Journal of Social Distress and the Homeless, Vol. XIX, No. 1 & 2, June 2010 (©2010)

Who are the Chronically Homeless? Social Characteristics and Risk Factors Associated with Chronic Homelessness

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This study explored the social characteristics and risk factors associated with chronic homelessness in order to develop a set of indicators as a basis for understanding and treating the chronically homeless. The sample consisted of 140 homeless, recruited from total of six sites. Variables in the analysis included age, gender, educational attainment, physical and sexual abuse, frequency of emergency room visits, history of drug use, alcohol use, and history of residential treatment. Variables were analyzed using independent samples t-tests and chi square test of independence. Results indicated that educational attainment, frequency of emergency room visits, transportation, criminal record, physical abuse, specific acts of sexual abuse, history of drug use, alcohol use, and residential treatment were all related to chronic homelessness. The chronically homeless were also more likely to utilize mental health services and bus passes, have their governmental benefits cutoff, and report paper work too difficult for government subsidies.

Keywords: chronic homelessness, social services, mental health, substance abuse

Introduction

Homelessness continues to rank as a significant social problem is the United States. Every year approximately 3.5 million people experience homelessness; of those 1.35 million are children (National Coalition for the Homeless, 2008). While each person's road to homelessness is unique, the causes of homelessness have a common thread. The majority of those who experience homelessness will be able to return to conventional housing within a brief period of time (Caton, Wilkins, & Anderson, 2007; Link, Susser, Stueve, Phelan, Moore, & Struening, 1994; Culhane, Dejowski, Ibanez, Needham, & Macchia, 1994). However, there is a small portion of the population that remains homeless for extended periods. This population is otherwise known as the chronically homeless.

The U.S. Department of Housing and Urban Development's (HUD) defines chronic homelessness as: An unaccompanied individual with a disabling condition who has been (1) continually homeless for one year or more; or (2) has experienced four or more episodes of homelessness within the past three years. According to HUD, a disabling condition can be considered physical, mental and developmental disabilities, as well as alcoholism, drug addiction, depression, PTSD, or a chronic health condition (HUD, 2008).

Based on this definition, the National Alliance to End Homelessness (2006) estimated there were 150,000 to 200,000 chronically homeless individuals nationwide as of 2005. Additionally, national data from emergency shelters indicates the chronically homeless comprise approximately 20% of the total emergency shelter population (Canton et al., 2007). In terms of gender, the majority are male; the National Survey of Homeless Assistance Providers and Clients (NSHAPC) found that

homeless men outnumbered women 4 to 1 (Burt, Pearson, Lee, & Valente, 2001). Even though women are the minority among homeless, studies have found that single homeless women are more likely than homeless men to experience a greater number of stressful life events, including foster care placement during childhood, domestic violence, psychiatric hospitalization, and sexual violence when compared to homeless men (Zlotnick, Tam, & Robertson, 2003; Zlotnick, Tam & Bradely, 2006).

Numerous studies have examined homeless with disabling conditions, suggesting that psychiatric disabilities, substance abuse and medical co-morbidities are widespread among the chronically homeless population. Research has shown disabilities resulting from psychiatric and substance abuse disorders are greater among the chronically homeless compared to subgroups that experience homelessness on an episodic or transitional basis (Kuhn & Culhane, 1998; Burt et al., 2001; Kertesz et al, 2005).

Between one-third and one-fourth of the homeless population suffer from a serious mental illness such as schizophrenia, bi-polar disorder, or major depression (Sullivan, Burnam, Koegal, & Hollenberg, 2000; Folsom & Jeste, 2002; Fisher & Breakey, 1991). Even higher rates of mental health issues exist among the chronically homeless. A report compiled by the Urban Institute in 2001 found that over 60 percent of the chronically homeless were found to have mental health problems and over 80 percent had experienced lifetime alcohol and drug problems (Burt et al., 2001).

Substance abuse has also been widely acknowledged as a health and social problem among homeless populations and is commonly associated with the etiology of homelessness (Fisher & Breakey 1991;

Lambert & FeCaces, 1995). Early research examining lives of homeless emphasized a widespread use of alcohol (Bahr & Caplow, 1974; Bogue, 1963; Straus, 1946). More current research indicates an increase in illicit drug abuse within the homeless population (Canton et al. 2005). Drug dependence or addiction is an enormous barrier to self-sufficiency and also brings an increased risk of debilitating physical and mental health problems, as well as criminal victimization and other personal vulnerability. Drug abuse can also lead to involvement in other illegal actives and depletion of resources increasing the likelihood of being chronically homeless (Booth, Sullivan, Koegel, & Burnam, 2002; Zlotnick et al., 2003).

