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When "You Can't Get to Where You're Going:" Mothers' Experiences in Family Homeless Shelters

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Publication Date

2015

Peer reviewed|Thesis/dissertation

UNIVERSITY OF CALIFORNIA
SANTA CRUZ

WHEN "YOU CAN'T GET TO WHERE YOU'RE GOING:"
MOTHERS' EXPERIENCES IN FAMILY HOMELESS SHELTERS

A dissertation submitted in partial satisfaction
of the requirements for the degree of

DOCTOR OF PHILOSOPHY

in

PSYCHOLOGY

with an emphasis in FEMINIST STUDIES

by

Harmony A. Reppond

September 2015

The Dissertation of Harmony A. Reppond is approved:

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Vice Provost and Dean of Graduate Studies

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Abstract

When "You Can't Get to Where You're Going:"

Mothers' Experiences in Family Homeless Shelters

Harmony A. Reppond

Homelessness among female-headed families in the United States is increasing. Up from 1 percent in the 1980s, families now comprise 38 percent of the unhoused population (National Alliance to End Homelessness, 2013). Structural inequalities – poverty, low wages, domestic violence, and lack of affordable housing – are the root causes of homelessness among women with children (HUD, 2012). Yet, classed, racialized, and sexualized stereotypes depict homeless women as "bad" mothers and attribute homelessness to personal choice, criminality, laziness, and alcohol and substance abuse (Connolly, 2000; Friedman, 2000). These stereotypes inform the design of shelter policies and programs, which create "feedback loops" that influence institutional practices and interpersonal relationships (Soss, 2005). While homeless shelters are an important safety net for families with immediate housing needs, shelter environments also present challenges for families (Averitt, 2003; Cosgrove & Flynn, 2005; Deward & Moe, 2010; Mayberry et al., 2014). Using feedback loops as a conceptual framework, my dissertation examined how formerly homeless mothers experienced and responded to shelter rules and procedures, and how shelter environments and relationships therein reflected broader understandings of and approaches to homelessness. Semi-structured interviews were conducted with 28 formerly homeless mothers with the goals of: 1) documenting experiences in and

perceptions of family shelter environments; 2) examining the explicit and implicit
messages about womanhood and motherhood embedded in shelter rules; 3)
investigating the negotiation of shelter rules and staff monitoring; and 4) analyzing
critical resistance to perceived stereotypes and discrimination in shelters. The study
found that rules and rule enforcement reinforced hierarchical relationships between
staff and residents. Interviewees experienced shelter rules and classes as explicitly
communicative of individualistic and moralistic messages, and implicitly predicated
on classed, racialized, and gendered normative models of what it means to be "good"
women and mothers. Exposure to heightened staff monitoring of daily behaviors and
parenting practices influenced interviewees' sense of privacy and autonomy in the
shelters. Respondents engaged in strategic self-presentation, covert and overt
resistance, and stereotype disruption to mitigate disproportionate surveillance or
prejudicial treatment. Implications and recommendations for strengthening shelter
policies and programs are discussed.

Acknowledgements

This dissertation would not have been possible without the support of many people. I am deeply grateful to the women I interviewed for this study, all of whom candidly shared their experiences and perspectives. I would like to thank the social workers who went out of their way to help me recruit formerly homeless mothers. Completion of this project was made possible by the financial support of the Society for the Psychological Study of Social Issues, the University of California, Santa Cruz Psychology Department, Graduate Division, and Division of Social Sciences.

I am profoundly grateful to Heather Bullock, my academic advisor. Your rigorousness, challenging questions, and encouragement have helped me become a better scholar. I have learned a tremendous amount from you, and your mentorship has been absolutely invaluable. A special thank you goes to my committee members Bettina Aptheker and Craig Haney. Thank you, Bettina, for being a role model to me as well as teaching my most beloved courses in graduate school. You have inspired my thinking and teaching in countless ways. I am fortunate to have Craig as a mentor. I have benefited greatly from your vast knowledge of how institutional contexts influence social psychological outcomes.

I am continually inspired by the commitment and aspirations of numerous undergraduate students at UCSC. I would like to acknowledge, in particular, the following students for their outstanding work and diligence on this project: Jessica Azer, Madison Joselowsky, Ashley Luna, Hanna McPheron, and Lauren Wurst. There are many other students with whom I have had the pleasure of working with

When "You Can't Get to Where You're Going:"

Mothers' Experiences in Family Homeless Shelters

Chapter 1. Introduction

> I always say stereotypes must come from somewhere, but I don't see it…from
>
> the people that I've met at the shelter…Some of the time the system is made
>
> for you to not succeed, some parts of it and I think that it's just really difficult,
>
> and a lot of people just give up and it's not that some people are lazy or
>
> anything, its just that it's really, really hard…Sometimes it's a real uphill
>
> battle just to get the basic things that you need, and then when you get to
>
> where you need to get, there's rules and stipulations that you can't get where
>
> you're going.

This passage from Grace, a 27-year-old African American and white mother of one

child, inspires the title of my dissertation. As Grace narrates, even when homeless

mothers get to a shelter and receive basic services for their families, the shelter

environment itself may present new obstacles. Research findings suggest that

homeless shelters are difficult living environments for families, and many mothers

regard entering a shelter as a last resort (Connolly, 2000; Friedman, 2000; Meadows-

Oliver, 2003). Women living with their children in homeless shelters report feeling

stigmatized in subtle yet powerful ways (Cosgrove & Flynn, 2005) and mothers

describe shelter rules and rule enforcement as undermining their parental authority

and family routines (Averitt, 2003; Mayberry, Shinn, Benton, & Wise, 2014).

Whereas the effects of shelter environments on familial relationships have received

some empirical attention, less is known about diverse women's experiences in family shelters, specifically the intersections of race, class, and gender, as well as women's resistance strategies. Furthermore, there has been little analysis of the implicit and explicit institutional messages of shelter rules and requirement and how these influence familial, peer, and staff interpersonal relationships.

I use information about the design of poverty-related assistance programs to examine how these beliefs may influence the design of shelters and mandatory activities women are expected to participate in while living in the shelters. There are four goals of this study: 1) to document formerly homeless mothers' experiences in and perceptions of family shelter environments; 2) to examine the explicit and implicit messages about womanhood and motherhood embedded in shelter rules; 3) to investigate women's negotiation of shelter rules and staff monitoring for compliance; and 4) to analyze mothers' critical resistance to perceived stereotypes and discrimination in homeless shelters. After contextualizing family homelessness in the United States, I introduce the conceptual framework that I employ to understand the intersections of race, class, gender, and sexuality in shelter settings. I then review the literature on the social construction of womanhood and motherhood in family shelters. I close with connections between previous research and the purpose of the current study.

National Context of Family Homelessness

The United States Department of Housing and Urban Development (HUD) defines a homeless person 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 (HUD, 2010, par. 1).

This definition is widely criticized for its emphasis on homeless individuals living on the street or staying in shelters or mental health facilities. The federal definition neglects groups of people who are not necessarily as visible, such as families who are "doubling up" (i.e., living with family and friends) and people who are not yet in the shelter system because of underfunded services (da Costa Nunez, Adams, & Patullo, 2011; Meadows-Oliver, 2003). This affects how homelessness is measured, leading to underestimates of the prevalence of family homelessness and continued underfunding of services. Additionally, this definition individualizes and medicalizes the economic and social condition of being without stable housing, and influences the design of services to focus on individual rehabilitation rather than the structural antecedents of homelessness (Lyon-Callo, 2004). Homelessness is a socially and psychologically

devastating experience that is caused by a wide range of economic inequalities including lack of affordable housing, poverty, unemployment or underemployment, and low wages (Goodman, Saxe, Harvey, 1991; Tischler, Rademeyer, & Vostanis, 2007; United States Conference of Mayors, 2009). For low-income women, domestic violence and discrimination further the risk of experiencing homelessness. Once homeless, limited access to safe and affordable childcare and transportation deepen the hardships homeless women with children confront (Averitt, 2003; Rollins, Saris, & Johnston-Robledo, 2001). Due to an individualistic model, shelters struggle to fit the needs of women and families who face intersecting conditions of vulnerability.

These converging barriers to economic security contribute to the soaring rates of female-headed households seeking emergency shelter support, who comprise the fastest growing segment of the homeless population (Lee, 2008). In the 1980s, families represented 1% of the entire homeless population, and today families make up 38% (United States Department of Housing and Urban Development [HUD], 2014). On a single night in January 2014, it was estimated that 216,261 people in 67,613 families were homeless and 191,903 people in families stayed were staying in homeless shelters (HUD, 2014). The "typical" homeless family is headed by a single woman of color in her mid 20s to early 30s and includes one or two children under the age of five (HUD, 2009). Women comprise an estimated 84 percent of adults in homeless families (National Center on Family Homelessness [NCFH], 2010). These trends are indicative of the feminization of homelessness, or the different forms of

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institutional discrimination that coincide with homelessness among women (Bassuk, 1987; Pearce, 1978; Richards, Garland, Bumphus, & Thompson, 2010).

The Feminization of Homelessness

Female-headed family homelessness is both a correlate and consequence of poverty. As many as 1 in 12 wage-poor families will experience homelessness annually, and families experiencing homelessness are demographically similar to housed families experiencing poverty (National Alliance to End Homelessness, 2007). Women experience disproportionate rates of poverty, and female-headed single-parent household families are four times more likely to experience poverty than male-headed single parent households (Census, 2014). According to the United States Census Bureau (2014), approximately 1 in 6 women are living below poverty thresholds – in other words, are earning less than $15,825 annually for one adult and two children. Female-headed households of color are overrepresented among families living below poverty thresholds. Approximately 57 percent of Native American, 49 percent of Hispanic/Latina, 47 percent of African American, and 26 percent of Asian American female-headed households live in poverty, compared to 33 percent of European American female-headed households (Entmacher, Robbins, Vogtman, & Frohlich, 2013). Forty-eight percent of households headed by an undocumented immigrant woman live below poverty thresholds (Census, 2012).

Multiple intersecting factors contribute to gendered and racialized economic inequality. Long-standing wage disparities play an important role in the inability of women to support themselves and their families. The median full-time, year-round

work income for women is $39,157 compared to $50,033 for men (Census, 2014).

Overall, women earn 78 cents to every dollar that white men earn. These figures vary

across racial groups: white women earn 82 cents and Asian American women earn 93

cents to every dollar that white men earn (Census, 2014). For Latina and African

American/black women, the economic discrepancy is wider. On average, black

women earn 68 cents and Latina women earn 61 cents for each dollar that white men

earn (Institute for Women's Policy Research, 2015).

Given gendered and racialized wage disparities and lack of family support

policies – such as child care, health care, paid family leave, gender equity pay, living

wages, and caregiver tax credits – women with children are more likely to be poor

and rely on underfunded public service programs such as Temporary Assistance to

Needy Families (TANF), the Supplemental Nutritional Assistance Program (SNAP),

Section 8 housing voucher assistance, and homeless shelters (Bullock, 2013; Lott &

Bullock, 2007). Despite women and families' reliance on programs such as homeless

shelters, they do not correspond to the needs of families.

Falling Through the Cracks: Shelters and Homeless Families

Homeless families remain largely invisible to the public and relatively absent

from homeless policy designs (da Costa Nunez, Adams, & Patullo, 2011). Current

federal funding for homeless services focuses on ending "chronic homelessness" for

individuals and veterans. Chronic homelessness is defined as long term or repeated

episodes of homelessness often accompanied by one or more disabling conditions.

Services available to homeless people are distributed based on preexisting disabilities.

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Federal emphasis on chronically homeless individuals affects the distribution of funds at the local level, impacting the types of services offered and creating competition for scarce resources. Since 2007, this federal strategy has contributed to a 7 percent national decrease in chronic homelessness. However, the number of homeless families increased by 14 percent during the same time period (da Costa Nunez et al., 2011). Four consequences of this emphasis on chronically homeless individuals are relevant to the current study of family homelessness: (1) service providers face significant challenges and limited options by which to address family homelessness; (2) homelessness and solutions to it are individualized and medicalized in ways that may harm homeless women and their families; (3) without federal funding family shelters operate as non-profit centers financed by donors and managed independently; and (4) the voices and experiences of women in homeless families are marginalized.

Homeless families must rely on shelters to meet emergency housing needs. For many homeless families, shelters represent the last safety net available before surviving on the street. Most shelters function as temporary crisis centers, shaping both the structure and distribution of services. While there are many different types of shelters, family shelters typically allow families to stay for longer periods of time, provide classes in which residents are required to participate, and have more stringent rules and requirements than other types of day or emergency shelters (Connolly, 2000; Friedman, 2000; Williams, 1996). Family residential shelters also have longer waiting lists from which staff can select residents who "appear motivated" to

successfully transition out of homelessness within a certain timeframe (Friedman, 2000; Williams, 1996).

Only half of all people experiencing homelessness stay in shelters, although most have some contact with service providers through drop-in centers, soup kitchens, food pantries, and Health and Human Services offices (Lee, Tyler, & Wright, 2010). Shelter use varies by gender and parental custody of children. Women with children are more likely to double or triple up, living with family, friends, and male companions in uncertain housing situations for long and sometimes dangerous or uncomfortable periods of time before turning to family homeless shelters (Barrow & Laborde, 2008; Bassuk, 1990; National Alliance to End Homelessness, 2010; National Coalition for the Homeless, 2009; Nunez & Fox, 1999; Rollins et al., 2001). It is estimated that 23.5 million families (or approximately 1 in 5 of all U.S. households) were doubled-up in 2014 (Census, 2014). In other words, the number of doubled-up families is equivalent to nearly 123 times the number of families residing in shelters. Women report avoiding shelters for fear of physical and sexual assault, theft, and invasive staff procedures and surveillance (Ohayon, 1993; Williams, 1996). Families who enter shelters have typically exhausted all other possible housing arrangements.

Despite shelter use as a last resort, there are typically more women, men, and children seeking shelter than there is space available. In a 25-city survey, 73 percent ($n = 16$) of cities interviewed reported increased shelter demand over the past year (United States Conference of Mayors, 2014). More than half of the cities reported that

their shelters consistently lacked space to accommodate need and had asked residents to sleep in subpar arrangements (e.g., cots, chairs, hallways). More than half (61%) of shelters surveyed reported turning away individuals and families because of a lack of available beds, resulting in long shelter waitlists (United States Conference of Mayors, 2014).

Given the increased demand for shelter space, it is likely that women face more pressure to adhere to shelter rules because eviction due to noncompliance could mean being unable to find another shelter in which to stay. Said another way, women may feel as though they need to act or present themselves in particular ways in order to gain access to and remain in a shelter. Such high stakes could lead a mother to feel coerced to conform for fear of experiencing street homelessness with her child/ren. Shelters are one aspect of a larger system of social assistance programs. The design of such programs reflects implicit norms of classed, racialized, and gendered citizenship.

Classed, Racialized, and Gendered Citizenship and Public Assistance

Homeless women are situated at the nexus of limited access to resources (e.g., affordable housing), underfunded programs (e.g., Section 8, public housing), and restrictive federal (e.g., narrowly defining homelessness and the presumed causes) and local policies (e.g., inadequate funding, services focused on individual rehabilitation, few prevention programs). This positioning is a product of racialized, gendered, and classed citizenship arrangements. U.S. citizenship is structured, among other ways, according to an artificial distinction between private and public spheres (Aptheker, 1989; Fraser, 1990; Fraser & Gordon, 1992; Okin, 1989). The private

sphere is understood as the "feminine" domain of familial exchange and the public, "masculine," social arena is built upon contractual relations (i.e., discrete exchanges of equivalents, based on the notion of commercial trading; Fraser & Gordon, 1992). In the public sphere – the paid labor market – human interaction is understood as an exchange process wherein individuals' "rational choice" dominates (Fraser & Gordon, 1992).

Public assistance programs do not conform entirely to either public or private, but rather are structured according to the public model of a contract with obligations (Soss, Fording, & Schram, 2011). For example, recipients of Temporary Assistance to Needy Families (TANF) are given the "choice" to sign Individual Responsibility Plans and fulfill the requirements of the contract. "Choosing" noncompliance results in sanctions, the reduction or termination of benefits (Lens, 2006, 2008). By way of public assistance contracts, financial incentives (e.g., cash aid from TANF programs) are used to promote individual change in the form of behavior modifications and compliance of recipients. Through the use of eligibility rules and monitoring recipients for compliance, public assistance programs represent interlocking systems of directives and supervision. Social assistance programs have moved away from providing income support, as evidenced by below poverty threshold assistance levels, and toward moral teachings focused on making clients into better citizens (Schram, 2000). As such, the design of social programs and delivery of services communicate underlying beliefs about recipients and the causes of poverty (Soss, 2005; Limbert & Bullock, 2009).

Since its inception, poverty alleviation programs (i.e., poverty governance) in the United States have been racialized, gendered, classed, and heteropatriarchal (Bullock, 2013; Gordon, 1994; Hancock, 2004; Lott & Bullock, 2007; Mink, 2002; Piven & Cloward, 1993; Smith, 2001; Soss, Fording, & Schram, 2011). Soss, Fording, and Schram (2011) show that poverty governance has been transformed by the convergence of two reform movements: paternalism and neoliberalism. Citing dysfunction and disorder in impoverished communities, paternalists argue that poverty governance must be more directive by emphasizing behavioral expectations, incentivizing the "right" behaviors, and penalizing noncompliance. For example, housing assistance and cash aid programs that were previously means tested – available once economic need was proven, except to agricultural and domestic workers – are now made conditional on behavior. As Soss and colleagues explain, paternalists "design social programs to teach prevailing norms, and they use surveillance and penalty systems to keep aid recipients moving along their designated paths" (2011, p. 2). Neoliberalism, which complements paternalism, is an economic philosophy that seeks to organize society according to capitalist market principles. Programs once run by federal and state governments have been devolved and outsourced to non-governmental, regional organizations. Together, a neoliberal paternalistic philosophy has informed the redesign of assistance programs with the goal of bringing discipline to the lives of poor people through rewards and punishments, invasive practices and surveillance, and regulation and reform of the individual and their perceived deficits (Soss et al., 2011).

Low-income women's lives and behaviors, in particular, are routinely exposed to regulation. There is a long history of efforts to "reform" and regulate the private home life (i.e., gender performance, sexuality, and family structure) of low-income women in exchange for cash aid (Abramovitz, 1996; Gordon, 1994; Soss et al., 2011). Grounded in the premise that low-income women are not meeting the responsibilities of "good" female citizens – married and/or working outside the home for a wage – one goal of support programs are to make female clients into better citizens by shaping behaviors (through, for example, family cap policies, marriage incentives, and outside-the-home work requirements, Soss, 2005; Soss et al., 2011). Because homeless women's experiences exist between the "private" and the "public," their "private" behaviors are subjected to public scrutiny.

Private and Autonomous Citizenship: Affordances of Having a Place to Call "Home"

Privacy is a product of class status; those without property are not granted the privilege of privacy. The fourth amendment protects the home as a private space. When the government wants to go into a home, a warrant must be obtained. However, this protection of privacy is contingent on possession of a home. While a homeowner has the presumption of liberty and privacy, a person without a home "is forced to affirmatively prove an expectation of privacy" (Stec, 2006, p. 323). Home inspections endured by cash aid recipients are one illustration of low-income women's lack of privacy (Gilliom, 2001; Gordon, 1994; Reich, 1962). Similarly, the absence of a private home serves as the rationale for the invasive "cleaning up" of homeless camps.

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In such cases, city officials utilize private land rights to supersede personal rights in defending the removal of tents, food, and personal possessions of people experiencing homelessness (e.g., Emmons, 2012). In each example, low-income people are at the mercy of the state and have little legal recourse against classist state search and seizure laws.

With privacy and autonomy tied to property, the affordances of private citizenship are particularly limited for homeless mothers. What happens when the "home" is moved into the public sphere? When low-income women with children seek shelter assistance, the private sphere has merged with the public. Such consolidation may recreate the patriarchal structure of family wherein the state is the dominant, paternal figure assuming responsibility for and monitoring of "the family." In such conditions, and as evidenced by the regulation of cash aid recipients, unhoused mothers may be required to behave in particular ways to acquire the affordances of private citizenship.

Reinforcing Private Patriarchy with Public Paternalism: Rules in Homeless Shelters

Family shelters provide invaluable resources to families with immediate housing needs, operating as an important safety net for homeless families. Family homeless shelters are also complex communal environments. Soss (2005) asserts that public assistance policies and programs create "feedback loops," affecting how women think about themselves and their relationships with others. As Soss (2005) explains, policy design affects status, beliefs, and actions – the practices of

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citizenship. Class-, race-, and gender-based ideologies of citizenship are likely echoed in the rules and classes offered in many shelters, which send messages to recipient-clients about who they are and what is expected of them.

Rules, which are used to manage the social and physical environments of shelters, have both advantages and disadvantages. Shelters are communal settings and rules offer residents and staff safety and predictability. Rules also have the potential to eliminate bias in treatment and access to resources. However, rules can also be paternalistic, decrease women's sense of self worth, damage parent-child relationships, and negatively impact family routines and ritual (Connolly, 2000; Friedman, 2000; Mayberry et al., 2014).

Paternalistic rules are those that dictate and monitor the personal behaviors of women, including "how and what they eat, how they handle personal hygiene, how they spend their time, when they go to bed, when they rise, and whom they befriend" (Friedman, 2000, p. 122). Most shelters have stipulations regarding the following activities: supervision of children, household chores, alcohol and drug use, curfews, visitors, child discipline, overnight passes, child and adult bedtimes, phone use, budgeting and saving requirements, and class attendance (Connolly, 2000; Friedman, 2000). Many of these rules require relinquishment of autonomy and some level of control over parenting practices (Connolly, 2000; Friedman, 2000). Women frequently report that they experience shelter rules as paternalistic (Bogard, 1998; Connolly, 2000; Cosgrove & Flynn, 2005; DeWard & Moe, 2010; Friedman, 2000; Hartnett & Postmus, 2010; Hoffman & Coffey, 2008; Stark, 1994). Fewer informants

report experiencing shelter rules as helpful and family oriented (Connolly, 2000; Hoffman & Coffey, 2008; Stark, 1994). As Hartnett and Harding (2005, p. 42) explain, shelter rules that "regulate the behavior and movement of people may be intended to teach people the proper way to behave in a 'home.' The underlying message is that people need to be taught and, therefore, these rules are necessary." Thus, shelter regulations come to represent a tautological necessity.

Rules shape provider-resident relationships. Service providers are charged with enforcing shelter rules. This enforcement is shaped by the organization's values, which directly influence providers' work styles, personal values, and ideas about residents (Holden, 1997; Packard, 2001; Wasserman & Clair, 2012; Williams, 1996). To understand how the organizational culture of homeless shelters impacts service providers' beliefs and attitudes toward the clients they serve, Holden (1997) conducted a longitudinal study with 20 shelter volunteers over the course of one year. Volunteers described their desire to be helpful as their initial motivation for volunteering. However, over time they reported feeling concerned that their positions centered on rule enforcement, monitoring, and handing out supplies. Specifically, volunteers described feeling like their role was more about "spying upon, telling on, and ordering around the very people whom they came to help" (p. 124). They disclosed feeling encouraged to act upon the assumption that residents were untrustworthy and unable to care for themselves, leading some respondents to question whether such practices were providing meaningful help. Holden (1997) found that the more the service providers acted as rule enforcers, the more clients'

hostility increased, setting up an adversarial dynamic. A small number of Holden's participants reported not enforcing rules in an effort to connect with shelter residents in more egalitarian ways. To effectively do this, volunteers pretended to be unaware of rule-breaking behaviors. Overall, these findings indicate that the organizational values, as reflected in the rules, guide how shelter service providers think about and interact with residents.

Service providers' enforcement of the rules exacerbates inherent power inequities in the provider-client relationship and may result in experiences of discrimination among residents (Hoffman & Coffey, 2008). For example, all of the homeless mothers interviewed by Cosgrove and Flynn (2005, $N = 17$) identified at least one incident of discrimination in interactions with a service provider. Women explain that shelters have their own power hierarchies and that service providers require obedience and submission (DeWard & Moe, 2010; Hartnett & Postmus, 2010). The flip side of residents' feelings of regulation and control is staff members' worry about client "manipulation" to gain resources (Connolly, 2000). "Staff want to feel that they have control over resources, that those resources are being used in a 'productive' and 'appropriate' manner by their clients. Clients want to feel that they have control over their lives" (Connolly, 2000, p. 146). Given the impact of rules on staff relationships with residents, it is critical to identify how shelter rules and rule enforcement influence residents' thoughts and feelings of themselves, their familial relationships, their fellow residents, and the staff.

The impact of rules on families. The loss of stable housing can result in a loss of parental and personal autonomy and authority. Homeless mothers report being both grateful to have a roof over their heads and missing the freedom they once had in a space of their own (Meadows-Oliver, 2003; Williams, 1996). DeWard and Moe's (2010) analysis of the experiences of 20 mothers living in a Midwestern homeless shelter illustrates how the privacy, freedom, and control women had in their own homes vanished in a shelter. Mothers reported differential treatment by shelter staff based on adherence to rules, which in turn affected their access to resources such as food, clothing, and personal items. Shelter staff emphasized conformity to rules with little room for autonomy, subjecting previously independent women to infantilizing rules such as adherence to strict times for bed, meals, and other activities. Enforcement of these rules may diminish the parental authority of mothers in front of their children. Sheltered women report losing the respect of their children as a consequence of how they were treated (DeWard & Moe, 2010).

Homeless mothers must parent in public, often under the watchful eyes of the shelter staff. In Averitt's (2003) focus groups with 29 mothers living in homeless shelters with preschool age children, women described feeling that their own family practices were undermined in the shelter, eroding their confidence, relationships with their children, and status as the head of household (Averitt, 2003; Connolly, 2000; Hausman & Hammen, 1993; Stark, 1994). A network of interrelated socially constructed expectations for "womanhood" and "motherhood" influence these interactions.

Socially Constructing Roles: Regulation of Women and Mothering

"Good" motherhood is contrasted against "bad" motherhood and both are reproduced and reinforced through media, policy, and regulation (Connolly, 2000). Norms of "good" and "bad" motherhood are based on socially constructed idealized traits that include nurturing, sacrifice, care, devotion, and nonviolence. Presented as universal and natural, any deviation from the ideal is deemed unnatural and unhealthy (Connolly, 2000). Homeless women are especially vulnerable to regulation based on these constructions. Already marginalized by poverty, homeless women are more likely to seek assistance and therefore are more easily monitored. Research documents that women, themselves, are intensely monitored and regulated in homeless shelters (Connolly, 2000; Friedman, 2000; Williams, 1996). As Connolly notes, there is a

> …cultural drive to monitor mothers, regulate them intensively, and steer them toward fictive models of normality...the good mother and her antithesis are produced together through powerful cultural discourses. Such productions protect the impossible model of the good mother by translating homeless mothers into cultural scapegoats. (2000, pp. 49-50)

Shelter rules represent one avenue through which womanhood and motherhood is regulated. Shelter rules reproduce a sense of what are considered "appropriate" ways to be a woman and a mother as well as how to manage a home (Veness, 1994). As Michelle, a respondent in Williams' (1996, p.107) ethnography, reported:

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It gripes me that I have to go to parenting classes since I've been twice already. And in Life Skills class, we were given an exercise to budget for a man who made $60,000 a year. If any of us made that much money, we wouldn't be here. I told the lady that, that she should give us an exercise to budget with $1,000 a month.

