AMAZING FAITH: SPIRITUALITY, HOPE,

AND RESILIENCE IN THE LIVES OF

HOMELESS FEMALES

IN FORT WORTH

by:

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Submitted in partial fulfillment of the

requirements for Departmental Honors in

the Department of Social Work

Texas Christian University

Fort Worth, Texas

May 2, 2014

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ABSTRACT

The purpose of this research study was three-fold: 1) to determine the relevance of spirituality and faith to females who are homeless, 2) to analyze resilience and hope in the midst of homelessness, and 3) to identify ways assistance agencies can better serve the spiritual needs of homeless persons. Twelve women who were homeless were recruited for the study and interviewed at the Day Resource Center for the Homeless. The researcher gathered quantitative data through a questionnaire and qualitative data through 15 open-ended interview questions. Themes identified during the study included the diverse pathways the participants took into homelessness, the diverse conceptions of spirituality reported by participants, the affirmation that spirituality was relevant to coping with homelessness, and resilience and a positive attitude in the midst of chronic homelessness. A key finding of the study was that basic needs took precedence over spiritual needs for those interviewed. The prevalence of religion and spirituality in the lives of these twelve homeless individuals supports the value of addressing spirituality when conducting assessments and planning interventions among people who are homeless. However, these study findings also reveal that assistance agencies should focus primarily on meeting basic and safety needs before spiritual ones.

ACKNOWLEDGEMENTS

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FOREWORD

It is important to take a moment to reflect on the perspective I, as the researcher, am writing from. I grew up in the church my whole life, and I currently identify as a Christian. My interest in the relation between spirituality and homelessness derives from previous work with homeless populations on mission trips. Several homeless men I encountered on a mission trip to Philadelphia, Pennsylvania inspired me in my faith, as they demonstrated stronger faith than anyone I had ever met. Such experiences ignited an interest in this research topic and led me to conduct this research study. During the project, I strived to remain as objective as possible; however, my personal connection to this topic made it nearly impossible to remain completely objective when conducting the study.

Therefore, I desire to make note of my potential researcher bias in conducting this study. Such bias includes a preconceived notion that spirituality and faith help people who are homeless to have more hope and resilience. I believe that having a faith creates more sustained hope and an ability to bounce back when life gets hard. I also assumed most of the people I talked to would be spiritual people. These notions affected how I interviewed participants, particularly very early in the study. I likely self-disclosed too much while interviewing women I found to be especially spiritual. This self-disclosure may have influenced how women answered questions posed during the interview. In analyzing the data, I realized that I tended to focus more on the spiritual parts of the discussion, while disregarding tangents and non-spiritual items more. While the intention of the study was to focus on the spiritual topics, I naturally gravitated to such quotations over other comments that represented valuable findings. All in all, these are my potential

biases as a researcher, and even with my preconceived notions and experiences, I strived to separate myself from the study to be a more objective observer and analyzer.

<div align="center">INTRODUCTION</div>

Homelessness in the United States

A person is considered homeless in the United States when they are at risk of losing their housing or currently lack safe and stable housing (Department of Housing and Urban Development, 2012). When literally homeless, individuals or families may sleep in an emergency shelter, a transitional housing program, or on the streets (National Health Care for the Homeless, 2013). A person can also be classified as *chronically homeless* if they possess a physical or mental health disability (including a substance abuse problem) and have been homeless longer than one year continuously or have experienced four or more episodes of homelessness in the last three years (Department of Housing and Urban Development, 2012).

Statistics vary regarding the scope of homelessness in the United States, but according to the United States Department of Housing and Urban Development (HUD), on a single night in January 2012, 633,782 people were found to be homeless. Two-thirds were residing in a homeless shelter, while the other one-third lived unsheltered (HUD, 2012). Five states (California, New York, Florida, Texas, and Georgia) accounted for almost half of the national homeless population in 2012 (HUD, 2012). Among all people who are homeless, approximately 16% (99,894) are considered chronically homeless (HUD, 2012). At the local level, the distribution of homeless individuals can vary significantly between cities. In some cities, 96% of all of the homeless people are unsheltered, and in others there are no reported unsheltered homeless (HUD, 2012). I

In general, almost two-thirds of homeless people are homeless as individuals, whereas the remainder is families (HUD, 2012). People of color are overrepresented among people who are homeless, with African-Americans representing 37% of all people who are homeless versus 11% in the general population (Substance Abuse and Mental Health Services Administration [SAMHSA], 2011). Caucasians are underrepresented, with only 42% of people who are homeless being Non-Hispanic Whites, while they comprise 75% of the general population (SAMHSA, 2011). Almost two-thirds of sheltered homeless are men, while the remainder is women (SAMHSA, 2011). About 20% of homeless people are under the age of 18, 24% are 18-30 years old, 37% are between 31 to 50 years old, 15% are 51-61 years old, and 3% are 62 or older (SAMHSA, 2011). While national data do not exist, people who are homeless appear undereducated, with some studies reporting that 66% possessed less than or equal to a high school education and 34% with more than a high school education (Caton et al., 2005).

Homelessness is a significant social concern, as people who are homeless often struggle with severe physical health problems including tuberculosis, asthma, bronchitis, and HIV (Gabbard, Nelson-Gardell, Miller, & Chamiec-Case, 2006; Martens, 2001). Approximately 26% of people who are homeless suffer from some form of serious mental illness, which is more than four times the rate of serious mental illness in the entire United States population (National Alliance of Mental Illness, 2010). The most common diagnoses include depression, bipolar disorder, schizophrenia, and personality disorders (Martens, 2001). In addition to mental and emotional problems, 35% of all sheltered homeless adults have reoccurring substance abuse problems (SAMSHA, 2011). People who are homeless also endure high rates of sexual and physical assault, with one

study reporting that 32% of homeless women, 27% of homeless men, and 38% of homeless transgendered persons had experienced either physical or sexual assault in one year (Kushel et al., 2003).

Studies of women who are homeless identify mental illness, drug dependence, domestic violence, and disaffiliation as the most common causes of homelessness (Cummins, First, & Toomey, 1998). Rates of severe mental illness have been estimated to be as high as 85% at times (Cummins et al., 1998). The fastest growing subpopulation of people who are homeless is female-headed families (Cummins et al., 1998). In comparison to men who are homeless, women tend to have custody of young children (North & Smith, 1993). One study found that women tended to have less substance abuse problems, lower rates of incarceration, and fewer felony convictions than men (North & Smith, 1993). Women who are homeless are also less likely to be unsheltered than men (North & Smith, 1993).

To cope with the negative emotions and hard issues, research shows that higher levels of spirituality tend to be correlated with greater psychological well being and that people use spirituality to bounce back in the midst of difficult circumstances (Hodge et al., 2012). Therefore, "voluntary participation in spiritual activities/interventions" may help alleviate some of the problems caused by homelessness (Gabbard et al., 2006).

Homelessness and Social Work

The social work profession is committed to working on behalf of the vulnerable and the oppressed populations. People who are homeless clearly fall into this category (NASW, 2008, p.1). Social work's core mission of upholding the dignity and worth of a person is especially relevant to homelessness, as the stigma surrounding homelessness

often leaves individuals feeling degraded and devalued (NASW, 2008, p. 2). Considering this marginalization, social workers must "lead the fight in the interests of people who are homeless" by advocating for a "continuum of care that integrates housing, income maintenance, and supportive services" (Lowman (Ed.), 2009, p.181-182).

Study Purpose

Considering the challenges experienced by people who are homeless, it is essential to identify and understand the coping skills and strategies used to navigate homelessness. Research demonstrates that people who are homeless are able to overcome challenges and are resilient and hopeful (Greene et al., 2008; Brush & McGee, 2000; Gabbard et al., 2006). Increased understanding of how women who are homeless cope with homelessness would allow assistance agencies to better support them and potentially help them exit homelessness. This study will complement the existing knowledge by specifically exploring how spirituality and faith impacts the resiliency and hopefulness of people who are experiencing homelessness.

