

# THEORETICAL MODELS IN THE HOMELESS POPULATION

## Spanish shortpaper

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Ever since the early eighties, the study of homeless people has been addressed from many theoretical viewpoints. The purpose of this work is, first, to carry out a review of the main studies that have addressed the phenomenon of homelessness from an explicit theoretical model; and second, to study in depth one of the theoretical frameworks that has received the most attention and empirical support within the study of homelessness: the vulnerability model.

### **1. Review of the existing literature**

To review the existing literature, three document sources were used: advice from experts in the area, analysis of reviews, and consultation of databases. The databases employed were PsycINFO, Medline, and Sociological Abstract, using the following descriptors: “homeless” and “homelessness” combined with “framework,” “model,” and “theory.” In Table 1 are presented the investigations that have applied theoretical models to address the investigation of the homeless, arranged chronologically by publication date.

As can be observed, the approach to homelessness has been carried out from very different orientations and theoretical models. The complexity of the situation is such that the variety of studies is not only determined as a function of the type of theoretical orientation—where we find purely psychological models, social models, or a combination of both orientations—but also as a function of other factors, such as:

1. The type of population studied. Whereas some works propose general models to be applied to the entire homeless population (see Christian & Armitage, 2002; Christian & Abrams, 2003; Clapham, 2003; Marshall, Burnam, Koegel et al., 1996; Takahaski, 1997; Toro, Trickett, Wall, & Salem, 1991), the great majority focus on a specific subgroup. For example, there are specific models applied to homeless women (Davis & Shuler, 2000; Flynn, 1997; Galaif, Nyamathi, & Stein, 1999; Milburn & D’Ercole, 1991; Rowe & Wolch, 1990; Stein, Leslie, & Nyamathi, 2002; Wagner & Menke, 1991; Wilson 2005), street youths (Auerswald & Eyre, 2002; Craig & Hodson, 1998; Gaetz, 2004;

- Tavecchio, Thomer, & Meeus, 1999; Whitbeck, Hoyt, & Yoder, 1999), homeless elderly people (Cohen & Sokolovsky, 1983; Cohen, 1999), homeless families (Berne, Dato, Mason, & Rafferty, 1990; Morris & Butt, 2003; Morris & Strong, 2004), homeless mentally ill people (Calsyn & Winter, 2002; Murray & Baier, 1996; Solomon & Draine, 1999; Susser, Lin, Conover, & Struening, 1991), homeless drug-addicts (Cabral, Galavotti, Gargiullo et al, 1996; Johnson, Freels, Parsons, & VanGeest, 1997; Sosin & Grossman, 2003), or homeless children (Menke, 1998), among others.
2. The characteristic of the situation that the model attempts to explain. Different viewpoints have been used to explain different processes or characteristics associated with homelessness, such as the use of health services (Wong, 1999; Gallagher, Andersen, Koegel, & Gelberg, 1997; Christian & Armitage, 2002; Sosin & Grossman, 2003), the onset of homelessness (Craig & Hodson, 1998; Cohen, 1999; Rosenheck & Fontana, 1994; Stein, Leslie, & Nyamathi, 2002; Susser et al., 1991), maintenance of homelessness (Calsyn & Winter, 2002; Rowe & Wolch, 1990; Solomon & Draine, 1999; Wagner & Menke, 1991; Wong & Piliavin, 2001), the severe health problems associated with living in the street (Davis & Shuler, 2000; Wilson, 2005), the high degree of victimization (Gaetz, 2004; Whitbeck et al., 1999), etc.
  3. The degree of specificity of the model. The review of the works allows one to observe proposals ranging from the more general ones that should be taken as guidelines for action with the homeless—such as the ecological perspective proposed by Toro et al. (1991)—to more specific models that were designed in order to delimit concrete variables that characterize homelessness. In line with this are the vulnerability models, among others (e.g., Calsyn & Winter, 2002; Galaif et al., 1999; Rosenheck & Fontana, 1994; Stein et al., 2002; Wong & Piliavin, 2001; Marshall et al., 1996).
  4. The methodology employed. In this aspect, we find three types of works. On the one hand, there are theoretical models based on research review (Berne et al., 1990; Clapham, 2003; Milburn & D’Ercole, 1991; Sosin & Grossman, 2003; Toro et al., 1991). On the other hand, there are studies of qualitative methodology where the proposed models are based on inductive observation methods or interview content analysis (Auerswald & Eyre, 2002; Miller & Keys, 2001; Morris & Butt, 2003; Morris & Strong, 2004; Rowe & Wolch, 1990). Lastly are the quantitative studies, which include empirical descriptive, comparative, or correlational studies (e.g. Davis & Shuler, 2000; Wenzel, Koegel, & Gelberg, 2000; Whitbeck et al., 1999) and studies with more complex predictive or confirmatory statistical analyses such as structural equation models (Calsyn & Winter,