Michelle explained that the material covered in the Life Skills class is irrelevant to real life, and that residents do not understand what they can gain from such exercises. Additionally, Michelle's experience illustrates that women are expected to be in a stable heterosexual relationship with a male partner who acts as the head of the household, and that mothers are regarded as the family-home-budget managers. Mandatory classes, it appears, are also predicated on the assumption that women are homeless, at least in part, because they do not know how to be "responsible" wives and mothers, and need to be taught such "skills."

Shelter rules, whether overt or covert, prescribe behaviors deemed appropriate for women and mothers. Women's participation in these programs (e.g., savings programs, parenting and cooking classes, remedial work training that includes teaching the importance of being on time, job search requirements, participation in Alcoholics Anonymous, drug testing, and support group meetings) are mandatory, making it difficult, if not impossible, to escape these prescriptions. The social norms communicated by such programs are undertheorized. The current study seeks to fill this gap by examining the messages shelter regulations communicate to homeless mothers about their social roles as women and mothers.

Stereotypes, Discrimination, and Critical Resistance

Classist stereotypes are the ideological foundation for the messages communicated to homeless women about motherhood in mandatory shelter courses (Averitt, 2003; Connolly, 2000; Cosgrove & Flynn, 2005). Poor women are stereotyped as lazy, abusing the welfare system, being sexually promiscuous, having "too many" children, and being responsible for the breakdown of the nuclear family (Bullock, 1999; Cozzarelli, Tagler, & Wilkinson, 2002; Lott & Bullock, 2007). Other studies have found that homelessness, in general, is attributed to individual failings, criminality, and alcohol and substance abuse (Phelan, Link, Moore, & Stueve, 1997; Smith, Allen, & Bowen, 2010). These classist stereotypes and attributions are based on the belief that internal, stable characteristics cause poverty and homelessness.

Stereotypes and attributions are important independently and because of their potential influence on behaviors toward homeless women. Lott (2002, p. 100) aptly describes dominant responses to poor people as "distancing, separation, exclusion, devaluation, discounting, and designation as 'other.'" This distancing, along with widespread acceptance of classist stereotypes and prejudice toward poor and homeless women, undergirds discriminatory treatment. For example, as a homeless mother in Cosgrove and Flynn's study shared, "When you don't have a place to live, how do I say—[it's like] you have no value when you don't have your own place, you're nothing." (2005, p. 133). Women report feeling humiliated, disrespected, and confronted with dehumanizing stereotypes and discrimination on a daily basis both within and outside of shelter environments.

Low-income and homeless women report regular negotiation of stereotypes and resistance to discriminatory treatment (Cosgrove & Flynn, 2005; McCormack, 2004, 2005). As McCormack explains, "Everyday forms of resistance are those mundane practices that occur as recipients participate in their daily lives, challenging in an unorganized and often invisible way the meanings that render them powerless objects" (2004, p. 374). As such, understanding the dailiness of women's lives is important to understand how women expand the restrictions imposed by classed, racialized, gendered, and heteronormative boundaries (Aptheker, 1989). To date, most research on resistance has examined TANF recipients' resistance strategies.

While homeless women's resistance is understudied, we know from research with low-income women receiving cash aid ("welfare") that critical resistance to stereotypes and discrimination manifests in at least two forms: discursive and instrumental (McCormack, 2004). Discursive resistance can be utilized to counteract the negative psychological effects of dominant classist, racist, and sexist characterizations of social groups; for example, reframing the stereotype that homeless women are "bad" mothers by reclaiming "poverty" as thriftiness, or reframing unemployment and underemployment in terms of increased time spent with one's child/ren (Dodson, 2006). Discursive resistance strategies subvert stereotypes by rearticulating the values expressed through dominant social messages. Instrumental resistance is used to secure the best possible treatment in different situations. For instance, low-income women may try to present themselves in the best way possible to ensure that their caseworker views them favorably. Instrumental

resistance strategies, or mitigation of discriminatory treatment, may be particularly likely to be employed when access to resources is limited and/or competition is high. Discursive and instrumental resistance may be considered forms of strategic self-presentation, which describes "behavior that attempts to convey some information about oneself or some image of oneself to other people" (Baumeister & Hutton, 1987, p. 71). Strategic self-presentation or impression management is a well-documented social psychological phenomenon (Goffman, 1959; Power, Cole, & Fredrickson, 2011). However, it is understudied in the shelter environment.

This study seeks to examine homeless mothers' critical resistance strategies, as they may facilitate greater well-being in the face of stereotypes and discrimination. What forms does homeless mother's critical resistance strategies take? What options are made available through these strategies and what options are precluded? How are these critical resistance strategies related to gendered, racialized, and classed expectations of womanhood and motherhood?

Purpose of the Current Study

Beliefs about poverty and social class inform the design of social policies and programs, which, in turn, influence interpersonal relationships and institutional practices (Soss, 2005). Understanding mothers' experiences with shelter rules and practices is crucial because shelter environments may create feedback loops, informing how mothers think about themselves and their relationships with others (Soss, 2005). My dissertation extends psychological research on stigma, stereotyping, and discrimination to better understand mother's experiences in family homeless

shelters. Expanding on previous research, I incorporate an intersectional analysis of mothers' experiences with rules and procedures in homeless shelters with the aim of strengthening support for families during times of housing and economic instability. The goals of this study are to: 1) document formerly homeless mothers' experiences with rules and procedures in homeless shelters (e.g., curfews, phone "privileges," participation in mandatory parenting classes), and their effects on women's familial, peer, and staff relationships; 2) examine the explicit and implicit messages about womanhood and motherhood embedded in shelter classes, and how these are shaped by class, race, gender, and sexuality; 3) investigate women's negotiation of shelter rules and staff monitoring for compliance; and 4) analyze mothers' critical resistance to perceived stereotypes and discrimination in homeless shelters.

I utilize critical race feminism to understand how patterns of neoliberal paternalism shape the institutional and interpersonal dynamics in family homeless shelters. Critical race feminism builds on critical race theory, which is a methodological tool used to critically analyze the pervasiveness of institutional racism (Delgado & Stefancic, 2012; Wing, 2003). This methodology challenges liberal and meritocratic ideologies that espouse neutrality in how existing power structures shape psychic and material conditions (Delgado & Stefancic, 2012). Critical race theorists acknowledge that race alone does not account for systemic inequalities and that race, class, gender, sexuality, ability, and national origin intersect. Critical race feminism expands critical race theory by examining legal and policy structures as well as analyzing and critiquing the workings of patriarchy and racism in

subordinating women of color (Wing, 2003). Experiences of low-income women, disproportionately women of color, with children in public assistance reinforce broader societal norms and structural inequalities (Abramovitz, 2000).

Chapter 2. Method

Participants

Twenty-eight formerly homeless mothers were interviewed by the principal investigator. To increase trust and candor, I developed six community partnerships with organizations that work with or provide services to low-income families. Participants contacted me after being introduced to the project through discussion with social workers at the various organizations. Over the phone, I asked each potential participant the following questions: (1) if she had resided in a residential family shelter; (2) if so, which shelter; (3) when and how long she stayed there; and (4) if her children stayed with her. All interviews took place in one county on the central coast of California. At the time of this study, there were four family shelters in the area. If mothers had resided with their children in one of these four residential family shelters for 30 or more days within the past two years, then they met the inclusion criteria and an interview was scheduled for a mutually convenient time and location. All interviewees were formerly homeless. Participants' reported experiences concerning the most recent shelter in which they had resided.

Participants ranged in age from 22 to 48 years old, with a mean age of 33 years. Families ranged in size from 1 to 5 children with most mothers having 1 to 2 children with them in the shelter. The majority of the sample identified as

heterosexual ($n = 27$) and one woman identified as a lesbian. The sample was racially diverse. Twelve women (43%) self-identified as Latina, Chicana, or Hispanic, nine (32%) identified as white or European American, three (11%) as Native American, two as multiracial (7%; i.e., African American, white and Filipina, black, and white), one (3.5%) as African American, and one (3.5%) as South East Asian. Two women had undocumented status, one of whom was born in Mexico and the other of whom emigrated from an island in South East Asia (which she requested not be reported). The majority of informants had survived a physically and/or sexually violent relationship with a male partner ($n = 17$, 61%). Before losing their housing, women identified their prior social class as working poor ($n = 21$, 75%) and middle class ($n = 7$, 25%; see Table 1 for participant characteristics).

Materials

The interview protocol was developed after careful review of previous research examining mothers' experiences with their children in family homeless shelters (Averitt, 2003; Bogard, McConnell, Gerstel, & Schwartz, 1999; Connolly, 2000; Cosgrove & Flynn, 2005; DeWard & Moe, 2010; Friedman, 2000; Williams, 1996). Open-ended, semi-structured interview questions focused on five aspects of mothers' experiences in family shelters. First, mothers were asked about their experiences with and perceptions of the rules and requirements in family shelters. This set of questions attended to the design of the shelter, rules, programs, and rule enforcement in order to get a sense of broader organizational values. Sample questions include: Were there rules related to parenting? Did the shelter offer any

classes? How did you learn about the cleaning rules? (Please refer to Appendix A for the consent form and Appendix B for the interview protocol.)

The second area of questions concentrated on interviewees' attitudes towards the requirements, specifically what was perceived as beneficial and not, in order to assess programs and policies. For example: How did you feel about the parenting rules? Were the cleaning rules easy or difficult to follow? In your opinion, what were the goals of these classes? Do you think these goals were met? What did you find helpful about the classes? What did you find unhelpful?

The third set of questions tapped into interpersonal and institutional interactions by asking respondents to share their experiences and observed interactions with shelter staff and other residents. Sample questions are: How were rules enforced? Did you ever feel like the parenting rules were applied differently to different residents or other mothers around you?

The fourth set of questions asked interviewees about their perceptions of how homeless mothers are perceived in society, more broadly, and whether or not they felt as though they had experienced similar attitudes in the shelter, more specifically. For instance: Our society has many different beliefs/perceptions about why people become homeless; what do you think are some common beliefs/perceptions about homelessness? How about homeless mothers? What do you think of these beliefs/perceptions? Were these beliefs/perceptions common in the shelter?

The closing questions asked respondents to reflect on their overall experiences in the family shelter and how they might talk with a new resident about the shelter.

Sample questions are: What was the *most* helpful? What was the *least* helpful? If you were to give the shelter and shelter staff advice, what would you recommend? If you were to give advice to other mothers who are starting their stay in (Shelter Name), what would you say?

Procedure

Data were collected through face-to-face interviews at participants' homes, in parks, and at coffee shops. Interviews ranged from one hour and twenty minutes to three hours and fifteen minutes, with the average interview lasting one hour and forty-five minutes. I conducted all interviews. I am a white woman in my mid-thirties. I present as cisgender and am likely perceived as heterosexual and read as middle class because of my educational background. To build rapport with interviewees, each interview started with a discussion of non-research related subjects and thanking the participant for her willingness to be interviewed. Each participant was given a consent form (see Appendix B), which I orally summarized after giving her an opportunity to read it. Participants were then asked if they had any questions. After signing the consent form, each participant was provided with a copy for her records and $50.00 compensation. I then asked if I could turn the recorder on. Each participant was given a copy of the interview questions and I described each section in advance so that she knew the interview format. I once again asked if there were any further questions before starting the interview. Participants selected their own pseudonyms. This introductory dialogue was intended to mitigate participant-

researcher power differentials by trying to minimize hierarchy within the interview structure (Hesse-Biber & Yaiser, 2004).

After each interview, I took notes (or "memoed") on my evolving understanding of the shelter environment as well as reflections about the analysis (Corbin & Strauss, 1990; Strauss & Corbin, 1998). This informed the way I asked questions, particularly questions concerning race and the racialization of women in the shelter environment. For example, when I asked directly about race, some respondents (regardless of their race) denied its social significance in the shelter. Subsequently, I experimented with different ways of asking about race. By the fifth interview, I realized that trust needed to be established before broaching these questions. Roughly 40 minutes into the conversation, I would ask, "I forgot to ask how you to self-identify your race and ethnic background?…What about the other mothers in the shelter?" When I asked these demographic questions in the middle of the interview, I found that I had gained enough trust that interviewees would spontaneously share their experiences of racial dynamics in the shelter.

Context

In the County where this research took place, on a single night in January 2013, approximately 544 persons in families were homeless. Families represent 15 percent of the entire unhoused population in the County (Applied Survey Research [ASR], 2013). The primary causes of family homelessness in the County are job loss, inability to afford rent, and domestic violence (59%, 27%, and 23% respectively; ASR, 2013). Sixty percent of families experience homelessness for less than one year

(ASR, 2013). During bouts of homelessness, 63 percent of homeless families are sheltered in transitional housing, motels or hotels, and emergency shelters, while 37 percent of families are unsheltered, sleeping in public or in cars (ASR, 2013).

All respondents had stayed in one of four family shelters located in a county on the central coast of California. Two of the family shelters are in the southern portion of the County, which is a predominately Latina/o working class community. The other two are located in the northern part of the county in a predominately white middle class community. At three of the shelters, residents have their own small rooms. One shelter had dormitory-style arrangements, with several families sharing one large room. All four shelters are funded through private donations and grants. After the completion of this study, one family shelter did not receive any grants and was forced to close.

Data Management and Analysis

I worked with a team of six research assistants to analyze the data. Each interview was transcribed by one research assistant and then checked for accuracy by a different research assistant. Transcription instructions were adapted from Braun and Clarke (2013) and DuBois (2005; see Appendix C). Interviews were transcribed verbatim. To reduce errors and maximize the accuracy of both verbal and nonverbal expressions (e.g., laughter, crying, inhaling, exhaling, pauses, emphasized words and phrases), each transcript was checked against the audio recording.

Analyses were conducted in TAMS Analyzer, a qualitative software analysis program, and through line-by-line coding by two research team members per

transcript. A combination of deductive and inductive approaches were used to analyze the data in three stages: 1) deductive line-by-line coding by the investigator; 2) inductive line-by-line open coding by investigator; and 3) codebook development and deductive line-by-line coding by the entire research team. First, I performed deductive line-by-line coding to examine categories derived from the research questions: women's experiences of (1) the shelter context, rules, and rule enforcement, (2) their relationships with staff, other residents, and their children, and (3) the mandatory shelter classes.

In the second stage of analysis, I performed line-by-line open coding by repeatedly reading through the data to identify a list of lower-level concepts (e.g., verbal confrontation, withholding information) and higher-level categories under which lower-level concepts eventually are grouped, such as overt resistance and covert resistance (Charmaz & Belgrave, 2012; Corbin & Strauss, 1990; Strauss & Corbin, 1998). I then used a more focused axial coding approach to make connections among concepts, categories, and themes. For example, lower-level concepts such as "withholding information," "verbal confrontation," "telling her story" and "stereotype reframing" led to axial coding and the grouping of these and other similar concepts into four corresponding higher-level categories: (a) covert resistance, (b) overt resistance, (c) instrumental resistance, and (d) discursive resistance. After establishing these higher-level categories, comparative analysis (Strauss & Corbin, 1998) was conducted to identify similarities and differences in participants' strategies of resistance to perceived stereotypes and discriminatory treatment.

The final stage of the analysis involved codebook development and coding by the entire research team. Concepts, categories, and themes from the first two stages of the analysis were used to develop a codebook. The codebook consists of seven themes: (1) rules and rule non/enforcement, (2) experience of mandatory classes, (3) perceptions, experiences, and responses to stereotypes, (4) critical resistance, (5) feelings about the shelter, oneself, other residents, staff, and one's children, (6) interactions with shelter staff, and (7) interactions with other residents. Each theme contained higher-level categories and lower-level concepts (see Appendix D for the codebook).

The research team was trained in coding procedures adapted from Kurasaki's (2000) methodology for determining intercoder reliability for interview data. Two trained research assistants independently performed line-by-line coding of each transcript, using line numbers to identify and track segments of coded text. To calculate intercoder reliability, I examined agreement for each of the coded categories. Agreement was satisfied when each coder assigned a particular code within a range of ten transcript lines – five above and five below the coded segment.

Chapter 3

Shelter Context: Making Resident-Clients into Better Women and Mothers

Interviewees reported that they had experienced family homeless shelters as complex social environments. While respondents were thankful to be admitted, they had also been fearful to enter a family shelter. Understanding how interviewees perceive shelter rules and programs provides information about how institutional

design influences interviewees' experiences and interpersonal relationships. The chapter starts by discussing shelters as a place of last resort, how funding constraints impacted who was admitted, and how stereotypes influenced perceptions of deservingness for shelter aid. The second section utilizes interviewees' narratives to examine how the design of shelters as rehabilitation programs impacted respondents' experiences of the rules, as well as the explicit and implicit messages of shelter classes. The final section of this chapter examines how funding shortages feedback to influence interviewees' feelings of indebtedness to the shelter and its unknown donors.

Family Shelters as a Last Resort

> I needed a place to go…[I called the family shelter and was told], "You can move in."…I cried when she told me that we had our own room, and that we could be staying there for…three months. It was such a relief to have this weight off my shoulders – that we could just save money and not be going crazy for the next ninety days.

In this statement, Taylor, a 28-year-old white mother of one child, expresses her relief that she was allowed entry into a family shelter. Taylor was thankful because all of her other housing options had been exhausted. Many interviewees reported waiting until they had nowhere else to turn before calling a family shelter because, as Maree, a 33-year-old Latina mother of two children, shared, "I was scared because I didn't know what to expect of a shelter."

Respondents delayed calling for fear that the shelter would be unsafe. Terry, a 46-year-old Native American mother of one child, shared her decision to return to a physically violent and sexually abusive relationship over entering a family shelter:

> I didn't want to go in a shelter, so I went back to my husband. Which is the wrong thing!...[I had heard] *horror stories* about shelters and I tried very hard to stay out of the shelters. And so that was my biggest fear, to go into a shelter, so I tried to stay out of it as *long* as I could.

Other interviewees described feeling ashamed to ask for assistance. Entering a shelter can be a humiliating experience because mothers worry that it will be interpreted as a sign of their inability to maintain a stable and safe life for their children. Sally, a 27-year-old white mother of one child, explained:

> It was kind of like the world is crashing down on me…[it] felt like the ultimate last resort, the ultimate failure: I can't provide for my child, I have to go to a shelter…it wasn't what I wanted. I felt like I had failed.

Respondents also worried about being separated from the fathers of their children. Belle, a 30-year-old Latina mother of one child, said that she did not want to go to a shelter because:

> I was depressed 'cause it's like I'm here in town now [but] I could not be out. I can't be with my baby-daddy because he couldn't stay with me. And I couldn't – you can only stay out once every month, on the weekend: Friday, Saturday, and Sunday. You have to find somebody to do your chore. And it

was just hard because it was just like, even though I'm here, I have to be [back at the shelter] at certain hours.

Other interviewees were reluctant to enter family shelters for fear of being seen as inadequate, losing autonomy, and being monitored by shelter staff. Respondents' uncertainty in asking for shelter assistance points to consequences of the devolution of social service programs from federal and state levels to non-governmental organizations (Soss, Fording, & Schram, 2011; Gilliom, 2001). With the devolution of social service programs and underfunding, shelter practices have become more focused on monitoring individual behavior for compliance. This chapter seeks to extend research that examines poverty governance at federal and state levels to investigate how principles of neoliberal paternalism become embedded in the design and implementation of services in family homeless shelters.

Shelter Funding and Shelter Exclusion

According to interviewees, shelter directors speak openly about lacking sufficient funds, applying for grants, and soliciting donors through fundraising events. One of the four family shelters in the County failed to receive any of the grant support and subsequently closed, leaving many families without a safety net and the County with one less operational family shelter. Working within this privatized model, shelters have limited space and need to show donors that the shelter program is working; in other words, that homeless mothers are being successfully rehabilitated. Who then makes the cut and is allowed entry? A consequence of high-stakes funding is that the shelters are motivated to select homeless mothers who are perceived in the

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initial interviews as having the potential to "succeed." Chenoa, a 48-year-old Native American mother of two children, exemplified this dilemma:

> [The part of the] shelter program that I really had a problem with: It's [that] they turn away a lot of people that I think might benefit but *they* don't think so. For whatever reason, whatever vision they have in their head when they come in, and they meet you, [if] you don't fit, or your background tells something about you that they think that you wouldn't be a success, you don't get in.

Echoing Chenoa's remarks, three interviewees spontaneously described how the same shelter director turned their families away. That particular shelter director is a white woman and all of the mothers denied entry are darker-skinned women of color, one of whom identifies as gay. The mothers were told they would not be a "good fit." Demi, a 35-year-old Native American mother of two children, was told that she would not make a good resident because she had a history of traumatic events in her life:

> I went there three or four times, when I was only supposed to go once, and then they would call me and go, "Well, we don't think you're gonna be a good"…'Cause they give you a pamphlet, and you turn it in, and it tells them about all your stuff. They would [use the information in my application to] tell me reasons why I wouldn't make a good candidate for being there…[one reason was because] I've had a lot of trauma in my life…It made me upset. I was like, "Ok then…I'll just go be on the street with my babies."

Veronica, a 33-year-old African American mother of one child, was told that she would not be a good fit as a resident of the shelter because of her supposed attitude.

Veronica explained that she thought the "bad attitude" explanation was a cover story for other reasons:

> First, because it's a Christian based [shelter] and I'm gay. And she met my partner. That's all that I can think of…But I don't think I was aggressive. I was at my worst: I had this baby I had nowhere to go. I had an open CPS [Child Protective Services] case. If I didn't find anywhere to go I would lose that child too. So I didn't go in with a bad attitude.

The reason given for Grace, a 27-year-old African American and white mother of one child, not being a fit resident was alleged drug addiction:

> The director from this other shelter that I was gonna go live at…was not nice to me...I went to the interview and she was insulting and she kept telling me, "Well why don't you call up your daddy and have him pay for a place for you to live." I hadn't talked to my dad in a very long time…I was like, "How dare you say that to me?" And she was like, "Well you could find some other way, someone else to –" and she wouldn't even pee test me like she was supposed to. I told my caseworker and she called the lady and [the family shelter director told her] she had no intention of taking me and that I was probably on drugs, which was so insulting because I'd been sober for so long at that point, and she wouldn't even pee test me, wouldn't even try and I drove all that way [there] to do an interview for something and [she] had no intention – thank you, [you] just wasted everyone's time. It was so rude of her…I think she was stereotyping me.

The patterning of exclusion based on race and sexual orientation exhibited by this single shelter director may appear modest in isolation, but repeated instances of denied admittance combine to produce racial differences in access to aid (Delgado & Stefancic, 2012; Soss, Fording, & Schram, 2011; Wing, 2003). Small inequalities accumulate in the ordinary acts of many people in positions of power over time, compounding disadvantage and shaping life chances (Soss, Fording, & Schram, 2011).

A consequence of the privatization of social services is that institutional racism continues to affect the distribution of material benefits, yet there is no oversight to prevent discriminatory practices. Only certain families are deemed desirable and deserving of aid. Beliefs about who is deserving and what makes someone desirable are often based on long-standing racialized stereotypes about low-income mothers in need of aid (Bullock, 2013; Constance-Huggins, 2011; Neubeck & Cazanave, 2001; Soss, Fording, & Schram, 2011).

Stereotypes about Homeless Women, Mothers, and Families

Interviewees' observations resonate with research findings that homeless mothers are commonly perceived to be "bad" mothers who are mentally unstable, criminals, sexually available, lazy, and alcohol and substance abusers (Connolly, 2000a; Friedman, 2000). Grace, a 26-year-old African American and white mother of one child, identified common stereotypes about homeless mothers:

I guess the stereotype [is] that people without money are more trashy and they let their kids run wild...people think that homeless mothers are probably just

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lazy and negligent..."Woman can't take care of herself, why is she having a

kid?"

Grace explained that unstably housed mothers are perceived as lacking discipline,

both of their children and their sexuality. Consistent with this purported lack of

discipline, drug addiction was identified as a common stereotype of homeless mothers.

Betty, a 26-year-old white mother of one child, disclosed how she felt she had been

treated, "I think that a stereotype for homeless mothers is like, 'Oh, they're on drugs,

and that's the path that they chose, so this is what they get, and this is what they

deserve.'" This stereotyped absence of restraint is presumed to lead to negligence,

and along with it, bad mothering abilities. Sophia, a 33-year-old Latina mother of five

children, expanded on how this stereotype influenced her experience in the family

shelter:

I'm being a *good mom*. I'm doing everything I can to be able to take care of

my kids. That was the hardest part…I felt like she was real judgmental

towards us that lived in the shelter…It's like they look down on you.…like as

if you deserve to be in the situation… I felt like there are some women that

worked in the shelter that use that title as like, "I'm better than you." And

[they] look down on you. And it shouldn't be that way.

Stereotypes about homeless mothers focus on the perceived deficits of women

themselves, positioning women as responsible for their families' unstable housing

situations. Together, these stereotypes, which are directly at odds with "ideal"

motherhood, give the impression that homeless mothers are irresponsible, careless,

and dangerous to themselves and their children. Conversely, a "good" mother is thought of as caring for and responsive to the needs of others, self-sacrificing, nurturing, in control, devoted, and happy in her role (Connolly, 2000a, 2000b; Friedman, 2000). Interviewees felt that they were being judged against this good mother ideal. Taylor, a 28-year-old white mother of one child, shared, "I always feel like I'm being judged for my parenting. Always. No matter where I am, if I'm in public or by other women in the house [family shelter]."

In addition to these emotional and behavioral expectations, idealized middle class lifestyle "choices" – such as being in a stable heterosexual marriage and cultivating a beautiful, clean home – are associated with being a "good" mother (Connolly, 2000b). Although not explicit, ideals of motherhood are based on a normative European American or white woman (Connolly, 2000b). Mothers who deviate – emotionally, behaviorally, economically, and racially – from the socially constructed good mother are seen as pathological, deviant, and dependent (Bensonsmith, 2005; Connolly, 2000a, 2000b; Friedman, 2000; Limbert & Bullock, 2005). When asked about common perceptions of unhoused mothers, Chenoa touched upon these stereotypes:

> [The stereotype is] that [homeless mothers] are lazy. That they don't want to work. They just wanna live off welfare, that they're either on drugs or they have no education. That they just want somebody to take care of them. That they don't want to do anything for themselves...I never saw that in any of those women…Not a single mother there wanted to be in that situation…I

think women would come in with a perception like, "Ok, I'm gonna try to get

some help here." And [then] they saw that they were being stereotyped, 'cause

the staff, I believe, would stereotype people.