LITERATURE REVIEW

This research study aims to determine how faith and spirituality impact resilience and hope for people who are homeless. Considering the indeterminate nature of concepts such as spirituality, religion, mental health, mental illness, resilience, and hope, it is important to define them as they will be used in this study. Previous research studies relating to spirituality and homelessness are also considered and reviewed.

Spirituality and Religion

Spirituality and religion are separate concepts that can connect and overlap in a person's life. They are both complex concepts that can include rituals, narratives,

experiences, ethics, social engagements, doctrines, and material items (Smart, 1998). Specifically, spirituality has been defined in "individual, existential, or relational terms," and it "typically incorporates some reference to the sacred or transcendent" (Hodge, Moser, & Shafer, 2012). It is a broad term that can refer to a "breadth of outlook, a holistic outlook, awareness, integration, wonder, gratitude, hope, courage, energy, detachment, acceptance, love, and gentleness" (Greene, Ball, Belcher, & McAlpine, 2008). In contrast to the individual nature of spirituality, religion is conceptualized in more "communal, organizational, or structural terms" and is often characterized by a set of practices, beliefs, and/or rituals (Hodge et al., 2012).

Spirituality, Religion, and Homelessness

Prior research has investigated the relevance of spirituality in supporting or improving mental health. Each of the studies emphasized the relevance of spirituality to homeless persons (Hodge et al., 2012; Washington, Moseley, Garriott, & Weinberger, 2008; Greene et al., 2008; Brush & McGee, 2000). One study conducted in an emergency homeless shelter program that worked with homeless mothers in a large Southwestern city examined the effects of spirituality on initial mental health outcomes and predicted future results (Hodge et al., 2012). Utilizing a Measurement of Religion and Spirituality and a brief Symptom Inventory of Mental Health, researchers found that greater scores on the ability and willingness to forgive was associated with better mental health states (Hodge et al., 2012). Negative spiritual coping correlated with poorer mental health and vice versa (Hodge et al., 2012). Higher scores on the beliefs and values section were connected with considerably lower levels of paranoid ideation (Hodge et al., 2012). The results showed it is beneficial to tap into clients' spiritual strengths to improve

forgiveness (Hodge et al., 2012). Findings revealed that exploring a client's sense of spiritual meaning might help improve mental health (Hodge et al., 2012).

Another study of older African American women transitioning out of homelessness found faith and spirituality to be a key part of the advocacy process because women used spiritual resources to cope with stress (Washington et al., 2008). This qualitative study included a mental status examination, in-depth interviews, personal histories, and a Faith and Spirituality Resource Questionnaire (Washington et al., 2008) and identified five important faith dimensions including identity and beliefs, affiliation and membership, involvement, practices, and benefits (Washington et al., 2008). Researchers found that African American homeless women tended to have a deeply rooted sense of faith and that "faith and spirituality were fundamental resources that could be used to buffer stress, facilitate coping, and sustain motivation" (Washington et al., 2008). Results also revealed that prayer could be an important aspect to consider with regards to spirituality and homelessness (Washington et al., 2008). The previous literature cited noted the importance of prayer and other faith expressions as sources of strength and resiliency in difficult times (Washington et al., 2008).

A study in Maryland confirmed the relevance of spirituality for homeless women recovering from substance abuse addictions (Greene et al., 2008). Interviewing females in several different settings, including an inpatient facility, transitional housing, halfway house, outpatient facility, and public homeless shelters, enabled the researchers to acquire a broad perspective of opinions (Greene et al., 2008). All of the women said their spirituality was very important to them, and while only one attended church, everyone cited their faith as "keeping them alive and as being necessary to maintain sobriety and

create a safe and independent life, particularly as a caretaker for children" (Greene et al., 2008). All of the women interviewed had relapsed from substance abuse, and over half of them stated that they thought their faith and/or God was going to make the difference this time in keeping them sober (Greene et al., 2008). Furthermore, a majority of those interviewed said they were not given enough time in treatment to discuss their spirituality in the residential and outpatient treatment groups (Greene et al., 2008). The study concluded, "a component of treatment needs to directly and concretely incorporate spirituality, family of origin issues, moral development, and pro-social, independent decision making skills along with abstinence-oriented techniques" (Greene et al., 2008).

A study in Boston, Massachusetts evaluated the spiritual perspectives of sheltered homeless men recovering from substance abuse (Brush & McGee, 2000). Using Reed's 10-Item Spiritual Perspectives Scale, with a scale ranging from 1-60 on levels of spirituality, 50% of respondents scored 50 or higher. Seventy-five percent of respondents said spirituality was a significant part of their lives and that it gave them purpose (Brush & McGee, 2000). Seventy-eight percent stated that their spiritual views influenced their life decisions, and 66% noted they seek spiritual guidance in every day life (Brush & McGee, 2000).

A study in a large Southeastern city in the United States had positive results regarding the relevance in spirituality and homelessness (Gabbard et al., 2006). Researchers used a modified Fetzer scale, brief psychological distress scale, and brief measure of social support to gather data (Gabbard et al., 2006). Beginning with an extensive literature review, a previous study in Birmingham, Alabama found that 91% believed that religion was important in their daily lives, 89% gained peace from

prayer/meditation, and 78% said that the experience of homelessness strengthened their religious beliefs (Gabbard et al., 2006). Another study of homeless people in New York City found 93% citied belief in God, 63% stated they considered themselves "religious" or "spiritual," 49% attended regular worship services, and 63% reported reading a religious book regularly (Gabbard et al., 2006). Pullido's study in Orange County, California found 92% maintained at least one spiritual practice, 88% prayed regularly, and 70% attended worship regularly (Gabbard et al., 2006).

Results from the Gabbard et al. study (2006) showed 85% prayed daily to God or a higher power, 31% read the Bible daily and 71% read the Bible at least once a week. Seventy-two percent believed their lives were apart of something greater than themselves, and during rough times, 96% stated they turn to God for strength, support, and guidance (Gabbard et al., 2006). Sixty-three percent strongly agreed, and 26% agreed they "feel a deep sense of responsibility for reducing pain and suffering in the world" (Gabbard et al., 2006). The researchers suggested that addressing client's spiritual needs is positively correlated with "better engagement in therapeutic milieu and sustained treatment outcomes" (Gabbard et al., 2006). One unexpected finding from the study was that when a person had more social support, they had more psychological distress (Gabbard et al., 2006). Researchers were unsure the reason the two had a positive relationship in this study, but perhaps their social support led to greater stress for the participants.

Mental Health, Mental Illness, Resilience, and Hope

Mental health and mental illness. Mental health is regarded as **"**a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to

his or her community" (Center for Disease Control [CDC], 2011). Having optimal mental health enables one to be more resilient and to have more hope in hard circumstances. Good mental health is a "positive concept" that includes both the absence of mental illness and good mental functioning (Mental Health Association NSW, 2014).

Mental illness, on the other hand, is a "diagnosed clinical condition," where "health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning" (Mental Health Association NSW, 2014; CDC, 2011). Approximately 26% of the homeless population suffers from some form of severe mental illness (National Alliance of Mental Illness, 2010). Homeless individuals with mental disorders tend to have poorer physical health, larger barriers to employment, and more problems with the legal system (The United States Conference of Mayors, 2006). Mental disorders in general prohibit people from completing essential daily tasks (National Coalition for the Homeless, 2006). Positive spiritual coping is often positively associated with better mental health, whereas negative spiritual coping is negatively correlated (Hodge et al., 2012).

