Article 90

Interviews With Formerly Homeless African American Women About the Benefits of Counseling and the Process of Change

Wendy Killam and Meghan L. Reppert

Killam, Wendy, PhD, LPC-S, is an associate professor at Stephen F. Austin State University. She coordinates both the Mental Health Counseling program and the Student Affairs in Higher Education program. She is active in the Association for Adult Development and Aging. Her research interests include transitions throughout the lifespan, wellness, older adults, and college student adjustment.

Reppert, Meghan L., MEd, EdS, is a doctoral student in the Counselor Education program at Montclair State University. She has a background in both mental health and addictions counseling and her research interests are focused on gender and career development. She is active in the Association for Adult Development and aging, as well as Chi Sigma Iota International Honor Society

Abstract

Within the United States, homelessness is a growing issue. A disproportionate number of minority women are homeless. There are certain risk factors that increase the likelihood of being homeless including poverty, victimization, and mental health issues. Treatment for homelessness is often lacking. This study examines the common themes reported by homeless African American women who received limited short-term counseling services. Implications for counselors who work with homeless individuals will also be provided.

Brief Literature Review

An alarming number of people both nationally and internationally experience homelessness. While there are many different reasons a person becomes homeless, statistics and logic indicate that poverty is the leading factor contributing to homelessness (Wesely, 2009). According to the U.S. Census Bureau, the nation's poverty rate rose to 15.1% (46.2 million) in 2010 (O'Brien, 2011). Provided the recent destabilization of the economy, the number of people underemployed continues to increase. Funding cuts to federal and state agencies also inhibit the number of people that homeless shelters are able to help (O'Brien, 2011). In a given year, it is estimated that 1,593,150 individuals in the United States experience homelessness, and 38% (approximately 605,397) of those people are women residing in shelters (Substance Abuse and Mental Health Services Administration [SAMHSA], 2011).

It is important to bear in mind that when speaking about poverty, the discussion is not only focused on those who are unemployed, but as previously eluded to, on the vast number of people who are underemployed as well. When taking a closer look at the demographics of people who are homeless in the United States, it quickly becomes apparent that a staggering number of families, especially single parent households, are stricken by poverty. According to the U.S. Census, 5.8% of all people in married families lived in poverty, as did 26.6% of all persons in single parent households, and 19.1% of all persons living alone in 2007 (O'Brien, 2011). Furthermore, persons of color are more likely to live in poverty than their Caucasian counterparts. Additionally, women of color are more likely to be the heads of single parent households, and African American women more than any other group. African American women have the highest rates of divorce compared to any other group, with marriages ending at a rate of approximately 47%, and approximately 75% of all poor households have a woman as the head of the house (Moxley, Washington, & Calligan, 2012). Women have unique challenges when faced by poverty and homelessness. One of these is the hope to remain safe, both physically and mentally. When women become homeless, they tend to risk more harm than their male counterparts. Many women who are on the streets turn to prostitution or abusive relationships in order to survive (Wesely, 2009). This may be because they do not see any other option. Sun (2012) indicated that the lack of documents to verify identity and the lack of a permanent address often impedes a homeless individual from completing job applications.

Etiology of Homelessness

There are several elements that may contribute to becoming homeless. Homelessness among women can be linked to a lack of jobs, underemployment, a lack of public assistance funds, and a concurring escalation in poverty and home foreclosures. Domestic violence, mental illness, substance abuse, and a lack of access to affordable treatment programs are additional factors that increase the risk of homelessness for women (Wesely, 2009). A meta-analysis of research indicated that the process of becoming homeless likely includes a history of "interpersonal abuse, neglect, and/or abandonment, all of which might be fueled by the psychic instability and/or immoral proclivities of close associates" (Wesely, 2009, p. 92).