Chenoa challenged stereotypes that cast women as dependent upon government

assistance and/or men's support, and reliant upon alcohol and other substances.

Chenoa also spoke to the paternalistic view that homeless mothers are uneducated,

and in doing so brought to the surface the assumption that if "taught," homeless

mothers would make better choices for themselves and their children. Such patterns

of belief are embedded in institutions, both in the design of programs and the delivery

of services. I now turn to examine how neoliberal paternalist ideologies influence

shelter design and feedback to influence interpersonal relationships within this

context.

Shelters as Programs

From the first interview I was like, "Oh my gosh, this is kinda like a program!"

Because [of] what is expected of you. [They] offer – have these classes and

you have to do it, you have to attend while you're there. You have to get it

okayed if you *miss* classes. So basically there's childbirth education, there's a

[relationship] class, and then a house meeting, and then a parenting class. So

it's like a lot [of] having to like get in touch with *your feelings*.

This quotation is from Toni, a 36-year-old Hispanic mother of one child. As

with the majority of interviewees, Toni was surprised that the shelter was more like a

"program" – with intense involvement in women's personal lives – and less like a day

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shelter. Rather than a program, interviewees wanted the shelter to function more like temporary housing that would help them to find permanent housing. Samantha, a 36-years-old Latina mother of two, remarked, "I was hoping for *housing* assistance!"

Half of interviewees spontaneously described the family shelters as "programs." When asked to explain what made the shelter a program, Chelsea, a 34-year-old white mother of one child, offered the following summary:

I think what they really are looking for is moms who are interested in growing. Whatever that looks like. I think as long as you're willing to [get] kind of invested in creating a foundation. Whatever the circumstances that brought you into that situation, that you're willing to work on them. Since they have all kinds of moms in all kinds of circumstances that looks differently, but recovery is a big key word, no matter if its alcohol and drugs, domestic violence. I think my biggest challenge was overcoming a negative mindset and therefore kind of bringing on a cycle of conditions that kinda kept me in that space of struggle.

Chelsea's response makes clear that mothers must be willing to accept personal responsibility and work on their issues while in the shelter-program. Family shelters are designed similarly to rehabilitation programs, although staff are not trained in areas of diagnosis and treatment, and do not possess resources beyond those of contacts and referrals (Holden, 1997). Staff are hired based on their interest in providing care and compassion, but rarely have advanced training in social work or psychology (Holden, 1997).

For some interviewees, thinking about the shelter as a program decreased stigma and shame, as Sarah, a 35-year-old South East Asian mother of one child, explained:

> The director, she said, "We're not just [a] shelter, we're a program." So it's more – sounds better [to call it] programs than shelters…because it's not just some – a place to crash, but it's – you can get [an] education, help – financial, spiritual, mental – I guess [to] help you to mentally feel better. Classes [that] make you grow I guess. And [to] move away from your old ways of living.

For Sarah, being a client in a "program" felt better than being a "shelter" resident because it suggested growth as a person, woman, and mother. It may also foster a sense of control over one's future (i.e., prevention of future homelessness). As previous research examining low-income women's beliefs about opportunity and economic mobility has found, identifying oneself as in the midst of upward mobility may increase one's confidence and sense of agency while dealing with difficult life circumstances (Bullock & Limbert, 2003; Grella, 1990).

For other women, conceptualizing the shelter as a program meant security. Vanessa, a 36-year-old Chicana mother of three children, shared:

> My reward [was] knowing that I was following and doing – following the rules [meant] I would have a place for my kids. That's my major reward. And that's what they [the shelter staff] told us, "What we ask, it doesn't take a lot. It's only three months." I mean they say that they wish they had a bigger program that would last longer, but that was just a three-month program.

For Vanessa, the shelter as a program meant having to follow the shelter program rules in return for a safe place for her children to sleep, eliminating much of the risk and worry associated with sleeping in her car and having her children removed from her custody. Yet, this security comes as a cost. As Vanessa suggested, shelters attempt to train women to follow the shelter program and increase compliance by establishing time limits. Rather than simply being "residents" in family shelters, mothers are also "clients" in programs. This underscores the importance of examining the explicit and implicit messages shelter-programs teach resident-clients and the lessons learned.

Shelter Program Rules

Shelters are communal environments and rules help create stability, establish a routine, and potentially ensure fair treatment. Common shelter rules cover three realms of resident-clients' lives: *overarching*, *weekly*, and *daily behaviors*. *Overarching* rules for behavior include the following: supervision of children, visitors, overnight passes, budget and savings requirements, rent paid to the shelter, and drug and alcohol use and testing. Rules encompassing *weekly* behavioral guidelines center on attending house meetings, meetings with caseworkers, and classes. Rules regarding *daily* behaviors comprise the largest category of regulatory measures and include the following: curfews, check-in and check-out times, chapel or church attendance, cooking and eating schedules, shower times, child and adult wake-up and bed times, television time, phone use, and household chores (i.e., rotating cooking and cleaning schedules).

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During the screening process and initial interview, potential resident-clients are introduced to the rules and asked if they will comply. For many women, these rules are overwhelming and restrictive. However, mothers want a safe space for their children and often have nowhere else to turn. Thus, many reluctantly agree to follow the shelter's rules. As Chelsea, a 34-year-old white mother of one child, explained, "They [the shelter director] basically said, 'Are you willing to do this stuff?' And I was like, 'Yes. Whatever you need me to do. Jump? How high? I'm down.'"

For the most part, interviewees saw the necessity of rules, but also experienced frustration when trying to meet other familial and work responsibilities. For example, Jill, a 34-year-old white mother of one child, was grateful for the rules "because I mean if there wasn't [rules] there'd be disorder everywhere." Respondents understood that in any group setting rules are necessary so that everything runs smoothly. Vanessa, a 36-year-old Chicana mother of three children, noted the ubiquity of rules:

> I think the rules, if you follow them, they're easy; they're not hard to follow. I mean *any type of job or any type of place*, you're gonna have rules regardless…Even in a house there's rules. If you don't clean the house it's gonna be dirty…it's not hard to follow rules. I know it's not *your rules* so you sometimes you don't want to apply them to yourself or follow them.

Although the rules regarding cooking, alcohol and drug use, and household chores were viewed as essential, even these were at times difficult to follow. Interviewees who had wage employment, in particular, found that their work schedules were

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routinely impacted by the curfew and meal preparation rules. Sarah, a 35-year-old

South East Asian mother of one child, recounted:

> There were residents who would leave early in the morning or come back
>
> after curfew…you have to cook dinner [which] have to be ready at 6:00 pm.
>
> So some people who they have job[s] they're not coming home, it can become
>
> a problem….I just heard sometimes their frustration. None of them knew what
>
> to do. [They said things like], "My boss is gonna be mad. I'm asking all the
>
> time to leave earlier..." Things like that.

Likewise, June, a 22-year-old black, Filipina, and white mother of one child,

explained how the curfew and chore rules impacted residents with wage employment

and college classes:

> The curfew [rule] was difficult for everybody. I think at some point or another
>
> also the chore [rule]. I had a friend who moved [to the shelter]…She worked
>
> like two jobs at the time and she had to wake up and go off to clean [a
>
> building] and then she had to go either to school or she went to her *other day*
>
> *job* which was working with [people in the] mental health community. So it
>
> was like an 8:00 am to whatever time job…And she's like, "I don't wanna
>
> have to go do my chore [and] unload the dishwasher."

The curfew rule similarly impacted women who were attending meetings for drug and

alcohol recovery, such as Alcoholics Anonymous. Betty, a 26-year-old white mother

of one child, shared how the curfew rule affected her recovery meeting schedule,

"Having to be home [in the shelter] at 9:00 pm…[was] probably the hardest

thing…especially because, like I said, I'm a recovering addict and I go to meetings. And most of the meetings start at 8:00 pm and they end at 9:00 pm."

Other rules were not necessarily difficult to follow, but felt inane. Grace, a 27-year-old African American and white mother of one child, commented:

I mean, I found a lot of the rules to be just silly *but* at the same time they were helpful. I mean, they were there to teach you to be orderly and clean and be routine and have [a] schedule, but some of the rules bothered me.

Like Grace, Sarah, a 35-year-old South East Asian mother of one child, felt as though the rules were there "just to discipline them." The rules that interviewees routinely questioned had two things in common: they were obvious and therefore infantilizing (e.g., bed, television, phone, and meal times), or they were perceived as stereotypical (e.g., some shelter classes). While mandatory rules and requirements may provide short-term stability, they are predicated on stereotyped notions that homeless mothers are incapable of self-management. As Chenoa's previously referenced excerpt demonstrated, shelter rules reflect the assumption that homeless mothers could be taught to mitigate risk and make "better choices" for themselves and their children.

Teaching Individual Responsibility

Feminist scholars have documented how notions of individual responsibility, an ideological tenet of neoliberalism, have shaped social policies such as the Personal Responsibility and Work Opportunity Reconciliation Act (Bullock, 2013; Soss et al., 2011). When recipients of public assistance are imagined as undisciplined and incapable of making sensible choices, and thus the makers of their own economic

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circumstances, the responsibility for care is transferred from governments to individuals and families. Individuals are called upon to reform their behavior, or to learn how to make responsible choices. The following sections examine interviewees' accounts of mandatory savings programs, staff meetings, and classes in shelters for insight into how stereotypes about homeless mothers inform shelter rules and procedures.

Lessons about financial-discipline. Resident-clients are taught self-improvement skills and responsible behaviors through a variety of means. The budgeting and savings requirements were among the most controversial financial skill building area taught in shelters. Three of the four shelters required residents to relinquish their cash assistance or paycheck to the shelter for safekeeping or provide bank statements to verify that savings thresholds were being met. Two of the shelters required that residents' Supplemental Nutritional Assistance be used to buy food for the shelter, and collected interviewees' paychecks or cash aid as rental payments. Remaining finances were deposited into individual residents' savings accounts.

Some women, particularly those who left the shelter with savings accounts that were consistent with their own personal record keeping, expressed gratitude for the savings program. For example, Betty, a 26-year-old white mother of one child, expressed her appreciation for the savings program:

> I knew that that was my one opportunity to save money for when I had to leave…so I just did it. I just saved as much money as I could. I worked as hard as I could, as often as I could, and I saved money.

Some mothers used their savings toward first month's rent and a security deposit on a rental. Vanessa explained how the saving program worked to her advantage:

I had $1,300 saved and because I needed to do a car payment [and]…to fix it, I came out with $600 from there [the shelter]. But now my car's fixed for me to move around now. Another lady came out with $4,000. She got a little studio for herself. She had two months rent paid. That was something great! And those two months, if she can't get a job – because she was a field worker – she *has those two months paid already*. So it helps. It helps a lot that they take the money so that we could have something, some income, coming out [of living] there.

Interviewees who had a good experience with the saving programs felt as though they had learned a valuable lesson about how to save money. Belle, a 30-year-old Latina mother of one child, shared what she learned:

They teach you how to save 'cause I didn't know how to save. And now, I save money. I mean, it's not a lot but it helps. And before it was just like, whatever little money I had, like two dollars, I had the urge of spending them. And now it's like, no, I can use this for that. It adds up.

Many interviewees, however, experienced a loss of control when the mandatory saving rules prevented them from buying items for their children and participating in activities like going to the movies. As Maree, a 33-year-old Latina mother of two children, explained:

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You [the shelter staff] have all of my money…[My kids] want something in the store, a snack or something… [I] couldn't [buy it for them]. I felt frustrated. I felt like why should I live like that when it's my money and I know I'm not gonna spend it. It was just too much. I felt like it was too much control.

Maree went on to say that she could only spend her money if she presented a "good" reason to the shelter staff. Echoing Maree's concerns, Peggy, a 34-year-old Latina mother of two children, vented her frustration with the savings program:

And she's like, "…you have to account for *every penny*."…And I'm like, "Well I don't have any money, I'm sorry!" I wanted to take my kids to Yogurtland because I wanted us to feel normal, you know? Once in a while just hang out and sit there and feel normal after school one day. *And why can't I do that*? "Because your life is *not* normal right now! You're in a *shelter*! Think about that!" That's what it *feels* like when they're so militant about these rules. And it's just like "Well, thanks! Because I don't know where I am…Thanks for reminding me, *again*, that my life is not normal."

Lack of control over money, as well as transparency about where it was going, was a chief complaint of most informants regarding the savings programs. Lack of control over finances is universally difficult, but for unstably housed mothers this can be especially frightening. Having just met shelter staff and without clear guidelines, mothers are expected to release their often-meager finances – the only safety net their families have left – to strangers.

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Compounding this sense of uncertainty, many interviewees noticed that different sums of money were taken from resident-clients and some believed that they did not receive the correct amount of money at the end of their stay. Grace, a 27-year-old African American and white mother of one child, discussed these concerns:

> I felt like they were taking something away from me, y'know? I have a thing with my money. It's *my* money and I don't see why you need it? Or, [why] you should have it? But I wasn't thinking about how I was saving it. I didn't know why, it just didn't work for my mind. It felt like I was being robbed, but a lotta girls did. And, I felt like *actually* a lot of girls *were* robbed.

Other women also reported feeling "robbed" when they left with no or meager savings, and in several instances mothers were told that they owed money to the shelters. Andromeda, a 28-year-old white mother of one child, felt deceived by staff about her savings account. She said that she was "putting money away for the shelter supposedly to allow me to get a house later…and everyone lied."

With shelter staff serving as the managers of *both* accounts and potential grievances, women had no one to whom they could report these concerns. For homeless mothers who have already experienced institutional and interpersonal marginalization, the question of whose opinion matters or who is a viable witness is a given; homeless mothers know that their voices would be discounted, as Grace went on to explain:

> I told my friends [who felt robbed] that they should totally stand up for themselves and …threaten to do something because I didn't think it was fair.

But I feel like for some of us, people see us like a certain way and like who's

gonna listen to us? …A lot of us …deal with this feeling like our voices

haven't been and aren't that valid.

Without an advocate, mothers have few options for exploring these concerns or

seeking justice. While the explicit lessons of budgeting and saving requirements are

self-discipline, delayed gratification, and money management skills, the implicit

institutional message is submission to regulation.

Lessons about self-discipline. All of the shelters in this study required

weekly one-on-one meetings with the shelter staff. In preparation, resident-clients

maintained personal activity logs that documented daily behaviors such as

appointment schedules, receipts, and bank statements. Logs were used to provide

evidence that women were saving money, looking for housing and jobs, attending

Alcoholics Anonymous and/or Narcotics Anonymous meetings, and participating in

counseling sessions. These meetings, while serving explicit purposes, also enable

staff to track resident-clients' behaviors, monitor goal achievement, and see how

mothers and their children were doing. Maria, a 22-year-old Latina mother of two

children, explained:

Every day we had to write what we did. Like say if we went to look for a job,

we had to write that. If we took the kids to the doctor, we had to write that…

[The staff would] always remind us the day before that we needed to turn it

in… *showing them* that we were working on ourselves. That we were *trying* to

look for something else, a house, looking for counseling, taking the kids to

school and appointments, being responsible for our kids. And that's what we

did all week, every week."

Similarly, Nicole, a 20-year-old Latina mother of one child, shared her impressions of

behavioral monitoring:

You had to show proof that you're doing something…going to school, getting

a job, *looking* for a job. Show on a piece of paper that [has] the name [of]

where we applied, everything, all the information. So we had to do that daily.

While some of the interviewees felt that the meetings helped them stay organized and

set a beneficial routine, most women shared Nicole and Maria's sentiments that the

daily logs and meetings prevented them from structuring their own time and were too

focused on proof of self-improvement and responsible behavior.

The meetings also impacted mothers' schedules. Sophia, a 33-year-old Latina

mother of five children, had to juggle her children's school timetables, her own

college course schedule, and the shelter meetings and classes. She explained:

With the meetings and stuff that I had to do and attend [at the shelter]…I was

traveling back and forth, taking them to school far away from where the

shelter was at, and I was trying to save gas…So I would leave the shelter and I

would take the kids to their school…I'd go to school – go to class – and then

come back [to] pick them up (deep exhale). I was like this back and forth,

back and forth. Between taking them to school, picking them up, and then my

daughter, she went to school over *here*, so I'd go take *her* and then go drop off

the other ones on *the other side of town*…I was busy. I was really, really busy.

Now I look back at it and I'm like, I don't even know how I did it.

Sophia's schedule made it difficult to attend meetings with shelter staff. Similarly, the mandatory meetings and classes at the family shelter sometimes conflicted with residents' work schedules. Terry, a 46-year-old Native American mother of one child, explained how her irregular, inflexible work schedule impacted her responsibilities at the shelter:

> They keep changing my hours and I told them that in the beginning I have a son, I'm a mom, I'm in a shelter (deep inhale and exhale); I have things that I'm responsible to do with the shelter. I have to sometimes get off work or sometimes I won't go to work…I have responsibilities with the shelter…I got off work and I rushed over there to go to those meetings and classes.

Similar to Terry, most low-wage hourly workers have little control over their schedules. The majority of minimum wage hourly workers in the United States are single mothers (Bureau of Labor Statistics [BLS], 2015; Dodson, 2013). Hispanic mothers, in particular, represent a disproportionate amount of the hourly-wage, irregularly scheduled workers (BLS, 2015). While the explicit purpose of the mandatory meetings with staff was to help interviewees manage their schedules and enhance goal achievement, the mandatory meetings actually interfered with mothers' pre-existing familial, work, and schooling responsibilities.

Re-educating through Classes. Mandatory classes in shelters cover a wide range of topics, including parenting, nutrition and cooking, physical education, time management, romantic relationships, and arts and crafts (e.g., "empowerment"

collaging, knitting, and sewing). Some of these topics align with basic high school

curricula and communicated to interviewees the shelter staffs' assumptions that

homeless mothers lack foundational knowledge. Taylor, a 28-year-old white mother

of one child delineated these assumptions:

> People generally think that people in this situation are not just having a hard
> time, but that they're also uneducated. That they are addicts. That they are
> unemployed and they don't have the proper parenting tools. I mean [it's] all
> [in] the way people talk to you…[The] stuff [in] meetings and classes you can
> go to, that they put up. It's obvious.

As Taylor noted, stereotypes of homeless women as inadequate – i.e., uneducated,

struggling with substance abuse, unemployed, and without proper parenting skills –

are communicated to residents through shelter meetings and classes. These classes

tend to focus on changing the perceived deficits of the women themselves rather than

helping women navigate the housing market, augment credit scores, and/or find

affordable child care.

Some mothers perceived the focus on personal growth more positively than

others. Interviewees reported enjoying classes that imparted practical knowledge,

increased women's feelings of community, and gave mothers a break from child care

responsibilities. For example, several interviewees recounted a pivotal moment in a

nutrition class when a resident learned how to naturally increase her milk production

for her baby, as described by Nicole, a 20-year-old Latina mother of one child, "I got

to learn – like this other woman there, she was saying how she doesn't produce

enough breast milk so she started having oatmeal and an apple every morning for breakfast and that helped." Other respondents experienced relationship classes as a time to build community over common struggles with men, as Vanessa, a 36-year-old Chicana mother of three children, shared:

> I thank the shelter a lot because having been there and chit chatting and talking about our issues with the guys and all that really opened up a lot…Like at the beginning when I was dealing with my ex-husband beating me up my mom told me, "You have to stick with it, you wanted to marry him, that's your husband. It took me fifteen years to know your dad…" And I told her, "I'm not gonna wait fifteen years of me getting my butt hit all the time, forcing me to have sex with him all the time, dealing with him hitting me because the food is cold…I'm sorry I'm not that Mexican woman that live and deal with it because [of] a Mexican macho."…So I help, and I hope, and I talk to the ladies there. I heard the stories and they were worse than mine…I'm grateful that they have the ability to open up and there's more programs for us [Latinas] to go to. You know before there was not a lot of help and now [there is]…One of the ladies shared her story…and that inspired me.

For Vanessa and some of the other respondents who had survived male violence, relationship classes were a place to reimagine heterosexual relationships, break away from what some Latina respondents described as their "mothers' culture," and create their own. Vanessa also relayed a sense of increased structural support for Latina women, specifically. Spanish speaking Latina interviewees most often felt

community in classes that were conducted in Spanish. These spaces of bonding and communication about shared experiences contributed to a more cohesive and supportive shelter environment.

In contrast, interviewees disliked classes that they perceived as irrelevant, infantilizing, and/or arbitrary. For example, parenting classes that focused exclusively on infants and toddlers were irrelevant yet still mandatory for mothers of older children. Chenoa, a 48-year-old Native American mother of two children, offered, "Parenting classes you go over like parenting skills, which for *me,* my kids were teenagers. Basically and it was just geared towards *young* children, which was like okay [but] I already did this." With limited budgets, most classes in shelters are designed according to a one-size-fits-all model.

Rather than recognizing how low incomes constrain food options, nutritional and cooking classes were premised on the assumption that the interviewees did not know about healthy food, why it is good for their families, or how to cook it. Grace, a 27-year-old African American and white mother of one child, shared her thoughts about the disconnect between the lessons about "good food choices" and the restricted choices that low-income women face, "If you're low income, you tend not to eat as well. You tend to just because, face it, crappy food's cheaper than good food." Interviewees wanted more information about how to afford fruits and vegetables on a Supplemental Nutritional Assistance Program budget.

Echoing Grace's concern that the class material was not relevant, other respondents felt that there should be more oversight when choosing volunteers to

teach classes. June, a 22-year-old black, Filipina, and white mother of one child, suggested:

> People come in to do classes that are just not a good fit. I think they really need to…screen people and see how they *do* with the girls, or you're just wasting everyone's time…This person might be completely very well educated…but if they don't have a connection to the girls, and they're not present, it's not gonna work…I think…maybe interviewing them…having them speak, and *showing you what they have first* before just having someone be like, "I wanna volunteer!" and you're like, "Great!"

Other respondents criticized classes led by graduate students in counseling programs because they resented being part of a mandated audience for students who were earning hours towards their licenses. Veronica, a 33-year-old African American mother of one child, explained her frustration:

> A lot of things that we were forced to do there was so that those – I guess you can still call them employees – can get their hours for their degrees. So we would *have to sit through this* because she's getting her hours? And, she [the shelter director] made them mandatory. She would throw us through a loop every other week, "Oh we're gonna have such and such group at such and such o'clock." How did you know I didn't have anything to do? And it's *mandatory* and I know why it's mandatory: because it's like, "Oh this person needs her hours too." She [the director] had a therapist there – and like I said, I have CPS [case so] I have my own therapist – there was a therapist there that

came once a week. It was mandatory that you go [to her] too because she's

tryna get *her* hours [also]. (*emphasis* in original dialogue)

Toni, a 36-year-old Hispanic mother of one child, shared Veronica's concerns about

the mandatory counseling sessions run by interns:

The counseling is [performed by] an *intern*…and you just go in there just like

a regular counseling session…I didn't find it useful. I just found it more

stressful…So it wasn't really helpful, it was just made [everything] over-

stressed and overwhelming for me [because I found out that the shelter

director] oversees the work. So basically it seemed like whatever was talked

about in *counseling* she would probably know about it. To me counseling is

supposed to be a confidential place where we can talk about things and if we

had wanted just to gripe about something in the house [then] she would know

about it.

Toni also shared that she already had a mandated counselor through another program

and felt frustrated that she was required to attend additional counseling sessions at the

shelter.

For shelters, having volunteers teach classes and provide counseling is

financially beneficial. However, interviewees reported feeling captive. Veronica and

Toni also questioned whom these sessions really benefit given the redundancy with

other program requirements. Women's capacity to determine their own needs and

plan their schedules was subordinated by others' schedules and demands. Veronica

and Toni addressed an implicit lesson of the shelter-program: that mothers

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experiencing poverty and homelessness are expected to be submissive and obedient to those with more educational and economic privilege. These classist micro-aggressions remind resident-clients that, because of their economic circumstances, they are seen as occupying a lower social status.

Classes aim to make residents into better women and mothers by teaching them how to move from pathology – homeless and dependent – to "normalcy." Class content is shaped within an institution, which itself is structured by larger political and social goals that influence the interplay of power and authority. The next section will discuss how relationship classes, specifically, communicate messages premised on racialized, classed, gendered, and sexualized stereotypes of homeless mothers.

Relationship classes: How to make "better choices." Despite the fact that most respondents were not in romantic relationships, relationship classes were mandatory. Relationship classes attempt to teach women how to make better choices. Chelsea, a 34-year-old white mother of one child, described the content of relationship classes:

> There was lots of analyzing safe relationships. What are the qualities of those?
> One thing I did like was that she did break down and really emphasize the
> parts of the brain. So the old brain, which was the reptilian brain; the
> mammalian brain, which is relationships; and then there was the frontal brain,
> the recent brain, which was more thinking about thinking, basically. The
> ability to make moral judgments and whatnot. Relationships are more about
> emotions and the fight or flight back in the reptilian brain… they did stuff like

boundaries and exercises: we had a board and we made a list of qualities of a

healthy relationship and qualities of a not healthy relationship…a lotta these

girls have relationships that – or choose – I mean obviously we're not great at

choosing awesome relationships…there was a few fathers involved but most

of them aren't…So it was kinda cool to analyze that.

According to this evolutionary-neuroscience approach to relationships, women use

more primitive parts of their brains to choose partners and need to instead employ

more advanced, rational areas of the brain to make better "moral decisions."

Resident-clients learned how to analyze each other's stories for commonalities based

on the "scientific" information presented. Their correlational findings informed the

lesson: fathers' lack of involvement is indicative of women's flawed relationship

choices. The role men play in the relationships was immune from scrutiny. Overall,

the implicit message was that women are the gatekeepers and determiners of whether

or not the family is "whole" and functional.

Interviewees described relationship classes as "invasive" and "parental," and

that they felt that they were being talked at or down to. Chenoa, a 48-year-old Native

American mother of two children, explained:

Relationship classes were just basic how to get along with your spouse, which

hardly anybody had (laughter): how to communicate, that you should take the

time to listen to your spouse. The problem I had with these classes was the

pastor from [a] church and his wife…you have *their* beliefs being told: this is

the *right* way to do things. Why does it *have* to be your way? And why can't I

do it another way?…We all have a choice, and so we shouldn't have to be *forced* into this…don't criticize me because I'm not gonna go out and do it your way…We felt forced into doing something we didn't wanna do."

