regard to *trust and reliance on others*, McCarthy et al. (2002) identified how joining a street family rendered a sense of belonging and support, especially for homeless females. According to the authors, in joining a street family, the members also obtained a sense of protection, trust, and reciprocity; however, they also engaged in more maladaptive behaviors, such as violent physical aggression and crime. Ferguson et al. (2011), Kombarakaran (2004), Padgett et al. (2006), Smith (2008), Tyler and Johnson (2006) had consistent findings. Similarly, in the current study, the participants reported that when they found acceptance and belonging, they were then able to trust and rely on others.

With respect *service utilization*, van Laere et al. (2009) found that homeless adults made contact with service agencies so as to obtain assistance while homeless. The authors also found that individuals who suffered from mental health disorders had a tendency to rely on services. These findings were consistent with the results of Kort-Butler and Tyler (2012). In addition, Tyler et al. (2012) found that homeless youths relied on services as a way to obtain assistance for HIV, STI, and services directed toward LGBT youths. Similarly, some current participants chose to rely on service providers as a way to have their needs met, especially when a sense of belonging and acceptance was present.

Bantchevska et al. (2011) reported that youths with substance abuse histories relied on services as a means to connect with others or gain treatment. However, there was no mention in prior literature of substance abuse as a way to connect with or distance themselves from peers, as there was in the current study. This gap suggests a possible area for future research.
**Sense of Purpose and Hope**

During the stage in which participants felt a *Sense of Purpose and Hope*, the participants identified themes of *pride, optimism*, and *altruism*. Limited prior research related to such factors. Padgett et al. (2006) identified how homeless women with mental health disorders, substance abuse histories, and histories of trauma used resources as a way of self-efficacy. This finding was consistent with the theme of *optimism* in the current study. However, no prior researchers identified *altruism* or *pride* as noted by the participants in the current study.

**The Theoretical Model**

The theoretical model follows a timeline from catalyst of homelessness, through the participants’ experiences while homeless, and ultimately to their sense of renewed purpose and hope in life. The stages, and factors within each stage, overlapped and influenced each other differently for each participant. For example, some participants endorsed a subtheme of minimal or no support in both the *Catalyst for Homelessness* and *Sense of Loss* stages. Various participants reported the theme of *substance abuse* across three different stages: *Catalyst, Sense of Loss*, and *Reconnecting*. Some individuals did not experience each stage to the extent that others did, and some participants completely skipped certain stages. For example, some individuals had not experienced *abuse* in the Catalyst stage but later in the cycle experienced a *lack of safety*, which led to instances of abuse or threat of violence. Information about the participants’ experiences prior to the catalyst of homelessness was relevant to the stage of the cycle they were in at the time of interview. Some individuals reported experiencing the themes of *self-improvement* and *pride* during a
prior cycle and, although not directly connected earlier in the current cycle, said themes were later linked to one another as a way to break free from the overall cycle. However, it should be noted that many of the participants who had previously completed the cycle of homelessness were homeless again at the time of this study.

**Implications**

The model developed in the current study could help inform service providers about how to more effectively provide support to the young adult homeless population in major cities throughout the United States. For example, it appears that trust is required for homeless individuals to utilize services. Staff at service agencies may benefit from allowing more autonomy for individuals utilizing resources. In addition, having various services available on site (i.e., mental health, drug and alcohol, physical health) may increase the willingness of the homeless to actually use available resources. Multisystemic approaches in which service providers collaborate with local shelters, low-income housing complexes, food banks, nonprofit organizations, libraries, and places of worship may assist once individuals are homeless. In addition, research has indicated that multisystemic interventions for at-risk youths and families can improve long-term outcome for juveniles (Dawson & Berry, 2002); therefore, it may also be useful to intervene at younger ages, which may in turn prevent homelessness before it happens.

If possible, service providers may benefit by providing young adults with tangible resources, such as camping equipment or nutrition guides, to assist with street living. Homeless individuals may also benefit from street outreach programs that travel through the city, bringing resources to the homeless rather than making
them travel. In addition, individuals who used to be homeless would likely be beneficial as outreach workers given their first-hand knowledge of the homeless experience and their altruism. In addition, the use of previously homeless individuals who had cycled in and out of homelessness could normalize the process for those who are currently homeless. By taking participants’ stories into consideration, future researchers may be able to identify specific barriers based on specific need in various geographic locations throughout the country.