Mental Illness

Approximately half of all people who are homeless struggle with mental health issues and close to 25% of people who are homeless have serious mental health disorders, including chronic depression, bipolar disorder, and schizophrenia (NAEH, 2013). As Markos, Baron, and Allen (2005) discussed that in the past "mental hospitals" served the purpose of keeping mentally ill individuals from living on the streets. However, in the 1970s, deinstitutionalization of mental hospitals began and many individuals who would otherwise have received treatment became homeless. Furthermore, women who are impoverished and have mental illness may be at higher risk for becoming homeless than male counterparts (Markos et al., 2005). Compounding the increased risk of homelessness associated with mental health issues, is the cost of healthcare and mental health services preventing many individuals from obtaining needed services.

Furthermore, African American women may be less likely than their white counterparts to seek mental health services due to their lack of trust of the health system (Sleat et al., 2006).

A specific example of this tendency occurs with the use of antidepressants. Research has indicated that non-African American women are significantly more likely to use antidepressants than African American women. While it is not possible to determine causality based off of current research, there are several factors that appear to be consistent themes in the literature. Treatment preference, lack of access to appropriate health care, and a bias of health care providers not to prescribe anti-depressants to African American women are possibilities that have been discussed in literature (Sleat et al., 2006). Perhaps the most pertinent theory in the literature was that mistrust deters African American patients from seeking services (Sleat et al., 2006).

In sum, there are likely multiple confounding factors that contribute to African American women receiving less mental health care services than their white counterparts. However, lack of treatment for those with serious mental health disorders can contribute to instability, and for those who are both homeless and struggle with serious mental illness, they are even less likely than their non-homeless counterparts to get the help that they need (Sleat et al., 2006). As aforementioned, not only mental health disorders, but also substance abuse disorders increase the likelihood of a woman becoming homeless (Sun, 2012).

Addiction

Many people who are homeless have problems with substance abuse and furthermore are diagnosed with substance abuse disorders (Sun, 2012). Survey research suggested that 46% of homeless respondents reported having an alcohol use problem in the past year, and 38% reported a problem with drug use in the past year. When an individual has a co-occurring severe mental health disorder and a substance abuse disorder, she is at even greater risk for homelessness (Sun, 2012). The interplay of mental health and substance abuse exacerbates efforts to gain and maintain stability. To this point, women who have severe mental illness as well as a substance abuse disorder are much more likely to be chronically homeless.

Victimization

Statistics from the Domestic Violence Statistics (DVS, 2013) indicated domestic violence is the leading cause of injury to women. Perhaps even more alarming is that women are caused injury more often by domestic violence than car accidents, muggings, and rapes combined. Frequently, domestic abuse begins at a young age, and women who experience domestic abuse have been victims of this violence for many years. Approximately one in five teenage girls that have been in a romantic partnership with a male report that a boyfriend has threatened violence or self-harm if presented with a breakup (DVS, 2013). Research indicated one out of every six American adult women has been the victim of an attempted or completed rape in her lifetime. When broken down, 14.8% experienced completed rape and 2.8% experienced attempted rape; 17.7 million American women have been victims of attempted or completed rape (Rape, Abuse and Incest National Network [RAINN], 2009). Research also indicated that

homeless women have higher rates of sexual and physical abuse than men who are homeless (Wesely, 2009).

Women who have experienced domestic violence, physical, or sexual or mental abuse are more likely to struggle with mental health issues, addiction, and homelessness (Markos et al., 2005; Wesely, 2009). One of the most overwhelming aspects of abuse is that abuse is often cyclical in nature. In a culture that undervalues women and espouses masculine values, women are exposed to images, messages and at times, relationships that belittle them as a gender (Holvino, 2010; Tatum, 1997). Provided the centrality that gender has to self-concept, this can be an extremely injurious process. In instances in which women are forced to engage in abusive relationships as a child, it is not uncommon for them to seek out and find relationships as adults that have similar patterns. Furthermore, research indicated that disempowering partner relationships can serve to perpetuate women's homelessness by strengthening many of the gendered struggles women already experience (Wesely, 2009).