Chenoa questioned why religious beliefs about heterosexual relationships were taught as the only way to have a healthy relationship. In doing so, she pointed out the ineffectiveness of a one-size-fits-all relationship model. Chenoa also drew attention to the implicit assumption that women have a particular – i.e., nurturing – role to fulfill in heterosexual relationships. The emphasis on listening and communication skills displays a failure to consider the resident-clients' experiences with intimate partner violence. For women who have been physically and sexually assaulted by their male partners, the equation of better communication and listening with healthier relationships may actually be harmful.

Part of the curriculum for how to make better relationship choices involved lessons about codependency. All of the interviewees discussed learning about codependency in relationship classes. As a recent immigrant to the United States, Sarah, a 35-year-old South East Asian mother of one child, was not familiar with the word co-dependency until she attended shelter relationship classes:

I could not understand what they [were] talking about [at first] cause I didn't know the word co-dependency…I guess when you just put somebody's interest before your own interest…we were just saying that in that case everyone is co-dependent because we all have one of [the traits], like making someone happy. And we all want to make someone happy, so I guess we all

kind of say, "What? So it means I am co-dependent?" And even the teacher

herself was saying, "Oh yes I have that too." And I was kind of wondering, so

we are all co-dependent?

This lesson suggests that co-dependency plays a causal role in homelessness. Sarah

and others seemed to be questioning this assumption – she asks, "So we are all co-

dependent?" Sarah also complicated the implicit messages that are communicated

through relationship classes. While women were told that it is their job to take care of

their families, listen, and communicate, if they were perceived to be doing "too much"

then they were equally to blame for their situations. When the resident-clients asked

the teacher if making someone happy means that you are co-dependent, the teacher

herself started to question this idea of women as gatekeepers.

Being a gatekeeper connotes a transactional exchange as well as the ability to

control access. The role of gatekeeper is gendered and heteronormative, and

inevitably places responsibility on the individual with less power in the relationship.

Heteronormative gender roles script male-bodied people as initiators and female-

bodied people as gatekeepers who determine access (Crawford & Popp, 2003; Rose

& Frieze, 1989). Interviewees had a difficult time incorporating lessons about being a

good gatekeeper into their lives and relationships. Mothers reported that the choice to

grant their children's fathers access to their lives was often out of their control.

Furthermore, it was not something that they necessarily wanted to do. This paradox

was visible in a relationship class in which women learned about how to deal with

male ex-partners who had been violent. Maree, a 33-year-old Latina mother of two

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children, identified why the encouragement of "independent" choices may be problematic:

> They give you advice like: "If it's not healthy you don't need it in your life." But you can't do that because it's the father of your kid. So you can't automatically say, "You're not gonna see your kid." So it's kinda like, what can you do? It's like okay you're [the teacher] telling me this…in the classes. She was giving the advice like, "Well, if it's not healthy stop. If it's not healthy you should get away. You should not have that. You should just cut the relationship off and try to move forward." But I told them, "See it's not that easy – it's not that easy to do that".…[But] she wouldn't really *agree*. But she knew that all of us thought that, like "*Well it's easy for you to say*!"…It's like she felt like she was helping us out, but she can only do so much…she couldn't force us. (*emphasis* in original dialogue)

There seemed to be a lack of institutional understanding of just how constrained resident-clients' choices were. While Maree said that the teacher could not "force" resident-clients to do things, non-compliance may be punished, or not rewarded at the very least. Resident-clients risk being perceived by staff as unwilling to grow and change in the shelter-program. These tensions underscore the ways in which larger messages about social roles and identities shape interpersonal expectations within the shelter environment.

Women are expected to share their stories and learn from each other as well as their instructors. This dynamic has a variety of unintended consequences. On the one

hand, women may learn that they share many common experiences and hardships and bond with one another. However, classes may also facilitate interpersonal stereotyping among the resident-clients. Women analyzed their own and other women's relationship histories and caretaking abilities, and the individual "causes" of their circumstances. Sarah, a 35-year-old South East Asian mother of one child, illustrated this interpersonal stereotyping process:

When I was there all the moms were good, but I heard the stories of moms who wasn't that great and to give this message for them I guess it's important. It was [a] very interesting experience to meet different people 'cause I was never [been] around people who use drugs or who [have] been from dysfunctional families. And [I] just [got to] learn about their psychology: *why* they act that way, *how* they act. So just being in – participating in all these classes, learning about the people's behaviors – I really, I learn a lot.

In the classes, Sarah learned about individual pathology, family dysfunction, and drug dependency. Similarly, Toni, a 36-year-old Hispanic mother of one child, concluded:

It was pretty cool. It was pretty interesting…just to realize… connections… how we suffer the same way [with] the same things as women…Not *all* women are the same, but it's just *how* us women that *have* experienced those things we have so much *similar* things going on. And it's weird because I notice that a lot of women have suffered sexual abuse and have suffered physical abuse and in return of coping that they use *drugs* or alcohol whatever to be able to survive.

Sarah and Toni utilized this pseudo-psychological analysis to reach the conclusion that homelessness is caused by mothers themselves. In attempting to teach resident clients how to manage their individual risk, the classes create feedback loops that reflect and reinforce stereotypes. Consequently, the stereotypes may impede coalition building by encouraging interpersonal stereotyping and distancing. The perpetuation of stereotypes also contributes to a self-fulfilling prophecy, wherein the rationale for the classes becomes a tautological necessity: As the individual hardships discussed during class accumulate, they become the justification for the classes themselves.

In relationship classes, women were taught to act as gate-keepers and that the more they understand the religious, biological, and emotional risks of decisions, the better able they would be to select "appropriate" partners. By focusing on religious and biological understandings of relationships, a particular version of heterosexuality and its accompanying gender roles were presented as normative. These biological and religious teachings have consequences for how families are defined and which families are seen as legitimate. Veronica, a 33-year-old African American mother of two children, shared:

> I also was talking to her [the shelter director] about my partner and asking her if my partner would be allowed to come over and stay and visit [after I had our baby]. And her answer was very like: she could come in but she couldn't go past like the first room of the house, you know? It was a very small little visiting area and that she couldn't come past that area, that's where visitors stay…But upon moving in there I found out that visitors were allowed *all* over

the house, it was just her that had to stay in this little room and I kinda felt that [we were being discriminated against] then, and which is why I questioned her about it, because it just didn't seem right." (*emphasis* in original)

Despite the fact that Veronica's partner's name is on their son's birth certificate, the shelter did not see their family as legitimate and stood in the way of Veronica's partner visiting their son. The privilege of being able to stay over, which heterosexual couples enjoy at this particular shelter, was denied to Veronica's family.

With the widening gap between rich and poor, increasing government austerity, and the devolution of services, lessons of individual responsibility are being taken up as poverty prevention strategies. In the neoliberal paternalistic model of creating services that mirror market-place dynamics, placing the responsibility for family homelessness squarely on the mother's shoulders might be perceived as making the most of limited financial resources. Classes are one of the primary venues in which homeless mothers learn to take "responsibility" and make better "choices." Shelter directors, with board members' approval, determine the classes needed and ask stably housed volunteers to teach resident-clients skills in various domains that will help homeless mothers learn to discipline and re-educate themselves. Required classes reflect dominant cultural messages that attribute homelessness, and poverty more generally, to flawed individual choices and women's failure to fulfill heteronormative domestic responsibilities (Bullock, 2013; Lott & Bullock, 2007).

Resident-Client and Staff Relationships

As shelter residents, women are embedded in hierarchical relationships with shelter staff. At times, the power differentials were perceived as helpful in that interviewees felt that the staff vouched for, supported, and/or defended them when difficult situations arose. For example, when Sophia needed a birthday cake for her daughter, but had misplaced her Electronic Benefits Transfer card, a staff member purchased a box of cake mix for her. More typically, however, staff-resident relationships were experienced as hierarchical, and the lower social status of residents was source of vulnerability. Some interviewees felt that they were talked at and down to. Jill, a 34-year-old white mother of one child, shared, "The director of the program didn't really listen to the people…I mean you could talk to her but she doesn't listen…I can see it in her *eyes*, her body language. I mean she's very patronizing." Interviewees identified the shelter staff as having enormous control over them and this was, in many cases, perceived as threatening. This power is commonly unilateral in that the shelter staff issued directives and the residents could either comply or leave the shelter. As Nicole, a 20-year-old Latina mother of one child, explained, you either obey the rules or "you get a warning. If you get three warnings, you get kicked out."

Diligent rule compliance was always on interviewees' minds, particularly when families first moved in. Upon being admitted, after often-lengthy times on shelter waitlists, the threat of expulsion looms large. Interviewees described trying to do everything in their power to gain or maintain positive relationships with shelter staff. This meant that some mothers changed their parenting styles so that staff might view them and their children favorably. For example, some women mothers with

young children reported being more lenient with them in an effort to reduce the likelihood of their child crying. Women with older children described becoming stricter and requiring rigid rule compliance from their children. Vanessa, a 36-year-old Chicana mother of three children, shared how her parenting style changed due to her fear of being asked to leave the shelter:

> They had certain rules and we needed to follow 'em. They had certain consequences too. There are only three verbal warnings and if you get written up it was just like, one, two, and three you're out. No excuses. So I was just like, "Oh my God! Hopefully I do good 'cause I need this place for my kids." And what I did, I think, [is] the best that I could to keep it [my record] clean [so that] I can come out with no warnings, no nothing…so I told [my kids] "You know what?! I'm serious. We have, *right now*, a place to stay. If you guys misbehave or [do] not listen to me, then we'll [get] a warning. That's like a strike against me. You know? There's only three. It's like three strike and you're out." And I'm all, "If we get three strikes…[then] we're gonna be in the streets! Do you guys want that?" As soon as I told them that, they're like, "No mom! Ok, we're gonna listen." So thank God they listened to me.

This conversation eased some of Vanessa's fear about her family being evicted from the shelter. Vanessa asked other mothers in the shelter to monitor her children as well and report any misconduct to her. Her family never received any strike against them while at the shelter.

While women and their children did as much as they could to be rule compliant, it often took more than obedience to remain in good standing. As Chenoa, a 48-year-old Native American mother of two children, explained, "A lot of [your experience in the shelter] was based on attitude and personality. If you could click and you mesh with staff personality, you were okay no matter what you did. And if you couldn't…then you're out the door." Interviewees reported that the shelter staff used personal discretion rather than applying the rules evenly. All respondents either told me about favored residents or identified themselves as a "favorite." I illustrate in the next section how preferential treatment created feedback loops, which influenced women's perceptions of themselves, each other, and staff members.

The Contradictions of Preferential Treatment

In the movement towards the privatization of social services, shelters have little to no aid to support poor, unstably housed families, and when shelters supplied resources, interviewees often perceived the provision as zero sum. That is, when respondents learned of other residents receiving assistance, it was understood as a loss for their own family. Becoming a favored resident was a priority for interviewees because they perceived staff "favorites" as leaving the shelter with more help. As Chenoa elucidated, "The fact that they would *hand pick*, literally *hand pick* people to come in. And they *definitely* hand pick who goes into their transitional housing."

Interviewees were aware that if they behaved according to the staff members' liking, they were more likely to be referred for the most coveted resource: transitional housing. While only one shelter had their own transitional housing program, staff

members at all four of the family shelters had the ability to refer families to transitional housing programs. This referral is desired because transitional housing provides families with stable, private homes and allows mothers time to save money by paying less of their income in rent, often 30 percent or less. Many interviewees reported trying to become a "favorite" in an effort to get a transitional housing referral. This is a complicated process for mothers and often means sacrificing pride and friendships with other residents.

Shelter staff watched and evaluated rule compliance, engagement in the shelter as a community, how well mothers cook and clean, and receptivity to shelter staff directives for improvement. Terry, a 46-year-old Native American mother of one child, explained how mothers were monitored for conformity and submission:

> They kinda like watch you. Watch how you communicate, how you work, how you – your willing[ness] to obey the rules. And if you're a client that will listen to rules, follow the rules, obey the program, they'll put you in [short-term transitional housing] where you rent your room and save money, or they put you in a two-year transitional home.

To gain favor, women reported taking on more responsibility in the shelter. For the shelters, this is a beneficial arrangement because underfunding equates to understaffing and residents are free labor. Yet, for residents, this is not a guaranteed route to a transitional housing referral, and can be a lonely and isolating experience because they must become rule enforcers to their peers.

Due to their compliance, Chenoa and Sarah were both promoted as pseudo-staff in different shelters. Subsequently, both worried about how their authority would affect their relationships with other residents. Both women decided to ignore rule-breaking behaviors in an effort to maintain social connections with their peers. One of Chenoa's responsibilities was to collect mothers' cell phones each night at 9:00 pm and return them between 5:30 am and 6:00 am. She recounted how she handled this responsibility:

A lot of women, they got smart. They got smart to where they'd have their fake cell phone, and they'd hand in the fake cell phone. They'd keep their regular cell phone…And I'm not gonna sit there and say, "You know what, you have to give me your real cell phone." It's like [instead I would say], "Just don't use it. Don't get caught 'cause then I'm gonna get in trouble."

'Cause it was *my* responsibility to go and collect everybody's cell phones.

In an effort to connect with her peers, Chenoa asked other resident-clients to be careful not to get caught, and in exchange she would pretend not to know what they were doing. Chenoa decided to ignore rule-breaking behavior because of her conversations with other residents after she was "promoted:"

They [the shelter staff] said, "Well, we really trust you. We think that you have leadership abilities." And I was like, "I know that, but I don't wanna be a leader here. I just want to blend and stay part of – equal with everybody else." And so that was one thing that I wanted to make sure that came across to the other women that, "I'm not above you. I'm not in charge. I have just as many

rights as you do. You have just as many as I do. The fact that I collect the phones at night and lock the door is about the only difference between us." Chenoa maintained her allegiance to other residents because she "always felt more connection to the women than [she] did to staff." Over time, Chenoa kept her promise to the other residents and did not report rule-breaking behavior. The staff did not find out about Chenoa's defiance and eventually she and her children were referred to a transitional housing program.

Similar to Chenoa, Sarah, a 35-year-old South East Asian mother of one child, ignored rule-breaking behaviors because she was concerned about where families would go if they were evicted from the shelter and did not want to be responsible for other residents having any strikes against them. Her predicament with this pseudo-staff position is exemplified in the following excerpt:

Harmony: Are there any other things that you had to monitor?...

Sarah: Yeah, like to watch out if someone came home drunk or something like that, I have to report.

Harmony: Did you ever decide not to report?

Sarah: I never did [report]. I saw someone drunk but I didn't say anything. It was in the middle of the night, but I said later [when] it was too late [for anything to happen].

Harmony: When you decided not to report, why do you decide that?

Sarah: I guess I didn't want to deal with that...I don't want that person [to] get

thrown out, you know?...because of *me* somebody would [get] kicked out and

be in the streets! So that's kind of hard.

Women who were compliant and promoted to leadership roles in the shelter were put in difficult positions. Mothers felt obligated to accept these responsibilities because turning them down meant risking the future possibility of transitional housing for their families. However, this elevated authority had the potential to create a difficult living environment for their families. Sarah's subversive conduct was not detected and she was also referred to a transitional housing program.

Despite their elevated status, both Chenoa and Sarah saw themselves as occupying the same social position as the other residents. At great risk, Chenoa and Sarah defied staff to remain aligned with the other residents. Rather than taking on the paternalistic responsibilities assigned, both women assumed the role of empathetic protector.

Susan, a 42-year-old white mother of two children, was also promoted to a supervisory role. Susan's style of authority differed from that of Chenoa and Sarah. Instead of ignoring rule-breaking behavior, Susan conscientiously reported all violations. Susan recounted how she managed her role as an overseer:

I'm like [to other residents], "I can't play favorites." I basically made it very

clear that they're not supposed to be out here [after curfew]…And she [a

resident] started seeing a guy and he lives in [another town an hour away] and

so she was really pushing it, like coming in late and I would report it every

time. She's my friend and she didn't hold it against me. But the other women – they were always talking behind my back, all the time. And like when I was taken off of that position I still had to say something.

Susan shared that when she was no longer responsible for monitoring resident-clients for curfew compliance, she had a difficult time letting go of the position and continued to report acts of noncompliance. Consequently, other residents resented Susan despite her attempts at impartial reporting. Ultimately, Susan and her children did not receive a referral to a transitional housing program after her stay in the shelter.

While preferential treatment in the form of "promotion" and other "benefits" was desirable, it produced mixed results for residents. Interviewees reported being grateful for the opportunity to show their adherence to rules and helpfulness to shelter staff, but it sometimes came at a cost to their interpersonal relationships. For shelters, promoting residents to pseudo-staff is a cost-effective way to manage a communal living environment, but not the only mechanism that was used. Resident-clients were also called upon to help mitigate shelters' funding issues by telling their "stories" at fundraising events.

Obligated Story Telling

In the devolution of services to regional organizations, shelter directors and staff must engage in extensive fundraising campaigns, which involve showing that the shelter is successfully reducing family homelessness. This often means asking "successful" residents to share their stories at fundraising events and board meetings. As Chenoa, a 48-year-old Native American mother of two children, reported:

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They would take me to their board meetings to speak at their fundraising

events. This is when I got a real eye opener, especially at the board meetings,

because they present these things to all these donors that they have. They

present these numbers…[it's] all about successful numbers… defined [by]:

they leave and they have a place of their own or they leave and they have a

job. But mostly leave and you have a place…My role in the board meetings

was to go in and give an account of my life, like my story. Why I'm there,

what I'm doing with myself up to this point, where I've been, from where I've

been to where I'm at now and what I'm doing. So like [they can say], "See,

here's a successful person. She's goes to all the meetings [shelter mandated

classes]. She's in school. She's gonna benefit from this program, so therefore

we can present her to give her story, and then you could see that this

program's working."

These stories' scripts echo dominant narratives of individualism and personal

responsibility for poverty and homelessness (Bullock, 2008). Narratives of growth

involve taking personal responsibility for life before the shelter, acknowledging

previous "mistakes" and "wrong doings," and attributing one's new direction and

family's (brighter) future to the shelters' support. The ability of shelters to show

successful, rehabilitated homeless mothers is paramount to continued funding. Betty,

a 26-year-old white mother of one child, encapsulated why sharing personal stories

with donors was important:

There's a board of directors and they'll come and they'll have meetings and

they'll want to *know* us. And they'll want to see us and the people that donate

will want to know that we're real people and they'll want to see our

experience…They would want the girls from [the shelter] to come and we

would go and we would speak and they would want to hear us, about how [the

shelter] is changing our life…And it just feels like there's so many people

giving to people that they've never met before, will never meet, they just want

to feel like they're helping, you know? So to be there and to be selfish [by not

sharing] felt like *so wrong*. (*emphasis* in original dialogue)

Well aware of precarious funding arrangements, residents felt obligated to share their

stories, even if it made them uncomfortable. Mothers had a difficult time saying "no"

when invited to board meetings and fundraising events. Betty narrated what

transpired when another mother declined to participate or tell her story:

[Another resident was] like super scared and nervous about talking but [the

shelter director] was like, "You have so much to offer: Your background and

your story and just your experience here. You should do it!" And it's hard to

say no to something like that when, like I said, there's so many people *giving

to us for nothing*. Like, why wouldn't we want to share with them what we're

getting out of it, you know?

The combination of funding scarcity and mothers' gratitude for shelter leaves women

feeling indebted to the family shelter and its unknown funders. While likely

unintentional, this dynamic is coercive. Women are expected to be humble and

grateful for aid, and selected women must translate their gratitude into a public airing of personal hardships. Residents who choose not to participate risk being perceived as unappreciative and, therefore, undeserving of further aid. These concerns for homeless mothers are not unfounded. There is a long history of judgments about whether or not low-income women are perceived as deserving of assistance (Abramovitz, 1996, 2000; 2006; Bullock, 2013; Fraser, 1990; Fraser & Gordon, 1992; Gordon, 1994; Hancock, 2004; Lott & Bullock, 2007; Mink, 2002; Piven & Cloward, 1993).

Interviewees knew that only a limited number of residents are selected to share their stories, and this tokenism put those who were chosen in the position of challenging stereotypes about homeless mothers. Accepting this responsibility, women candidly shared painful life experiences to strangers who evaluated their "growth" as women and mothers. Chelsea, a 34-year-old white mother of one child, relayed:

> I think that there was an element of me going, "I'm not those stereotypes: I'm
> not some drug-addicted-milkin'-the-system-type-mom," y'know? I do feel
> like that there was a need to kind of clarify that sometimes…especially [to]
> the people who are like very rich who are donating to this program [shelter]. I
> think there's kind of a – whether intentionally or not – subtly demeaning…
> infantilization that you get in those kind of circumstances.

Women understood that if their stories were compelling and their successes made evident, the shelter would receive essential funding. But, this story telling came at a

price. In many cases, interviewees reported leaving these events feeling self-conscious and ashamed. Only rarely did women report feeling glad that they divulged part of their stories. Of course, the stories shared are only a piece of families' experiences of poverty and unstable housing. The part of the story that appeals to donors is that which focuses on the individual homeless mother who has seemingly endless "choices" in life after having taken responsibility for the "bad" ones. The truth – that low-income mothers have constrained choices, few options, and many institutional obstacles to economic security and stable housing – is invisible in these narratives. For mothers who have been struggling to move out of poverty and into stable housing for long periods of time, leaving these events on a message that "hard work leads to success" can feel like a humiliating self-betrayal.

Chapter 3 Summary

These findings have important implications for in-group and out-group dynamics. Informed by neoliberal paternalism, poverty governance in shelters strengthens in-group and out-group identifications. Mothers experiencing homelessness are stereotyped as uneducated, unmotivated, and irresponsible, which legitimates rules and procedures in shelters and justifies classes that focus on reforming resident-clients. These practices reinforce a hierarchy in which staff know best and resident-clients have much to learn. In the process, attention is diverted from how to help families overcome structural barriers to housing, work, and low wages.

The moralistic messages communicated in shelter classes are grounded in the stereotype that unhoused mothers are responsible for their families' homelessness,

and are part of a larger neoliberal paternalistic agenda to reeducate low-income mothers who need assistance (Abramovitz, 1996, 2000; Soss et al., 2011). As they are "rehabilitated," residents become responsible for ensuring the continuation of the institution itself through the telling of their "stories." Thus, testimonies about their newfound "independence" and "good choices" support the renewal of shelter programs and classes that reiterate women's "dependence."

Chapter 4

Negotiating Shelter Expectations, Surveillance, and Resistance Strategies

In analyzing interviewees' experiences in family shelters, it was made evident that being perceived as a compliant resident-client and good parent influenced mothers' everyday lives in shelters. Women's parenting practices were evaluated based on racialized, classed, gendered, and sexualized social expectations for a "good" or "bad" mother. Surveillance of resident-clients was not limited to parenting practices. Acting as overseers, staff closely observed all behaviors of resident-clients.

Despite institutional pressure for compliance, women resisted when monitoring and enforcement was perceived as prejudicial or unjust. Mothers were strategic about when they resisted stereotyping and discrimination, often choosing their resistance strategies based on complex interpersonal and institutional dynamics. Through interviewees' experiences and stories, this chapter illuminates: (1) how women negotiate the pressure to be perceived as a good resident-client and mother; (2) the feedback loops created by staff monitoring and its impact on mothers'

understanding of themselves and their peers; and (3) critical resistance strategies to perceived stereotyping and discrimination in shelter contexts.

Social Expectations of Resident-Clients

Social expectations for how mothers should behave and raise children are part of larger national public policy debates about social welfare policies (Abramovitz, 2006) that play out at the micro level of family shelters. As family shelter residents, mothers care for their children in front of other resident-clients and shelter staff. According to Grace, a 27-year-old African American and white mother one child, appraisal of good and bad parenting practices by shelter staff overlapped with perceptions of good and bad residents:

> A good resident is somebody who understood that there is a community of
> people. That it wasn't just you and your family. Like you were trying to do
> what you need to do for you and your child, but you also were trying to
> achieve your goals in a community space and respected the people in your
> community because…

Grace identified a good resident as someone who is responsible for herself, has control over her children, and understands that she is part of a larger community. Resident-clients are evaluated on their ability to blend into the shelter environment. Grace subsequently recounted this description of a "bad" mother and resident in the shelter:

> …there were people there…[one of the bad residents] her and her kids, they
> wouldn't go to sleep on time. They would wake up in the morning. They were

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really loud. She never followed the rules and she never helped anybody with anything. And that was the problem. A bad resident is someone that doesn't understand that you're – about being a community and respecting other people and helping other people. If you don't do that you're not a good resident.

Grace continued with an explanation of how these evaluations were applied to mothers in the shelter:

My roommate…was totally the golden girl of the house. She ended up getting her own room…She could do whatever she wanted [and] not get in trouble…[The] director ended up giving her all these like privileges, any little thing that need[ed] to be done. [For example,] her job was to be the phone collector… She was just super nice too, everyone liked her [and her children]…She got like a big extension. Like they gave her the longest extension they were allowed to give after the 90-day period of living there was a week, but they were giving her a *whole month*. That's how much they liked her.

While not made explicit in shelter rules, being able to help create a harmonious community by being easy to get along with, doing chores on time, and being a responsible parent who is in charge of her children were all implicit expectations.

Shelter Expectations about Parenting Practices

Broader norms of motherhood influenced shelter expectations, which envisioned mothers in particular roles, performing certain behaviors, and embracing

specific responsibilities. As Taylor, a 28-year-old white mother of one child,

explained:

> Women, we're the homemakers. We're expected to be nurturing. And now we
>
> gotta take care of all the financial stuff too. So we're expected to have jobs, to
>
> be nurturing, to be beautiful, to be able to cook and clean, and take care of all
>
> of that on our own. *And it's hard*. Men they're just – if it gets too hard, they
>
> can leave and it falls back on us. We don't leave children. Really, women
>
> don't. Not by choice…I got resentments about that.

Taylor spoke to the inequity in expectations for mothers and fathers. She addressed

the double-bind for single mothers and the difficulty of living up to these standards

with few resources. Within the family shelters, interviewees reported these norms as

influencing who was considered a good resident and mother, and who was not, as

described by Chenoa, a 48-year-old Native American mother of two children:

> The good mother picture is the mother who, her children are well behaved and
>
> she's diligent in taking care of them. And the bad mother well, she's on drugs,
>
> she's neglectful, she doesn't care about anybody but herself, her kids are all
>
> over the place, she doesn't have all of her kids [in her custody]. She only has
>
> some of her kids. So that's basically I think that's their [the shelter staff's]
>
> ideas of a good and bad mother.

Similar to Taylor's description of the broader social expectations for a good mother

and wife, Chenoa addressed the expectations in the shelter; specifically, a good

mother and resident needed to be in control, easy to get along with, accepting of

additional responsibilities, and willing to work hard both inside and outside of the home environment. Bad mothers and residents were the antithesis of these good traits. This binary establishes a slippery slope for women, wherein ascent to good is difficult to reach and descent to bad can be as easy as one misplaced step.