Resilience. Resilience is a "dynamic process encompassing positive adaptation within the context of significant adversity" (Luthar, Cicchetti, & Becker, 2000, p. 543). Ungar (2004) describes resilience as "the outcome from negotiations between individuals and their environments for the resources to define themselves as healthy amidst conditions collectively viewed as adverse" (p. 342). Resilience is a complicated construct, as it is difficult to operationalize the extent of "significant adversity" or "adverse" conditions, and it is hard to distinguish what "positive adaptation" specifically means. Positive adaptation can be identified in a variety of ways, such as obtaining

certain "social competences, stage-salient developmental tasks and/or school based or life-stage markers" (Saleebey, 2013, p. 211). All in all, resilience is the ability to bounce back in a positive way despite adverse circumstances.

      Hope. Hope is conceptualized in several different manners, including a futuristic focus, developmental process, and directed goals. Staats (1989) refers to hope as the "future referenced events that are wished for, [that] have a positive affect and have some cognitively perceived probability of occurrence" (p. 366). Hope has also been described as "unconcerned with the ambiguity of past experience, hope implies process; it is an adventure, a going forward, a confident search" (Menninger, 1959, p. 484). In addition to a future orientation and process thinking, hope includes the task of turning certain "thoughts and feelings into action steps" (Saleebey, 2013, p. 222). Many researchers connect hope to goal attainment (Stotland, 1969; Schrank, 2008; McCann, 2002; Snyder, Lehman, Kluck, & Monsoon; 2006). Schrank (2008) identifies hope as "concerned with the attainment of individually valued positive goals, outcomes, or states, judged by the individual as potentially possible" (p. 426). Furthermore, Snyder et al. (2006) refers to hope as a "goal-directed, cognitive-emotional process" (p. 89).

Summary

      Each of the studies identified above acknowledged the relevance of spirituality and faith to the experience of homelessness (Hodge et al., 2012; Washington et al., 2008; Greene et al., 2008; Brush & McGee, 2000). Prayer (Hodge et al., 2006; Washington et al., 2008), reliance on God or a higher power (Greene et al., 2008; Washington et al., 2008), and seeking God in decisions (Greene et al., 2008), were common themes throughout the research studies (Brush & McGee, 2000, Gabbard et al., 2006). One

beneficial conclusion from the Hodge et al. (2012) study is the importance of forgiveness in aiding one's mental health. The realization of five faith dimensions in the Washington et al. (2008) study of identity and beliefs, affiliation and membership, involvement, practices, and benefits is also an interesting and key finding. Though each of the research studies focused on people who are homeless, there was a good representation of different types of people. Some focused on recovering addicts while others focused on African-American women and others on the general homeless population. The studies varied in the parts of the country too, which allows the research to be more generalizable.

While the existing literature makes a contribution to the understanding of spirituality and homelessness, the studies possess several limitations. Most of the studies focused more on quantitative data and questionnaires such as the Fetzer scale, rather than on in-depth interviews and quotations, which limits the ability to understand individual experiences and perspectives. One weakness of the Brush & McGee (2000) study was that all of the participants were going through the Alcoholics Anonymous (AA) 12-step program at the time of the study, which has a strong focus on spirituality. Thus, the results must be seen through the lens of AA because the spiritual influence of AA may have skewed the results. Also, several of the studies were completed in the Bible belt, which could have lowered its external validity because the Southeastern states tend to identify themselves as more religious than other geographic areas (Hodge et al., 2012; Gabbard et al. 2006). These research studies are limited in their usefulness because of the specific populations utilized. Little information exists for homeless women in Texas, particularly using a qualitative perspective. Therefore, this research study is beneficial to conduct.

METHODS

Study Setting

The research study took place in Fort Worth, Texas. Fort Worth was the fastest

growing large city between 2000 and 2010, with a population of over 500,000 people

(City of Fort Worth, 2013). In 2012, the Fort Worth population was 777,992 (United

States Census Bureau, 2014). Forty-two percent of the population is Caucasian, 18% is

African-American, and 34% are Hispanic (City of Fort Worth, 2013). The median

household income is $51,105 with 19% of citizen below the poverty line (United States

Census Bureau, 2014).

As with many large cities, Fort Worth faces challenges around the issue of

homelessness. According to an annual point-in-time count conducted in 2013, there were

1,188 people in Fort Worth residing in emergency shelters or on the streets (Tarrant

County Homeless Coalition, 2013). Forty-one percent of the homeless persons cited

unemployment as the primary reason they became homeless (TCHC, 2013). A study

completed by the University of North Texas Health Science Center (2013) discovered

60% of the 150 homeless females in the study reported being victimized during the past

12 months while homeless (UNTHSC, 2013). Victimization was defined as "theft,

threats, physical and sexual violence, stalking and verbal abuse, or physical trauma and

injuries" (UNTHSC, 2013). The three largest shelters in Fort Worth, the Union Gospel

Mission, The Salvation Army, and the Presbyterian Night Shelter, and a day shelter

called the Day Resource Center for the Homeless (DRC) are all located in Near East Side

Fort Worth on East Lancaster Avenue. Health and mental health clinics, transitional

housing programs, an inpatient substance abuse treatment center, Safe Haven program for

people with severe mental illnesses, and employment training and job placement programs are also located on East Lancaster Avenue.

The specific site used for the study was the Day Resource Center for the Homeless (DRC), located on East Lancaster Avenue of Fort Worth, Texas. The DRC is a daytime shelter for people who are homeless, and it provides basic services such as access to mail, computers, laundry services, restrooms, and showers (DRC, 2014). The DRC also has case management services to help connect clients to community and government resources and transition people out of homelessness (DRC, 2014).

Study Design

This study utilized quantitative and qualitative research methods. The researcher used quantitative research methods to obtain demographic information, criminal history, personal homelessness information, military service, and service utilization data. Research participants filled out a questionnaire to gather this information. The researcher used qualitative methods through in-depth interviews to further understand the experiences and understandings of spirituality, religion, hope, and resilience in the midst of homelessness.

Recruitment

Case managers and staff at the DRC assisted with the recruitment of study participants by helping the researcher identify good candidates to approach and by occasionally introducing the researcher to the potential participant; however, only the researcher approached most potential participants. The researcher recruited only women who were homeless at the DRC. The researcher introduced themself, identified their institutional affiliation (TCU Department of Social Work), and asked the individual about

her interest in participating in a research study. If the individual expressed interest, the researcher explained the purpose of the study and the interview methods that would be used during the study. For those who agreed to participate, the researcher emphasized that the study was voluntary and that her choice of whether or not to participate would not impact her ability to receive services from the DRC. Prior to the interview and questionnaire, the researcher discussed the informed consent document with the individual, and obtained informed consent from the participant.

Data Collection

After completing the informed consent process, the researcher asked the individual to fill out a questionnaire of demographic information. If individuals wished to complete the form themselves, they were allowed to do so. Otherwise, the researcher administered the survey, recording each response on the survey form. After obtaining this data, the researcher asked each of the 15 pre-determined open-ended interview questions. As needed, the interviewer reframed questions and/or probed for additional information based on the participant's responses. Interviewees participated in a one-time interview, with each interview lasting between 30-60 minutes. Each interview was recorded using a digital audio recorder, and the researcher and a professional transcriptionist transcribed interviews. The researcher visited the DRC five times during mid to late January 2014 to conduct the interviews.

Data Analysis

After the completion of the interviews, data collected on the survey form was transferred (closed-ended demographic questions, military services, criminal history, history of homelessness, and service utilization) to an Excel spreadsheet for statistical

analysis. Univariate descriptive statistics (means, standard deviations, percentages, counts, etc.) were used to describe the overall sample.