Medical co-morbidities are also common risk factors associated with chronic homelessness. The excess morbidity due to mental illness, substance abuse and medical conditions place the homeless at a greater risk of mortality (Canton et al., 2007). This is due to the fact that most do not manage these conditions and face severe physical and psychological damage. Research indicates that mortality rates are four times greater than those in the general population. Furthermore, chronicity of homelessness was found to be a strong predictor of mortality among men and is greater among younger women compared to those 45 years of age and over (Barrow et al., 1999). Studies have also shown that the chronically homeless are consistently unemployed, dependent on social services and public entitlements for healthcare, hygiene, clothing, food, and shelter. The majority of those who comprise this subgroup also cannot rely on family members and friends; essentially they have no social capital (Caton et al., 2005).

Although there is a good deal of research examining risk factors and social characteristics associated with chronic homelessness, much is

still unknown. As our country experiences the most catastrophic economic downturn since the Great Depression, it is important to realize that many may find themselves more disadvantaged than others. Given the current state of economics in this country, rising numbers of homeless is inevitable, therefore making prevention a less pertinent area of focus. More relevant is the question of who will now be at risk of chronic homelessness.

Objective

The purpose of this exploratory research is to identify the number of chronically homeless and to identify certain risk factors and social characteristics that would make a person more likely to be chronically homeless. The objective is to develop a set of indicators as a basis for understanding and treating the chronic homeless population. Three primary questions were addressed (1) How many surveyed participants were chronically homeless? (2) What are the characteristics of the chronically homeless? and (3) What risk factors and social characteristics are associated with chronic homelessness?

Method

Definition of Homelessness

For the purposes of this study two definitions of homelessness were used. The first was the *Mckinney-Vento* definition of homelessness, which derived from the *Mckinney-Vento* Homeless Assistance Act of 1986. Section 11302 of the *Mckinney-Vento Act* defines the term “homeless” as

(1) An individual who lacks a fixed, regular, and adequate nighttime residence, and

(2) An individual who has a primary nighttime residence that is

a. A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);

b. An institution that provides a temporary residence for individuals intended to be institutionalized; or

c. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

A population excluded from the term "homelessness" according the *Mckinney-Vento Act* is those imprisoned or otherwise pursuant to an Act of Congress or State Law.

The second definition used was the federal definition of chronically homeless. The definition, as stated earlier, is as follows:

An unaccompanied individual with a disabling condition who has been

1. Continually homeless for one year or more; or

2. Has experienced four or more episodes of homelessness within the past three years.

According to HUD, a disabling condition can be considered physical, mental and developmental disabilities, as well as alcoholism, drug addiction, depression, PTSD, or a chronic health condition (HUD, 2008).

Sample and Materials

This article focuses on a sub-set of data from a larger study exploring risk factors of homelessness. The data obtained for this study was collected from face-to-face interviews beginning in June of 2008 and ending in June of 2009, to encompass all four seasons. The instrument used in the study was identical throughout the entire study except for the rewording of question 14, which was later thrown out because of lack of validity.

Undergraduate and graduate students were recruited from the Psychology, Sociology and Social Work Department at a mid-sized University in the Panhandle of Texas to conduct interviews. Trainings were conducted with all student volunteers involved in the study and were supervised by staff and faculty at the University. Due to the nature of the sample randomization was not possible. Therefore, purposive or judgmental sampling was used. Homeless men and women over the age of 18 were recruited from a total of six sites consisting of emergency shelters, a day center and a small social service agency that focuses on serving the homeless. Eligible participants were invited to participate in a 30-45 minute interview with a trained interviewer. A voluntary informed consent was obtained before interviews were conducted and were kept separate from completed questionnaires in order to ensure anonymity. All respondents were given hygiene packs, beverages and/or snacks before and/or after the interview.

Overall, 150 participants were recruited for the study. However, ten respondent's answers were thrown out of the study either because of competency issues, refusal to finish the interview process or significant missing data. The final sample (N=140) consisted of 70.3% (n=102) males and 29.7% (n=43) females. The average age of those sampled was 43.06, with ages ranging from 18 to 64. Self-identified ethnicity was 60.0% (n=87) Caucasian, 23.4% (n=34) Black/African American, 7.6% (n=11) Hispanic/Spanish/Latino, 5.5% (n=8) American Indian, 2.8% (n=4) Other, and .7% (n=1) responded Don't Know.