To be considered a good parent, mothers were expected to juggle multiple responsibilities. This could be difficult. Vanessa, a 36-years-old Chicana mother of three children, explained what she learned about parenting responsibilities while living in the shelter:

> [The shelter director] told us, "You know what? It's your kids, it's your responsibility. Everywhere you go, it's your responsibility take your kids with you. You don't need a babysitter to take care of them. You're the mom, and the best way and the best babysitter is yourself." So that's what she told us. So every time I would take my kids with me. Or if I would be in the kitchen cooking I would be like just putting my head out and just watching and seeing that they were okay. And they [the shelter staff] showed us to be actually responsible in dealing and watching what they [our children] were doing.

While around the clock maternal caretaking would be difficult for any mother regardless of housing status, this responsibility may be especially challenging for mothers when they are trying to complete other shelter chores and tasks. The assumption is that mothers are available to watch their children, but do not understand how to be responsible for monitoring their children and therefore need to be taught how to make better parental choices.

Two of the shelters provided classes to help mothers parent more effectively. Chelsea, a 34-years-old white mother of one child, discussed what she learned from shelter staff about parenting. She described these lessons as having the goal of increasing parents' "awareness to the needs of your children," and explained how the "circle of security" works for children when they want to explore their environment:

They need you just to be there to provide a safe, secure base: you're just there, and they're wanting to go out and explore their world. So they [your children] have basic needs when they're doing that, which is either watch over me, delight in me, help me, or enjoy with me. And safe haven is when their needing something so they wanna come back into home – they wanna come back to that safe space.

Chelsea learned that being a good mother is about creating a safe base from which children can explore the world. While this sounds like a helpful parenting practice, the ability to enact such parenting rests on the availability of time to devote to closely monitoring children's behaviors and anticipating their emotional needs, as well as having a fixed space that is protected for children to explore. At the root of the "circle of security" teaching is also a lesson about social class privilege. The lived reality is that 74 percent of single mothers work, sometimes two jobs, outside the home to provide for the basic physical needs of their children, which can impact the amount of time that can be spent with their children (BLS, 2015; Dodson, 2013).

Similar to the knowledge that Chelsea acquired from parenting classes, Betty, a 26-years-old, white mother of one child, described what she learned about being a good mother through the shelter's parenting course:

It was mostly just taught [to] us that we *really* need to love our children. [The shelter director] was really adamant about, even though we felt tired and exhausted and stressed and like, [I] have to take a shower, [I] have to do the dishes, she's like, "If it's time for your kid to eat, don't just prop a bottle in his mouth. Sit down with your kid and look into your child's eyes and be with him for five minutes. Like, yeah, you could probably get five things done in those five minutes, but you're gonna *miss these moments*, you know? Because they don't sit in your arms and stare up at you forever, it just it doesn't happen for very long." So, she was pretty adamant about making – if she would see a baby propped up with a bottle, she'd be like, "No, no, no, no, no, *pick that baby up*!" You know what I mean? She was pretty adamant about us developing that bond. Especially *right* after you have your child. But there was not like, "No, this is what a good mom looks like and this is what a bad mom looks like." It was just like, "*Really love* your children and be there for them and protect them and follow that instinct."

While no clear message about what a good mother looks like was provided, Betty described the shelter director as "adamant" that love be enacted in accord with how she defined bonding. Mothers' love for their children was conceptualized as devotion and the sacrifice of self. This socially constructed norm of motherhood is akin to the

"motherhood mystique and the belief that motherhood is the ultimate fulfillment for women and that a woman's exclusive devotion to mothering is good for her children" (Hoffnung, 2011, p. 327). This gendered expectation was masked by discussion of "instinct," which was said to guide resident-clients' parenting practices. Chelsea and Betty's comments illustrate the ways in which interviewees internalized these narratives and held themselves to these idealized standards of motherhood and parenting practices.

These expectations impose motherhood as an enforced identity and a political institution rather than a relationship between a woman and her child (Rich, 1979). Rich (1986) writes, "Institutionalized motherhood demands of women maternal 'instinct' rather than intelligence, selflessness rather than self-realization, relations to others rather than the creation of self. Motherhood is 'sacred' so long as its offspring are 'legitimate' – that is, as long as the child bears the name of the father who legally controls the mother." When the ideal of motherhood (married, middle class or elite, stably housed, receiving assistance from a heterosexual relationship) is not met, women are considered deviant and in need of rehabilitation (Roberts, 1993; Schram, 2005). Parenting classes, and the enforcement of ideal mothering practices, in shelters reflect broader societal attempts to remedy perceived deviance.

Monitoring and Surveillance

To varying degrees, all people including those who are housed, live with surveillance as a regular part of their lives. For instance, sports teams are monitored for the use of performance enhancing drugs and their diet regulated and restricted,

students are observed in classrooms and tested for assimilation of knowledge, and hourly-workers experience performance evaluations and workplace drug testing (as noted in Gilliom, 2001). The difference for low-income women living with their children in family shelters is that surveillance is a totalizing force affecting homeless families' well-being and life chances. Respondents were fully aware of the shelters' supervision practices. I discuss findings that illustrate homeless mothers' lived experiences of surveillance in family shelter environments, and specifically how this monitoring created a feedback loop that influenced their understandings of themselves, feelings of safety for their families, and interactions with peers and staff.

Staff Surveillance of Resident-Clients

To maintain a safe, secure, and clean environment, family shelter staff must monitor the behaviors of residents in the shelter. This close observation can feel overwhelming, as Victoria, a 33-year-old Hispanic mother of three children, explained:

> They would always watch you. Like if they're sitting behind their desk on a phone call and you just walk by or you're talking to another resident they're kinda like, "What're you guys talking about?"…Just things like being nosy and asking *other* residents about *other* residents…For example like, "Oh, so and so doesn't look right. Do you think they might be doing something wrong? Are they using? Or…were they with their kids?...Because you gotta report that they weren't watching their kids. But if they were, okay, we just wanted to make sure, you know?"

Victoria was left with the impression that staff members were overly diligent in their roles as overseers. Heavy supervision was the aspect of the family shelter environment that interviewees struggled with the most. As Veronica, a 33-year-old African American mother of one child, shared, "I felt like I was under a microscope."

Terry, a 46-year-old Native American mother of one child, also reported feeling the watchful eyes of shelter staff on her all day, every day, "There's a schedule where you're supposed – [from] the time you get up, until the time you fall asleep. They actually evaluate you…so there's physically eyes on you and paperwork of what you do." For Terry, the interpersonal monitoring made her uncomfortable, but the paperwork tracking her behaviors felt even more invasive. Many mothers discussed their anxiety around the daily activity logs that were used to track their behaviors. Demi narrated her experience of being monitored and recorded:

So basically there's a log that they write [in] about what their experience was [like on] their shift. The girls would be nice to our faces like, "Oh hey, how's it goin'?" And then go and log, "Oh, Demi said this about this person. She's mad at [the shelter director] because duh duh duh duh duh. She [the shelter director] won't let her drive her car, 'cause her car has insurance but it's expired. But I heard them talking through the window, while I was outside watering the lawn and they're talking bad words about this person, the manager." And that's what the log would be. Instead of, "Oh yeah, I went on shift." You know what I mean? Like, "I watered the lawn at this time…We had chapel. Chapel went well. I think everyone felt that there was no issues."

You don't have to write about personal stuff like that, like tryin' to get the person into trouble. And then if it was about [me], then I would get pulled in and [they would] go, "Oh yeah, I heard that you were talking smack – about me not letting you drive your car because you didn't have insurance – at 12:34pm."…Then [the shelter director accidently] spilt it without meaning to, and everyone was all up in arms. We're like, "What?! There's a log?!" And everyone's like all "Shh. Don't talk." And the staff would come by when we'd be eating dinner together as a family-like and the staff would walk by and we're all, "Shh…Seal the vault. Shh. Everyone shut up. We don't wanna get logged in."

Demi went on to explain that she was unaware that a staff member was eating dinner with residents, and made a comment before realizing that a staff member was at the table. As Demi shared, "[I told her] '*Go ahead and log that in*!' I didn't even know she was there. *She was eating like she was one of us*! …She's like a CO [Correctional Officer] trying to eat with inmates. Doesn't work." To Demi, the shelter staff's monitoring techniques were analogous to correctional officers in jail. Consistent with previous research on mothers' experiences with their children in shelters (DeWard & Moe, 2005), Demi's parallel between jail and the shelter illustrates her perception of the shelter as a totalizing institution. Indeed, one-quarter of interviewees in this study compared staff treatment or shelter accommodations to jail or prison.

Some staff members' surveillance of residents extended beyond the physical shelter. For example, Veronica, a 33-year-old African American mother of one child,

shared the lengths to which a particular shelter director went to monitor residents:

> She was real good with calling to check and make sure that you had an
> appointment or that you *went* to the appointment. I had a lot of court dates.
> She was good at calling my social worker saying, "Um, Veronica said she had
> a court. Is this true?" And just things like that. It was a really bad feeling. I
> told her you know, "*This* is worse than rehab. The tabs that you keep on us
> and the calls that you make." And it was really bad for me because you're
> calling my social workers and your questioning what I'm doing. So it makes
> *them* wonder if I'm doing the right thing, or what am I doing to set you off
> and I'm doing *absolutely nothing* and your making it real bad for me.

Even though Veronica did not break a rule while living in the shelter, the director and staff heavily monitored her for compliance. This monitoring involved keeping an ongoing record of Veronica's schedule, calling to verify appointments, and then calling back to confirm that Veronica has attended those appointments. At one point, Veronica's social worker started to question why she was being intensely monitored. Veronica shared with her social worker that she thought that she had been stereotyped as an irate black woman and an angry lesbian. Her social worker called the shelter director and requested that she no longer contact her. Having an advocate helped decrease the surveillance Veronica experienced. Unfortunately, not all residents had such an advocate.

Supervision of Parenting Practices

Shelter directors and staff are obligated to ensure that every child and mother is safe in the shelter as well as maintain an orderly, calm environment. If women violate the rules or are perceived to be putting their child/ren in emotional or physical harm, staff members are obligated to report their suspicions to Child Protective Services (CPS). Mothers worried that the conditions of poverty were enough to have their children removed from their custody, as Taylor, a 28-year-old white mother of one child, shared:

> There's signs up like, "Call this number for child abuse – if you see child abuse." I mean it's just a flyer in the office area, [but] it's like dang…It's just so CPS happy. It's just insane. It's scary. Because just like any of us are just a few bad choices away, or a paycheck away from being homeless, it's the same with getting your kids taken. I mean, really…Actually being so afraid of "What if they take my baby because *I am poor*." You know? That's scary. And it's *real*.

Likewise, Sophia, a 33-year-old Latina mother of five children, stated that her concern about entering a shelter was that, "I was like, 'I don't want to go to the shelter! They're going to take my kids!'" Interviewees repeatedly shared concerns about being monitored because of their social class position and possible calls to CPS. Margaret, a 45-year-old white mother of one child, explained, "These days you really have to watch what you say, what you do, where you go and more importantly how you treat your kids because people are watching and listening. You're being *watched*." The monitoring of parenting practices in the shelter encouraged mothers' worries.

CPS was mentioned as a fear by nearly half of all the interviewees. Supporting mothers' concerns, past research found that sheltered mothers are more likely to have their children removed from their custody than housed mothers (Cowal, Shinn, Weitzman, Stojanovic, & Labay, 2002).

Similar to housed low-income women, homeless women are vulnerable to surveillance because persistent stereotypes of poor women, particularly women of color, as suspicious, dishonest, and criminal provide ideological support for invasive observation practices (Cozzarelli et al., 2002; Gilliom, 2001; Lott & Bullock, 2007; Phelan et al., 1997; Smith et al., 2010). This surveillance influences sheltered mothers' behaviors, as Sally, a 27-year-old white mother of one child, explained:

It was kinda difficult [to parent in the shelter] because it was – I mean, not like super difficult. It was just kinda like, so you know the people on reality T.V. shows how that's not really themselves because someone's watching? That's how it was. That's the best analogy I can give for that. I kinda let her [my daughter] get away with a lot more than I normally let her get away with just because there's people watching. You can't really handle it the way you want to handle it. Not that I'm abusive to her or anything like that. It's just you can't [say], "Hey, knock it off right now." …As careful as I was about what I was doing, I still almost got a CPS case out of punishing my child while I was there. So you know, it's like because you're not at home, you're not in your normal surroundings or circumstances or anything; the kid's uncomfortable, they're gonna act out. It's just difficult.

Although the stated intent of monitoring resident-clients is to ensure a harmonious

shelter environment, such surveillance measures may instigate a self-fulfilling

prophecy, whereby the monitoring by shelter staff may activate stereotype-consistent

behaviors in residents (Chen & Baugh, 1997; Lott, 2001). Demi, a 35-year-old Native

American mother of two children, described how staff's behavioral predictions

influence who is monitored and the types of conclusions drawn from mothers'

parenting behaviors:

> It was horrible [to parent in the shelter] 'cause I have my own ways and
>
> everyone else thought I was mean to my kids 'cause I didn't go, "Goo goo,
>
> gaa gaa (imitates baby talk)." I don't do that. I go, "Come over here. Come sit
>
> down, right now." …But all the other [moms] are like (imitates baby
>
> talk)…They're like you talk crazy to them. You don't even baby them...I was
>
> hassled the whole time…people try to listen [through the walls] and tell on me
>
> I'm being mean to my kids. I'm like, yeah (sarcastically). Someone said that I
>
> was trying to spank my baby, that I told the babies, "I'm gonna spank your
>
> little butts." My babies are three months old. Why would I say that? You guys
>
> are psychos. You need to go hustle into a different room. I was infuriated at
>
> that. I almost left the house 'cause of that. I was like, "You what?" She [the
>
> shelter staff] is like, "Yeah we heard through the walls." I'm like, "You heard
>
> through the walls [that] I said that I was gonna spank your little butts?
>
> Mommy's gonna spank your little butts?" I'm like, "First of all, if I'm gonna
>
> say that I wouldn't use the word butts 'cause I'm a badmouth. I would say

something else. If I'm pissed off, I'm not gonna say mommy's gonna spank your little butts. That's not the words I'm gonna use." *Oh my God I was so mad* I almost left. I was really upset. I didn't wanna talk to anybody 'cause everybody was suspect.

Demi was one of few women of color staying in that particular family shelter, and her statement that everyone was "suspect" indicated her positioning as an outsider at the shelter. Her repetition of, "I have my own ways," brings awareness to the one-size-fits-all model of parenting that was being taught to and enforced among resident-clients. The shelter is interpreting family, mothering, and caring through a white, middle class, heteronormative family model. Women's parenting practices are inserted into a model of white conjugal domesticity, and they are cast as racially deviant in their failure to live up to these norms (Cohen, 1997; Villenas, 2001). Therefore, regardless of how Demi parents, she will be interpreted as incapable of fulfilling the expectations of a good mother. She is monitored for possible transgressions, as they provide evidence of her deviance. Demi went on to explain how she found out who was monitoring her and why:

And then come to find out it was one of the staff members that thought they heard, but what is she even upstairs for? She lives downstairs… And I said, "How dare you say that I would say that. Who spanks three month old babies?" They can't even roll around on their own to spank their butts…I don't even touch my kids like that, like *ever*. Like *ever*! And then they friggin' have the audacity to say that I'm threatening. (Deep exhale) What's wrong with you? I

have my own ways and it's not what they were teaching so they didn't like

that…I've done a buncha [their] parenting classes. I'm not a bad parent. I'm

just a homeless parent, there's a difference. Being a homeless parent doesn't

make you a bad parent.

Demi pointed out that she has her own ways of parenting that do not conform to what

is being taught in the parenting classes. She drew attention to the classism inherent in

assuming a relationship between social class and mothering abilities. On the surface,

Demi's straightforward approach to communicating is at odds with what the shelter

classes are teaching and so she is more intensely monitored for possible child abuse.

Unfortunately, other women of color divulged similar stories of surveillance patterns

surrounding parenting practices. For example, Veronica, a 33-year-old African

American mother of one child, spoke about how her parenting was monitored and her

authority questioned:

[The shelter director] tried to tell me what I could and couldn't do with my

child. And so we really bumped heads one day when I told her, "Look I have

social workers and a judge. My baby is a ward of the court. If they don't have

a problem with things that I'm doing or places I'm going with my child, then

you shouldn't either."…And like my partner wanted to give me a break, so I

let her keep [our] son overnight. Well I got a call on my cellphone because

[the shelter director] was off and it was over the weekend and *she* was upset

that I let *my* baby spend the night – so I could have a break – without *her*

knowing or in a place that *she* doesn't know. And it was just, to me, *ridiculous*.

I wasn't used to that and it bothered me, a lot.

In this interaction, Veronica did not break any shelter rules. Rather, she made a
decision that the director did not agree with; namely, to let her child stay with her
other mother off of shelter property. The shelter director adopted a paternalistic role
in watching out for Veronica's child. It is not only that she is a lesbian and in a
relationship with a woman, it is also that she is African American and her sexuality is
already deemed "perverse" because racial deviance has been socially constructed
through sexuality (Rosen, 2009; Wing, 2003). Moreover, without a home, the
privilege of privacy and autonomous decision-making has been taken away and
Veronica is left with no one to speak with about her experiences of discrimination
(Stec, 2006). June, another woman of color, elaborated on parental monitoring and
the racialization of deviance within the shelter:

> I saw a lot of people tried to kind of push their beliefs on a situation, on them
> [with] an *assumption* that they don't know what they're doing and that they
> don't have the capacity to handle it themselves. [Whether] or not they meant it
> in a helpful way or not, they're pushing onto [us] their own stuff. Whether it
> be religion or…just people making like little comments…The house manager
> was the worst! She would say stuff all the time, "Oh, are you *really* gonna put
> them in that?" Or like, "Are you *really* gonna do this?" [That] kind of thing.
> Well it wasn't like they were unsafe or anything, it was just their choices with
> their kid, you know? (June: 22 years old, African American, Filipina, and
> white, 1 child)

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Gendered, racialized, classed, and sexualized ideologies of motherhood were imposed on women who must parent in public. This treatment mirrors macro-level institutional systems of paternalistic poverty governance (Soss et al., 2011). Toni, a 36-year-old Hispanic mother of one child, elaborated on the paternalism women of color experience in shelter settings, "I kinda feel like she [the shelter director] talked to me like I'm a little kid…I learned how to survive out on the streets…Like why is somebody trying to parent me now? *Especially* at thirty-six years old."

Surveillance of women of color is embedded in the institutional culture of the shelter. Everyone – supervisors, directors, staff, and residents – in the shelter is operating in an environment that is premised on a set of white, middle class, heteronormative assumptions that position a particular lifestyle as ideal. These dynamics, whether unintentional or not, reflect and reinforce stereotypes and justify discriminatory treatment. The shelter environment creates feedback loops (Soss, 2005) whereby white resident-clients learn the implicit white, middle class, heteronormative parenting lessons and use the information to judge the mothering practices of women of color, specifically.

Client-Client Supervision of Parenting Practices. White mothers were more likely to pass judgment on African American and Latina mothers' parenting practices than they were to evaluate the behaviors of other white mothers. Echoing the insinuated rationale for parenting classes in the shelter, Taylor explained how she believes race and ethnicity played a role in Latina mothers' ambivalence toward parental responsibility and sanctioning of children's interpersonal violence:

The most difficult thing I'd say about living with women and their children [is

that] the kids they pick up bad habits from each other…[for example, my

daughter] had never hit before. We don't hit, you know? Some of the kids,

that's just how their parents discipline them. They [Latina families] hit them.

It's a cultural thing, mostly. I think, white people, we don't really hit our kids

or spank. Right? *One of the kids kept hitting [my daughter]*! And for no really

good reason…[and] the mom wasn't very responsive about it. And I would

even tell her, "Your kid hit my daughter. What are you gonna do about it? Do

something!" And she wouldn't…I felt it [living at the shelter] was good for

my self-esteem. I was like, "Well, actually *I am* a good mom." I give Audrey

a lot of attention and [I] try to treat her like an equal, and don't do: "just

'cause I said so."…So it was really helpful! Because it's one thing to be at the

park and see how people interact, but to *live* with somebody is an entirely

different story. You see what's really happening behind closed doors. (Taylor:

28-year-old, white, 1 child)

Although understandably angry that her child was the target of a bully, Taylor

couched her judgment in Latina "culture." Taylor's racialized social comparison

demonizes Latina mothers as being violent towards their children and perpetuating

aggression through permissive parenting.

For Taylor, the ascribed deviance of Latina mothers may serve a self-

protective function. Through social comparison, Taylor may feel better about her own

parenting. Chelsea, a 34-year-old white mother of one child, mirrored Taylor's racial

stereotyping by explaining how culture shapes generational social class patterns as well as parenting practices:

> I actually grew up in a very low income area, so I could recognize a lot of African American culture and a lot of Mexican culture where there is a cultural element in the way that sometimes children are raised there that can appear harsh, but it's not…[there was another] mom [at the shelter] who was African American, and she grew up in San Francisco. This is interesting stuff: she comes from a strong crack family like that's a huge part of her history and she's in church and she has a few children, most of them were in the system that she was working to get back, and this was the last one. Her particular culture that she comes from is low-income African American that – actually she moved as a kid from the South, so she actually brings a strong country vibe, we'll call it that. Hella country, that's the kinda culture that she's comin' from. And so she has a very strong African American identity…I also mean like low-income culture too. I mean, like street culture even.

This stereotyping harkens to "culture of poverty" explanations, in which the culture and behaviors of people color are blamed for intergenerational poverty (Seccombe, 2011). Culture of poverty narratives were first introduced by Lewis (1966) to explain Latin American families' adaptation to exclusion from the capitalist labor force. As Lewis explains, "The culture of poverty is both an adaptation and a reaction of the poor to their marginal position in a class-stratified, highly individuated, capitalist society…Indeed, many of the traits of the culture of poverty can be viewed as

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attempts at local solutions for problems not met by existing institutions and agencies because the people are not eligible for them, cannot afford them, or are ignorant or suspicious of them" (1996, p. xliii). Unfortunately, Lewis' work has been misinterpreted and reinterpreted as victim blaming. In mass media and political rhetoric, deviant cultural values are represented as intergenerational causes of poverty for African American and Latina/o families, specifically (Bullock, Williams, & Limbert, 2003; Seccombe, 2011). Contemporary culture of poverty explanations focus on poverty as a subcultural set of traits, behaviors, and values that together impede hard work, delayed gratification, and self discipline (Seccombe, 2011). Culture of poverty explanations focus particularly on supposed subcultural adaptations in African American and Latina/o communities as deviating from white norms and values associated with hard work and heteropatriarchal family structures (Bullock et al., 2003; Seccombe, 2011).

Taylor and Chelsea's analyses of "cultural" differences underscore the pervasiveness of the demonization of Latina and African American mothers. Mothers who are homeless, and specifically women of color, are stigmatized based on, and monitored because of, their presumed gendered performance, family structure, class identity, race, and ethnicity. For Latina women in particular, perceptions of national origin are used to construct an out-group identity. These value-laden expectations carry implications for which resident-clients are monitored for compliance, as well as who is deterred and disciplined when perceived as noncompliant.

Like other racialized means tested assistance programs in the United States (Schram, 2005), family shelters' focus on individual-level issues – in this case parenting – encourages the reflection of differences rather than promoting the contemplation of common struggles (Cohen, 1997; Wang, Cash, & Powers, 2000). While not explicitly racist, parenting classes carry their own form of racemaking by enabling a culture of poverty hypothesis by which unstably housed women of color are blamed for their social and economic conditions. White mothers' interpersonal surveillance of African American and Latina mothering is a reflection of the institutional monitoring of parenting practices in which all women in the shelter are embedded.

Critical Resistance

Mothers experience a loss of power, autonomy, and control over themselves and their families while residing in family shelters. The surveillance endured by sheltered mothers makes it difficult to confront power inequity via conventional political strategies, such as collective action. Sheltered mothers' resistance strategies "may not be recognizable as traditional political action, may not have an interest in affecting or participating in public agendas, and may not even target specific political goals. The survival strategies…[while] not 'politics,' clearly offer significant symbolic and material opposition" to paternalistic rules and program mandates (Gilliom, 2001, p. 100). Women have few options for dealing with perceived stereotypes and discrimination, and are strategic about when and under what conditions they assert themselves. While resistance is not explicitly coordinated, a

consistent pattern of resistant strategies emerged from the interviews. In the shelters, women's resistance manifested in four strategies: strategic self-presentation, covert, overt resistance, and disrupting stereotypes.

Strategic Self-Presentation

Analyses revealed two types of strategic self-presentation, or presentation of oneself and one's story in such a way as to potentially mitigate discrimination and enhance opportunities: instrumental resistance and discursive resistance. Instrumental resistance strategies were used to make interpersonal connections that may lead to more favorable treatment, and discursive resistance strategies were employed to negotiate stereotypes and contest one's (non-)placement in a social category in order to receive services.

Instrumental Resistance. I build on the psychological concept of instrumental resistance (McCormack, 2004) to provide an account of the strategies that interviewees utilized to secure the best possible treatment within constrained institutional contexts. Mothers attempted to present themselves and their families in the most suitable way to ensure that the staff members viewed them favorably. One such strategy was for interviewees to use their "story" to connect with shelter staff.

Instrumental presentation of one's past and present economic situation and personal experiences helped women make connections that would improve their chances of being admitted into a shelter, as Mary, a 29 year-old Latina mother of four children, explained:

I kept calling that lady and leaving her messages and then so *she* ended up

> calling me back 'cause she said that she heard my story and she knows how it
>
> is when you're *pregnant* and you have kids and she want[ed] to help me so I
>
> was okay.

Mary left voice messages with personal information about herself and her family. Open disclosure and forthcoming communication about personal situations provides an opportunity for staff to get to know women. The more straightforward and humble mothers were, the more quickly they moved up the shelter waitlist.

Once mothers were able to obtain the first shelter interview, they strategically shared parts of their lived experiences with staff. The most common story shared had a redemptive theme. Redemptive narratives allowed interviewees to strategically distance themselves from dominant stereotypes that attribute homelessness to individual failings, criminality, and alcohol and substance abuse (Phelan, Link, Moore, & Stueve, 1997; Smith, Allen, & Bowen, 2010). Jill, a 34-year-old white mother of one child, shared her past difficulties with drugs, her work towards sobriety, and her intention of continued hard work with the intake staff so that they knew that she would be a good fit:

> I just remember telling her my situation – I just got out of a *rehab,* coming
>
> from a S.L.U. [Sober Living Unit], I'm clean and sober, I have all these
>
> certificates – because I had really wanted, needed their [shelter] program. I
>
> wasn't going to their program [be]cause I needed six months to hang out. Like
>
> *I really needed* to be in that [shelter] program.