Regarding the qualitative data obtained through open-ended interview questions, the researcher initially organized the data by transcribing each interview verbatim. The researcher also compiled charts for each question, dividing each of the responses into similar themes. After transcribing all of the interviews, the researcher sent the transcripts and charts to the research supervisor. The research supervisor and researcher read the interviews and compiled a preliminary list of five main findings. Complete transcripts and the list of main findings were then distributed to the remainder of the research team (two full-time TCU faculty members). The researcher and faculty advisors read the interviews independently and developed individual themes and commonalities for the data. After each person finished analyzing the data independently, the research team members met to discuss the most salient themes for the data. The final step of the analysis was to compare the results of this study to the existing literature to understand whether the findings were consistent with previous research.

Ultimately, the findings produced by this study included aggregate statistics for demographic and personal history survey items. For the open-ended items, findings included important categories and themes developed through the analysis. Specific quotes were used from individual participants to help illustrate various themes. When using quotes, the researcher ensured that the quotes used did not contain information that could be used to identify the participant.

Enhancement of Rigor and Trustworthiness

The researcher took several steps to increase the accuracy and credibility of the study and its results. This process began with the researcher taking account of their own biases and preconceived notions before conducting the research. The researcher did not want their previous experience with people who are homeless or their identification as a Christian to influence the findings of the research study.

The researcher collaboratively designed the interview questions with their supervisor to ensure they were valid and reliable. Researcher triangulation was used to analyze the data, and any discrepancies were resolved through discussion and consensus (Patten, 2012, p. 157).

RESULTS

Sample Characteristics

Twelve women experiencing homelessness in Fort Worth were recruited for the study. Average age was 49 (SD= 6.9) years old. In terms of race, 50% (n=6) were White/Caucasian, 33% (n=4) were Black/African-American, and 8% (n=1) were Asian/Pacific Islander. Twenty-five percent (n=3) reported being of a Hispanic ethnicity. The majority (n=8) stated that they had a high school education, and all of the respondents reported they were not currently working. Thirty-three percent (n=4) of the persons interviewed were single and never married, 25% (n=3) were married, and 50% (n=6) were divorced, separated, or widowed. Three women said they had no children, and most of the women had either three or four children. Of the nine with children, two of the participants had children under 18 years old. Few (n=2) had been convicted of a felony as an adult or been arrested in the last 90 days (n=2). Two-thirds (n=8) of participants

possessed a valid government identification card (ID). Total lifetime homelessness averaged 3.2 (SD=3.42) years, and current homelessness averaged 2.3 (SD= 2.85) years. The average age for one first becoming homeless was about 43 years old. The last time one owned her own place ranged from 2006 to 2013, with 50% (n=6) citing 2010 or 2011 as the year they last had their own residence. On average, participants resided in two to three cities during the past five years. Five women reported having no income last month. Of the seven who received some type of income, the average amount was $616. Five females received disability benefits of some kind, primarily either Supplemental Security Income (SSI) or Social Security (SS).

Interview Findings

Pathways to homelessness. Respondents became homeless for a variety of reasons including unemployment, domestic violence, family death, substance abuse, lack of social supports, and mental illness. The most commonly cited reason was job loss/eviction and a lack of social support in hard times. One person who was evicted stated, "I had an apartment there, and I lost it because I got behind on my rent." Another stated, "I lost my job… after my unemployment finished, I couldn't pay my rent." People with a lack of support from friends and family made comments such as, "I was staying with my niece but she had put me out" and "He didn't let me go in, so I slept the last night, and I knew that was not the place to stay." Several reported that a variety of factors that contributed to becoming homeless. For example, one woman stated that her homelessness was related to a death, job loss, eviction, and a divorce within the span of two years:

And I just lost my job and got evicted. I couldn't pay the rent… I had a lot of death in my family...My father and mother passed away…Yeah plus a divorce. And it all happened close to the same year or two.

One woman came to the streets because she was in a domestic violence situation.

I became homeless because of the recklessness of the man I got married to…He started hitting me and we were going to fight because he has shoved me, and he has hit me before….And he came back one day 2 or 3 AM call me that was the final stage….The following morning I decided to leave because I saw what he was trying to say, it was like, it was deadly, so I moved out.

Others seem to have a social support but decided to leave due to their own convictions. One woman, struggling with a drug addiction, said she left her daughter's house because "their lifestyle and my lifestyle… it was conflicting." She said she was "tired of staying with people" and wanted her own place, so she "came here to the shelter trying to get my own." Another woman decided to leave her daughter's house because she was angry at how her son-in-law disciplined her grandchildren, and the two of them would repeatedly get into fights. She recalled, "my daughter, she has five kids, and, um, they wanted me there, but I thought I had to leave for their own safety."

The different paths into homelessness discussed by each of the respondents demonstrated the plethora of ways people become homeless. From domestic violence to a lack of support to divorce to job loss and eviction, no two stories were the same.

Relevance of spirituality and faith. In discussing how they deal with the challenges of homelessness, 25% (n=3) of the people responded with religious and/or spiritual activities. One woman said she overcomes adversity in homelessness by going to

church, praying, and reading her Bible, and she declared, "it's been very successful."

Another respondent firmly asserted, citing scripture, "Those challenges I give them back to God... because… God says, for I know the thoughts I have for you, thought of good, not thoughts of evil, I have plans to give you a future and a hope." One female talked about the importance of prayer in her life, stating she deals with challenges by "just prayer, just trying to make it through the day and let the day pass."

Conceptions of spirituality were diverse with many people struggling to define what spirituality was to them. Several people asked what was meant by the question and wanted a definition of spirituality. There were no common themes, and everyone seemed to have different answers to what they thought "spirituality" was. The responses confirmed the breadth of the term spirituality. One woman related it to an outlook on life, relaying that it is "being positive...Having a good head on your shoulders." Another woman identified spirituality as truth and incorporated Bible verses into her response. She declared, "God says this Word you shall know the truth and the truth shall set you free. Then worship him, you must worship him in spirit and in truth." One female defined spirituality as stability. Two women talked about it as a personal and individualized notion, with one articulating it as a "matter of the heart," and the other stating, "Spirituality I'm thinking of us individually… this is me as an individual. You as an individual... Us as individuals… who we are. Spirituality is us."

The majority of the women interviewed reported that spirituality and faith helped them in their experience of homelessness. The most prevalent themes discussed were prayer and faith in God. One woman recounted how God blesses her and answers her prayers.

Well whenever I pray about any problems at all. You know when you pray, you may not get your blessings right then, but you will eventually get them… One day I was praying so hard because you know I hadn't ate all morning because you know I had to go and get my TB test done, so I said Lord, can you just bless me with something to eat. So this guy came up to me at the clinic and got me some crackers and stuff… I do do a lot of praying. I ask God sometimes, God please let the weather be nice the next day. Please God protect me. Put a shield around me.

Another respondent said that it is key to "pray at each moment," and she said she prays for safety. Belief and faith in God were other frequent points of discussion, with one woman admitting, "Cause I know without Him, I wouldn't have made it this far." Another respondent thought that because of her belief, God blesses her with material possessions. She said, "I feel like if I didn't believe in Him maybe I would not be so lucky as to, you know, people wanting to give me money, give me money to help me and this and that." Another woman considered homelessness as a storm that she must endure in life. She stated, "You know like those Psalms says those storms keep raging in my life, that's the way it's been. Can't turn the night before the day you know. Can't see between the night and day." One participant expressed perseverance through adversity, asserting "every day something is, you know, like gonna come my way. But I'm gonna hold on, hold on. Like don't give up. And I just keep hanging in there."

Only one person interviewed said that spirituality and faith did not assist her in her experience of homelessness. She said faith did not help her because she questioned why God made her endure this hardship and pain.

No probably not because it's like why is he putting me through this. It's probably tribulations that we have to go through, but there's also a meaning and purpose for it all. I wanna, I guess when it's all said and done, it all falls into place, but right now, hopefully I won't fall out of place.