2002; Flynn, 1997; Galaif et al., 1999; Gallagher et al., 1997; Johnson et al., 1997; Marshall et al., 1996; Rosenheck & Fontana, 1994; Solomon & Draine, 1999; Stein et al., 2002; Christian & Abrams, 2003; Wong, 1999; Wong & Piliavin, 2001).

**Table 1. Investigations on the homeless that have included an explicit theoretical model.**

<b>Study</b>	<b>Sample</b>	<b>Origin</b>	<b>Theoretical model</b>	<b>Objective</b>	<b>Variables included</b>	<b>Significant variables</b>	<b>Study methodology</b>
Cohen & Sokolovsk (1983)	Homeless elderly people	USA	SOCIAL: Bogue's model of skid row social formation	To search for differentiating variables of homeless elderly people.	Socioeconomic status, mental health, alcoholism, physical health, social adjustment and adaptative behavior, health, and social networks.	Sociability	Comparative and correlational study.
Berne, Dato et al.(1990)	Homeless families	USA	SOCIAL: Peszneckers' model of poverty	To explain promotion or deterioration of health in the homeless in order to design interventions.	Individual / group factors (childhood experiences), environmental factors (stressing life events- SLE- and chronic living conditions), mediating factors (political, public, social support).		Review
Malloy, Christ, & Hohloch (1990)	Homeless adults	USA	SOCIAL: Model of social disaffiliation	To design health interventions.	Sociodemographic and health status.		Descriptive study
Rowe & Wolch (1990)	Homeless women	USA	SOCIAL: Model of social networks	To explain the social isolation of the homeless.	Social networks, personal identity, self-esteem.		Ethnographic study
Milburn & D'Ercole (1991)	Homeless women	USA	PSYCHOSOCIAL Homelessness as a very stressing event	To search for mediating variables of the impact of homelessness.	Internal / external control, social support.		Review
Susser, Lin et al. (1991)	Homeless mentally ill	USA	PSYCHOSOCIAL: Causal model of childhood foster care	To search for risk factors for homelessness.	Childhood experience of foster care, group home placement, and running away.	Individual dysfunction, family strain, foster care during childhood, less effective kin support, diagnosed psychiatric disorder.	Comparative study
Toro, Trickett et al. (1991)	Homeless population	USA	PSYCHOSOCIAL: Ecological perspective.	To design intervention and research strategies.	Contextual factors, family and individual vulnerability.		Review

Study	Sample	Origin	Theoretical model	Objective	Variables included	Significant variables	Study methodology
Wagner & Menke (1991)	Homeless women with children	USA	PSYCHOSOCIAL: ABCX model of family stress and Peszneckers' Model of poverty	To identify characteristic coping strategies of homeless mothers.	SLE, family system, family resources, perception and coping behaviors. Individual / group factors (childhood experiences), environmental factors (SLE and chronic living conditions), mediating factors (political, public, social support).		Comparative study
Rosenheck & Fontana (1994)	Homeless veterans	USA	PSYCHOSOCIAL Multifactor model of vulnerability	To identify risk factors for homelessness.	Preliminary risk factors, previous traumatic experiences, loss of social support, mental illness, and social dysfunction.	Social isolation and post-military psychiatric disorders, substance abuse, stressing war experiences, and prior behavioral disorder.	Confirmatory study: structural equations
Tollet & Thomas (1995)	Homeless veterans	USA	PSYCHOSOCIAL Miller's Model of Patient Power Resources: theory of homelessness-hopelessness	To design health interventions.	Depression, hopelessness, self-efficacy, self-esteem.		Comparative study
Cabral, Galavotti et al. (1996)	Homeless female drug addicts	USA	PSYCHOSOCIAL Transtheoretical Model	To explain health behaviors in the homeless and design interventions.	Stages and processes of change (emotional and cognitive).		Theoretical description of the model
Marshall, Burnam et al. (1996)	Homeless population	USA	SOCIAL: Hierarchical model of life satisfaction	To study objective life quality and life satisfaction in the homeless.	Demographic characteristics, psychiatric disorder, psychological symptoms, objective life quality, life satisfaction, self-mastery.	Anger, anxiety, depression, mania, psychoticism, clothing, food, health, housing, leisure, money, social, mastery, self-mastery, life satisfaction, psychological symptoms.	Confirmatory study: structural equations