Instrument

The questionnaire covered basic demographic information and factors thought to be relevant to homelessness. Most questions were derived from questionnaires successfully used with the homeless or other populations such as those who had experienced sexual or physical abuse (Applied Survey Research, 2007; Kooiman, Ouwehand, & Kuile, 2002). Questions regarding alcohol and drug use were asked, along with questions about participation in drug treatment of various forms. Interviewers determined whether or not respondents were currently experiencing or had experienced any disabling condition; such as physical disability, mental illness, depression, AIDS/HIV/related diseases and/or chronic health problems. The questionnaire also covered lengths of homelessness, primary reason for homelessness, transportation, and current barriers to permanent housing. Questions concerning economic and social capital, examined gross income, governmental and social service assistance, employment, and barriers to employment. Several questions were also asked about physical and sexual abuse.

Analysis

In order to differentiate between the chronic and non-chronically homeless, several variables were recoded into one dichotomous variable (0=Not Chronically Homeless, 1= Chronically Homeless). The variables included were number of times homeless in the last three years, the number of years since permanently housed and disabling condition. Factors associated with chronic homelessness such as age, gender, educational attainment, physical and sexual abuse, frequency of emergency room visits, history of drug use, alcohol use, and history of residential treatment were examined using independent samples t-tests for continuous variables and chi square test of independence for categorical variables (Booth et al., 2002; Bogenerges et al., 2005; Caton et al., 2005; Evan et al.,2002; Folsom et al., 2005; Fisher et al., 1991; Johnson et al., 2007; Shinn et al, 2007; Zlotnick et al., 2003).

Results

Once data were entered and recoded, the chronically homeless and the not chronically homeless were compared on demographic information, social characteristics and identified risk factors (See Table 1). The results indicated nearly half of those interviewed (47.1%) were chronically homeless. This is in stark contrast from studies reporting the chronically homeless population comprises approximately 23% of the total homeless population (National Coalition for the Homeless, 2007). As expected the majority of chronically homeless were male (74.2%) and Caucasian (65.2%). African Americans comprised (19.7%) of the sample, followed by Hispanic (6.1%) American Indian (4.5%), Other (3.0%) and Don't Know (1.5%). In order

to compare age with chronic and non-chronically homeless, independent t-tests were employed. The results of the findings revealed that there was no significant difference in scores for the chronically homeless (M = 42.00, SD=11.60) and the non-chronically homeless M = 44.07, SD= 11.27; t = (138) = 1.07, p. 29 (two-tailed). Overall, when comparing demographics of the chronically homeless and non-chronically homeless; there were no significant differences between age, gender, and ethnicity.

Relationships between educational attainment and chronic homelessness were examined, and only one significant interaction was found, (High School) (X2 (1, N=140) = 4.23, p. 04). As expected, the finding indicates that those who were not-chronically homeless (45.9%) were more likely to have a high school diploma (63.6%) when compared to those who were chronically homeless.

Table 1. Significant differences between chronically homeless and not chronically homeless in a metropolitan area in the Texas Panhandle (N=140)

Characteristics	Not Chronically Homeless (N= 52.9%)	Chronically Homeless (N= 47.1%)
Demographics		
Gender (X2=.751; p.39)		
Male	67.6%	74.2%
Female	32.4%	25.8%
Race (X2= 3.95; p.56)		
Caucasian	52.7%	65.2%
Hispanic	9.5%	6.1%
Black	28.4%	19.7%
American Indian	6.8%	4.5%
Other	2.7%	3.0%
Don't Know	0%	1.5%
Age (t=1.07; p.29)	44.07	42
Educational Attainment		
*High School (X2= 4.23; p.04)	63.6%	36.4%
History of Alcohol and Drug Use		
First Alcoholic Drink (t=1.00; p.06)	13.89	14.80
Ever felt like you should cut down (X2= 1.78; p.18)	47.1%	52.9%
Ever been criticized for drinking (X2= 2.45; p.12)	44.0%	56.0%
Ever felt bad or guilty for drinking (X2= 3.68; p.055	42.0%	58.0%
*Had a drink to steady your nerves (X2= 4.40; p.04)	40.0%	60.0%
**Ever used drugs (X2= 6.12; p.01)	46.6%	53.4%
*Marijuana (X2= 5.34; p.02)	45.7%	54.3%
Cocaine (X2= 3.06; p.08)	44.6%	55.4%
**Crack (X2= 6.63; p.01)	40.0%	60.0%
Heroin (X2= .06; p.81)	55.0%	45.0%
*Methamphetamines (X2= 4.16; p.04)	41.2%	58.8%
***Hallucinogens (X2= 7.87; p.005)	34.1%	65.9%
Club drugs (X2= 1.06; p.30)	40.0%	60.0%
*Ever attended alcohol or drug treatment (X2= 5.09; p.02)	44.0%	56.0%