Interviewees shared positive qualities about themselves so that shelter staff might

understand their unique situations. This is a complex interpersonal process. It requires that interviewees anticipate what staff members are looking for in a woman and mother in order to be admitted. Then they must try to show how their past and present stories match those criteria. The ability to perform the minute self- and other-monitoring required to make these social predictions may be difficult for mothers who struggle with psychological conditions.

Once admitted into a family shelter, mothers presented themselves and their stories judiciously to increase the likelihood of favorable interactions and improve the odds of retaining resources, "I've been nice to people to get what I want, I've become serious. I explain myself a lot more so that people understand where I'm coming from" (Andromeda: 28-year-old, white, 1 child). Andromeda adapted herself and selected aspects of her story to share based on the situation and the people with whom she was speaking. Prudent use of storytelling allowed mothers to promote positive interpersonal interactions with shelter staff.

Discursive Resistance. Drawing on McCormack's (2004) findings of discursive resistance, I analyze the ways in which interviewees present their stories in dialogue with stereotypes about homeless mothers. While some women of color distanced themselves from dominant stereotypes about homeless women using drugs and having long histories of poverty, as well as racial stereotypes, some white respondents sought to distance themselves from the presumption that they have money and do not need assistance. Mothers utilized discursive resistance strategies to evidence their deservingness – of either equitable treatment or admittance to the shelter. In both

cases, they communicated to shelter staff that the racialized stereotypes of homeless

mothers did not fit their circumstances. Sophia, a 33-year-old Latina mother of five

children, explained:

> At least they have more of an understanding of who you are. And not
>
> everybody's a druggie and off the streets, you know? Like, when I tell my
>
> story I'm like, "I had a house. I had a four bedroom, more than a half acre
>
> piece of land and I was there for ten years -- buying it. We had really good
>
> jobs. I never had to depend on anybody to watch my kids. We were doing a
>
> great job. It's just he lost his job and got into pills…People they're so
>
> judgmental. They see me running around with five kids and I can imagine the
>
> stuff that they think, like, "Oh my God lady!" I'm like, "No, no, no, no, no. I
>
> was married for sixteen years. All five are his. I was with him two and a half
>
> years before I got pregnant. I wanted her. I wanted all of them."

Sophia foregrounded her former middle class status to distance herself from

attributions that may be made based on her race and number of children (Clawson &

Trice, 2000; Kelly, 2010). Later in the interview, she identified her strategic

presentation of her social class background as the reason she was able to secure

transitional housing following her shelter stay. Tactical information sharing is a

common practice among housed people of varied class statuses (Goffman, 1959).

Homeless mothers' "stories" can help to secure resources, especially when they

involve a history of middle class economic standing. In a sense, interviewees were

able to connect with shelter staff, directors, and supervisors by essentially saying,

"We're alike, you and me." Being able to show shelter workers that there is common ground between them assisted resident-clients in forming relationships above and beyond their stigmatized status as a "homeless mother."

Other Latina women experienced discriminatory treatment by residents who expressed xenophobic beliefs. As Vanessa, a 36-year-old Chicana mother of three children, recounted:

I mean they *do* stereotype us a lot, I feel – the system – honestly I do because when I was living at the shelter there was different type of race [dynamic] there. It was an African American lady and she would say that because we're Mexican, the kids stanked. [Also] a Caucasian lady would pass, she would go do bad faces to them [my children]…We were [called] "wet backs"…I'm all, "I'm not a wet back. I was born here with Mexican parents that *did* cross the river. They crossed the river to bring to have the best that they could for us…I'm not a wet back, I'm Mexican…No, I'm a Chicana! 'Cause I was born here and I'm proud of it. I would *never, never* [let you] discriminate [against] my parents…I'm thankful that they did…to give us a better life." And I'm all, "I'm not embarrassed of my dad." I even *shared* it when I did my psychology paper in school…how he crossed and how he *worked* his butt [off] to give us whatever he could…I thank my dad! My dad's *still* my hero.

The derogatory slurs that Vanessa and her children endured, as well as suspicion about her immigration status, illuminate the role that race and perceived nationalilty play in the creation of in-group and out-group belonging in the shelter environment.

Vanessa transposed the meaning of the slur, "wet back," from disparaging to empowering by saying that her dad came to the U.S. for "a better life." Unfortunately, Vanessa's experience is all too common. Experimental research has found that white participants associate Latina/os with undocumented citizenship in the U.S. and that these associations lead to bias and stronger motivation for national exclusion (Dovidio, Gluszek, John, Ditlmann, & Lagunes, 2010).

While Sophia, Vanessa, and other women of color negotiated racialized stereotypes to enhance the likelihood of equitable treatment, white mothers addressed racialized stereotypes when they perceived a detriment of whiteness. Several white mothers who were trying to obtain residence in family shelters that were located in predominantly Latina/o communities communicated a feeling that presumptions about their white-skin privilege stood in the way of receiving services. Sally, a 27-year-old white mother of one child, explained, "I felt they stereotyped me a little bit. A couple of the afternoon [staffers] were like, 'Psh. What are you doing [here]?' type of deal." I asked Sally, "What kinds of stereotypes do you think were being applied to you?" Sally replied, "I mean, I'm in my twenties, I'm attractive, I don't dress all ghetto. Like I try to present myself well. [I look] like I didn't deserve it." While she located this differential treatment in outward appearance, Sally made visible the racial coding of her "dress" in describing how she is treated at the social welfare offices:

> It's kinda the same thing like if I go to the welfare office in like sweats. Like
> they're a lot more willing, it seems, to help me. It might just be the people too,
> but then if I go there with my hair done, my make up done, looking nice then

– But then they'll be a Mexican probably with her Gucci purse and her Prada

outfit right there with her new iPhone and the [social] workers like, "Oh, your

husband's a field worker? Oh, okay, here you go."

Sally went on to say that she decided to strategically dress "ghetto" to avoid being

perceived as not deserving of assistance. Sally, like several white interviewees,

accused the shelter staff as well as broader social service settings of "reverse racism."

White interviewees who made such claims often conflated their perception of

prejudicial treatment with systemic discrimination.

The perception of racial prejudice influenced white women's self-presentation

strategies. White women reported feeling the need to share their family histories as a

way to prove that they did not have other resources to fall back on. As Taylor, a 28-

year-old white mother of one child, shared:

There's this thing in the back of my head because I'm white I feel like people

feel like I should have family or resources or something to not be in a

situation like that. I feel like I have to kind of amp it up a little bit...to try to

lay it on thick when you're trying to explain to them why you need a place to

live or how hard it *really* is. Just so that they'll think that it actually is as hard

as it is!

Discursive resistance was expressed as a stereotype avoidance and stigma prevention

strategy, and along with instrumental resistance, was used to secure needed services.

Disrupting Stereotypes

During the interview, some respondents challenged classist, racist, and sexist stereotypes while they recounted stories of marginalization. In doing so, women sought to "normalize" their experiences. For instance, Sarah, a 35-year-old South East Asian mother of one child, explained that she did not see a difference between shelters and college dorms. Specifically, she connected college students living together in one big house with separate and communal areas to the living arrangements in family shelters:

> Even before I lived in [the] shelter this is how I probably would think too. This is [the] image in my head about shelters: it's just like [a] dirty and stinky place. That's why I didn't call my place [a] shelter because it's not; it's like [a] home. It's just a regular home. Santa Cruz is an expensive place to live, so people they live like that: in one house [a] bunch of women or men, you know? Like students from UCSC all live in a huge house. Even in front of [the] shelter there's a *huge* house and a bunch of students live in there and each one has their own room. So it's kind of a similar thing. They share the house. You get up in the morning, we all share the kitchen, each make[s] their own breakfast. That's why it's not different.

Sarah's first identifies a commonly held stereotype about family shelters, one that she herself believed before moving into one. However, by noting similar arrangements among more economically and educationally privileged groups and juxtaposing these two "lifestyles," Sarah drew attention to the inherent classism in the dominant narrative of how people should live. In doing so, she subverted the classist message

that families must live in separate homes while college students are expected to live together to save money. She destabilized which living arrangements are "acceptable" and "unacceptable" as well as what types of money saving strategies are acceptable. In doing so, Sarah's counter-storytelling (or meaning making) is emancipatory or transformational.

Similar to Sarah's discursive resistance, Toni challenged the rationale for infantilizing treatment in the shelter by repositioning the experience of homelessness as teaching survival skills. Toni, a 36-year-old Hispanic mother of one child, narrated:

> Sometimes I kinda felt like she talks to me like I'm a little kid (laughter) because I know a lot of women that have gone through [being homeless] don't have the experience that I have had…I know how to survive on the streets but then yet I also know how to run a household and everything 'cause I've *had* that and you know and I *knew* how to – I learned how to survive out on the streets.

Toni reframed the stereotype that women who have experienced unstable housing are uneducated by valuing the knowledge needed to survive living and sleeping outdoors. By reframing street homelessness as imparting survival knowledge, Toni challenged the implicit reason for surveillance in the shelter. Through the reframing of stereotypes, mothers discursively resist stigma by invalidating discrediting characterizations.

Covert Resistance

Covert resistance refers to superficial compliance with rules while covertly doing something else. This less visible form of resistance was utilized most often in opposition to daily behavioral expectations that interviewees deemed irrelevant or that interfered with familial responsibilities. At one of the shelters, a daily behavioral expectation that interviewees often covertly resisted was writing letters to God each night. Veronica, a 33-year-old African American mother of one child, shared information about her letters to God:

> I never wrote them. I just wrote to my kids. It was kinda therapeutic for me. I used my journal to write down all of my regrets and sorrows for my kids – to my kids because she [the shelter director] didn't read them.

Veronica is not religious, so she felt that writing letters to God each night was not relevant. Instead, Veronica wrote to her children who were living within the foster care system. This act of covert resistance comforted Veronica and provided her with a modicum of psychological autonomy.

Some interviewees also used covert resistance strategies to gain economic independence from the shelter. When families enter shelters, mothers often have few financial resources to draw from and many shelters require women to relinquish their account information for mandatory savings programs. Mary, a 29-year-old Latina mother of four children, described how women would remove money from their accounts so that it appeared as though they had less money:

> I have friends that they would they would try to hide how much money they actually had. They'd withdraw and stuff like that and they would keep it and

then they would go be like, "Well, this is all the money I have. I'm sorry."

And lie about it…A lot of people did. They lied about how much money they

actually received, so…then [the] director thought, "Oh, she doesn't have that

much money to save."

By concealing funds and obscuring bank records, mothers resisted the shelters'

attempts to manage their money. Covert resistance, in the form of hiding information

from authority figures, has been documented in research with low-income women

receiving cash aid (Dodson & Schmalzbauer, 2005; Gilliom, 2001). Given their

experiences of stigmatization and discrimination, withholding monetary details from

shelter staff may also be considered a survival strategy. Concealing financial

information from strangers ensures that women maintain control over their meager

finances.

Another shelter rule that interviewees commonly covertly resisted was the

relinquishing of their cell phones. In communal shelters, where families shared rooms,

mothers had to give their cell phones to shelter staff at 9:30 pm to be locked in a safe

and left for the night. The cell phones were returned to women between 5:30 am and

6:00 am. Respondents repeatedly described the nightly confiscation of cell phones as

a threatening experience. Vanessa, a 36-year-old Chicana mother of three children,

explained her decision to maintain possession of her cell phone and turn in a fake cell

phone instead:

At 9:30 pm they would take our phones away and we're not allowed to use

them…I couldn't get calls. So it was hard for me to deal with that…[because]

my sister has multiple sclerosis. So sometimes in the middle of night she would…[call and need me to take her to the hospital]…That part was really hard the next day, really early at six in the morning, she would cry and tell me, "I needed to go to the hospital, I called you at one in the morning and you weren't answering." And I'm all, "Well I'm sorry I can't, I don't have my phone here."

Restrictions on cell phone use limited women's contact with children and other family members who were not staying in the shelter with them. Familial responsibility was the most frequently cited reason for women to covertly resist the cell phone rule. Chenoa, a 48-year-old Native American mother of two children, echoed Vanessa's concerns:

My cell phone was like the only thing that I had left that was *mine*…what if something happens in the middle of the night? How are we gonna get help?…That was the only thing that I had. It's like at that particular moment in time I felt like I had *nothing*... What if something happens and my son needs to reach me or it was always like that was my only connection to my son for a year and a half. For almost a year and a half that he was gone away from me. That was the *only* connection I had to him…which was driving me absolutely insane. But that was all I had. What if he calls? What if something's going on? I didn't like the environment he was in, and what if he needs to talk to me and let me know what's going on?

Chenoa's experience illustrates how women use their cell phones to promote security and connection. This rule was enforced despite women's concerns that they would miss an important call or be unable to call for help if something happened to their children.

Many interviewees disclosed their worries about not having a cell phone with them at night. Grace, a 27-year-old African American and white mother of one child, explained why she kept her cell phone at night and gave a fake phone to shelter staff, "I was actually really unnerved by it because one girl, her baby had a seizure in the middle of the night and it was like panic and pandemonium." Like the woman in Grace's story, Andromeda, a 28-year-old white mother of one child, had the experience of not having her phone when her son suffered a seizure:

> My son has seizures and the last shelter I was in they weren't gonna let us
> keep the phones on us at night. I flipped out when [my son] had a seizure over
> there. I told them, "This is why I need my phone. Because I need to be able to
> call his Dad, and his pediatrician as soon as it happens, and freakin' 911."
> And, like, I should not have to assert myself if I tell them already it's for my
> son's safety…[so] I gave them a phone that was not working, and I kept the
> one that was.

Interviewees covertly established spaces, unreachable by staff surveillance practices, to sustain personal property, live up to familial responsibilities, and maintain a sense of safety for their families. Such behaviors may be deemed insubordinate and willfully dishonest; however, women's covert resistances belie the dominant

stereotype of an irresponsible or bad mother. Challenging conventional

characterizations, mothers are taking risks to meet the psychological and material

needs of their immediate and extended families.

Overt Resistance

Overt resistance involves directly confronting a perceived wrong-doing or

unfair treatment. This resistance strategy was most often utilized when a

discriminatory act endured by an interviewee had been witnessed by others residents

or when respondents felt that their options had been completely restricted. Overt

resistance took the form of confrontation, direct refusals, and demands for change.

Interviewees engaged in specific and deliberate action, making such acts of resistance

visible.

Staff and volunteers' discriminatory treatment was often based on the

assumption that homeless mothers are unable to responsibly care for themselves and

incapable of determining healthy courses of action. Chenoa, a 48-year-old Native

American mother of two children, shared how she responded to the volunteer

teacher's attempt to publicly humiliate her in a nutrition class:

> That nutrition class was very interesting… there was a twist that you're a bad
>
> person because you don't eat like this…[Here's] an example, during that class
>
> he looked at me and he says, "You'd probably have diabetes and high blood
>
> pressure," I said, "Actually I don't. And I don't have high cholesterol, I don't
>
> have *any* of those problems." So that really bothered me. Like you're
>
> assuming, you're making a judgment about me and you don't know me…So I

told him, I said, "I'm sure that my cholesterol's a lot better than yours." Well

he's like, "Well what's your cholesterol?" I said, "It's 117." And he's like,

"Oh, alright."…I think that he thought that, based on appearance that, "Well

since *you are overweight* so then *you must* consume all these sugars and

things and your health is absolutely horrible."…It's like you got these people

comin' in here, can't you make it a better judgment on who's gonna come in

and give a presentation 'cause it's not fair. I brought it up [to the shelter staff

and director] and they're like, "Well, we'll be more careful with who we bring

in," which was alright.

Chenoa immediately confronted the teacher's stereotyping of and personal attack

upon her. Later, Chenoa reported the public shaming that she endured to the shelter

staff. Chenoa's story draws attention to how the rationale for the class is infused with

stereotypes, confirmed by the existence of the class itself as well as the content, and

how the attributions are unfairly applied to resident-clients. The individual women are

repeatedly at fault for their economic circumstances: at one turn she is not feeding her

children healthy food; at another, she is not visually conforming to a patriarchally

imposed thin ideal; and at the next, she is ignorant of how to make healthy changes.

The body shaming that Chenoa overtly confronted was based on the causal

explanation that some mothers in the shelter are overweight because they do not

know how to make healthy choices. This attribution neglects the structural reality of

the high cost of healthy food. Faced with blatantly discriminatory treatment, Chenoa

overtly resisted the stereotypes that were being applied to her.

Women openly argued and made demands when their health was at risk. Toni, a 36-year-old Hispanic mother of one child, overtly resisted the shelter director's decision to withhold pain medication and attempt to interfere with Toni's medical confidentiality. Toni described what happened:

I had asked for medicine – for one of my painkillers because I was having a really bad toothache. And she – the way she reacted – she came back to me and said, "No, you can't because it's a narcotic. We can't, it's a controlled substance. We can't give it to you and bla bla bla. It's not used for your tooth." But on the prescription it says: for pain. And it's *my prescription*!…Her facial expression and how she was talking to me, [it] made me feel like I was a little kid. So it just basically made me really mad. And…she wanted to help me or to do stuff during our case management and I *refused* to do it. I refused to talk to her. I would just basically [be] like, "Are we done now? I'm over this." I wasn't gonna – I wasn't backing down. And I was telling her and she was like, "Well we can get a doctor's note. If it's okay, we can get a doctor's note." …[She wanted to call the doctor herself]… and I said, "No. You're not gonna call my doctor." I said, "And first of all, they will not talk to you because I didn't sign a paper." Literally, they won't – they cannot talk to you. And then she goes, "Well then you can call your doctor." And I said, "*No*! I'm not calling my doctor." I said, "That's my prescription and I can have my prescription." And she's telling me "no-no-no." And that she can get in trouble and so I just like – I just shut down and I said "whatever" and was

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really mad and really frustrated.

Toni is recovering from alcohol addiction; she was never reliant on narcotics. Toni overtly confronted the shelter director's conflation of alcohol and drug addiction, as well as her insistence on overstepping her boundaries into a supervisory medical role. Despite Toni's verbal confrontation and refusal to call her dentist, she was not allowed access to her pain medication. In this instance, overt resistance did not facilitate Toni's receipt of what she needed. Instead, the restrictive measures ended up compromising Toni's health.

At times, attempts to control resident-clients' behaviors gave way to constant monitoring by staff and shelter directors, and the intensity and pervasiveness of this surveillance foreclosed all other resistance strategies. Sophia, a 33-year-old Latina mother of five children, described confronting unfair treatment when she felt that the shelter manager was scrutinizing her daily behaviors and that she had no alternative. When she perceived this surveillance as interfering with her family's day-to-day experiences, she reported it to the shelter supervisor. Sophia recounted:

> I said, "I don't feel comfortable dealing with [the shelter director] anymore."
> She goes, "Why?" I said, "'Cause I don't feel like she's treating me fairly." I
> said, "I feel like I'm getting picked on by her." I said, "And I'm done dealing
> with her. Really I am. So I'm bringing it to your attention." And she [the
> shelter supervisor] goes, "Well, like *what*?" And I told her, when it comes to
> the chores, I said, "She don't check on everybody, but she makes sure that I'm
> number one. [I'm the] first one that she's on." And she was like, "Ok, well I'll

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have a talk with her." And so after that she had that talk with her [and the

director] started being nicer…It got better with me and [the director].

Sophia felt that the shelter manager was misusing her power and she made a formal

report to the shelter director. This was effective in shifting her relationship with the

shelter manager, which produced a more supportive living environment for Sophia

and her children. However, overt resistance is a risky move for resident-clients

because it often means calling attention to and challenging power hierarchies. As a

result, mothers risk being perceived as difficult resident-clients who are unwilling to

take staff directives.

Women of color reported experiencing greater monitoring and outright

discrimination than white women, as evidenced by Veronica's story of confronting

racism in the shelter:

I let [the shelter director] know that I was the only African American there

and that I watch these Caucasian girls disrespect group, each other, the house

and you say absolutely nothing about it… and *every time* that I ask a question

you tell me that I'm being aggressive and that my housing is on the line…so I

had to email the Board [of Supervisors] and tell them about the treatment I

was receiving. I felt like I was under her little microscope. And so my last

month there she backed up and left me alone.

Faced with possible eviction and left with nowhere to take their children, mothers had

very few options when dealing with discriminatory treatment. They were strategic

about when to overtly resist or directly confront discrimination, and typically did so

when they had run out of options or perceived immediate harm to a child or children. With overt resistance, women directly confront "their place" in the hierarchy, defying the implicit message that they are to be submissive and compliant.

Chapter 4 Summary

Classed, racialized, gendered, and sexualized expectations of homeless mothers influence staff's treatment of resident-clients, as stereotyped ideas that women are incapable of taking care of themselves and their children justify surveillance and behavioral correction. The power imbalance and intense scrutiny of personal lives leave mothers with few options for autonomous decision-making. In response to stereotyping and inequitable treatment, mothers residing in shelters employ a variety of resistance strategies.

While it may seem that women are engaging in individual acts of critical resistance, interviewees use similar strategies within similar conditions. Mothers' negotiation of stereotypes through self-presentation, and struggle against discrimination through covert and overt resistance, belie a common experience of power relations and surveillance practices as well as a shared commitment to improving the lives of their families through caring and critique.

Chapter 5

Summary and Discussion

This study provides significant insight into the experiences of 28 formerly homeless mothers who lived temporarily in four family shelter programs on the California central coast. The rules at these four shelters were similar to the rules at

shelters across the country (Averitt, 2003; Connolly, 2000; Cosgrove & Flynn, 2005; Friedman, 2000). All of the mothers interviewed were exceptionally grateful for shelter and the opportunity to leave devastating situations, however, many respondents also reported experiencing a loss of autonomy and control over their lives and their families. As with broader poverty governance, family shelters are modeled after "power over" policies that provide standardized, prescriptive services (Friedman, 2000; Soss et al., 2011). Neoliberal paternalist shelter programs feature rules and classes that teach residents to make better "choices" and create an environment in which staff and residents monitor one another, and residents make efforts to demonstrate deservingness.

The findings contribute to scholarship that examines how feedback loops affect how mothers think about themselves and their relationships with others (Soss, 2005). Expanding previous empirical examinations of how the design of public assistance programs shapes recipients' sense of self, feelings of deservingness, and broader political participation (Soss, 2005), this study uses feedback loops as a conceptual framework for understanding how neoliberal paternalist shelter program design and stereotypes about homeless mothers are mutually reinforcing. The shelter rules and classes communicated the implicit message that mothers' homelessness results from women's bad choices. This message is predicated on the stereotype that unhoused mothers are bad choice makers. The enforcement of paternalistic rules based on intense monitoring of residents' behaviors, in turn, reinforced the belief that mothers do in fact need to be rehabilitated and taught to make responsible choices.

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Mirroring broader patterns of the privatization of public assistance programs, the family shelters focused on individualistic preventative care regimes (e.g., mandatory: counseling, classes, meetings, and savings programs) designed by shelter directors and housed volunteers. Set days and times for preventative care programs impacted the lives and family routines of women who have pre-existing familial, work, and school obligations. Moreover, classes were based on a support group model, with the content of the lessons designed by housed volunteers to address the perceived "issues" with which homeless mothers contend. Without input from homeless mothers themselves, many of the classes were paternalistic, and predicated on individualistic attributions for homelessness and negative stereotypes about unhoused mothers. Shelter classes were designed to rehabilitate mothers by helping them to make better choices regarding relationships, parenting, and food. The explicit focus on individual issues and the implicit deficit-oriented belief systems coalesced to influence interviewees' understandings of themselves and other residents. Rather than coalition building, residents often distanced themselves from one another through the use of racialized stereotypes and classist beliefs.

Also consistent with a neoliberal paternalist model, staff were positioned as overseers. Respondents reported that staff monitored their every move, insinuating an expectation that residents were suspect and may "relapse" into making bad choices or deviant behaviors at any time. The experience of surveillance was heightened for women of color. Resistance manifested in response to stereotyping and discrimination. Interviewees were strategic about when and how they resisted, often waiting until

they felt there was imminent harm to themselves or their children, or when choices were severely constricted.

The scrutiny that residents endured affected their behaviors, which, at times, created a self-fulfilling prophecy. Interviewees reported heightened monitoring of their own behaviors to attempt to ensure that they were perceived as "good" residents and parents. Unfortunately, diligent self-monitoring did not always preclude stereotype confirmation. Interviewees described how the descent into "bad" was quick but in order to be "good" one had to be mistake-free. Interviewees wanted to be perceived as "good" residents and mothers to increase the possibility of receiving resources. To demonstrate deservingness of resources and privileges, respondents took on more responsibility in the shelters. However, in order to become "good," a resident had to differentiate herself from other, "bad" residents. This dynamic exacerbated a competitive and adversarial interpersonal dynamic between residents because the act of distancing oneself from other residents unintentionally reconfirmed stereotypes.

At multiple levels, women's rights to privacy were compromised. One such area was at fundraising events and board of director meetings. In such instances, women's stories were their commodities. The more residents shared individualistic stories, the more worthy their stories were for raising funds for they aligned with the Protestant Work Ethic, Meritocracy, and confirm the promise of the American Dream – all ideologies that are supported by the notion that the individual can, if they are willing, pull themselves up (Bullock, 2008; Hochschild, 1996). These redemptive

narratives were used to gain admittance to the shelter so that women appear as a "good" fit and at fundraising events. Interviewees' stories, repeated over time and in different locations, gives the impression that unhoused mother were individually responsible for their life events. In this process, the individualistic attributions for homelessness were then reflected and reinforced within this feedback loop of services (Soss, 2005).

Family Shelter Program and Policy Implications

Despite the issues that surfaced in shelters, all interviewees believed that shelter availability and funding need to be increased, and offered specific recommendations for improving the shelter programs. For example, Samantha, a 33-year-old Latina mother of two children, suggested:

I think the shelter should have a job fair…and all the temporary agencies should go down there and recruit people, get them working…You know how they have job fairs out there? They don't have any at the shelter at all; I think that's insane! They should *totally* have ManPower and Kelly Services…and put them to work and they [would] get paid once a week! Every Friday so they can…get them working again. I have so many ideas, but I dunno, they're just ideas.

Samantha's remarks make clear that shelter residents have important insights about how to move families out of joblessness, poverty, and homelessness. Interviewees also provided policy recommendations for how to better assist families in retaining

and securing housing. Victoria, 33-year-old Latina mother of three children, shared

her idea for how to increase the amount of low-income housing:

> [This County needs] more low-income housing, more advocating, or each
> property management in the county [should] *have to legally* rent and
> make…[a] small percentage of affordable housing! I would think that's a
> great idea…Like seriously, property managers [let's say] they manage *five
> hundred units*, but they can make a small percent, one percent, five units,
> affordable housing, but they could still have their four ninety five regular rent.
> I mean really? Is it really gonna hurt them?…Have some kind of incentives
> for them too *tax breaks*! But you know, just to help people get on their
> feet…'cause everybody deserves a second chance, or a chance.