Domestic Violence

Not only is domestic violence widely occurring, it is also underreported, making it difficult to truly determine the extent of the interplay between domestic violence and homelessness. An international study on domestic violence was conducted which included 10 countries, including the United States (DVS, 2013). Results indicated that between 55% and 95% of women who had been physically abused by their partners never contacted non-governmental organizations, shelters, or the police for help. Particularly relevant to those who live in poverty is that the emotional and physical cost of the abuse is then compounded by the fiscal costs. The costs of intimate partner violence in the U.S. alone exceed $5.8 billion per year: $4.1 billion are for direct medical and health care services, while productivity losses account for nearly $1.8 billion.

Sexual Abuse and Victimization

Research that has been done on sexual victimization consistently has indicated that being in a low socioeconomic status, being female, coming from a single-parent home, and being non-white increases the risk of being sexually assaulted (Kennedy, Bybee, Kulkarni, & Gretchen, 2013). Race may play a more significant role for African American women because research has indicated that African Americans or Native Americans are more likely than girls from other groups to be forced into having sexual contact (Kennedy et al., 2013). Not only can a history of sexual victimization increase the risk of becoming homeless, but when interwoven with homelessness, it may increase the likelihood of experiencing sexual assault or physical abuse in the future. Women who are homeless and live on the streets are more likely to be victims of sexual victimization and physical abuse. Prostitution and selling sexual services may become a means for survival when a woman is homeless and living on the street. Turning to prostitution is a "high risk survival option" for a homeless woman (Wesely, 2009). When one takes into consideration a woman's subordinate role in society, and particularly a society in which women often are victims of violence, women's decision to sell sex in order to survive is strongly embedded with the dominant narrative (Wesely, 2009).

Purpose of the Study

The purpose of this study was to learn about the unique experience of African American mothers who had been homeless and received counseling while homeless. The interview format allowed the participants to have the opportunity to tell their stories and provided rich data that may not be available from a survey method. The narrative method used in this study allowed data to be obtained without the researchers having to make preconceived hypotheses about the benefits of counseling services to homeless women. The participants were contacted by the director of a homeless shelter. The study was approved by the university instructional review board (IRB).

Methods

Research setting. The study was conducted in a middle sized community in Texas. In this city, the number of homeless individuals has increased in recent years. The lack of shelters that allow family units to stay together proves to be a challenge for many homeless individuals in this city. The participants in the study had stayed in a small shelter that allowed for families to stay together. The shelter consisted of several small two and three bedroom houses. At maximum capacity, the shelter could house 100 people.

Counseling intervention. Counselors in training need to learn how to provide counseling services and are required to do so in practicum and internship under supervision. A partnership was created where students from a local university counseling program went into the community to provide services at a homeless shelter under the supervision of faculty members. The student counselors provided counseling services for residents of the shelter and saw individuals for up to 12 sessions. The faculty supervisor served as the on-site supervisor for the student counselors.

Participants. There were five African American female participants with children in this study who were identified by the shelter director as having received counseling and were no longer homeless. While they no longer lived at the shelter, the women remained in contact with shelter staff. The director contacted the individuals who agreed to consent for an interview about their experiences. The purpose of the study was explained to participants. Participants reviewed informed consent forms and agreed to participate. The study was approved by the researcher's IRB. Participants were informed they could terminate the interviews at any time. The interviews were conducted in a private setting and were semi-structured in nature and lasted about an hour to an hour and a half. The following 10 questions were asked of all participants.

1. How did you become homeless?
2. What issues did you have that might have contributed to your situation?
3. How did being homeless impact your family?
4. What was the most helpful thing about the counseling services you received?
5. Tell me about people who were helpful to you as you tried to make changes.
6. Describe what it was like living in a shelter.
7. Tell me about your childhood.
8. What types of problems did you have before you came to the shelter?
9. What is the biggest challenge you faced in making changes?
10. Is there anything else you want to tell me?

Data analysis. The interviews were recorded and transcribed. The researchers then looked for themes that occurred throughout the interviews. The researchers highlighted the differences and similarities within the transcripts to extract the themes. Attention was given to the common themes that began to emerge.