In the midst of saying faith does not help her though, she said that such trials seem to be apart of a bigger purpose.

Attitudes in the midst of homelessness. All of the respondents demonstrated a positive attitude toward the future in the midst of currently being homeless. The primary themes were aspirations to get out of homelessness, focusing on God, and simply stating they were hopeful. Many females discussed how they wanted to acquire an apartment and get off of the streets. One woman, with an optimistic outlook, said, "I know if I can do it, you can do it… but I am trying to get out of here." Similarly, another blatantly admitted, "I want a job and my own place." Another female, with weariness in her voice, asserted, "I want to do better… I'm tired of being homeless. I don't wanna be homeless no more." One respondent strived to get off of the streets to actively fight her addiction:

I'm getting me a down payment on an apartment, and I'm, so I can get off of Lancaster…I really don't wanna run into none of this crowd. So get me a good church home and work on my addiction, but I got to get away from it.

Additionally, the end of homelessness was on the horizon for one respondent, for she noted, "It looks pretty good now because we are going to this facility and living there, and we've already qualified for it. We're moving."

A couple of women talked about how their faith in God contributed to their optimistic attitude during homelessness. One female discussed the blessings and goodness of God in the midst of homeless, stating,

I'm about to find an apartment and everything, so it's nothing really too bad that God can't solve for me. He's been solving every problem, anything that comes my way...He's been finding a way. He will find a way...Yes he always blesses me.

Another woman viewed her time in homelessness as a "mission field," discussing how she tried to spread the Gospel to people she interacts with on the streets and in the shelter. She described the future as "bright," since she is "in God's line." She also said God "will give you a future and a hope."

Several respondents described their attitude towards the future as hopeful. One woman enthusiastically responded, "I got it! I got it!" while another reflected, "I just know my future is getting so close." Moreover, one female declared, "I'm very optimistic because I know he has good thoughts towards me. It will come through." Each of these women demonstrated optimism in thinking towards the future in the midst of the chronic and/or extended periods of homelessness they were currently experiencing.

Resilience in homelessness. The vast majority of respondents described themselves as resilient people, who were able to bounce back when faced with difficult challenges. Eight of the nine interviewees claimed to be resilient. Two of the respondents were not asked whether or not they were resilient because they talked about bouncing back throughout the interview, and the interviewer decided it would be more appropriate to ask how they are able to bounce back instead. One woman talked about how she gained a different perspective on challenges, saying she learned to accept hard things and

"just go on with your life." She called the problems "itty bitty stuff" in perspective, and said she learned to "bounce back and be strong about it." Another respondent talked about her bigger picture perspective to "take it as it comes" and to not "dwell on things."

Three people talked about looking forward and showed a "pick myself back up" attitude. One woman struggling with an addiction declared, "When I slip and use, I let that, that's in the past, just keep going." Another said she keeps her "head up" and does what she is "supposed to do every day." One respondent asserted her secret to staying resilient was "to do better… to look forward." Additionally, one female gave a more spiritual perspective, maintaining she is resilient by relying on God because "Jesus is the way, the truth, and the life." All in all, the vast majority of the respondents defined themselves as resilient people while undergoing harsh lives on the street.

Basic needs over spiritual needs. The last question the researcher asked the participants was what homeless assistance agencies can do to better serve their spiritual needs. Almost all interviewees asked responded with physical needs rather than spiritual ones. One woman wanted agencies to provide more guidance on how to obtain a social worker, and another wanted "some schooling" or "training," One respondent plainly stated she just wanted "an apartment, that's all I want." Two women desired better food at Presbyterian Night Shelter (PNS), with one grumbling, "they ain't feeding dogs. The food is awful." A participant talked about how she wanted something to be done about the negative talk and vulgar language from other people who are homeless that utilize the assistance agencies. She disliked the negativity, saying it is inappropriate to listen to and something that brings her down. That same individual also commented on sanitation issues on the sidewalks and streets near East Lancaster because there was a lot of "bird

mess" everywhere. She claimed it was so bad she could not walk anywhere without stepping in bird feces. Another respondent did not like when the assistance agencies would throw out their clothes on occasion. One respondent discussed some issues at PNS, stating,

> It's PNS, that, uh, even though you're not paying for a bed in their program, have
> availability to a case manager even though you're not an overnight guest. It's
> because you ain't coming there overnight, you ain't got no one since they don't
> help you or nothing. Only thing they let you do coming in, is you get messed up
> food, get you a bed, you take a bath, and you get back out on the next day. But if
> you're not on their little 'ole program, or you not paying for a bed there, they got
> nothing for you.

The services provided at PNS, particularly their housing system and food quality, seemed to frustrate the woman. One woman reported she did not know, and another said there was nothing agencies could do to better support her spiritually.

Only one respondent provided some feedback regarding ways that agencies could support their spiritual needs. She stated that she desired PNS to bring in a pastor, preferably with an Assemblies of God affiliation, to perform services at PNS on Sunday mornings.

<div align="center">DISCUSSION</div>

The purpose of this research study was to identify and describe spirituality and faith in the experience of homelessness and analyze conceptions of resilience and hope of females who were homeless. The researcher also intended to recognize ways homeless assistance agencies could better serve the spiritual needs of people who are homeless.

This qualitative study included a sample of 12 females who were homeless in Fort Worth, Texas. A primary strength of this research study was the broad number of questions asked about various facets of their life and beliefs, which allowed the researcher to gather more comprehensive data about the topic. Another strength of the research study was the phenomenological approach to gather data about the respondents' unique and subjective experiences and thoughts.

A key theme in the study was the diverse pathways into homelessness. While the absence of social support and job loss/home eviction were the most frequently cited reasons for becoming homeless, many women became homeless through a variety of factors, such as domestic violence, mental illness, divorce, family deaths, and substance abuse. The breadth of the factors contributing to homelessness is important to note because it counters commonly held stereotypes portraying people who are homeless solely as substance abusers or mentally ill (Marcus, Novak, & Romanesko, 1989). These findings are important for service providers, as it confirms the need for thorough assessments and a breadth of services to assist the various needs of clients.

Another important finding revealed that spirituality and faith is relevant and helpful to people who are homeless. The results of this study confirmed previous studies that recognize the prevalence of spirituality and faith in the experience of homelessness and how people utilize spirituality as a strength to cope with the stress of homelessness (Hodge et al., 2012; Washington et al., 2008; Greene et al., 2008; Brush & McGee, 2000). This finding is helpful because it shows how spirituality and religion are useful and key measures to cope with homelessness. This connection between spirituality and homelessness demonstrates the significance of including spiritual assessments in work

with clients who are homeless. At the policy level, it may be beneficial to increase funding for spiritual assistance, as it is a valuable resource for coping with homelessness.

Another fascinating result of the study was that the majority of the respondents reported a positive attitude in regard to their future. Almost all of the interviewees described an ability to bounce back during difficult times even when such hardships do not seem to be ending for most of the women interviewed. The attitude and resilience findings are informative because they demonstrate a self-report of hope and strength of these women while enduring chronic and/or extended periods of time in homelessness. It is imperative service providers to work to support these positive attitudes and affirm this resilience.

While spirituality and faith were relevant to the experience of homelessness, basic needs took precedence over spiritual needs for those interviewed. The importance of basic needs is a major finding of the study because it reveals that while spirituality and religion is significant, basic physiological needs are the first priority for people to meet. This finding upholds Maslow's Hierarchy of Needs of requiring one's most basic physiological and safety needs to be upheld before individuals can focus on deeper, more complex issues (Zastrow, 2010, p. 448). Therefore, homeless assistance agencies may want to consider focusing their efforts and finances on basic needs before spiritual needs.