***Residential treatment (X2= 8.15; p.004)	34.1%	65.9%
Alcoholics Anonymous (X2= 1.92; p.17)	44.9%	55.1%
Narcotics Anonymous (X2= 1.38; p.24)	44.7%	55.3%
Barriers to Permanent Housing		
Can't afford it (X2= 2.61; p.11)	47.8%	52.2%
No job/income (X2= .19; p.66)	51.6%	48.4%
Security deposit (X2= .81; p.37)	49.3%	50.7%
*Bad credit (X2= 4.55; p.03)	37.8%	62.2%
*No transportation (X2= 4.50; p.03)	42.4%	57.6%
***Criminal Record (X2= 8.62; p.003)	26.9%	73.1%
No housing availability (X2= 1.46; p.23)	41.7%	58.3%
Eviction record(X2= .66; p.48)	41.7%	58.3%
Governmental Assistance		
Social Security (X2= .58; p.45)	46.2%	53.8%
Food Stamps (X2= .32; p.57)	48.4%	51.6%
Don't think I am eligible (X2= .64; p.42)	58.8%	41.2%
Have no identification (X2= .62; p.43)	42.9%	57.1%
No permanent address (X2= 1.38; p.24)	43.8%	56.3%
No transportation (X2= .96; p.33)	44.0%	56.0%
Never applied (X2= .01; p.89)	51.7%	48.3%
*Benefits were cut off (X2= 5.55; p.02)	12.5%	87.5%
Waiting for approval (X2= 2.40; p.12)	35.3%	64.7%
Don't know where to go (X2= 3.68; p.055)	28.6%	71.4%
Turned down (X2= .27; p.60)	47.6%	52.4%
*Paper work too difficult (X2= 4.40; p.04)	14.3%	85.7%
Current Services		
****Emergency Room (t=4.10; p.000)	.97	2.61
Emergency shelter (X2= .15; p.70)	54.2%	45.8%
Free meals (X2= 1.22; p.27)	50.8%	49.2%
*Bus Passes (X2= 5.72.; p.02)	43.1%	56.9%

Legal services (X2= 3.62; p.057)	22.2%	77.8%
Shelter Day Services (X2= .12; p.76)	54.3%	45.7%
****Mental Health Services (X2= 19.69; p.000)	21.6%	78.4%
*Not using any services (X2= 4.02; p.05)	81.2%	18.2%
Childhood Sexual Abuse		
Ever been a victim of unwanted sexual abuse (X2= 2.29; p.13)	41.7%	58.3%
*Kissing (X2= 4.80; p.03)	20.0%	80.0%
*Oral Sex (X2= 3.83; p.05)	28.6%	71.4%
Fondling (X2= .65; p.42)	45.5%	54.5%
Vaginal Sex (X2= .68; p.41)	42.9%	57.1%
***Anal Intercourse (X2= 6.88; p.009)	11.1%	88.9%
Childhood Physical Abuse		
*Ever suffered physical abuse (X2= 4.60; p.03)	37.8%	62.2%
*Hitting (X2= 4.87; p.02)	35.5%	64.5%
**Punching (X2= 7.60; p.006)	28.0%	72.0%
**Cutting (X2= 5.63; p.01)	12.5%	87.5%
Being pushed down (X2= 1.72; p.19)	37.5%	62.5%
Choking (X2= 2.27; p.13)	30.0%	70.0%
	(N=74)	(N=60)

Due to missing data N's vary throughout *P <.05, **P <.01, ***P <.005, **** P <.001

Relationships between educational attainment and chronic homelessness were examined, and only one significant interaction was found, (High School) (X2 (1, N=140) = 4.23, p. 04). As expected, the finding indicates that those who were not-chronically homeless (45.9%) were more likely to have a high school diploma (63.6%) when compared to those who were chronically homeless.