Results

All five of the participants were African American females in their early twenties at the time they were in the shelter. The average age during their shelter stay was 21. The participants all had one or more children. Three of the women had been in abusive relationships and three of them had been victims of sexual abuse. Additionally, two grew up in single parent homes where their mother had never been married; two grew up in homes where divorce and marriage had occurred. One participant was raised by grandparents. Depression and bipolar disorder were common in the family members of two of the participants and drug and alcohol abuse was present in the family of origin of three of the participants. Three of the women did not have a GED or high school diploma. All of the participants had little or no work experience. All names have been changed to protect the privacy of the participants.

Common Themes

Confusing system but counselors helped. The participants indicated that they had difficulty trying to understand and navigate the social service system. They expressed a great deal of confusion in trying to navigate the social services system on their own. Each of the women was working with a counselor in training who began to assist with that process. While advocacy, social justice, and linking individuals with resources is within the scope of a counselor, and essential when working with this population, it is often viewed as a function associated with social workers. Thus, the student counselors were able to assist the women in applying for assistance for housing, food stamps, and job training. All of the participants discussed the tremendous benefit of having someone to guide them through the system and assisting them to connect with resources. A few of the comments from the participants are below.

Jane. Jane discussed her difficulty in trying to find out about programs in the community to help her work on her GED. She was relieved that the counselor was able to provide her with information. She said, "I really had no idea where to start when they told me to go work on my GED. I was not sure who to even contact."

Julie. Julie indicated that she was resentful at first of having to work but found that it was beneficial. She said, "I did not want to leave my babies with no strangers. It was not fair, but yet looking back I see how it helped me to make a better life for them. I started out as a cook and now am an assistant manager. It's been a good thing. I no longer have to rely on anyone else to take care of me."

Marcia. Marcia said, "I had to jump through so many hoops. I lost my driver's license and was not sure how to get a new one. When I made some phone calls I was not sure where to go and I needed a license to be able to apply for housing assistance. I was ready to move out but felt stuck because I did not have my driver's license and also did not have a social security card. I didn't get why they wanted the actual card since my employer never asked for it. The counselor helped me by telling me step by step what I

had to do." She also indicated the counselor helped her get in contact with agencies in the area that were able to provide beds and other household items when she moved out of the shelter.

Challenges of shelter life. It was not uncommon for participants to discuss feeling ashamed about having to live in a shelter. They were also fearful that their children would be removed from their care. Even with childcare provided by local agencies and job training programs, they did not like having to leave their children with others. This was especially true if the children were not yet ready for school. Additionally, the women expressed that it was difficult to obtain employment, which was a condition of living in the shelter. One had to be receiving job training, working on a GED, actively seeking employment, or employed to remain a shelter resident. However, they did discuss that in retrospect it was beneficial to have these rules as it allowed them to obtain employment, save money, and then get out of the shelter. Participants also talked about how having to complete a weekly report regarding their progress was a nuisance, but upon looking back they expressed that it helped to hold them accountable. Additionally, they found that the student counselors were also helping to hold them accountable. They expressed that the student counselor gave them a person to talk to about their progress, challenges and issues throughout this process.

Marcia. Marcia recalled how one week she simply did not want to do anything or even look for a job. It was Thursday and she had not done anything all week. "I remember meeting with my counselor and how she asked how it was going. I was in a foul mood and asked her 'How do you think it's going? I'm homeless and have no life. The only reason I go on is my kid." Marcia discussed how the counselor was able to help her become more focused and eventually she was able to process some of the pain from her childhood. Being accountable frustrated her because she was forced to care for others in her family at an early age. She felt she never really had a childhood.

Nicole. Nicole felt like she was being scrutinized with the accountability aspect at first. "As a child, I was expected to be perfect. I had to always have a smile on my face even though I hurt so bad on the inside. No one knew what went on behind closed doors." She went on to explain how the reporting system and rules caused her feel like she could not be real. She was frustrated with having to get a GED and then a job. Nicole felt like if she was not "perfect" that she would get kicked out. The counselor was able to help her work through some of her issues with having to be accountable and that the idea was not to be perfect. Nicole stated, "During my time at the shelter, I learned how to be real. I learned I did not always have to put a smile on my face, but could express myself. I learned that having boundaries was a good thing. In my family there were no boundaries. I could stay out as late as I wanted and be with who I wanted as long as I gave him (her step-father) what he wanted (referring to sexual abuse)."