Since assistance agencies in Fort Worth provide the basic needs of food and clothing, future interventions should emphasize securing housing for homeless individuals. The women in this study demonstrate strong faith and identify as hopeful and resilient people, and yet the average current length of homelessness was over two years. It is evident that even with their strong faiths and positive attitudes, they do not have the

resources to exit homelessness, particularly when their average income is so low. The current assistance programs are not able to secure housing for these women, and it is clear these agencies need more help and resources.

The best option seems to be to bring external people in to offer support. Since most of the shelters are faith-based and churches provide essential items frequently for people who are homeless, it may be time to consider increased church involvement to provide housing for people who are homeless. Maybe it is time for the church to play a more active role in ending homelessness through "extravagant generosity" and "radical hospitality" (Schnase, 2007). This housing approach connects with the Housing First model, which is an initiative being implemented in communities throughout the United States (National Alliance to End Homelessness, 2014). The Housing First concept aims to provide people housing without prior stipulations (such as mental health and substance abuse treatment) (National Alliance to End Homelessness, 2014). After people are housed, such clients "need surprisingly little support or assistance to achieve independence," which saves the system "considerable costs" (National Alliance to End Homelessness, 2014). Regarding the local community, Fort Worth currently has an initiative called Directions Home, which is based on the Housing First approach (Directions Home, 2013). This program is a ten year plan, which hopes to make homelessness "rare, short-term, and nonrecurring" in Fort Worth by 2018 (Directions Home, 2013). Thus far, Directions Home has placed more than 1,2000 Fort Worth residents in housing (Directions Home, 2013).

Implications for Future Research

While spirituality is relevant to the experience of homelessness, future research should be completed to determine which spiritual resources are more beneficial than others for individuals who are homeless. Future research should also be completed on homeless populations in other geographic regions to make these findings more generalizable and to ensure that the responses are accurate and not based on social desirability bias. Additional research to conduct this study with men who are homeless could be helpful in order to compare the similarities and differences of spirituality and faith between females and males.

Limitations

Several limitations of this study should be noted. First, the study included a small number of individuals (N=12) who spend time at the DRC and are female. This sample is not considered to be representative of all of the homeless population in Fort Worth or populations of homeless people elsewhere in the United States. Thus, results are not generalizable to all women who are homeless. Another limitation is the potential for social desirability bias. Human tendency is to present oneself in the most positive way, and people are frequently unwilling to self-report thoughts and beliefs accurately on sensitive topics, such as spirituality, resilience, and hope (Fisher, 1993, p. 303). The vast majority of the respondents identified themselves as having a positive attitude toward their future and a self-reported ability to bounce back in hard times, even though they all experienced chronic and/or extended periods of time in homelessness. Thus, the responses may have been skewed due to a social desirability bias. The third limitation is the ambiguity of the spirituality definition. Many respondents struggled with how to

answer the question, "What does spirituality mean to you?" and several asked the researcher to define what spirituality means. The operational definition of spirituality was intentionally ambiguous in order to gather the subjective thoughts of each of the respondents; however, the researcher did not give a standard definition back to interviewees, which may have slightly skewed the answers.

<div align="center">CONCLUSION</div>

This research study involved in-depth interviews of women experiencing homelessness in Fort Worth using a phenomenological approach to examine their individually constructed perspectives on spirituality and religion and thoughts about resilience and hope in the experience of homelessness. The findings of the study indicate that spirituality and religion is prevalent in these individuals' lives, and they report themselves to be hopeful and resilient people, while enduring chronic and/or extended periods of time in homelessness. The prevalence of religion and spirituality in the lives of these twelve individuals who are homeless supports the value of addressing spirituality when conducting assessments and planning interventions among people who are homeless. Spirituality can be a strength for social workers to build upon in their work with people who are homeless. The results also suggest that basic physiological and safety needs take priority over spiritual needs for females who are homeless.

Overall, the study findings show that providing spiritual resources to individuals who are homeless is beneficial because spirituality is a significant way to cope with stress during homelessness. These findings reveal that assistance agencies should focus on meeting basic and safety needs before spiritual ones. Future research can be completed to analyze ways assistance agencies can better serve homeless populations.

Texas Christian University
Fort Worth, Texas

SOCIAL WORK CONSENT TO PARTICIPATE IN RESEARCH

Title of Research: Amazing Faith: Spirituality, Hope, and Resilience in the Lives of Homeless Females in Fort Worth

Funding Agency/Sponsor: N/A

Study Investigators:
    Ms. Katie Lewis, Principal Investigator, TCU Department of Social Work
    Dr. James Petrovich, Supervisor, TCU Department of Social Work
    Dr. David Jenkins, TCU Department of Social Work
    Dr. Gina Alexander, TCU Department of Nursing

What is the purpose of the research?
You are being asked to participate in a study that is exploring the areas spirituality and faith in females who are homeless in Fort Worth. This research study is built on several, general topic areas:

1. The relevance of spirituality and faith to women who are homeless

2. Resilience and/or hope in the midst of homelessness

3. Identifying ways that assistance agencies could better serve the spiritual needs of people who are homeless

To answer these questions, you will participate in an interview at the Day Resource Center.

How many people will participate in this study? I will interview between 10-20 women who are homeless.

What is my involvement for participating in the study? To participate in this study you will need to sign the informed consent document, which states that you understand the purpose of the study, and agree to participate. After you sign the informed consent document, I will ask you basic questions about yourself (age, race, ethnicity, work history, history of homelessness, etc.). These are contained in a survey form. If you would like to complete the form yourself, you can do so. If you would like me to ask you

the questions and record you answers, I am happy to do so. After this form is completed, I will then ask you interview questions that are related to the topic areas identified earlier.

How long am I expected to be in this study for and how much of my time is required?
Your involvement in this study is to complete the survey form (with or without my help) and interview. I expect this will take 30-60 minutes. This is a one-time interview and it is not expected that we will meet again.

What are the risks of participating in this study and how will they be minimized?
There is no physical risk for participating in this study. Because spirituality and faith can be sensitive topics, it is possible you might feel some emotional discomfort as a participant in this study. To minimize the emotional risk, you can skip any question you do not feel comfortable answering and you can leave the interview at any time. Also, if needed, you can see a Day Resource Center case manager to talk about any struggles you may have. Another potential risk is that the findings may portray women who are homeless in a negative way in regards to spirituality and faith.

What are the benefits for participating in this study?
A benefit to you is that it might feel good to talk about your faith and spirituality and how you stay hopeful and resilient help in being homeless. A benefit to women who are homeless in fort Worth is that the research study may help researchers and service providers understand a topic they currently do not know much about. With this information, agencies may better serve the spiritual needs of their clients who are homeless.

Will I be compensated for participating in this study?
There is no compensation for participating in this study.

What is an alternate procedure(s) that I can choose instead of participating in this study?
If you do not want to participate in the study there are no other alternatives.

How will my confidentiality be protected?
You have a right to privacy, and all information that is obtained in connection to this study will remain confidential as far as possible within state and federal law. For this study, the only personal information I am collecting is your signature and printed name on this informed consent document. Nowhere else am I asking for or do I want you to disclose information such as your name, birth date, social security number, etc. To protect your privacy, all signed consent forms will be stored separate from the other research materials in my Project Supervisor's office at TCU (Dr. James Petrovich). All interview transcripts and questionnaires will be coded with identification numbers and I will store those on my password-protected computer. Do keep in mind that there will be a list linking the ID numbers to names, but this list will be kept separate from the other research materials in a secure place. The only reason I keep this list is so that if someone

does wish to have her information removed from the study, I am able to identify that person's specific information.

The TCU Institutional Review Board (IRB) reviews research studies to ensure that safeguards are in place for privacy and confidentiality. The TCU Departmental Review Board and University IRB have approved this study.

At conclusion of the study, the research data will be stored in the TCU Department of Social Work office in Anne Richardson Bass 316 for three years. After three years, all of the research data will be destroyed.