When examining history of alcohol use, clients were asked questions regarding age of first drink. In order to test the relationship between first alcohol use and chronic homelessness, independent t-tests were used. The results of the t-test revealed that there was no significant difference (t (111) = 1.00, p.06) in the ages chronic (M= 13.89, SD= 5.48) and non-chronically (M= 14.80, SD= 4.06) homeless. However, it should be noted that the relationship was near significance. Furthermore, those who were chronically homeless (60.0%) were more likely to report having a drink to steady their nerves (X2 (1, N=140) = 4.40, p.03). The remaining three variables regarding alcohol abuse or addiction were shown to have no significance but one variable (Felt bad or guilty for drinking) was near significance (X2(1, N=140) = 3.70, p.055). Although history of alcohol use and abuse had mixed results, history of drug use and abuse did not.

During the interview process the respondents were asked a series of questions concerning history of drug use. Results indicated history of drugs was related to chronic homelessness (X2(1, N= 140) = 6.12, p.01). Specific drugs such as marijuana (X2(1, N= 140) = 5.34, p.02. 20), crack cocaine (X2(1, N= 139) = 6.63, p.01), methamphetamines (X2(1, N= 139) = 4.16, p. 04), and hallucinogens (X2(1, N= 139) = 7.87, p.005), were all related to chronic homelessness. Interestingly, when asked about current drug use only (16.7%) of those who were chronically homeless reported

using drugs at the time of the interview.

History of residential treatment and participation in social support groups like Alcoholics Anonymous were also explored. The results of the findings suggest the chronically homeless were more likely have attended some form of drug treatment (X2(1, N=140) = 5.09, p.02) and an even stronger relationship was found specifically with residential treatment (X2(1, N=140) = 8.17, p.004). Attendance at social support groups, such as Alcoholics Anonymous and Narcotics Anonymous were found to have no relationship with the chronicity of homelessness.

Respondents were also questioned about what specifically was preventing them from obtaining permanent housing. Numerous variables were found to have a significant relationship with chronic homelessness: bad credit (X2 (1, N=140) = 4.56, p.03), no transportation (X2 (1, N=140) = 4.50, p.03), and criminal record (X2 (1, N=140) = 8.62, p.003). When exploring types of governmental assistance, the chronically homeless not receiving benefits were more likely to report paper work for these benefit like food stamps, Social Security, and/or veterans benefits were too difficult to fill out or understand (X2(1) N=140) = 4.40, p.03). However, it is important to recognize that there was no difference among the two groups and the likelihood of receiving governmental benefits; yet, those who were chronically homeless were more likely to have these benefits cut off after receiving them (X2(1) N=140) = 5.55, p.02).)

Interestingly, those that were not chronically homeless (X2(1) N=140) = 4.02, p.04) were more likely to report not using services at all. Furthermore numerous variables were tested exploring services that the chronically homeless were engaged in at the time of the interview. Results indicated that the chronically homeless were more likely to have

used bus passes (X2(1) N=140) = 5.72, p.01) and mental health services (X2(1) N=140) = 19.69, p.000). It is important to note the relationship between chronic homelessness and legal services was near significance, (X2(1) N=140) = 3.62, p.057). There were no significant differences for services such as free meals, emergency shelter, job training, and shelter day services between the two groups.

As expected, the majority of the homeless interviewed in this sample were unemployed (83.6%). Therefore, it is important to identify barriers to employment related to chronic homelessness. Three distinct barriers to employment were found to be related to the chronicity of homelessness: clothing (X2(1) N=140) = 4.15, p.04), health problems (X2(1) N=140) = 8.30, p.004), and disability (X2(1) N=140) =5.94, p.01).

Previous research has found that the chronically homeless frequently use emergency rooms for medical, substance abuse, and mental health related incidents (Folsom et al., 2005). In order examine the relationship between the incidence of emergency room stays and chronic homelessness independent t-tests were used. The results of the t-tests found a significant difference between the means of chronic homelessness (M=2.61, SD= 3.05) and non-chronically homeless M=.97, SD=1.38; t= (134) = 4.10, p.000 (two-tailed).