Julie. Julie recounted how she started to cry in a session when talking about having to find a job. "I hated the idea of finding a job. It was like everyone was against me. I had applied everywhere but was getting nowhere. I talked to my counselor about the situation. The counselor listed to me. I think it was the first time someone really cared about what I had to say." Julie also discussed the frustration of filling out weekly forms because not having a job yet made her feel like a failure. She did eventually get hired at a floral shop.

Robin. Robin discussed her fear of not being good enough. "I was nervous that I was not going to be able to do what they wanted. No one had ever expected much of me before. I really disliked having to keep track of my progress at first. As time went by it got easier and I got used to it. I learned that it was all right to not always have answers, they were there to help. The counselor also helped me by pushing me a bit and she challenged me a few times too."

Encouragement. Within the counseling relationship, there are key tenets that have been identified as important. Encouragement is one factor that can help a client to make positive changes. Each of the participants discussed the benefits of telling their stories. They also expressed how the actions of the counselor served to encourage them. According to Finley and Barton (2003), it is important for homeless individuals to have the opportunity to tell their stories.

Jane. Jane discussed how beneficial it was to just be able to tell her story. "No one had ever really cared about what I had to say. The counselor let me talk. She encouraged me to tell her how I felt. She really listened and did not judge me for my mistakes. I know I made lots of mistakes. I know I could have done better. She got me to focus on where I wanted to go not where I had been. I was able to put some things to rest in my past and move on."

Julie. Julie expressed how she felt much better after the counseling sessions. "After each session, I always felt like a little bit of a weight had been lifted if you know what I mean. The counselor listed and I talked a lot. I told her things I never told anyone else. She did not become upset or tell me I was bad. Sometimes I felt like I was a bad person but she encouraged me to talk. She said it would help and you know it really did help. I don't really know how or why it did but somehow I began to put the past in the past and move on with life. I mean you only get one life so you have to try to stay positive. I think her being so positive had an impact on me. I felt encouraged by her and really felt like I needed to use the time at the shelter to rebuild as a second chance sort of thing."

Robin. Robin indicated that for the first time she was able to begin to value herself. "You know I never really thought I was important or could make any kind of difference, but after talking with the counselor my thinking started to change. I began to think that maybe just maybe even if it was only for one person or a little difference, I would make the place better. I think counseling helped me to discover my self-worth. I mean I was not feeling like I could do much but as I began to reach the goals we had set I began to think maybe I could reach bigger goals. I always wanted to help people and maybe work in the medical field, but no one really told me I could do so. The counselor helped me to see that was really possible if I really wanted to do it, so you know what, I did it." Robin has recently completed her LVN degree.

Marcia. Marcia talked about how depressed she was at times about her family of origin. "My mom was a single mother and so am I. I don't know who my father is and I have no clue which guy is the father of my daughter. There are several possibilities. I guess you could say I made a mess of my life trying to be like my mom. You know the counselor told me about learned behaviors and that one can change. I am trying to change. I learned from my mom that you just get a different man each day of the week to care for you." When asked to explain what she meant, Marcia stated, "My mom would have several different boyfriends at the same time. One might pay the rent, the other

might pay the electric bill and so on. It was how she survived. I guess I learned from her that was what you should do but even being with one guy was really depressing. I don't know if there is something wrong or not but I really didn't care to be with a guy. I have a kid by one but you know I feel depressed and empty when I am with a guy. I feel angry that my mom did not encourage me to finish school." When asked about her relationship with her mother now she said, "I don't speak to her much. She pretty much told me when I got pregnant that I needed to grow up and do what it takes, but after I got in a fight with one of my boyfriends, he kicked me out and I didn't know what to do. When I went to the ER for my broken arm, the social worker called the shelter. I ended up at a homeless shelter of all places. But you know at least I did not have to have sex with a guy just to keep a roof on my head. It was probably the best thing that could have happened to me."