Study	Sample	Origin	Theoretical model	Objective	Variables included	Significant variables	Study methodology
Murray & Baier (1996)	Homeless mentally ill	USA	PSYCHOLOGICAL: King's theory of goal attainment	To design health programs.	Personal system, perception, communication, interaction, transaction, roles, time, space, growth, and development.		Theoretical description of the model
Flynn (1997)	Homeless women	USA	PSYCHOLOGICAL: Learning theory	Psychological effects of homelessness in health care behaviors.	Learned helplessness, self-esteem, and depression.	Learned helplessness, self-esteem, and depression.	Confirmatory study: structural equations
Gallagher, Andersen et al. (1997)	Homeless adults	USA	PSYCHOSOCIAL: Gelberg-Andersen Behavioral Model for Vulnerable Populations	Obstacles to the use of health services in the homeless.	Predisposing factors (demographic and structural variables); facilitating factors (personal resources, characteristics of the service and community); and needs (level of current and perceived illness).	Demographic variables (male, Hispanic, youths), competing needs, long-term homelessness, and social isolation.	Predictive study: Multiple linear regression analysis
Johnson, Freels, Parsons & VanGeest (1997)	Homeless drug addicts	USA	SOCIAL: Social Selection Model and Social Adaptation Model	Relation between substance abuse and homelessness.	Drug abuse, alcohol abuse, homeless experiences, social and economic resources.	Drug use, prior homelessness experiences, availability of social and economic resources.	Predictive study: Multiple linear regression analysis
Takahashi (1997)	Homeless population	USA	SOCIAL: Model of socio-spatial stigmatization	Social rejection of the facilitation of services for the homeless.	Stigmatization because of lack of productivity, dangerousness, and personal blame.		Theoretical description of the model.
Craig & Hodson (1998)	Homeless adolescents	EUROPE	PSYCHOSOCIAL: Explanatory model of homeless youths	Risk factors for homelessness in youths	Childhood care, education, and psychiatric disorder.	Childhood experiences, educational achievement, and prior presence of psychiatric disorder.	Comparative study.
Menke (1998)	Homeless children	USA	SOCIAL: Peszneckers' Model of Poverty	To study the effects on the mental health in homeless children	Individual / group factors (childhood experiences), environmental factors (SLE and chronic living conditions), mediating factors (political, public, social support).		Descriptive study.

Study	Sample	Origin	Theoretical model	Objective	Variables included	Significant variables	Study methodology
Cohen (1999)	Homeless elderly people	USA	PSYCHOSOCAL: Theoretical model of homelessness and aging	Risk factors for homeless elderly people.	Individual risk factors, structural risk factors, and programmatic risk factors.	Age 50 to 64, male, black, low income, lifetime low-income jobs, disruptive events in youth, imprisonment, alcohol / drug abuse, mental illness, cognitive deficits, physical illness, victimization, smaller social networks, divorce / separation, homelessness, low-income supports, dearth of low-cost housing, lack of low-skill jobs, no housing alternatives, and absence of outreach programs.	Comparative study.
Galaif , Nyamathi & Stein (1999)	Homeless women	USA	PSYCHOSOCIAL: Social support-stress-coping paradigm	To find predictors of drug use in homeless women.	Positive and negative sources of social support, positive and negative coping strategies, depression, current drug use, drug problems, and physical drug dependence.	Negative social support, positive coping, negative coping, depression, drug problems, physical drug dependence, and current drug use.	Confirmatory study: structural equations.
Solomon & Draine (1999)	Homeless Mentally ill	USA	SOCIAL: Model to explain lifetime homelessness	To explain chronicity in homelessness	Clinical factors (diagnosis and treatment history) and criminal factors (criminal behavior and arrest history).	Age, less education, greater number of lifetime arrests, schizophrenia diagnosis, and alcohol / drug problem.	Predictive study: logistic regression.
Tavecchio, Thomer & Meeus (1999)	Homeless youths	EUROPE	PSYCHOLOGICAL: Attachment theory	Onset factors of homelessness.	Family history, parental style, experiences of separation and loss, type of attachment relation, and influence of social support.	Divorced parents, lack of responsibility and parental emotional support, as predisposing factors Social support as protection factor.	Predictive study: discriminant analysis.