There was no significant relationship between chronic homelessness and history of childhood (ages 0-12) sexual abuse; nevertheless, it is important to note that over half of the chronically homeless (58.3%) reported experiencing unwanted sexual contact or behavior as a child. When analyzing specific acts of childhood sexual abuse, results indicated that the chronically homeless were more likely to have experienced acts such as kissing (X2(1) N= 137) =4.80, p. 03), oral

sex (X2(1) N=137) =3.83, p. 05), and anal intercourse (X2(1) N=137) =6.88, p. 01); vaginal sex and fondling were found to have no significant relationship with chronic homelessness. In addition to questions regarding sexual abuse, questions pertaining to history of childhood physical abuse were also explored. The results of the analysis found that chronicity of homeless was related to childhood physical abuse (X2(1) N=138) = 4.60, p.03). However, the chronically homeless who reported childhood physical abuse were more likely to experience a number of specific acts of violence such as hitting (X2(1) N=138) = 4.87, p.03), punching (X2(1) N=138) =7.60, p.006), and cutting (X2(1) N=138, p.01).

Discussions

The present research seeks to explore the social characteristics and risk factors associated with chronic homelessness. The results of the study found nearly half of the homeless interviewed fell into the federal definition of chronic homelessness. These findings were inconsistent with other studies and with national estimates of the chronic homeless population in the United States (Kuhn & Culhane, 1998; Burt et al., 2001; Caton et al, 2005; National Coalition to End Homelessness, 2009). This disproportionate number of chronically homeless suggests services designed for the homeless population may be ineffective or in fact may enable some to remain on the streets or in shelters for extended periods of time and allowing a level of functioning that may promote complacency among the chronically homeless.

The majority of those who were chronically homeless were male, Caucasian and averaged 42 years of age. All three of these findings are consistent with other studies; however, none of the mentioned variables

were found to have a significant relationship with chronic homelessness in the current study (Barrow, Soto, & Cordova, 2004; Collaborative Initiative to End Chronic Homelessness, 2006). As expected, educational attainment did differ between those who were chronic homeless and the non-chronically homeless. The results of the chi square tests of independence indicated that those who were not chronically homeless were more likely to have at least a high school diploma. These results suggest that the majority of the chronic homeless population in this sample had low levels of educational attainment, which is considered to be a significant barrier to employment and consistent permanent housing (North, Pollio, Smith, & Spitznagel, 2008). Based on these data, providing the chronically homeless with access to more vocational programs to learn tools or a trade may help them compete in a downward economy. Interestingly, when respondents were asked about current services engaged in, only 6.4% of the chronically reported receiving job training; comparatively, only 5.7% of those who were not-chronically homeless reported receiving some form of job training. The majority of both groups 87.9% reported engaging in no job training services at all.

The relationship between chronic homelessness and alcohol use was found to have no significance; however, when exploring levels of abuse one variable, using alcohol "to steady nerves" was found to have a significant relationship with chronic homelessness. This finding suggests that the majority of those who are chronically homeless were at some point physically dependent on alcohol and were ingesting alcoholic beverages to rid themselves of anxiousness or delirium tremens. This is consistent with prior studies that indicate that more than eighty percent of the chronically homeless have experienced a lifetime alcohol and/or drug

problems (Burt et al., 2001). Since the relationship between alcohol and chronic homelessness had such mixed results, we suggest further studies should focus specifically on alcohol use/abuse and chronic homelessness in order to develop a clearer understanding of the relationship between the two.

A clear relationship existed between history of drug use and chronic homelessness; furthermore, those who were chronically homeless were more likely to report use of marijuana, crack cocaine, methamphetamines, and hallucinogens. A higher prevalence of history of substance abuse and chronic homelessness is consistent with previous studies (Burt et al., 2001). The appropriate response to these finding might be to suggest social services should offer more opportunities for substance abuse treatment for the chronically homeless. However, result exploring history of substance abuse treatment indicated the chronically homeless were more likely to have engaged in substance abuse treatment. This suggests that traditional substance abuse treatment may be ineffective for the chronically homeless. In most communities treatment for the homeless is intensive, time-limited, and designed to provide referrals to services that in theory provide a comprehensive approach to rehabilitation. When evaluating these programs however, success rates are low, which has left the academic and social services communities questioning the effectiveness of treatment programs designed for the homeless (Kertesz, et al., 2006).