Nicole. Nicole described how helpful it was for her to be able to tell someone what happened to her. "I had never told anyone about how I felt because of what he did. I always felt ashamed, dirty, and like I caused problems between my mom and step-father. I really believed it was my fault what happened and all. The counselor helped me to realize he was the adult and what he did was wrong. She encouraged me to talk about how I felt and told me crying was okay. I cried a lot when talking to her about this stuff. She never got upset or blamed me and that helped. I have not forgiven him but I have moved forward with my life. I refuse to be a victim. I am going to succeed in life." Nicole became somewhat emotional at times talking about her past but emphasized several times that the counselor encouraged her and talked about what a huge difference that made. "The counselor was a godsend. She was like an angel that comforted and encouraged me."

Family of origin issues. During the interviews, the participants talked extensively about their families of origin. Some talked about parents and sibling while one spoke about her grandparents. The estrangement from family became a theme that emerged.

Jane. Jane talked about how her mother got pregnant with her at 15 and her grandparents tried to raise her. She said that her mother ended up dead at 21 from a drug overdose and she never knew her father. "My grandparents were kind of strict and wanted me to go to church all the time. I felt like they wanted perfection and I could not do it. I never really felt loved by anyone. I started drinking when I was 13 and began hanging out with the wrong crowd. When I got pregnant at 15 my grandparents were upset and threatened to send me away. I ended up running away and have never looked back." Jane also reflected on how deeply the loss of her mother impacted her. "My mom was in and out of my life and I never really felt like she cared much for me. She would try to get off drugs but end up back on them. I never tried drugs because I saw what it did to her, but I did try to drown my pain in alcohol a few times."

Nicole. Nicole talked about sexual abuse that occurred from her step-father. She stated, "When I got tired of the abuse and putting on a happy face, I decided to leave. My mom should have known what was going on and I know she had to know. She walked in on us more than once but never would say or do anything. I felt so unloved by her for not taking care of me and eventually I left and moved in with a guy when I was almost 17. He was not a good guy and well, guess that is how I ended up homeless." She indicated that she had cut off all ties with her mother, older brother, and step-father. Nicole also stated that after she filed charges on her boyfriend for domestic violence, that relationship ended. She has two children from that relationship and does not get child support. She

also expressed quite a bit of anger toward her mother. "Now that I have kids, I don't see how she could not have protected me. I mean that was her job. She put this man as more important than taking care of me. I was her child and she let him do unspeakable things to me. He took something I can't ever get back and I will never forgive her for that."

Julie. Julie discussed how difficult her childhood was for her. "I had a hard time as a child. Other kids made fun of me because of my dark skin. I know my skin is darker than many blacks and well light skinned blacks tend to think they are better. I never felt like I was good enough and my uncle took advantage of me, if you know what I mean, as did my step-father. I told my mother, but she did not believe and told me to keep my mouth shut. I wish I would have told someone who might have listened but I was scared. I was scared that something might happen to my little sister. When I left home to be with Tim, I feel like I put my sister at danger. I pray she is okay, but I had to take care of me." When asked about Tim, she stated, "Things did not work out too good between us, and he began to get dangerous and violent. I didn't know what to do but could not take it much more so I ended up taking my child and leaving him. I ended up at a battered women's shelter, but it was only a short term thing. Then I ended up on the streets for a few weeks with a small child. It was hard and then someone told me about the homeless shelter." When looking back on her family situation Julie indicated that she was conflicted. "You know, I love my family, but I hate them at the same time. Maybe when I am stronger I will try to get ahold of my sister, but right now I have to take care of me and little boy."