Study	Sample	Origin	Theoretical model	Objective	Variables included	Significant variables	Study methodology
Whitbeck, Hoyt & Yoder (1999)	Homeless youths	USA	PSYCHOSOCIAL: Model of Risk Amplification	To explain victimization and depressive symptoms in street youths.	Street experiences (affiliation with deviant peers, deviant subsistence strategies, risky sexual behaviors and drug and / or alcohol use) and family abuse in infancy.		Correlational study.
Wong (1999)	Homeless adults	USA	PSYCHOSOCIAL: Gelberg-Andersen Behavioral Model for Vulnerable Populations	To explain the use of services by the homeless	Predisposing factors (demographic and structural variables); facilitating factors (personal resources, characteristics of the service and community); and needs (level of current and perceived illness).	Factors associated with the use of services: female, white, prior experience with service, drug use, and mental illness.	Predictive study: logistic regression.
Davis & Shuler (2000)	Homeless women	USA	BIOBEHAVIORAL	To explain sleeping problems in homeless women.	Psychosocial and environmental stressors and biological factors.		Descriptive study.
Wenzel, Koegel & Gelberg (2000)	Homeless adults	USA	PSYCHOSOCIAL	To identify antecedents of victimization in men and women.	Mental disorder, substance dependence, engaging in economic survival strategies and victimization.		Comparative study.
Miller & Keys (2001)	Homeless adults	USA	PSYCHOSOCIAL: Transactional model of the experience of dignity	To explain the experience of homelessness and to improve intervention programs.	Events that sustain dignity: being cared for by staff, having resources available to meet basic needs, etc. Events that undermine dignity: being yelled at or insulted by staff persons, having staff use rules in an excessive and arbitrary way, etc. Anger, depression and feelings of worthlessness.		Content analysis of interviews.

Study	Sample	Origin	Theoretical model	Objective	Variables included	Significant variables	Study methodology
Wong & Piliavin (2001)	Homeless adults	USA	PSYCHOSOCIAL: Vulnerability model	To study the relations among stressors, resources, and psychological stress.	Sources of stress: SLE in childhood, early stressors, and chronic life tensions. Mediating variables: resource to housing and social resources. Effects of stress: psychological distress.	Study level, SLE in infancy, time spent homeless, health problems, number of social contacts, social support, current distress, long-term housing status, long-term distress.	Confirmatory study: structural equations.
Auerswald & Eyre (2002)	Homeless youths	USA	SOCIAL: The life cycle model	To study the social and cultural context of street youths.	Stages: first on the street, initiation, stasis, disequilibrium, extrication, mainstream, early return, recidivism. Feeling of outsidersness, urgency to meet basic needs, process of acculturation, street mentors, crisis, identification.		Ethnographic study.
Christian & Armitage (2002)	Homeless population	EUROPE	PSYCHOSOCIAL: Theory of planned behavior	Use of services by the homeless.	Attitudes (beliefs), subjective norms (social pressure), perceived behavioral control, intentions, and behaviors.	Attitudes, intentions, and perceived behavioral control.	Predictive study: linear regression analysis.
Calsyn & Winter (2002)	Homeless mentally ill	USA	PSYCHOSOCIAL: Reciprocal effects model and social causation model	Causal relation between social support and psychotic symptoms, depression, and housing.	Loss of social support, unstable housing, psychiatric symptoms.	Reciprocal relation between loss of support and psychiatric symptoms. Causal relation between social support and stable housing.	Confirmatory study: structural equations.
Stein, Leslie & Nyamathi (2002)	Homeless women	USA	PSYCHOSOCIAL:	To study risk factors for homelessness in childhood.	Childhood abuse, parent substance abuse, physical abuse, self-esteem, chronic homelessness, depression and drug / alcohol problems.	Childhood abuse, parent substance use, recent physical abuse, self-esteem.	Confirmatory study: structural equations.