Is my participation voluntary?
Your participation in this study is voluntary. You are free to stop the interview at any time or ask to pass on specific questions with no penalty.

Can I stop taking part in this research?
Yes, you can stop taking part in this research at any time. Your ability to receive services from the Day Resource Center will not be affected if you choose not to participate or ask to be removed from the study. Your ability to obtain any other services you may need also will not be affected if you decide not to participate or ask to be removed from the study.

What are the procedures for withdrawal?
If you wish to withdraw from the study, you can email Dr. Debbie Rhea at d.rhea@tcu.edu or call (817) 257-6861, and make this request. Your information will then be removed from the study.

Will I be given a copy of the consent document to keep?
Yes, you will be given a signed informed consent document to keep.

Who should I contact if I have questions regarding the study?
If you have any questions about the research study, please email co-investigator Dr. James Petrovich at j.petrovich@tcu.edu or call (817) 257-7177.

Who should I contact if I have concerns regarding my rights as a study participant?
Dr. Harriet Cohen, TCU Social Work IRB Review Committee Chair, Telephone 817-257-5230.
Dr. Debbie Rhea, Associate Dean of Research, HCNHS, Telephone 817-257-5263.

Your signature below indicates that you have read or been read the information provided above, you have received answers to all of your questions and have been told who to call if you have any questions, you have freely decided to participate in this research, and you understand that you are not giving up any of your legal rights.

Participant Name (please print): _____

Participant Signature: _____**Date:** _____

Investigator Name (please print): _____**Date:** _____

Investigator Signature: _____**Date:** _____

Your signature below indicates that you understand that this interview will be audio recorded. In order to maintain your anonymity, I ask that you do not state any identifying information about yourself, such as your name or address.

Participant Name (please print): _____

Participant Signature: _____**Date:** _____

Investigator Name (please print): _____**Date:** _____

Investigator Signature: _____ **Date:** _____

<u>APPENDIX B: INTERVIEW DOCUMENT</u>

Interview Schedule
Assessment of Spirituality and Homelessness

General Information

1. How old are you (years)   _____ yrs old

2. What is your gender?   Male (1)   Female (0)   Transgender (2)

3. What is your race? (Circle all that apply)

White (1)   Black (2)

American Indian/Alaska Native (3)   Asian/Pacific Islander (4)

4. Are you Hispanic?   Yes (1)   No (0)

5. How many years of school have you completed? _____ yrs.

6. What is your current marital status?

   Single/Never Married (1)   Married (2)   Divorced (3)   Separated (4)

   Widowed (5)

7. Are you covered by some type of health insurance (Private, Medicaid, JPS Connections, VA, Medicare)?

   Yes (1)   No (0)

8. How many children do you have? _____

9. How many of these children are under the age of 18? _____

10. Do you have a valid, government issued ID such as a driver's license, state ID, military ID?

   Yes (1)   No (0)

Military Service Section

11. Have you ever served on active-duty in the U.S. armed forces?

   Yes (1)   No (0)

11a. If yes, what branch did you serve in?

     Army (1)   Navy (2)   Airforce (3)   Marines (4)   Coast Guard (5)

11b. What type of discharge did you have? _____

11c. What was your rank at discharge? _____

11d. What month/years did you serve on active duty? ____(mo)/____ (yr) TO

     ____(mo) / ____ (yr)

11e. Did you serve in a war zone?   Yes (1)   No(0)

     11e1. If yes, did you receive hostile or friendly fire?   Yes (1)   No (0)

11f. Were you wounded while serving in a war zone?   Yes (1)   No (0)

12. Do you collect any money from the VA?

     12a. If yes, is it for a service connected disability?   Yes (1)   No(0)

     12b. If yes, is a non-service connected VA pension?

     12c. How much do you receive from the VA per month? _____ per month

Criminal History Section

13. Have you been convicted of a felony as an adult?   Yes (1)   No (0)

14. Have you received a ticket in the last 90 days? Yes (1)   No (0)

     14a. If yes, how many tickets have you received? _____ tickets

15. Have you been arrested and charged with a criminal offense in the last 90 days?

     Yes (1)   No (0)

     15a. If yes, how many times? _____

16. As an adult, what is the total amount of time you have spent in jail or prison?

     _____ days _____ months _____ years

17. Of the last 90 days, how many have you spent in jail or prison? _____

Homelessness Section

18. How long have you been homeless this time? _____ years _____ months

19. How many times have you been homeless in the last 3 years? _____ times

20. How old were you the first time you became homeless? _____ years old

21. As an adult, what is the total amount of time you have been homeless?

      _____ years _____ months

22. When was the last time you had your own apartment, room, or house for at least one month?

      __ __ / __ __ / __ __ __ __

23. How many different cities have you lived in during the last 5 years? _____

24. How long have you been in Fort Worth? _____ days _____ months _____ years

25. How many times have you moved where you sleep since you have been in Fort Worth? _____ times

Employment / Income

26. Do you work?   Yes (1)   No (0)

    26a. How many hours per week, on average, do you work?

        _____ Hours per week

    26b. Describe the work you do to earn money:

27. How much money did you earn last month in total? (this includes work income, entitlements, gifts, etc.) _____ dollars

28. Do you receive disability benefits of some kind?   Yes (1)   No (0)

    28a. If yes, what kind of disability benefit do you receive?

    28b. How much do you receive per month? _____ dollars

Service Utilization Section

In the last 14 days, how many times have you....?	Times
29. Gone into the Day Resource Center?	
30. Spent the night in the "walk in" (PNS)?	
31. Spent the night at the Salvation Army?	
32. Spent the night at UGM?	
33. Gone to Unity Park?	
34. Gone to the First Street Mission?	
35. Met with someone from the SOS team (purple shirts)?	
36. Met with someone from the MHMR Path Team?	
37. Gone to Beautiful Feet?	
38. Gone to the emergency room at a hospital?	
39. Been admitted to the hospital?	
40. Been taken somewhere in an ambulance?	

Open-Ended Questions

To Participant: Now I am going to ask you some questions about what it is like to be homeless. Feel free to say as much or as little as you want. If you say something I want to follow-up on I will ask you for more information.

I am going to audio record this part of the interview.

1. How did you become homeless ("This time" if more than one episode of homelessness)?
2. What is an average day like for you?
3. What kind of challenges do you experience being homeless?
4. How do you deal with these challenges?
5. Homelessness seems like it could be really difficult to deal with. What is your attitude about your future in the midst of being homeless?
   a. If so, how do you keep this hopeful attitude?
   b. If no, what makes it hard to have this kind of attitude?
6. Seems like it could be really hard to keep pushing forward in the midst of being homeless. To bounce back in the midst of these hard times. Do you feel like you are able to do that?
7. How do you bounce back and keep moving forward in the midst of being homeless?
8. What helps you find meaning in your life?
9. What does spirituality mean to you?
10. Do you consider yourself a spiritual person? Please explain.
11. What does religion mean to you?
12. Do you consider yourself a religious person? Please explain.
13. If spiritual, how does spirituality and faith help you as you experience homelessness?
14. How can the DRC help better support you spiritually?

REFERENCES

Brush, B.L., & McGee, E.M. (2000). Evaluating the spiritual perspectives of homeless men in recovery. *Applied Nursing Research, 13(4),* 181-186. Retrieved from http://www.appliednursingresearch.org/article/

Caton, C.L., Dominguez, B., Schanzer, B., Hasin, D.S., Shrout, P.E., Felix, A., McQuistion, H., Opler, L.A., & Hsu, E. (2005). Risk factors for long-term homelessness: Findings from a longitudinal study of first-time homeless single adults. *American Journal of Public Health, 95*(10), 1753-1759.