Limitations

This study was limited in several ways. The sample size was small and all of the participants were successful at establishing a life outside the shelter with their children. All of the women in the shelter now hold jobs and are productive members of society. This is not always the case. The issues and challenges faced by homeless women in the area of the country where the study occurred may be greater or lesser in different areas. For example, jobs, although not plentiful, were available. In many areas of the country, that is not the case. This study was conducted with the assistance of the director of the shelter in terms of locating participants. The results may have been different if people who had not been successful at the shelter or who were asked to leave the shelter due to rule violations were interviewed. It is also important to keep in mind that the information obtained was not verified. Self-report, although useful, is not always accurate.

Discussion and Recommendations

There are several implications that can be drawn from this study. The first is the difficulty that individuals have in navigating the social service system. Without assistance, one may struggle with the process. The student counselors were able to assist the individuals with understanding the process and completing the necessary paperwork. This highlights the need for advocacy and social justice for counseling clients. It is hard enough if one ends up homeless, but to then have to navigate a difficult system to receive assistance makes things much more difficult.

Another factor to consider is the impact that family of origin has on individuals. In this small sample, each of the individuals was impacted by events in childhood. While one cannot remove children from each negative environmental factor, the study

highlights the importance of programs to address issues that could be implemented within the school. Too often children fall through the cracks, and with the emphasis on testing in the schools, there may not be enough time given to assist students who are at high risk for dropping out of high school or becoming pregnant as teenagers. The power of encouragement and empowerment cannot be overlooked. It is clear from the interviews that the participants often felt that no one understood them or believed in them. The role that the counselor can have in the process of change cannot be understated.

Implications for Mental Health Professionals

When working with homeless individuals, case management is central to effective services. Mental health professionals should take a "house first – treatment later" approach to work with homeless African American women (Dykeman, 2011; Sun, 2012). As previously indicated, when a person does not have her basic needs met, to expect her to work on insight or less immediate needs is setting her up for failure (Sun, 2012). According to Ballout (2009), research in career counseling and work with homeless individuals has indicated that self-efficacy of individuals (i.e., a person's beliefs concerning her ability to effectively address and complete tasks pertaining to goals and specific situations as they arise) tends to decrease when basic needs are unmet.

The role of hope is also cited as being an important factor in counseling in general and when working with people who are homeless (Crain & Koehn, 2012; Dykeman, 2011; Greason & Cashwell, 2009). Oftentimes, a person who is homeless has a long history of oppression and possibly abuse, mental health issues, and addiction or both mental health issues and addiction. People that learn that they are powerless throughout life often experience a sense of hopelessness. Therefore, it becomes imperative that as mental health professionals, we are able to be hopeful for our clients and share that hope with them (Crain & Koehn, 2012; Dykeman, 2011; Greason & Cashwell, 2009).

Finally, without social justice, we cannot truly say that we are helping our clients. As stated throughout this paper, women who are African American and homeless are facing numerous forms of oppression and have throughout their life. To ignore the need for systemic changes is paramount to blaming the client for her current situation and telling her how to fix herself (Tatum, 1997). As mental health professionals we have a responsibility to our clients, our society and ourselves to recognize and challenge

Conclusion

Homelessness is a problem on both a systemic and individual level. People and organizations that work with homeless women need to have awareness of the multiple layers of oppression and social constructs that impact homeless women in general, and African American women specifically. Stereotypes and biases associated with African Americans in the United States may contribute to the negative experiences reported by African Americans when they seek out professionals and organizations that provide assistance (Holvino, 2010; Sleat et al., 2006). The dominant narrative often asserts that people who are not doing well and are disadvantaged have these experiences due to individual characteristics, as opposed to an oppressive system. In other words, the individuals tend to uphold the status-quo. For instance, it may not be uncommon for

others to perceive a homeless woman's focus on basic needs as "laziness," or to assume a lack of cognitive ability required to engage in insight based therapy (Holvino, 2010; Sleat et al., 2006). This is especially true for African American women, when the culture in the United States already supports the notion that impoverished African American people "work the system" and are "always looking for free handouts" (Holvino, 2010; Sleat et al., 2006). These dynamics shift distrust of the health system, and systems in general, from "lazy" to a valid response of a person who is used to being abused and oppressed, as a woman, an African American, and a person who is impoverished.