Study	Sample	Origin	Theoretical model	Objective	Variables included	Significant variables	Study methodology
Christian & Abrams (2003)	Homeless population	EUROPE	PSYCHOSOCIAL: The theory of planned behavior, social identity theory, and attitudes toward institutional authority	To explain the use of services by the homeless.	Attitudes (beliefs), subjective norms (social pressure), perceived behavioral control, intentions, and behaviors. Identification with the homeless population with support services. Attitude toward authority.	Subjective norms mediate the relation between intentions and behaviors. Identification with support services, identification of homeless persons, and attitude towards authority.	Confirmatory study: structural equations.
Clapham (2003)	Homeless population	EUROPE	SOCIAL: Pathways framework	To design interventions for the homeless.	Life trajectories.		Review
Morris & Butt (2003)	Homeless families	USA	SOCIAL: Symbolic interactionism	Effects of homelessness in children.	Unstable relationships, abuse and violence, abdication of parental responsibility, poor parenting models, and resilient children.		Content analysis of interviews.
Sosin & Grossman (2003)	Homeless drug addicts	USA	PSYCHOSOCIAL Socio-rational choice model	To explain the level of participation of the homeless in health services.	Costs / benefits, usefulness of services and alternatives, evaluation of the services and alternatives, cultural and political factors, individual factors (prior experiences, family structure, etc.).		Review
Gaetz (2004)	Homeless youths	CANADA	PSYCHOSOCIAL:	To explain experiences of victimization in homeless youths.	Personal factors: history of violence, lifestyles, and daily activities. Situational factors: restricted access to housing, public spaces, and employment.		Comparative study.
Morris & Strong (2004)	Homeless families	USA	SOCIAL: Model of symbolic interactionism	To explain health problems in the homeless	External locus of control, dissuasion from health, economical obstacles, lack of support.		Content analysis of interviews.

<b>Study</b>	<b>Sample</b>	<b>Origin</b>	<b>Theoretical model</b>	<b>Objective</b>	<b>Variables included</b>	<b>Significant variables</b>	<b>Study methodology</b>
Wilson (2005)	Homeless women	USA	PSYCHOSOCIAL: Pender's Health Promotion Model	To explain health-care behaviors in the homeless.	Health-care behaviors, strengths, and personal resources.		Descriptive study.

With regard to the theoretical orientations adopted, the first models to be applied to the area of homelessness proceeded from social approaches that emphasized the role of various structural variables. Within this group are noteworthy the investigations focusing on social support as a differentiating variable of the homeless, and they include the models of social disaffiliation (see Cohen & Sokolovsky, 1983; Malloy, Christ, & Hohloch, 1990) and the models of social networks (Rowe & Wolch, 1990). From this social viewpoint, some authors have underlined the role of other factors such as poverty (see the model of Pesznecker in Berne et al., 1990; Menke, 1998), stigmatization, or life quality (Marshall et al., 1996; Takahashi, 1997). In this group can be included the models from the current of symbolic interactionism, which have also been applied to homelessness (Morris & Butt, 2003; Morris & Strong, 2004).

From of the nineties up to the present, the psychosocial models have gained importance. These proposals attempt to integrate psychological factors and environmental factors. These models explain the infrequent use of health resources by the homeless, as in the model of Andersen or the social cognition models (Christian & Abrams, 2003; Christian & Armitage, 2002; Gallagher et al., 1997; Sosin & Grossman, 2003; Wong, 1999), and the onset and maintenance of homelessness, as in the vulnerability models, with which a large number of authors agree (Calsyn & Winter, 2002; Cohen, 1999; Craig & Hodson, 1998; Galaif et al., 1999; Rosenheck & Fontana, 1994; Susser et al., 1991; Stein et al., 2002; Tavecchio et al., 1999; Wenzel et al., 2000; Wong & Piliavin, 2001; Gaetz, 2004).

A third group of works comprises investigations that have applied psychological models without taking into account the more structural aspects associated with homelessness. Although the number of works is scarcer than the previous group, the variety of proposals of this group is very extensive, with psychodynamic models based on the attachment theory, such as the study of Tavecchio et al. (1999), behavioral models (Flynn, 1997), cognitive-behavioral models (Cabral et al., 1996), or systemic models (Murray & Baier, 1996).

Lastly can be found the alternatives to the previous proposals, although nowadays, they are merely anecdotes, such as the application of ethnographic or biobehavioral models (Auerswald & Eyre, 2002; Davis & Shuler, 2000; Rowe & Wolch, 1990).