**Strengths and Limitations of the Current Study**

Voluntarily transient individuals typically have been underrepresented in literature related to homelessness. Therefore, the results of the current study fill a gap in the existing literature. Another strength of this study was that a qualitative methodology was used. Therefore, young adults’ own perceptions about the cycle of homelessness and stages of the cycle are highlighted in the themes. Many of the themes identified were apparent in the majority of the interviews, which demonstrates commonalities among the participants and the strength of the model. As a result, detailed information about participants’ experiences of the cycle of homelessness was provided, and a theoretical model was developed from the participants’ self-reports.

Limitations to the current study were present. Even though interviewing 20 young adults provided a great deal of data, the participants were not interviewed a second time after initial themes had been identified to determine whether the final model was representative of their experience. The fact that participants were interviewed at a service agency does not take into account the point of view of individuals who do not use services. The data were collected during the summer
months, which likely did not take weather into account with respect to service utilization as well as the homeless experience. Given Portland’s geographic location, it is possible that various factors related to the Pacific Northwest impacted the participants in ways that otherwise would not be a factor in other metropolitan areas, such as societal views of homelessness or availability of resources. Portland, Oregon, is also not an extremely large city, and therefore the breadth of participant characteristics and reports likely does not accurately reflect experiences of homeless young adults in other urban environments.

**Directions for Future Research**

Future research should be conducted to more clearly differentiate participants who have already completed the cycle from those who are just beginning the cycle. Collection of data from voluntarily transient young adults who did not access services would also provide useful data. Further, replicating this study in other large metropolitan areas of the United States or in other countries to determine influences that lead a youth to become and to remain voluntarily homeless for a period of time would be useful. In addition, future researchers should work more closely with people who appear to cycle in and out of homelessness, so as to assess whether they are different in some way from people who are homeless and then successfully make a permanent change to no longer be homeless. If possible, future researchers may also benefit from interviewing families of individuals who are in the cycle of homelessness, as well as service providers, to gather a more detailed and comprehensive understanding of the experiences these individuals face as well as a different perspective on the experience.
Conclusions

The themes identified in the current study generally matched what was in prior literature, with some new information provided as well. Both the current participants and prior researchers identified some catalysts for homelessness, adaptations to homelessness, the sense of loss, overcoming obstacles, reconnecting, and a sense of purpose and hope. Specifically, many young adults become homeless because of a lack of support, mental illness/suicide attempts, abuse by caretakers/family/significant other, substance abuse of theirs of family, and/or personal choice. Once homeless, being homeless led to the use of survival techniques, a negative stigma related to their newfound identify, the realization of a lack of safety previously available, and different emotional reactions. A sense of loss was felt related to consequences of substance abuse and the scarcity of previous support. Even so, the notion of overcoming obstacles was experienced through independent decisions, resilience and perseverance of difficult times, and self-improvement through struggle. To reconnect, the participants trusted and relied on others, used their experience related to substance abuse, and utilized services. Eventually, the participants had a renewed sense of purpose and hope connected to pride, optimism, and altruism.
References


doi:10.1177/0011000006286990


doi:10.1016/s1054-139x(01)00205-1

doi:10.1037/1040-3590.76.4.461

Portland Housing Bureau. (2011). [Reports and numbers of homeless population]

Portland Housing Bureau. (2013). [Reports and numbers of homeless population]


Appendix A

Recruitment Flyer

PAID RESEARCH OPPORTUNITY

Pacific University’s School of Professional Psychology is looking for people to participate in a study on homelessness. The purpose of the study is to investigate the experience of individuals who have had at least a 2-week period of time when they have been homeless when other resources, such as shelter, are available. This study will contribute to the limited information on homelessness by providing a greater understanding of the role of community services and survival strategies. In addition, this study is an opportunity for individuals to reflect upon their journey into homelessness and share any key events or insights they have experienced. To qualify, individuals must be 18 to 24 years of age, speak fluent English, have at least a 2-week period of homelessness, and be willing to talk about their experiences at length (15 minutes-1.5 hours) in a recorded interview where a New Avenues for Youth staff member will also be present but not allowed to share any information discussed.