It is also important to recognize that at some point throughout their lives, it is likely that African American women have internalized the racism and oppression that they have experienced. Thus, connecting African American homeless women with appropriate supports, both systemic and relational, is of central importance to anyone working with women who identify as African American and homeless (Sun, 2012). As a society and as individuals, it is the minimum that we can do to treat homeless women with the dignity and respect that we would want for our own loved ones. When helping homeless women, it is also of central importance to connect them with resources in a meaningful way and do all we can to facilitate a sense of hope and safety.

References

Ballout, H. I. (2009). Career commitment and career success: Moderating role of self-efficacy. *The Career Development International, 14*(7), 655-670.

Crain, M., & Koehn, C. (2012). The essence of hope in domestic violence support work: A hermeneutic − phenomological inquiry. *Journal of Mental Health Counseling. 34*(2), 170-188.

Domestic Violence Statistics. (2013). *Domestic violence statistics.* Retrieved from http://domesticviolencestatistics.org/domestic-violence-statistics/

Dykeman, B. F. (2011). Intervention strategies with the homeless population. *Journal of instructional psychology, 38*(1), 32-39.

Finley, S., & Barton, A. (2003). The power of space: Constructing a dialog of resistance, transformation and homelessness. *International Journal of Qualitative Studies in Education*, *16*(4), 483–487.

Greason, P., & Cashwell, C. S. (2009). Mindfulness and counseling self-efficacy: The mediating role of attention and empathy. *Counselor Education & Supervision, 49*(1), 2-19.

Holvino, E. (2010). Intersections: The simultaneity of race, gender and class in organization studies. *Gender, Work & Organization, 17*(3), 248-277.

Kennedy, A. C., Bybee, D., Kulkarni, S. J., & Gretchen, A. (2013). , Sexual victimization and family violence among urban African American adolescent women: Do violence cluster profiles predict partner violence victimization and sex trade exposure. *Violence Against Women, 18*(11), 1319-1338.

Markos, P. A., Baron, H., & Allen, D. N. (2005). A unique population: Women who are homeless and mentally ill. *Guidance and Counseling, 20*(3/4), 109-116.

Moxley, D. P., Washington, O. M, & Calligan, H. F. (2012). Narrative insight into risk, vulnerability and resilience among older homeless African American women. *Arts In Psychotherapy, 39*(5), 471-478.

O'Brien, M. (2009). Young people hit hard as poverty rate increases to 15. 1 percent. *San Jose Mercury News*. Retrieved from http://www.mercurynews.com/nation-world/ci_18884557

National Alliance to End Homelessness (NAEH). (2013). *Health*. Retrieved from http://www.endhomelessness.org/pages/mental_physical_health

Rape, Abuse, Incest National Network (RAINN) (2009). *Statistics*. Retrieved from http://www.rainn.org/statistics

Sleat, B. L., Jackson, E., Thomas, K. C., Galloway, J., Dumain, L., Thorpe, J., & Morrissey, J. (2006). Racial differences in the use of antidepressants and counseling for depression among homeless women. *Community Mental Health Journal, 42*(1), 77-85.

Substance Abuse and Mental Health Services Administration. (2011). *Current statistics on the prevalence and characteristics of people experiencing homelessness in the United States - Department of Health and Human Services*. Retrieved from http://homeless.samhsa.gov/ResourceFiles/hrc_factsheet.pdf

Sun, A. (2012). Helping homeless individuals with co-occurring disorders: The four components. *Social Work, 57*(1), 23-37.

Tatum. B. D. (1997). Racial identity development and relational theory: The case of black women in white communities. In J. V. Judith (Ed.), *Women's growth in diversity* (pp. 91-106). New York, NY: The Guilford Press.

Weseley, J. K. (2009). "Mom said we had a money maker": Sexualization of survival contexts among homeless women. *Symbolic Interaction, 32*(2), 91-105.