Victoria and Samantha's ideas for program and policy changes illustrate respondents

understanding of the structural issues associated with family homelessness. While

other studies have documented family shelters that are designed as "power with"

residents, unfortunately the family shelters described in this study did not provide

opportunities for residents to share their insights (Friedman, 2000). Based on my

analysis and their specific recommendations, I suggest the following actions:

- *More Shelters and Increased Funding*. Women overwhelmingly cited the need for
  more family shelters and increased funding to those that currently exist.
  Supporting women's recommendations is the U.S. Conference of Mayors (2014,
  2013, 2012), which has consistently found that there are more families seeking
  temporary shelter than there are shelters spaces available.

- *Diversifying Shelter Classes.* It is important that shelters diversify the classes they offer beyond parenting, nutrition and cooking, physical education, time management, romantic relationships, and arts and crafts, to also include job training and support. Rather than traditional programming, for instance, women described wanting classes that would be structured more like job fairs, which job agencies meeting with women about employment. Overall, classes should be expanded to offer to assistance with structural rather than individual level concerns including the following: helping women navigate low-income housing wait-lists; working on letters to landlords to persuade them to take Section 8 vouchers; discussing how eligibility for TANF, SNAP, and other assistance programs is determined and what to ask for when you visit your social worker; helping women to connect with housing assistance programs; crafting statements to the board of supervisors or writing op-eds that contextualize what it is like to be unhoused with children. These are low-cost ideas that could dramatically improve the well-being of homeless families.

- *Rules relating to Mandatory Participation.* Mothers repeatedly expressed the desire to have choices and autonomy regarding required activities, employment searches, and management of their finances. Adjusting the one-size-fits-all model of services would help women obtain the assistance they need. For instance, parenting classes in all of the shelters focused on infants and toddlers. Mothers with older children were required to attend despite the lack of relevance. Providing sheltered women with a choice of which classes they want to attend

would reduce resentment. Additionally, while many interviewees appreciated the savings programs when they left the shelter with a financial cushion, more clarity around deposits and withdrawals of residents' money was asked for from interviewees.

- *Rules concerning Mandatory Meetings.* The majority of low-income female workers have irregular and inflexible hourly work schedules (Dodson, 2013). Increased scheduling flexibility of mandatory meetings would help mothers who have preexisting familial, work, and schooling responsibilities.

- *Rules regarding Savings Programs.* More transparency about the amount of money distributed to rent, food, and savings would decrease confusion and increase residents' trust of staff.

- *Rules regarding Weekend Passes and Visitation.* Greater facilitation of contact with family members, for instance through increased access to overnight passes and less stringent rules surrounding cell phone use.

- *Low-Income Housing Availability Announcement Boards.* Interviewees also asked for increased help in locating low-income housing. Mothers thought it would be useful to have a list of low-income housing units available when searching for housing.

- *Formerly Homeless Mothers as Staff Members.* Interviewees overwhelmingly cited the importance of shelters hiring formerly homeless mothers to be part of the staff. Mothers felt that women who had been in similar situations were more

understanding and less stigmatizing. Additionally, formerly homeless women as staff members acted as a beacon of hope that one-day things would get better.

- *Increase Collaboration Between Shelter Residents and Staff.* It was suggested that house meetings expand their focus to include conflicts that arise in the shelter between residents and other residents, as well as residents and staff. In these meetings it may also be helpful for everyone to review the rules on an ongoing basis. This would allow residents to provide feedback on rules, such as parenting practices.

Limitations of the Current Study and Future Directions

While this study has promising policy implications, it is important to note that the findings may not be generalizable to a broader population of homeless mothers. This study relied on the experiences of mothers who were recruited through nonprofit organizations, whose life circumstances permitted time and ability to talk, and who were fluent in English. Being involved with organizations such as Head Start and the Salvation Army requires the psychological and physical ability to access such organizations, navigate various systems of administration, as well as commit to others' structured timetables, such as meetings and appointments. The role that physical and psychological ability plays in mothers' experiences in shelter warrants further examination. Moreover, women for whom English is not their first language have important insights that were not collected for the current study. According to a study reported in the *Washington Post,* nearly half of all children in California, and across the nation 1 in 5 families, do not speak English at home (Dinan, 2014). Given the

language diversity in the United States, non-English speaking women's experiences in shelters deserves investigation. Another consideration is that part of the inclusion criteria was that mothers had resided for one month or longer in a family shelter. This means that women who were denied entrance, left prior to the end of their stay, or were evicted before 30 days were not interviewed. It is possible that these women shared similar social identities and/or experiences that have not been accounted for.

A third area for reflection is participants' ability to recall their experiences living in family shelters. Because I wanted to understand common experiences across shelters, I recruited formerly homeless women who had stayed at one of four different shelters in the County. It is possible that memories may not be as vivid as they were at the time when events occurred. Moreover, this study focuses on formerly homeless mothers perceptions of their experiences, and not the perspectives of other stakeholders. Interviews with staff and volunteers would provide viewpoints from multiple positionalities in the setting, and a multifaceted sense of the interactions between staff, volunteers, and residents through the lens of various stakeholders.

There is still much to learn about low-income women's experiences in shelters as well as in other institutional settings. Several participants, for instance, identified healthcare settings, particularly maternity care, as problematic. When asked about stereotypes about homeless women, several interviewees referenced their experiences in doctors' offices and hospitals. June, a 22-year-old black, Filipina, and white mother of one child, recounted her experience after her son was born:

There's a lot of stereotypes, I think, in the *medical community* that I have

noticed. They treat the women – that I've heard about from a lot of residents –

especially if you're younger or they know that you're living in a

shelter…they'll be like, "Do you know the father?"…Just like *weird*, rude,

[and] not personable in situations.

Practices surrounding women's reproductive health influence women's sense of

control and agency over their bodies and quality of life. We know from research with

low-income housed mothers that women report classist and racist experiences in

hospital settings, which limited their reproductive options (Downing, LaVeist, &

Bullock, 2007; Kaplan, Calman, Golub, Divs, Lubbock, & Billings, 2006; Yee &

Simon, 2011). Homeless mothers' voices are missing from reproductive health

discussions. Given the dominant stereotypes of homeless mothers and previous

research findings, it is possible that discriminatory treatment extends to homeless

mothers' experiences in maternity healthcare settings.

Another direction for future research is to examine the relationship between

attributions for family homelessness and housing policy preferences. This project

would develop a scale to assess attributions for family homelessness and measure the

predictive power of these attributions in supporting different types of housing policy.

Additionally, investigation of the relationship between attributions for family

homelessness and other system justifying beliefs – such as Belief in a Just World

(Cozzarelli, Tagler, & Wilkinson, 2001; Harper, Wagstaff, Newton, & Harrison,

1990) and Belief in the Protestant Work Ethic (Wagstaff, 1983) – would deepen

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knowledge about the use of ideologies that sustain economic inequality for women and families.

Concluding Thoughts

As noted by Cosgrove and Flynn (2005, p. 140), " Methodologies that focus on the lived experiences of those affected by inequality allow for the empirical verification of injustice." These findings expand psychological research in three important areas. First, utilizing a critical psychological perspective, the study clarifies the ways in which power differences between social groups are reflected and reinforced through the design of family shelters. Second, drawing on critical race theory, this study contributes to knowledge about how class-, race-, sexuality-, and gender-based stereotypes are embedded in family shelters' rules and classes to inform the implicit and explicit messages mothers receive. Third, psychological analyses of critical resistance were illuminated through the inclusion of sheltered mothers resistance strategies to perceived stereotypes and discrimination.

Over time, low-income, unstably housed women are marginalized along axes of social class, race, ethnicity, and sexuality and these injuries accumulate to structure life chances (Wing, 1997, 2003). Women's voices are conspicuously absent from the process of designing shelter policies and programs. Centering women's voices and lived experiences is an important start to developing progressive policies that respond to the needs of low-income families.

It is important to understand how neoliberal paternalist shifts in poverty governance impact micro-level community programs designed to fill a void in federal

assistance. The privatization of social services is a profound social justice issue, as assistance programs that rely on donor contributions are designed to increase funding through evidence of individual rehabilitation rather than address structural correlates of poverty and homelessness. Feminist and critical psychologists have much to contribute to efforts that support mothers to secure and maintain housing and ensure the well-being of their children.

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Table 1

Participant Characteristics

Demographic Information		Range	*M*	*n*	*%*
N				28	100
Age		22-48	33		
Children in Shelter		1-5	1.6		
Race					
	Latina, Chicana, or Hispanic			12	43
	White or European American			9	32
	Native American			3	11
	Multiracial			2	7
	African American			1	3.5
	South East Asian			1	3.5
Sexuality					
	Heterosexual			27	
	Lesbian			1	
Experience of Domestic Violence				17	61
Prior Social Class					
	Working Poor			21	75
	Middle Class			7	25

Appendix A

Consent Form

Harmony Reppond, M.A.
hreppond@ucsc.edu
Cell phone (831) 296-2378
Office (831) 459-1042
PSYCHOLOGY DEPARTMENT
SOCIAL SCIENCES 2
1156 HIGH STREET
SANTA CRUZ, CALIFORNIA 95064

Consent to Participate in the "Women's Experiences in Homeless Shelters" Study

You are invited to participate in a research study being conducted by Harmony Reppond, M.A., a social psychology doctoral candidate at the University of California – Santa Cruz.

The purpose of this research study is to learn about mother's experiences in homeless shelters and the specific challenges that confront low-income women who have experienced unstable housing with their children. I am particularly interested in learning about your perceptions of and experiences with rules and requirements in homeless shelters. I am also interested in learning about your interactions with service providers and other interactions that you have observed.

If you choose to participate, you will be asked to **participate in an individual, tape-recorded interview about (1) your experiences with and perceptions of rules and requirements in homeless shelters; (2) your opinion of these requirements; (3) your experiences with shelter staff and other interactions that you observed; and (4) your beliefs about how low-income mothers are perceived in society.** Participating in this study may lead you to reflect more fully on your personal experiences, however, I do not anticipate that your participation will cause any discomfort. The interview will take approximately 90 minutes to complete. You will be compensated $50 for participating whether you complete the full interview or not.

All completed materials will be held in the strictest confidence. Although I am asking for your name and signature on this form, your consent form will be separated from your interview tape and locked in a cabinet that only the researchers have access to.

The interview will be tape-recorded so that I don't miss any of your comments. Although I will be taking measures to prevent it, there is a small risk that the data I am collecting could be compromised. In an effort to prevent to prevent this, you will not be asked to say your name during any portion of this tape-recorded study so that

your individual responses will not be identifiable. To protect your identity during the tape-recorded interview, you will be asked to select a name other than your own, which will be used for any reporting of the findings. Any information publicly shared from this study will use your chosen pseudonym. When the project is complete, the tape recordings will be destroyed. The transcriptions will be retained for at least 10 years, in accord with the American Psychological Association.

There is a possibility that you may experience emotional distress during this study. Risks and discomforts will be minimized by the fact that your participation is voluntary, and you can discontinue participation in the interview at any time without penalty whether you have completed the study or not.

You may skip any question that you don't want to answer. There are <u>no</u> negative consequences for refusing to participate or for stopping before the interview has ended. No one will be told of your decision to participate. All participants, regardless of whether they complete the entire study, will be compensated for their time.

If you have any questions about this study, you may contact me via email at hreppond@ucsc.edu or by phone 831-459-1042 or 831-296-2378.

By signing your name below, you are consenting to participate in this research study.

Participant Name (print) _____   Date _____

Participant signature _____

By signing your name below, you are consenting to be tape-recorded for this research study.

Participant Name (print) _____   Date _____

Participant signature _____

Appendix B

Interview Questions

Demographic Questions

Thank you so much for your willingness to share your experiences with me. These first questions are about you, your family, and your history of homelessness, shelter stays, and public assistance receipt.

Please select a different name than your own _____

Age _____

Current relationship status
     Single_____; Partnered_____; Married_____; Separated_____;
     Divorced_____

Marital status during your most recent homeless shelter stay?
     Single_____; Partnered_____; Married_____; Separated_____;
     Divorced_____

How would you describe your race and/or ethnicity?
_____

Number of children_____ and their ages_____
Is/are she/he/they in your custody? Yes_____   No_____

Current county of residence?_____

Are you employed? Yes_____   No_____

What types of assistance were you receiving during your most recent shelter **stay**:
_____Food Stamps
_____Cash Aid or Welfare
_____Section 8 waitlist
_____Public Housing waitlist
_____Social Security
_____Social Security Disability Insurance
_____Medicaid
_____MediCAL

What types of assistance are you **currently** receiving:

_____Food Stamps
_____Cash Aid or Welfare
_____Section 8
_____Public Housing
_____Social Security
_____Social Security Disability Insurance
_____Medicaid
_____MediCAL

What type of housing are you currently in?

_____

How many episodes of homelessness have you experienced (i.e., times you have been without stable housing, lived with friends or family members, or stayed in a shelter)?_____

Please start with the first shelter you ever stayed in and work your way to the most recent stay –
What are the names of them and what cities they are located in, if you can remember? Who (e.g., partners, kids) was staying with you at each shelter? And how old were you?

*Now I am going to ask you a few questions about the most recent shelter you stayed in, (*Shelter Name*):*

a. Where were you living right before you came to (Shelter Name) and what made you leave?

b. Before you arrived at (Shelter Name), had you heard of anything about it? If so, what?

c. Were you on a shelter waitlist before getting into (Shelter Name)? If so, for how long?
   • Where did you live while you were waiting?
   • Did the shelter staff communicate with you during this time? How?

d. When you first arrived at (Shelter Name), what were you hoping for from the shelter and staff?

   • What was your first impression of the shelter and the shelter staff?
   • How much interaction did you have with the shelter staff?
   • How would your describe your interactions with the shelter staff (e.g., helpful, positive, difficult, negative)? How do you feel like you were treated? Please describe.
   • Did your experiences match up with your expectations?
Your Experiences with Shelter Rules

A lot of shelters have rules that residents need to agree to in order to live there. Now I'm going to ask you some specific questions about rules that you may have experienced in (Shelter Name). When answering each question, please think about how you felt about these rules and how they were applied when you were living in (Shelter Name).

a. **Were there any rules related to parenting**? If so, can you please describe them?
   - How did you learn about these rules?
   - What did you think about these parenting rules?
   - Were these rules easy or difficult for you to follow?
   - Was it common for parenting rules to be broken?
   - Did other residents break rules? Please describe.
   - What were the consequences of breaking parenting rules?
   - How were these parenting rules enforced? Who enforced the rules regarding parenting?
   - Did you ever feel like the parenting rules were applied differently to different residents/ other women around you? Please explain.
   - What about fathers? Were the rules for father applied the same way as rules for mothers? Please explain.
   - Related, were residents rewarded or were there any benefits for following the rules? When you stuck to the rules about parenting, what happened? How did the staff treat you?

b. **Were there rules about children's behaviors**? If so, can you please describe them?
   - How did you learn about these rules?
   - What did you think about the rules for children?
   - Were the rules for children's behavior easy or difficult to follow?
   - Were these rules easy or difficult for other residents' children to follow?
   - Was it common for rules to be broken? If so, what happened?
   - How were the rules for children enforced? Who enforced these rules?
   - Did you ever feel like the rules were applied differently to different residents' children? Please explain.
   - Related, were residents rewarded or were there any benefits when their children followed the rules? When your child/ren stuck to the rules, what happened? How did the staff treat you and your child/ren?

c. **Did the shelter offer any classes**? If so, what types of classes were offered?
   - How did you learn about these classes?
   - Did you take any of these classes?
   - In your opinion, what were the goals of these classes? Do you think these goals were met?
   - What did you find helpful about the classes? What did you find unhelpful?
   - What did other residents think about these classes?
   - How were the rules about class attendance enforced? Who enforced these rules?

- Did you ever feel like the rules were applied differently to different residents? Please explain.
- Related, were residents rewarded or were there any benefits when they followed the rules about class? How did the staff treat you?

d. **Were there any rules regarding work**?
- Were you expected to have paid employment? Were you expected to look for employment?
- Were there services in the shelter to help you find paid employment? If so, what were those services?
- Was everyone expected to have paid employment?
- How did you feel about having to have paid employment?
- If someone was unable to find a job, what happened?

e. **Were there any rules about drugs and alcohol**? Please describe.
- How did you learn about these rules?
- What about drug testing? Please describe.
- Was it common for drug and alcohol rules to be broken?
- Were these rules easy or difficult for you to follow?
- Were these rules easy or difficult for other residents to follow?
- How were the rules for drugs and alcohol enforced? Who enforced these rules?
- Did you ever feel like the drugs/alcohol rules were applied differently to different residents? Please explain.
- Related, were residents rewarded when they followed the rules about drugs/alcohol? How did the staff treat you?

f. **Were there rules regarding men or partners staying in the shelter or visiting**?
- What about other family members or friends visiting?
- How did you learn about these rules?
- How did you feel about these rules?
- Were the visitation and staying-over rules easy or difficult for you to follow?
- Were these rules easy or difficult for other residents to follow?
- Was it common for rules to be broken?
- How were the rules for visiting enforced? Who enforced these rules?
- Did you ever feel like the visiting rules were applied differently to different residents? Please explain.
- Related, were residents rewarded when they followed the visitation rules? How did the staff treat you?

g. **Were there rules regarding curfews**? What were they?
- Did having a curfew impact you? How?
- Did having a curfew affect your children? How?
- If you were working at the time, did the curfew rules affect your employment? Was your work schedule affected?
- Was the curfew rule easy or difficult for you to follow?

- Was the curfew rule easy or difficult for other residents to follow?
- Was it common for curfews to be broken?
- How were the curfew rules enforced? Who enforced these rules?
- Did you ever feel like the curfew rules were applied differently to different residents? Please explain.
- Related, were residents rewarded when they followed the rules about curfew? How did the staff treat you?

h. **Were there rules regarding cleaning**? If so, please describe these rules.
- How did you learn about the cleaning rules?
- What do you think of the cleaning rules?
- Were the cleaning rules easy or difficult for you to follow?
- Were the cleaning rules easy or difficult for other residents to follow?
- Was it common for rules to be broken?
- How were the cleaning rules enforced? Who enforced these rules?
- Did you ever feel like the cleaning rules were applied differently to different residents? Please explain.
- Related, were residents rewarded when they followed the rules about cleaning? How did the staff treat you?

i. **Were there rules around saving money**? Meaning, did you have to save a certain amount of money while residing in the shelter? If so, how did you learn about the savings rules?
- How did you feel about the savings requirement?
- Were the rules about savings easy or difficult for you to follow?
- Were the rules regarding savings easy or difficult for other residents to follow?
- How did the savings rules affect you and your family in the shelter?
- Was it common for savings rules to be broken?
- How were the savings rules enforced? Who enforced these rules?
- Did you ever feel like the savings rules were applied differently to different residents? Please explain.
- Related, were residents rewarded when they followed the rules about savings? How did the staff treat you?

j. **Were there rules regarding housing/rental searches**? In other words, did you have to look for housing while residing in the shelter? If so, what services were available to help you with this?
- How did you feel about the services (or lack thereof)?
- What was your experience searching for housing like?
- Were other mothers able to find housing while in the shelter?
- If there were anything that could have been done to make it easier, what would that have been?

k. **Were there rules around child care**? Please describe.

- Did the shelter provide child care? If so, was it helpful or not? If not, would this have been helpful? Was this something you wanted?
- Were there any rules about watching other residents' children? If so, what were they? How did you feel about this/these rule(s)?
- Did you ever want help with caring for your children? Would you have felt comfortable with other women in the shelter watching your children?
- What happened if women watched each other's children? How did the staff react?

l. **Were there other rules that we have not discussed that you would like to talk about**?

Your thoughts on how society views homelessness

a. Our society has many different beliefs/perceptions about why people become homeless. What do you think are some common beliefs/perceptions about homelessness? How about homeless mothers?

b. What do you think of these beliefs/perceptions?

c. Were these beliefs/perceptions common in the shelter? Among whom? Residents? Shelter staff?

d. Do you think these beliefs/perceptions influenced the behaviors of residents?
- Do you think these beliefs/perceptions influenced the behaviors of the shelter staff?

Closing Questions

This last set of questions asks you to reflect on your experiences in the shelter. Please think about how you felt about your stay in (Shelter Name) and how you might talk about that stay with different people.

a. After leaving the shelter, did you ever talk about your experiences there? With whom? What did you tell her/him?

b. Do you think about your experiences in the shelter and the rules there differently now than when you were living there? Why do you think shelters have these kinds of rules?

c. What do you think your child/ren's experiences were like in the shelter? What would they say about the shelter now? Do you ever talk about the time you spent there with them?

d. Would you return to (Shelter Name) if you needed to? Why or why not?

e. Do you think the shelter staff helped you with finding housing? Employment? School? Other services?
- What was the *most* helpful? What was the *least* helpful?

- Were other services or service providers particularly helpful or unhelpful?

f. If you were to give the shelter and shelter staff advice, what would you recommend?
    - What would make the shelter a better place? What kinds of programs or resources do you think would be most helpful to women and their children in this situation?

g. If you were to give advice to other mothers who are starting their stay in (<u>Shelter Name</u>), what would you say?

h. Is there anything that you would like to ask me?

i. Is there anything that I didn't ask about that you would like to share with me?

Appendix C

Transcription Instructions

Anonymity
All participants picked a pseudonym for themselves at the start of each audio file. However, many of the respondents will say their own names during the interview. When transcribing, please always transcribe the woman's chosen pseudonym, not her actual name.

One issue you will run into is that the women will often say their children's names in the audio file. Transcribe the children's actual names, but put them in **bold** font so that I can go back through the file and replace the children's names with pseudonyms.

Transcribing
Transcribing is more than typing out the words people say; it involves coding the nuances in speech to capture emotion and to contextualize what & how things are said.

For example, if someone laughs when they say something, it takes on a very different meaning than if they are crying while saying the same thing. Therefore, we need to transcribe people's words, emotive responses, etc in an effort to accurately capture meaning and context.

NOTE: It is important to transcribe EVERYTHING. Try to capture everything, being as accurate and true to the recording as possible. This includes: doors closing, word repetitions, restarting sentences, umms and uhhs and uh-huh and yeah and mhm, and only write contractions (e.g., they're, isn't, don't, can't, won't, haven't) if the speaker actually said it that way.

Line Spacing
Please single space for each speaker. Leave a blank line between each speaker.

Times Stamp
Each time you stop transcribing for the day, timestamp the transcription with where you stopped on the tape or digital recording. For example: <T= 60.6> This will allow you to find where you left off more quickly as well as help me find relevant place in the audio file if I want to re-listen to certain portions.

You may wish to add additional time stamps at various points in your transcription, for convenience in locating specific portions of the transcription, for checking, feedback/consulting sessions, and so on.

Codes

VOCALIZATIONS

Meaning	*Symbol*	*Comment*
breath (in)	(H)	audible inhalation
exhale	(Hx)	audible exhalation
laugh	@	one per pulse or particle of laughter
laughing word	@you're @kidding	laugh symbol marks laughter during word
stressed syllables or words	…I HOPE she is doing what she said.	all caps to indicate stressed syllables or words
vocalism	(COUGH)	various notations: (SNIFF), (AHEM), etc.
crying	*And then we moved to…*	All passages that are said while crying should be italicized

PAUSE

Meaning	*Symbol*	*Comment*
pause, untimed	...	0.6 seconds or more (timed pause is preferred)
pause, timed	<T = 30 seconds>	pause duration in seconds and tenths of seconds

DYSFLUENCY

Meaning	*Symbol*	*Comment*
Missing word	[set]	When a necessary word is missing
Interruption	///	Used when sentence is interrupted
Mispronounced or non-standard words	*knowledgement	Speech errors or idiosyncratic vocabulary.
Speaker restart	--	Used when the speaker stops short & then repeats herself, or abandons the utterance completely, restarting with a new sentence.
truncated/cut-off word	wor–	aborting projected word

METATRANSCRIPTION

Meaning	*Symbol*	*Comment*
unintelligible	###	one symbol per syllable
uncertain	#you're #kidding	transcribed words are

| | uncertain | |
| comment | ((WORDS)) | transcriber comment |

Numbers
All numerals are written out as complete words. Hyphenation is used for numbers between twenty-one and ninety-nine only (e.g., twenty-two, nineteen ninety-five).

Example Transcript

\<T= 00.0>

Harmony: So, uu///

Sofia: (clears throat)

Harmony: ///so the first –- I'll just –- we'll just go through this first and then we can start.

Sofia: Okay.

Harmony: Okay, so this first [set] questions are just information about you, um, and your family. And then under shelter rules, um, these are questions about the rules in the shelter specifically, um, and wh-- what, those were like. Um, the third section is just the application of the rules, so really, um, questions about procedures, um, (tsk) that happened um around the rules, so how they were enforced. Um the fourth section is about interactions you've had, um, both with shelter staff and other resident. And then, um, the fifth section is on stereotypes. Then (paper shuffling) the last section is just some closing questions, for um, reflection. Do you have any questions for me?

Sofia: No

Harmony: No, Okay. Um so just-- just starting out what///

Sofia: (clears throat)

Harmony: what would you like your fake name to be?

Sofia: Um, I don't know, um…(body shifting) \<T= 15 seconds> …I could do like um Sofia…or///.

Harmony: Sophia?

Sofia: Yeah

Harmony: Okay, good. Um and how old are you?

Sofia: Thirty three

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Harmony: Thirty three. How many children do you have?

Sofia: Five

H: And they're all in your custody?

S: Umhum

H: Um, what's your relationship status?

S: Single.

H: Were you single when you were living in the shelter?

S: Yes

H: Okay, umm///

S: Well, I'm married but I'm separated from my--

H: Okay. And, um, your county of residence?

S: Watsonville.

H: Okay. And you are employed; we talked about that. Um, what types of assistance have you received in the past year?

S: Um, food stamps, cash aid, Medicaid, and right now I'm in transitional housing through the shelter.

H: Oh great, okay. Ummm…and how many episodes of homelessness do you think you've experienced? So, times you have been without stable housing, or lived with friends, or lived in the shelter.

S: How many times?

H: umhum

S: Umm, well, like before I went into the shelter, umm I was kinda like – 'cause we moved from New Mexico, me and my kids. We came out and we were kinda like just couch surfing, staying with relatives, living in motels, like living out of the truck, living in tents, like just, you know, kinda like that kinda situation.

H: umhum

S: And then so, I mean, I never really had like a stable place since I have been out here.

Like you know, I would stay at my mom's, but it wasn't long periods of time. Like I would stay there like a few nights and then I would stay with at aunt's [house] or cousin's [house] or grandma's [house] or, you know, so…///

H: When--

S: it was hard (clears throat.)