If you are interested or have questions about participating, please speak to Jon Phillips or meet with Pacific University student Caleb Reese when he is at NAFY to set up a time to speak. You will be given a $25 gift card for your participation.
Appendix B

New Avenues for Youth Staff Member Confidentiality Agreement

AGREEMENT OF CONFIDENTIALITY

I agree to maintain confidentiality of the information provided by the participant. I will not discuss the information provided by the participant with anyone else at any time, including the participant, unless the participant requests to speak with me about the interview. Exceptions include the abuse of a marginalized population (i.e., child, elderly individual, developmentally/mentally disabled individual), reports of suicidal and/or homicidal ideation, or threats to the investigator and/or myself. If reports of abuse, incest, rape, etc. are reported as contributing factors to the participant’s homelessness, I will consult with my supervisor at New Avenues for Youth and contact the appropriate authorities (e.g., police, child protection services, elder protection services) if necessary. I understand that any breach of confidentiality will be considered a major adverse event and the breach will be reported to the Institutional Review Board (IRB) within 24 hours and the affected participant will be notified.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>New Avenues for Youth Staff</td>
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</tr>
<tr>
<td>Member</td>
<td></td>
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<tr>
<td>Printed Full Name</td>
<td>Study Role</td>
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<tr>
<td>Printed Full Name</td>
<td>Study Role*</td>
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</tbody>
</table>

*This individual must be trained in obtaining informed consent and have authorization from the principal investigator and/or faculty advisor to do so.
Appendix C

Participant Informed Consent

1. Study Title
A qualitative study of voluntarily transient young adults in Portland, Oregon

2. Study Personnel

<table>
<thead>
<tr>
<th>Name</th>
<th>Caleb S. Reese, MA, MS</th>
<th>Genevieve Arnaut, PsyD, PhD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role</td>
<td>Graduate Student</td>
<td>Dissertation Committee</td>
</tr>
<tr>
<td>Institution</td>
<td>Pacific University</td>
<td>Pacific University</td>
</tr>
<tr>
<td>Program</td>
<td>School of Professional</td>
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<td></td>
<td>Psychology</td>
<td>Psychology</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:rees9330@pacificu.edu">rees9330@pacificu.edu</a></td>
<td><a href="mailto:arnaut@pacificu.edu">arnaut@pacificu.edu</a></td>
</tr>
<tr>
<td>Telephone</td>
<td>630.202.0771</td>
<td>503.352.2900</td>
</tr>
</tbody>
</table>

3. Study Invitation, Purpose, Location, and Dates
You are invited to participate in a research study on the subjective experience of individuals who are voluntarily transient in the Portland, Oregon, metropolitan area. This project has been approved by the Pacific University Institutional Review Board (IRB) and will be completed by August 2014. It will take place in a room at New Avenues for Youth, that you and the researcher agree will allow for confidentiality and a quiet space to conduct the interview. The results of this study will be used to understand voluntary transience. In addition, this study is an opportunity for you to reflect upon your journey into homelessness and your use of survival strategies, and to share any key events or insights you may have experienced. You have the right to refuse to answer any question without consequence; however, if you do decide to participate, you may be asked to participate in subsequent interviews as needed.

4. Participant Characteristics and Exclusionary Criteria
You are required to be 18 to 24 years of age and must be fluent in English. You must also have been voluntarily transient for at least a 2-week period when other sources of housing are available and indicate that you are comfortable talking about your homeless experience at length in an audiotaped interview. If you do not meet these criteria, you will not be included in the study. If you know the primary investigator from any other context, you will be excluded.

5. Study Materials and Procedures
Approximately 15-20 participants will be interviewed in a confidential room at New Avenues for Youth. You will fill out a brief demographics form to be used for descriptive purposes only. Interviews are expected to be 15 minutes to 1.5 hours long and cover any relevant areas of the your homelessness, such as how you came be homeless, survival strategies utilized, and other experiences of homelessness. New Avenues for Youth has requested that a staff
member from the agency be present during the interviews. The staff member will not participate in the interview but will be there to act as a support for you if needed, given the sensitive nature of the questions. If you so choose, the staff member will be present in the room during the interview; however, you not able to participate in the interview without the staff member present per NAFY protocol. All interviews will be recorded using a digital audio recorder. Interviews will be transcribed by the primary investigator using a computer program to create a text file. Transcribed interviews will be de-identified and stored as password-protected files on a password-protected hard-drive on the principal investigator’s computer. Recorded material will be deleted immediately following transcription. No identifying information will be placed in the transcripts; a pseudonym will be assigned to all participants for identification purposes and only the pseudonym will be used in transcripts. Only the principal investigator will have access to pseudonym assigned to participants, which will be deleted upon completion of the study. No identifying information derived from the interviews will be included in the dissertation. If desired, you will have the opportunity to view the finalized transcription to ensure that all statements were recorded accurately.