To conclude, the analysis of homelessness has been carried out and is still being carried out from very different orientations, such as sociology, psychology, biology, and anthropology, although there is no agreement on how to address the problem, there is a tendency towards integrating proposals that consider the study of homelessness from different levels of analysis. The theoretical frameworks considered are not exclusive but can rather be considered

complementary approaches to address the study of homeless people, and their utility depends on the objectives pursued, as delimiting action patterns to promote homeless people's participation in health services is not the same as identifying the risk factors associated with living in the street. However, out of the groups of explanatory theories and models, the vulnerability models seem to be gaining special relevance. Therefore, the second part of this review will focus on the description of this kind of models.

## **2. Vulnerability models.**

It is obvious that structural factors play an important role in the explanation of homelessness, but it is also evident that these factors are insufficient to explain this phenomenon completely. The socioeconomic factors (unemployment indexes, work instability), the situation of the housing market (housing prices, lack of public housing or rentable homes), etc. are no doubt a fundamental source of the problem, but they cannot be considered unique causes. Homelessness is an expression of exclusion, which implies both the structural factors and individual aspects (Morrell-Bellai, Goering, & Boydell, 2000). The consideration of individual "vulnerabilities" is an important complement to explain homelessness, and following the lines of the identification of these factors, many works have been carried out in the last few years. Empirical research has identified several groups of variables involved: deficiencies in the social or family network (Unger, Kipke, Simon, et al., 1998), notable lack of education or training (Brooks & Buckner, 1996), severe work difficulties (Epel, Bandura, & Zimbardo, 1999), health problems (Navarro & Bernach, 1996; Ropers & Boyer, 1987), stressing life events (Muñoz, Vázquez, Bermejo, & Vázquez, 1999; Vázquez & Muñoz, 2001; Wong & Piliavin, 2001), or suffering from chronic mental disorders (Burnam & Koegel, 1988; Muñoz, Vázquez, & Cruzado, 1995; Wrigth & Weber, 1987).

Various studies, such as those displayed below, have attempted to identify the factors that increase the risk of becoming homeless. In Table 2 are displayed the identified risk factors about which there is a high degree of agreement.

**Table 2. Risk factors for homelessness**

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<b>CHILDHOOD FACTORS</b>
Sexual abuse, physical abuse
Being expelled from school
Being far from home:
• Foster care
• Running away or being kicked out
Variables related to the parents:
• Father living far away from home
• Problems related to substance use
• Divorce
• Low educational level

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<b>ADULTHOOD FACTORS</b>
Lack of social support:
• Break-up of relations: divorce, death of spouse, etc.
• Family conflicts, interpersonal conflicts, etc.
• Few social networks.
Health:
• Physical health problems
• Mental health problems: mental disorders, psychiatric hospitalizations
• Abuse of alcohol / drugs
Poverty and unemployment
Low educational level
Others:
• Low identification with a religious group
• Being the oldest member of a very large family

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*Factors related to childhood*

Adverse experiences in childhood have been pointed out as risk factors for homelessness (Craig & Hodson, 1998; Herman, Susser, Struening & Link, 1997; Koegel et al., 1995; Stein et al., 2002), and a relation between the number of events suffered and the age of the onset of homelessness has even been identified; a higher the concentration of adverse events in childhood seems to correspond to a lower age at the onset of homelessness (Koegel et al., 1995).

Many studies have coincided in pointing to lack of care and abuse in infancy as factors that increase the risk of becoming homeless as adults (e.g. Herman et al., 1997; Stein et al., 2002; Toro et al., 1995). In addition, a high number of homeless adults report histories of foster care during childhood (e.g., Bassuk, Buckner, Winreb et al., 1997; Odell & Commander, 2000).

Several authors have proposed different explanations of how problems in childhood affect homelessness onset without arriving at any definitive conclusion. Some authors have proposed that these problems lead to difficulties in the acquisition of skills that would allow these people to subsequently establish stable relations or to maintain housing. Others, however, propose the existence of emotional problems associated with these events that prevent maintaining a family as

an adult (Whitfield, 1998). Still other authors propose that this relation may be mediated by insufficient support provided by these families: Adverse family histories limit the capacity to receive support that would protect these people in situations of housing crisis (Herman et al., 1997; Susser et al., 1987). In addition to this, it should not be forgotten that adverse experiences in childhood increase the risk of psychiatric disorders such as depression and substance abuse, which are also risk factors for homelessness.

### Factors related with adulthood

Other factors have been identified in adulthood: loss of work and break-up of the first marriage have been indicated as risk factors for the first experience of homelessness (Johnson et al., 1997). A low educational level is also a risk factor for homelessness for men (Caton, Hason, Shrout, et al., 2000), very probably because it reduces the probabilities of finding a job.