Center for Disease Control and Prevention. (2011). *Mental health basics.* Retrieved from http://www.cdc.gov/mentalhealth/basics.htm

City of Fort Worth. (2013). *Planning and development: Frequently requested data.* Retrieved from http://fortworthtexas.gov/PlanningandDevelopment/ default.aspx?id=12824

Cummins, L.K., First, R.J., Tommey B.G. (1998). Comparisons of rural and urban homeless women. *Affilia Journal of Women and Social Work, 13*(4), 435+. Retrieved from http://go.galegroup.com.ezproxy.tcu.edu

Day Resource Center for the Homeless. (2014). *What we do.* Retrieved from http://www.fwdayresourcectr.org/what-we-do

Directions Home. (2013). *About directions home.* Retrieved from http://www.directionshome.org/about/

Fisher, R. J. (1993). Social desirability bias and the validity of indirect questioning. *Journal of Consumer Research, 20*(2), 303-315. Retrieved from http://www.jstor.org/stable/2489277

Gabbard, W.J., Nelson-Gardell, D., Miller, K.M., & Chamiec-Case, R. (2006) Spirituality

    and religiosity among homeless individuals: A preliminary investigation. *Arete,*

    30(1), 150-162. Retrieved from http://web.ebscohost.com.ezproxy.tcu.edu/ehost/

Greene, J.A., Ball, K., Belcher, J.R., & McAlpine, C., (2003). Substance abuse,

    homelessness, developmental decision-making, and spirituality: A women's

    health issue. *Journal of Social Work Practice in the Addictions, 3(1),* p. 39-53.

    Retrieved from http://web.ebscohost.com.ezproxy.tcu.edu/ehost/

Hodge, D.R., Moser, S.E., & Shafer, M.S. (2012). Spirituality and mental health among

    homeless mothers. *Social Work Research, 36*(4). Retrieved from

    http://go.galegroup.com/ps/

Kushel, M.B., Evans, J.L., Perry, S., Robertson, M.J., Moses, A.R. (2003). No door to

    lock: victimization among homeless and marginally housed persons. *JAMA*

    Internal Medicine 163(20). Retrieved from http://archinte.jamanetwork.com/

    article.aspx?articleid=216287

Luthar, S.S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical

    evaluation and guidelines for future work. *Child Development 71*(3), 543-562.

    Retrieved from http://onlinelibrary.wiley.com/doi/10.1111/1467-

    8624.00164/abstract

Lowman, Sarah (Eds.). (2009). *Social work speaks* (8th ed.). Washington, DC: NASW

    Press.

Marcus, N., Novak, V., Romanesko, J. (1989). The many faces of America's homeless.

    Scholastic Update, 121(11), 9+. Retrieved from http://go.galegroup.com.ezproxy.

    tcu.edu

Martens, W.H. (2001). A review of physical and mental health in homeless persons. *Public Health Review, 29*(1), 13-33. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/11780714

McCann, T. (2002). Uncovering hope with clients who have psychotic illness. *Journal of Holistic Nursing, 20,* 81-99. Retrieved from http://jhn.sagepub.com.ezproxy.tcu.edu/content/20/1/81

Menninger, K. (1959). The academic lecture: Hope. *The American Journal of Psychiatry, 116*(12), 481-491.

Mental Health Association. (2014). *Difference between mental health and mental illnesss.* Retrieved from http://www.mentalhealth.asn.au/home/item/111.html

National Alliance on Mental Illness. (2010). *The high costs of cutting mental health.* Retrieved from http://www.nami.org/

National Alliance to End Homelessness. (2014). *Housing first.* Retrieved from http://www.endhomelessness.org/pages/housing_first

National Association of Social Workers. (2008). *Code of ethics*. Retrieved from http://www.naswdc.org/pubs/code/code.asp

National Coalition for the Homeless. (2006). *Mental illness and homelessness.* Retrieved from http://www.nationalhomeless.org/publications/facts/Mental_Illness.pdf

National Health Care for the Homeless. (2013). *What is the official definition of homelessness?* Retrieved from http://www.nhchc.org/faq/official-definition-homelessness/

North, C.S., Smith, E.M. (1993). A comparison of homeless men and women: different populations, different needs. *Community Mental Health Journal 29*(5), 423-31.

Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/8243048

Patten, M.L. (2012). *Understanding research methods* (8th ed.). Glendale, CA: Pyrczak

Publishing.

Phelan, J., Link, B.G., Moore, R.E., Stueve, A. (1997). The stigma of homelessness: The

impact of the label "homeless" on attitudes toward poor persons. *Social*

Psychology Quarterly, 60(4), 323-337. Retrieved from

http://web.ebscohost.com.ezproxy.tcu.edu

Saleebey, D. (2013). *The strengths perspective in social work.* Upper Saddle River:

Pearson.

Schnase, R. (2007). *Five practices of fruitful congregations.* Nashville: Abington Press.

Schrank, B., Stanghellini, G., & Slade, M. (2008). Hope in psychiatry: A review of the

literature. *Acta Psychiatrica Scandinavica, 118*, 421-433.

Smart, N. (1998). *The world's religions.* New York: Cambridge University Press.

Snyder, C.R., Lehman, K.A., Kluck, B., & Monsson, Y. (2006). Hope for rehabilitation

and vice versa. *Rehabilitation Psychology, 51*(2), 89-112. Retrieved from

http://eds.a.ebscohost.com.ezproxy.tcu.edu

Staats, S. (1989). Hope: A comparison of two self-report measures for adults. *Journal of*

Personality Assessment, 53(2), 366-375. Retrieved from

http://eds.a.ebscohost.com.ezproxy.tcu.edu

Stotland, E. (1969). *The psychology of hope.* San Francisco, CA: Jossey-Bass.

Substance Abuse and Mental Health Services Administration (2011). *Current statistics*

on the prevalence and characteristics of people experiencing homelessness in the

United States. Retrieved from http://homeless.samhsa.gov/ResourceFiles

/hrc_factsheet.pdf

Tarrant County Homeless Coalition. (n.d.). *State of homelessness report: 2013 homeless*

PIT. Retrieved from www.ahomewithhope.org/wp-content/uploads/2013-

Homeless-PIT.pdf

Ungar, M. (2004). A constructionist discourse on resilience: Multiple contexts, multiple

realities among at-risk children and youth. *Youth & Society 35*(3), 341-365.

Retrieved from http://go.galegroup.com/ps/

United States Census Bureau. (2014). State and county quick facts: Fort Worth (city),

Texas. Retrieved from http://quickfacts.census.gov/qfd/states/48/4827000.html

United States Conference of Mayors (2008). *Hunger and homeless survey.* Retrieved

from http://usmayors.org/pressreleases/documents/ hungerhomelessnessreport

_121208.pdf

United States Department of Housing and Urban Development (2012). *The 2012 point-*

in-time estimates of homelessness. Retrieved from

https://www.onecpd.info/resources/documents/2012AHAR_PITestimates.pdf

United States Department of Housing and Urban Development. (2012). *Homeless*

assistance. Retrieved from http://portal.hud.gov/hudportal/HUD?src=/program_

offices/comm_planning/homeless

University of North Texas Health Science Center. (2013). *New study focuses on*

victimization of Fort Worth homeless women. Retrieved from

http://web.unthsc.edu/news/article/120/new_study_focuses_on_victimization_of_

fort_worth_homeless_women

Washington, O.G.M., Moxley, D.P, Garriott, L., & Weinberger, J.P. (2008). Five

    dimensions of faith and spirituality of older African American women

    transitioning out of homelessness. *Journal of Religion and Health, 48*(4), 431-

    444. Retrieved from http://go.galegroup.com.ezproxy.tcu.edu/

Zastrow, C.H., & Kirst-Ashman, K.K. (2010) *Understanding human behavior and the*

    social environment. Belmont, CA: Brooks/Cole, Cengage Learning.