H: When did you move from New Mexico?

S: Two years ago. Two years ago. ((tape continues))

<T= 3.51>

Appendix D

Codebook

#	Code	Definition	Example
A. Rules and Rule (Non)Enforcement			
A1	**RULES: Overarching Behaviors**	Alcohol and Drug Use/Testing, Supervision of Children/Child Discipline, Visitors (and separation of families) Overnight Passes, Budgeting and Saving Requirements Money Paid to Shelter (e.g., rent) Drug and Alcohol Meetings (NA/AA)	"Um (Hx), you had to give them all your money except ten percent." Sophia ~~~~ "What about the money…oh the money they take away. Yeah when you walk in they give you--do you get a #saside do you--they tell you like a list. And you tell *em "oh um yes I'm on welfare...I get so much and this is what I get a month". So you hand *em--when you--when you move in…you give *em all that. Are you working…no…if you are than you give *em your check. You tell them when and when you get your checks and their the ones that get it. If you want some of the money like if you want twenty dollars lets say…you have to tell them a good reason you want twenty dollars." Maree
A2	**RULES: Daily Behaviors**	Curfews, Check-In/Check-Out, Chapel/Church Attendance, Household Chores, Cooking/Eating Schedules, Shower Times, Child and Adult Wake- and Bed-Times, Television Time, Phone Use	"Because there was nowhere else I could go. I've already timed out of every shelter there is and… this stupid [Shelter Name] system isn't working because I've asked and asked and asked and I'm tired of checking in now… So I won't ask them anymore… because they don't say anything to me they--… I was supposed to be staying with them… but you know… I've waited for them more than once, more than twice, and I don't *wanna do it anymore." Andromeda ~~~~ "Um, you had to be in by nine o'clock. Um, lights out by ten. Um, the TV in the—you know in the living room, the kids were only allowed to watch it one hour. You know? And TV had to be off by eight. Your kids had to be with you at all times. Um, you had to do chores (sniff) um, everyday… And, um, they said on, like a time, you know? Like, That chores have to be done between –

			right after dinner, between five thirty and like, I think it was like seven. The chores had to be done." Sophia
A3	**RULES: Weekly Behaviors**	Weekly House Meetings or w/ a Caseworker, Class Attendance	"Also what they did is they give us um parenting classes. Uh they paid for us to go to um uh [parenting classes]. Um and give us that ## opportunity to go. They have #Cara # en Corazon ((translation: #face #in Heart)), um it's another program to work on recovery and a work on ourselves and (H) what we're thankful about and what we would want in our lives you know. Um challenge-- challenge *ourself basically. To um if you have something that I *wanna, do just keep on doing it and try to do it and uh-- to fulfill it. Also what they let us-- uh mandatory uh, it was this um [domestic violence center]. They wanted us to go there but * 'cause basically all --- most of the women there are [there] because of domestic violence. Um, um or a bad relationship that they had. So um they would t- send us to um [this domestic violence Center] on Tuesdays" Vanessa
A4	**Rule (Non)Enforcement**	When a woman explicitly talks about rule(s) not being applied, you should put this information into this category and note it in your memo. Sometimes this looks "cut and dry" and sometimes it will be said as a comparison (e.g., It was not enforced for me but was for this other woman).	"H: What was your impression when you first got to [Shelter name]? J: That there was no structure. That they let everybody walk all over *em…like they-- nobody did chores or anything! I don't know…the program… as far as I am concerned that program helped me. You know it gave me a place to stay for six months and basically they want you to just focus on housing and getting a job and saving money. So they provided meals…so you don't have to stress on that kind of stuff. Yeah it was really really laid back you know it was really laid back." Jill
A5	**Rule Enforcement**	The application of rules.	"'I don't know how to cook this. I told you that before.' And I was thinking like that. I don't even remember what it was and I just went like I don't know if the meat wasn't defrosted. I don't know what I'm doing. And I'm standing here

			by myself and my baby is screaming and I have to go take care of her and I got written up for it and she's like, 'I'm gonna write you up for it!' and I said, 'I don't fucking care.' I was like my baby comes first and I warned you I wasn't gonna be able to do this because I have no idea what I'm doing." – Grace
B. Classes			
B1	**Neutral Experience with/Description of Classes**	Parenting Relationship Nutrition Cooking Exercise Budgeting Art (e.g., collaging, drawing, knitting)	"Also what they did is they give us um parenting classes. Uh they paid for us to go to um uh [parenting classes]." Vanessa ~~~~ "We did parenting classes. Um, three or four days out of the week there was-- there was at least one class a day that we would have to attend that was mandatory. Um, one of them was parenting." Betty
B2	**Positive Experience with/Description of Classes**	Either she describes the class(es) positively or describes a positive aspect/experience of the class or classes.	"Well that's what I thought like back in the day--like if I would have been in that situation and not getting these classes I would have been like well he loves me because he's jealous…so that's *kinda cute. I would have taken it like that. I wouldn't think it was being abusive…you know. Or a sign of him being--starting to be abuse. But I would of not thought of that before. Now it would be like you're trying to control me…that's *kinda like a SORT OF like an abuse…you know and that's not okay." -- Maree
B3	**Negative Experience with/Description of Classes**	Either she describes the class(es) negatively or describes a negative aspect/experience of the class or classes.	"Parenting classes you go over like parenting skills which um… for ME, my kids were teenagers, so but-- and-- and basically and uh it was just geared towards… YOUNG children which was, y'know, it's like a little um-- like okay I already did this and so I know do you have anything that I could use for like teenagers which was-- they never had." – Chenoa
C. Stereotypes			

C1	**Perception & Experience**	When she defines stereotypes, as well as when she describes a time when she experienced a stereotype being applied to her.	"That's not really fair. Um whether I-- you know, so… there was like that, that I thought was just really not fair and not okay. Um… or also, you know I think when… what else. (Hx) I saw… you know, I saw a lot of people uh who-- people who tried to kind of push their beliefs on a situation on them-- which at the same time is an ASSUMPTION that they don't know what they're doing and that they don't have the capacity to handle it themselves, or that they meant it in a helpful way or not, they're pushing onto them um their own stuff." June
C2	**Response**	How she handled the stereotype. This is a broad category of responses to stereotypes.	"And it's not fair. It's really not fair. Some of us are really using it for what it's for and it's just a helping stone-- you know stepping stone to get you (H) to that next place. And it's not something that I see myself living on for the rest of my life-- are you kidding me? You know I am BARELY BARELY getting by. (tsk) So you know its--I think I-- think that's a big stigma." Veronica ~~~~ " I want so much more than what, y'know, what THEY'VE told me I deserve. I want my son to have the best education, and yes I'm *gonna be involved in that." -- Andromeda
C3	**Interpersonal Stereotyping**	This is when the woman is applying stereotypes to other mothers, women, peers, staff, children, partners…	"…if it wasn't for um, a lot of the ill--the illegal immigrants here getting help then I would've gotten a lot more help with the areas that I needed and wouldn't have been judged the way I was judged and kind of thrown into the--the lions den like I was." – Sally
D. Strategic Critical Resistance			
D1	**Overt Resistance**	Directly confronting a perceived wrong-doing or unfair treatment.	"Suddenly the rules changed, and I was like no that's not what you said. You said that I, I shouldn't spend money on a storage facility, that I could keep my stuff here… and uh…and um, and then I, I was like crying 'cause I felt like wait a minute you're switching things on me and she was like no no no no see you're

			overrea-- like you're, you're PT-- like all of a sudden it was like me and myyyyy emotionaaaallll issues and I'm like no you change the rules like you just changed them." Chelsea
D2	**Covert Resistance**	Presenting a certain way to engage in effective social exchanges while covertly doing something else. Covert resistance is superficial compliance with rules while covertly doing something else. Both to explicit and implicit rules. This can sometimes manifest as social exchanges.	"My son has seizures… and the last shelter I was in… they weren't *gonna let us keep the phones on us at night. I flipped out when he had a seizure over there, and I told them, "This is why I need my phone. Because I need to be able to call his Dad, and his pediatrician as soon as it happens, and *freakin' nine-one-one." And, like, I should not have to assert myself if I tell them already it's for my son's safety…[so] I gave them a phone that was not working, and I kept the one that was." Andromeda ~~~~ "H: Why do you think they weren't as strict with her?... On the money saving stuff? G: Um, well because she lied every month about how much money she actually received. A lot of people li-- did. They lied about how much money they actually received, and how much m-- so when they put their money in they didn't… they, they'd um… they uh-- so then um directors all though oh th-- she doesn't have that much money to save" Grace ~~~~ "I don- I guess I don't really like to watch what time people came home and sometimes I… I guess I don't like… I feel like it's prison @@@@@@ So yeah, I mean if people came few minutes late I don't say anything @@ so…" Sarah
D3	**Discursive Resistance**	Subvert dominant social messages, including but not limited to stereotypes, by rearticulating their meanings or values; for example, reframing the stereotype that homeless	"S: Even before I lived in shelter this is how I probably would think too. Um you know this is what I was uh was image in my head about shelters it's just like dirty and stinky place. That's why I don't call my place shelter because it's not like that it's home and @@@@@

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		women are "bad" mothers by reclaiming "poverty" as thriftiness, or reframing unemployment and underemployment in terms of increased time spent with one's child/ren. This is something that is happening in the interview itself, not a recounting of a story. So she can be telling me a story, but the resistance is the meaning she is arriving at while telling me the story.	H: What makes it feel like home? S: You know because it's like home @@@@@ it's just a regular-- you know it Santa Cruz is a expensive place to live so people they live like that. In one house, bunch of women or men. You know like students I know like from UCSC all like live in a huge house even in front of us there's a HUGE house and a bunch of students live in there and each one has their own room so it's kind of a similar thing. They share the house. You get up in the morning we all share the kitchen each make their own breakfast. That's why it's not like… yeah it's different. We don't have to sign out sign in there is no such rules leave. You just come back just before certain time." Sarah ~~~~ "I'm not that person or, you know, just cause I made a poor choice in my life does not define the individual that I am today. You know, doesn't make me stupid. I'm not stupid. I'm a fairly smart person. I mean, I'm really horrible at math but other than that like I'm pretty smart. But because of choices I made in my past or because of how my physical appearance is whether it be my clothes, my tattoos whatever…I'm judged. And if people want to judge me then, you know, I try to make myself feel better, then tell myself that's their loss. But, I mean deep down inside, it does hurt…" Marcie
D4	**Instrumental Self-Presentation**	Instrumental self-presentation is used to secure the best possible treatment in different situations. For instance, women may try to present themselves in the best way possible to ensure that the staff views them favorably. I build on psychological concepts of self-	"At least they have more of an understanding of who you are. And not everybody's a druggie and off the streets, you know? Like, when I tell my story I'm like, I had a house. I had a four bedroom, half ac-- more than a half acre piece of land and I was there for ten years. Buying it, like--we had a really good jobs. Like, I never had to depend on anybody to watch my kids, or--you know what I mean? Like, we--we were doing a great job its just he lost his job

			presentation and instrumental resistance to provide an account of instrumental self-presentation, which was a strategy used by women to let shelter staff know that they do not fit dominant stereotypes of homeless mothers.	and got into pills, then--(Hx) I mean I understand how people can get addicted to pills but I--I lived it. I know. And now he's--he's on heroine and I seen--I seen a picture of him last week and I was just like, "WOW." Drugs really got him. And I signed up already with, um, my caseworker to file for my divorce. I'm just waiting on the call so I can get that started, but…I wouldn't change it. I feel like I've accomplished a lot." Sophia

E. Feelings about the Shelter, Herself, Other Residents, Her Child, Her Partner

| E1 | **Gratitude** | Grateful, Thankful, Thanks, Appreciation, Indebtedness

* NOTE: this category will sometimes overlap with one of the interactions categories because sometimes what women say they are thankful for are relationships they had and then they will share with me an interaction they had that illustrates that. | "That was actually the best-- the most beneficial thing I think that I gained from being there was that…was saving my money. Was learning to save my money." – Grace
~~~~
"And it's like THAT HOUSE taught me like structure is everything. It's SO important with kids. It's like, it's CRAZY how much they rely on it. And like, if they KNOW what to expect then they're comfortable. And I would've NEVER known that if I didn't live there." – Betty |
|---|---|---|---|
| E2 | **Shame** | Humiliation, Distress, Shamed, Loss of Respect, Embarrassed, Inadequate | "H: Ok, I see (H) you said a little while ago that you, you don't like telling people that you live in a shelter.

T: (H) yeah, cause they look at you funny, they treat you funny so I don't like to say it.

H: Like what kind of stuff happens?

T: Um, (H) we-well I I did tell this one job in interview that um, I'm in a shelter. And that was it

H: What do you mean that was it?

T: They never called me back (paper |

			shuffling)….they never, and that was the end of the job." – Terry
			~~
			"I spent a lot of my life being judged for one reason or another. I've been picked on, looked down on, whether it be because I'm Jewish or because I made the ch- bad poor choice of using. Or whatever, but I get that a lot. Like I've had people… like who know I'm on food stamps for example and they put on my --- you know write some comment things on my Facebook or have literally come up to me and spit on me because I… I'm on food stamps. Because I'm worthless and I'm not trying to get a job and here they are working their ass off and they can't get any assistance or help. And it's like, that's not the case. Or they think that…Like they have --- @Well, a lot of people have this misconception that because you have get cash aid and that, you have food stamps that you're spending all this m-money. Like you're getting ALL this cash and you're spending it all on #that like designer bags and you know so your kids can have Nike's and so that they can have all these brand new things" – Marcie
			~~
			"I *dunno, I always feel like I'm being judged for my parenting. Always. No matter where I am, if I'm in public or by other women in the house or whatever-- it's probably all just made up stuff in my head, and I KNOW that on one level, but I can't help but hear those tapes play in my head." – Taylor
			~~
			"that stigma, and that like stereotypes, and that-- you know? And then-- but also there's-- it's kind of… as much as it SHOULDN'T be, being like a homeless, single mom, you know-- I mean it's-- I feel-- it's like shameful, it's embarrassing you know? And I--so it's not something I go freely telling people. Like, you know, it's not something I'm

			*gonna tell somebody for the-- during the first three dates or whatever like-- you know, you can't even date. I felt like I couldn't even date because, you know, what am I *gonna say? "Oh you can't come pick me up at my house because--" you know? Or, "I have to be back at seven, there's a curfew." @ You know?" – Taylor
E3	**Safe**	Secure, Comfortable, Clean, Bright, Warm * NOTE: Some women will talk about things they heard about the shelter before moving in, you are not coding when this happens. You want to code "safe" when she is talking about her actual experience and/or perceptions of the shelter.	"I know that I was safe there and I knew that I was ok there so um, that-- that's what I--I enjoyed being in there and staying there." – Vanessa ~~~~ "So they found a bunch of spoons in the rooms. And I'm just like " ewww. Nobody wants to be in those rooms." You know what I mean? It just like… [that's] one thing I want my kids not to be around, you know? So there was no tolerance for that. H: Yeah. P: Yeah. So that was good. H: A good rule. P: A @chhh yeah. That was just… black and white right there." – Peggy
E4	**UnSafe**	Fear, Unclean, Worries, Dark, Dirty, Cold, Scared * NOTE: Some women will talk about things they heard about the shelter before moving in, you are not coding when this happens. You want to code "unsafe" when she is talking about her actual experience and/or perceptions of the shelter.	"But, you know, when you have people there who are using and, you know, what it's like to be around people who use, you don't feel safe…" – Marcie ~~~~ "And… Its like my CPS case is in Monterey County. It's not here in Santa Cruz and I was telling Sonia yesterday "I don't want to but I think I'm *gonna have to transfer it ov- my voucher over there because they seem to have more housing available over here than what we have here in Santa Cruz." But she's right. I go over there, that's Julian's territory. So I'm more --- and I don't know anything over there and I have no sense of direction. I've lived here since I

			was nine and it took me ten years to get my --- know where @everything @is @here. So it's like, I go over there and it's just it's a scarier place. You have shootings here *maybe once every couple, like, blue moon[s] and half the time nobody even gets hurt. Whereas over there people die and get shot everyday." – Marcie ~~~~ "To have somebody that's your peer try to act like they're your-- they're an authority figure is difficult. It is really hard. And you know, you don't know what you're dealing with here because there's-- I mean it could be anybody. This could be somebody that just got out of prison or um--which, you know, they deserve a shot too-- but you don't know if they have mental health issues, if they're *gonna freak out on you or… you know? If you have all of your food together in the same living area, they're *gonna poison your food or steal your food. Like one woman who moved in there, she kept putting-- taking my food. And she'd put water in my milk--use my milk and take it, you know? And it's like-- I mean none of us are in position here to be supporting anybody else." – Taylor
E4	**Hope**	Aspiration, Desire, Wish, Expectation, Ambition, Aim, Goal, Plan, Dream * NOTE: This can be a hope she has for herself, her child, another family member, another resident, a staff person, or a partner.	"My idea of a shelter, and eventually I will make one, if, if I have to drag myself to that point. I'm *gonna make a shelter for WHOLE families, if I have to buy a *freakin Hilton. And… make sure EVERY child has classes, there's medical, there's free stuff, FREE classes for everything you can imagine… and the families get a place to stay that's all their own, including healthcare needs, bathing, and they're not forced to wake up at five am every morning to do it. They're taught with love and happiness, and… y'know they don't have to struggle like they do everywhere else. I want people to succeed. I want everyone to be happy. I don't want, I don't WANT

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			anyone to suffer, I want, I want it to STOP. Nobody should have to struggle." – Andromeda
			~~
			"…he's the bright one he's the --- I know he's, he's the promised one so I know that he's gonna be a doctor and, and um education's gonna be there a-and it's all paid, for all he has to do is just go, that's it." – Terry
			~~
			"One day I'm going to wait for him to be doing that, I'm *gonna be in my apartment and I'm *gonna record that and I'm *gonna Youtube it. See how many hits it gets… That boy's *gonna be famous." – Andromeda
F. Interactions with Shelter Staff			
F1	**Positive Interaction with Staff**	Here you are coding for instances of a positive experience or perception of staff.	"…everyone helped me move. We packed up the vans-- the [shelter] vans, and help[ed] me moved out. You know? Um, I happened to be a person that has TONS of stuff always, so @@ I needed a lot of help. Um, I know they were supportive, and actually what was really sweet is like, we had NO money @@ like we had no money and w-- like not only that but were seventeen year olds that had NO IDEA what a-- stocking your house even means. Like I need to buy Advil and like a plunger @@@ like Lysol and paper towels and like there's SO much that you need to have your own house that you don't have when you're seventeen, and um… or-- before you even do it, and so moving in there um I remember [the shelter director], she brought us pizza and milk and Oreos, and bread, and peanut butter, and eggs. And she like, brought it over our first night, we like @wouldn't have eaten, like I don't know what. I mean, we *woulda figured it out, but, um…it was really sweet of her." – June
			~~
			"[NAME] was a good staff person. What happened with her is that she um… she

			never, she never-- even though she would have a bad day… and like everyone has bad days, unless if she doesn't have bad days, and she'd be like God. But, she was always like cheerful and helpful and like… do you need anything to help with today? Can I take one of your babies?... You need to take a shower?" – Demi
			~~
			"[Shelter Director] had, you know, saw me upset and she was like, "What's wrong?" And I was like, you know, I said, "It's Angel's birthday." I was like, "I don't have NO money. Like, I don't know, you know? Nothing I can do for her, and I feel bad." (H) 'Cause I can't do anything for her and she was like, "Oh, Sofia." She goes, "I-I got some cake mix. (Sniff) And you can make her a cake." And I was like, "Oh, thank you Carmen, you know?" (sniff). And that girl, she had just started that morning. And so she saw me hurting like that. You know? And I was just kind of like, (sniff), well at least I can make her a cake, you know, because--they'll sing her happy birthday (sniff)." – Sophia
			~~
			"And the other girl that would come in, like, she said that her mom when she was little had been in a shelter. (sniff) And she was more caring with the kids. And more, like, "Oh, here, let me go…Let me go--um--let me go get some toys for them." Or she'd sit there and take the time to play with them, you know? And she was like, "My heart goes out to these--" You know? She--She didn't have to say it, she showed it. You know? And I'm like THOSE are the kind of women that need to be working in the shelter. You know? The women that KNOW what it is to--to LIVE in a shelter." – Sophia
F2	**Negative Interaction with Staff**	Here you are coding for instances of a negative experience or perception	"…a prime example that would be um when she would-- she would never change 'er-- the baby. Y'know and, and

		of staff.	the, and the diaper--and the diaper would stay there to the point where that baby was so-- had so much diaper rash that it was y'know like openly bleeding, and y'know the majority of us mothers…that bothered us. Y'know and, and uh so, so we'd bring it up to staff. This is what's going on. This is not right. And it's you need to mind your own business. Let her take care of her child the way she wants. Which was @REALLY really difficult, um, and there was a lot of conflict… y'know and that, that woman was in the house with her children because of that…[the quote goes on…]" – Chenoa [NOTE: this quote would overlap with negative interaction with resident as well.] ~~~~ I'd forgotten to wash my windows over the weekend once and I got written up for it. But I didn't-- the thing is I didn't-- I remember that was the big fight with the weekend lady is 'cause I--I had asked my roommate if we were supposed to do our windows and she said, "I don't fucking care. I don't think so." And I'm like ok well if we-- she's like-- 'cause I-- we told you last weekend but I can't remember if we're supposed to do it every weekend, so I didn't do my window. And then when we were asked, I didn't lie about it, I said, "No, I didn't know we were supposed to. I asked my roommate and she said no, so, sorry. Do you want me to wash my window?" And she was like, "Everybody else did it and I told you last weekend blah blah." And I was like, "Ok, well I obviously didn't know." And it was-- and then y'know it was really annoying because everybody else in the house was like, "No I didn't do my windows. I didn't do my windows." And I was like well everybody else lied to you and told you that they did their windows when NOBODY else did their windows, and I apologized, told you I didn't know, and

			offered to do my windows and she said that I had said that I would do them, and she asked my roommate if sh--, "Did you tell her not to--," by the way my roommate TOTALLY threw me under the bus and lied and said, "No, of course I never told her that. I did my windows, and everything." And I knew she didn't, and I was like ok, well she *coulda just said the truth and been like I didn't know because y'know, but no she ripped me up for it and she was-- and sh-- wanted me to sign the paper that said that um, sh-- y'know that she had given me the warning and all this stuff, and I told her that I didn't *wanna sign that paper. Because I--I believe that y'know 'cause she had written down on the thing saying and then Grace refused to do her thing and I was like that's [a] lie, and I don't like that. And she said though if I didn't sign it that even though it was like ten o'clock at night she would send-- she would pack all my stuff and leave, so I signed the paper." – Grace [NOTE: this is also coded as negative interaction with resident.]
			~~
			"[The Shelter Director] would take you into her office and like, belittle you and tell you this, this, and this and I can't remember a lot of the things she said but…" – Andromeda
			~~
			"Not just people that just to--'cause it's a job to go in there and say, "Oh, I'm *gonna use my title." You know? "To do whatever I want." And that's how I felt like there are some women that--that work in the shelter. That use that title as like, "I'm be--I'm better than you." You know? And look down on you. And it shouldn't be that way (sniff)." – Sophia
F3	**Neither Positive nor Negative Interaction with Staff**	Here you are coding for instances of a neutral experience or perception of staff. This means that the interviewee	"They kinda like watch you, watch you how you communicate, how you work, how you your willing[ness] to obey the rules (clears throat). And if you're, um, a client that will listen to rules, follow the

		describes a situation or interaction with a staff member and it is neither positive nor negative.	rules, (H) obey the program, they'll put you in the [transitional housing] where you rent your room and save money, or they put you in a two year transitional home and that's another program. Um but that's, that's how I saw them do it." – Terry

G. Interactions with Other Residents			
G1	**Positive Interaction with Other Resident(s)**	Here you are coding for instances of a positive experience or perception of other residents.	"And then when, when I was six months pregnant and the father called me while I was at work to tell me that he wanted nothing to do with her um and I was crying and I felt super alone like there were women there that had similar situations that could relate. And if I had been alone in my own apartment when that was going on I would have never have been able to overcome that with as much strength and positivity. I probably would have spent the majority of my pregnancy feeling deeply devastated and depressed and instead it was like oh that sucks." – Chelsea ~~~~ "…me and my really good friend and I still hang out with Nicole-- like we would get up in the morning… with our ki-- like you know. We would hit--like there's a, our bathroom it has like the double showers and she was the only person-- we didn't care, we used both of our showers, our babies are both asleep and we'd watch each other's kids all the time and we'd go downstairs and we'd like make breakfast for each other like I'd make the French toast and she would make the eggs and sausage and we'd sit down on the stairs and we'd eat together for like an hour and a half and just like hang out and just y'know like every day and like our other friend would come back from dropping their kids off at school and we would all just like lay around and then we'd be like oh [shelter director is] here, act like we're doing something @@@get @up, so. So yeah

			that went really well." – Grace
G2	**Negative Interaction with other resident(s)**	Here you are coding for instances of a negative experience or perception of other resident.	"We had this one girl come in. We called her the six hour girl 'cause she lasted six hours basically, and um she came in and she, she literally was smoking marijuana in her room… Like nothing. While we were doing our chores, and I-- 'cause I remember that dis-- that day distinctly. I was mopping. It was my turn to mop the upstairs floor and it smelled. Where's that coming from? That is like, not outside, that is in the house. And she was--I, y'know, I knocked on her door but at the same time that I knocked I opened it and she's sitting there smoking on her bed. @@@ I was like, "What are you doing?" She's like, "Nothing." @@ @@@ You can't do that. You're gonna get in trouble." – Chenoa ~~~~ "Somebody said I took five dollars. Somebody said I took a freaking bobby pin, and I don't even know how to use those." – Andromeda ~~~~ "Then there was an incident where, um, one of the other girls, um, that was staying in the shelter. She had come to me and she was like, "What happened to the dinner? You know, dinner's not done. You know? Where's the dinner? And like, I saw them make it. I saw her making it this morning. Like, where's it at?" And I'm like, "I don't know, its in the fridge I guess". And she's like, "no, it's not in there." And she was *kinda like, you know, wanting just to blow up already, too. And so, um, the warden got there -- I call her the warden." – Sophia
G3	**Neither Positive nor Negative Interaction with other resident(s)**	Here you are coding for instances of a neutral experience or perception of other residents. This means that the interviewee describes a	"…while I was there I just minded my own business. I mean the tenants would get together they'd grill barbeques and stuff together but I just really minded my own business. There was a couple people that I got close to that I really like that

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		situation or interaction with another resident and it is neither positive nor negative.	are still there but-- and I even got along with --I got along with everybody there. You know but I didn't engage in hanging out with the rest [of them] like that." – Jill