Studies exploring new and progressive ways to treat the chronically homeless points towards a more hands on approach to solving the substance abuse and mental health issue. Assertive Community Treatment (ACT) provides short-term, intensive services to the chronically homeless with substance abuse disorders and co-occurring mental illness. Studies

investigating the effectiveness of ACT have shown that using the ACT case management and treatment model reduced substance abuse rates among the chronically homeless. Clients overall were shown to have an improved quality of life (Morse et al., 2006). Programs such as ACT should be implemented in order truly make a lasting positive impact on the chronically homeless who suffer from serious substance abuse disorders.

When exploring barriers to permanent housing, the chronically homeless were more likely to report a lack of transportation as one of their primary challenges when trying to obtain permanent housing. These findings come as no surprise. For example during the interview process many of those interviewed complained about the public transportation in the area. This sparked some interest and after investigating the matter, researchers discovered the bus system in the metropolitan area only runs Monday thru Saturday from 6:15 a.m. to 7:00 p.m. This constrained time schedule is a substantial barrier for those trying to obtain transportation as well as employment. The chronically homeless were also more likely to report bad credit and a criminal record as barriers to permanent housing.

Although unemployment did not have a direct relationship with chronic homelessness, previous studies have indicated the lives of the chronic homeless are ridden with consistent unemployment, forcing dependence on public entitlements (Caton et al., 2005). Additionally, there was no direct relationship found with chronic homelessness and public entitlements like food stamps and Social Security. However, those who reported not receiving any form of governmental assistance were more likely to have had benefits at one time and to have had the benefits cut off. Furthermore, the chronically homeless were also more likely to report paperwork for these public entitlements was too difficult to fill out

or understand. This data suggest more public information and trainings should be provided on various forms that must be completed to qualify for public entitlements. Outreach designed to educate the homeless population should focus more on various entitlements that the homeless may qualify for. When these services are utilized properly it can be a catalyst for an eventual exit from chronic homelessness.

Study data indicated that the chronically homeless were more likely to utilize the emergency room than non-chronically homeless. Previous research in this area indicated that this higher frequency of emergency room visits could have been brought on by a number of reasons such as mental illness, chronic health conditions, age, and substance abuse. However, based on the little data provided in this study suggestions cannot be made as to why the chronically homeless had higher rates of emergency room visits. In order to better understand why the chronically homeless have higher frequencies of emergency room visits more research must be conducted in this area.

Data showed mixed results when examining relationships with chronic homelessness and social services. There is general consensus among the public that those who are chronically homeless use a disproportionate amount of services like emergency shelters and free meals. However, in the current study the only variables that had significant relationships with chronic homelessness were the use of bus passes, and accessing mental health services. There was no significant relationship with emergency shelter stays, free meals, legal services, and shelter day services for the chronically homeless. Surprisingly, those who were not chronically homeless were more likely to report using no services at all. These findings suggest that those who are not chronically homeless may not be

fully immersed in the homeless culture and have not completely learned how to access services such as the ones mentioned.

Chronic homelessness was not associated with childhood sexual abuse; however, the chronically homeless who did report childhood sexual abuse were more likely to have experienced specific attacks such as kissing, oral sex and anal intercourse. When investigating the relationship between chronic homeless and physical abuse a significant relationship existed. Furthermore, those who experienced childhood physical abuse were more likely to report specific acts such as hitting, punching and cutting. Acts such as being pushed down and choking were found to have no significant relationship.

This study represents an initial step towards conceptualizing social characteristics and risk factors that are related to chronic homelessness. Most studies investigating chronic of homelessness do not include the federal definition of chronic homelessness. Instead most look at factors related to length of homelessness. This study's findings suggest that the chronically homeless in this sample experienced both extrinsic and intrinsic factors that are potential barriers to consistent permanent housing and self-sufficiency. In order to decrease the number of chronic homeless, new and progressive interventions based on scientific data must be implemented or the proportion of chronic homelessness is likely to increase in this area.

Limitations

Several limitations should be considered when interpreting the findings of this study. First the sample was small which limited the statistical analysis that could be used when exploring social characteristics and risk factors

associated with chronic homelessness. For example, with a larger sample, logistic regression analysis would allow us to develop a set of predictor variables that predict or explain chronic homelessness. Additionally, the participants in this study were recruited using snowball or purposive sampling and were recruited at various agencies and emergency shelters. Since some of the participants in the study were accessing services and were willing to receive further services they may not represent the entire homeless and chronically homeless population in the survey area, especially those who refuse to engage in services or socialize with the rest of the homeless population.

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