6.  Risks, Risk Reduction Steps, and Clinical Alternatives
   a.  Anticipated Risks and Strategies to Minimize or Avoid Risk
       The interview is noninvasive and appears to pose no physical health risks and minimal to moderate mental health risks to you. The only foreseeable risk is that you may experience uncomfortable thoughts or emotions when completing the interview due to the personal nature of the topic you are asked to discuss. There is potential for greater than minimal risk in terms of emotional and social risks depending on your background, and you may refuse to answer any of the questions that you do not wish to answer. You have the right to end participation at any time without negative consequences. If any of the questions make you upset or if any problems arise as a result of your participation, you have the right to end participation at any time without negative consequences.

   b.  Unknown Risks
       It is possible that participation in this study may expose you to currently unforeseeable risks.

   c.  Advantageous Clinical Alternatives
       This study does not involve any experimental clinical trials.

7.  Adverse Event Handling and Reporting Plan
    The IRB office will be notified by the next normal business day if minor adverse events occur (e.g., you become upset and must discontinue the interview) and will be handled as follows: the investigator will immediately provide information regarding the School of Professional Psychology’s clinics and New Avenues for Youth counseling services, and will contact you within 48 hours to check if you are ok and ask if you would or would not want to continue in the study.

    The IRB office will be notified within 24 hours if major adverse events occur (e.g., you threaten the investigator, state you will harm yourself or others, report abuse of a marginalized population [i.e., children, elderly individual, developmentally/mentally disabled individual]) and will be handled as follows: consulting with research advisor immediately and contacting the appropriate authorities (e.g. police, child protection services, elder protection services) if necessary. Any unforeseen breach of confidentiality will be considered a major adverse event, the breach reported to the IRB within 24 hours, and the affected participants will be notified.
If you report abuse, incest, rape, etc. as a contributing factor to your homelessness and a NAFY staff member is present during said interview, the principal investigator would determine whether it is his or the staff member’s responsibility to act as a mandated reporter. If the abuse is historical, NAFY may be able to provide psychological services and/or referrals to you. If abuse is current, all mandated reporting regulations will be taken while informing you of the necessity.

8. Direct Benefits and/or Payment to Participants
   a. Benefit(s)
      There is no direct benefit from your participation in this study. You may or may not personally benefit from being in this study. This may be a positive or negative experience for you. As noted below you will have the opportunity to withdraw from the study at any time and/or not answer a question without fear of punishment.

   b. Payment(s) or Reward(s)
      You will receive an incentive in the form of a gift card worth approximately $25 as a way of thanking you for participating in the study.

9. Promise of Privacy
   This study and the principal investigator will not use your name or identity for publication or publicity purposes. Your confidentiality will be protected; however, the principal investigator will follow mandatory reporting regulations and exceptions to confidentiality as described in the following cases: where a clear intent to harm yourself or another individual is described, and where the abuse of children, the elderly, or individuals with mental impairments is preventable. If you decide that you want to participate in the interviews, a New Avenues for Youth staff member will be present, the staff member will be required to report instances of abuse according to NAFY guidelines. Interviews will be digitally audio recorded and responses will be transcribed by the investigator alone. Transcribed interviews will be de-identified and stored as password-protected files on a password-protected hard-drive in the principal investigator’s computer. If you would like to read the transcribed interview for accuracy, you will be allowed to do so. The transcription will take place within one week of the completed interview. Recorded material will be deleted immediately following transcription. In order to protect your confidentiality and anonymity, all information regarding your identity will be kept confidential. No identifying information will be placed in the transcripts; a pseudonym will be assigned to all participants for identification purposes and only the pseudonym you choose will be used in transcripts. Even though dissertation readers will have access to de-identified quotations from the transcripts, only the investigator will have access to the full transcripts and to pseudonym assigned to participants. In addition, no identifiable quotations will be included in the final paper. Signed informed consent documents will be kept in a locked file for seven years following the completion of the study. You will also fill out a brief demographics form; the information from these forms will be used only to describe the sample.

10. Medical Care and Compensation in the Event of Accidental Injury
   During your participation in this project it is important to understand that you are not a Pacific University clinic patient or client, nor will you be receiving complete medical or mental health care as a result of your participation in this study. If you are injured during your participation in this study and it is not due to negligence by Pacific University, the researchers, or any organization associated with the research, you should not expect to
receive medical care from Pacific University, the researchers, or any organization associated with the study.

11. Voluntary Nature of the Study
Your decision whether or not to participate will not affect your current or future relations with Pacific University or New Avenues for Youth. If you decide to participate, you are free to not answer any question or withdraw at any time without prejudice or negative consequences. If you choose to withdraw after beginning the study the investigator will ask if any data obtained can be used in the results.

12. Contacts and Questions
The researcher(s) will be happy to answer any questions you may have at any time during the course of the study. If you are not satisfied with the answers you receive, please call Pacific University’s Institutional Review Board, at (503) 352-1478 to discuss your questions or concerns further. If you become injured in some way and feel it is related to your participation in this study, please contact the investigators and/or the IRB office. All concerns and questions will be kept in confidence.

13. Statement of Consent

Yes   No
☐ ☐ You are 18 years of age or over.
☐ ☐ All your questions have been answered.
☐ ☐ You have read and understand the description of your participation duties
☐ ☐ You have been offered a copy of this form to keep for your records.
☐ ☐ Do you agree to having the interview be audio-recorded?
☐ ☐ You have been given the option to have a New Avenues for Youth staff member present for the interview.
☐ ☐ Do you agree to have a staff member present during the interview?
☐ ☐ You agree to participate in this study and understand that you may withdraw or not answer any question at any time without consequence.
☐ ☐ You understand that subsequent interviews may be pursued as needed.
☐ ☐ You give permission for the researcher(s) to gather audio data for analysis, understanding that any tapes will be immediately deleted upon transcription, which will occur within one week of the interview.

Signature                                       Date
Printed Full Name                               Participant
Study Role

Signature                                       Date
Printed Full Name                               Study Role*
*This individual must be trained in obtaining informed consent and have authorization from the principal investigator and/or faculty advisor to do so.
Appendix D

Participant Contact Information Form

This contact information is required in case any issues arise with the study and you need to be notified and/or to provide you with the results of the study, if you wish.

Would you like to have a summary of the results after the study is completed?  ____ Yes  ____ No

Participant’s Name (Please Print)  ____________________________________________

Participant’s Date of Birth  ____________________________________________

Parent/Guardian’s Name (Please Print)  ____________________________________________

Telephone  ____________________________________________

Email  ____________________________________________

As part of ongoing compliance efforts, the Office for Human Research Protections (OHRP) and the Food and Drug Administration (FDA) may inspect any and all records pertaining to this study. OHRP and FDA auditors maintain strict confidentiality of all records reviewed.
Appendix E
Demographics Questionnaire

Demographics Form
(Please print neatly. This information will be used only to describe the study participants as a group – your individual information will never be used.)

Pseudonym: ___________________________________
(Choose a name that will appear in place of your true name in written reports. To safeguard your anonymity, make sure that your choice cannot be linked to you by others.)

Gender: ______________________

Sexual Orientation: ______________________

Current age: ______________________
(If you are not between the ages of 18 and 24 years old, you may not participate.)

Age at which first become homeless: ______________________

Longest length of homelessness: ______________________
(If you have not had at least two-weeks of homelessness in a row, you may not participate.)

Race/Ethnicity: ______________________

Highest level of education achieved: ______________________

Involvement in criminal justice system: ______________________

Language(s): ______________________
(If you are not fluent in English, you may not participate.)

IF YOU ARE CURRENTLY UNDER THE INFLUENCE OF DRUGS AND/OR ALCOHOL, YOU MAY NOT PARTICIPATE IN THIS STUDY.
Appendix F

Audio Recording Release Form

I give permission to Pacific University to audio record me for research purposes. Such audio recordings may be used in association with articles, presentations, or displays in which the results of various research projects are reported. No commercial use may be made of my audio recordings. I understand that I may be identifiable in these audio recordings. I am 18 years of age or older, or this form has been signed by my parent/guardian.

Project Title

Printed Name

Signature

Date

Parent/Guardian’s Printed Name

Signature

Date

Address

As part of ongoing compliance efforts, the Office for Human Research Protections (OHRP) and the Food and Drug Administration (FDA) may inspect any and all records pertaining to this study. OHRP and FDA auditors maintain strict confidentiality of all records reviewed.
Appendix G

TagCrowd – 25 most frequently used words