With reference to health, various aspects influence the occurrence of becoming homeless (Martens, 2001): physical health problems, some mental disorders, etc.

Problems related to the use of substances have also been pointed out as factors that increase the risk of becoming homeless (Bassuk, 1997; Caton et al., 2000; Toro et al., 1995; Winkleby, Rockhill, Jatulis, et al., 1992). Some authors propose that this influence is bidirectional, that is, homelessness and substance abuse are mutual risk factors (Johnson et al., 1997), although normally these problems, like mental problems, seem to precede the first episode of homelessness (Muñoz, Vázquez, Koegel et al, 1998; Muñoz, Koegel, Vázquez et al, 2002). The influence of substance-use problems on homelessness could be mediated by the influence of this type of problems on social support (Vangeest & Johnson, 2002).

As far as mental disorders are concerned, comparing the homeless population with the domiciled population, Caton et al. (2000) found that, in the absence of a psychotic disorder, having another mental disorder is not a risk factor for homelessness. The co-occurrence of psychotic disorders with other mental disorders, such as a diagnosis of drug or alcohol abuse, also increases the possibilities of becoming homeless (Caton, Shrout, Domínguez, et al., 1995). Having been hospitalized for mental health problems at some time also seems to increase the probabilities of becoming homeless (Bassuk, et al., 1997).

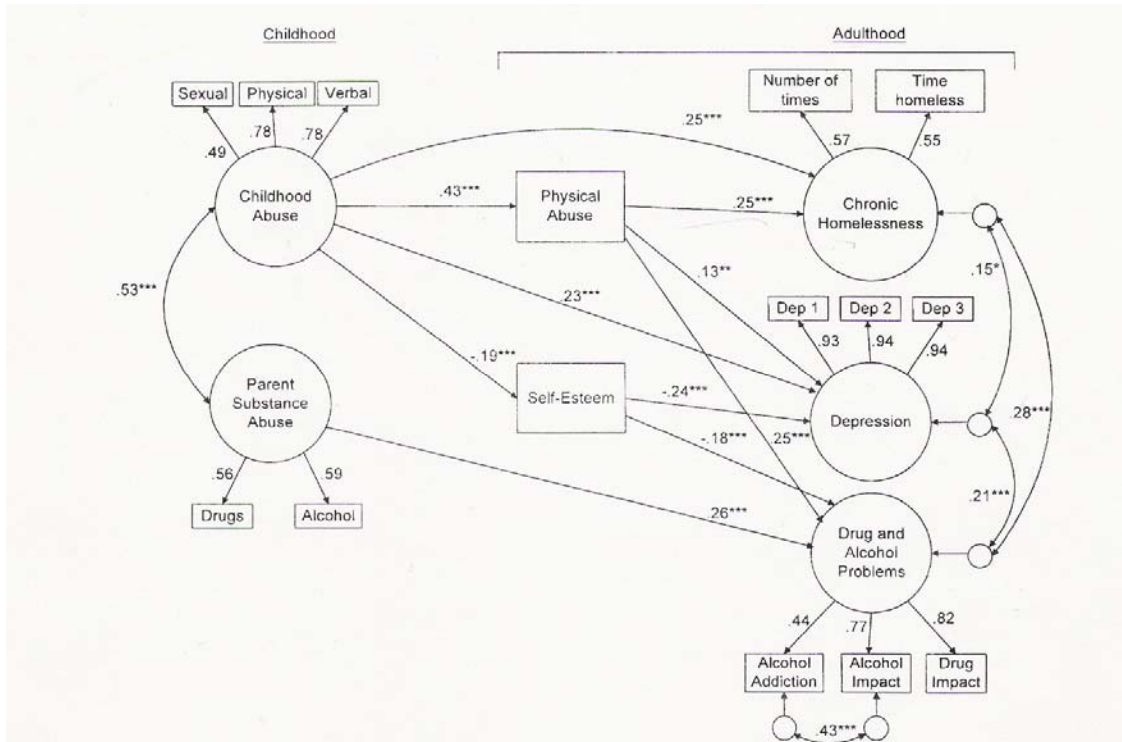
Other factors identified are poverty, family instability, which, in addition to being risk factors for homelessness, can also be risk factors for mental disorders (Sullivan, Burnam, & Koegel, 2000).

All the above comments on factors that affect the probability of becoming homeless coincide to a great extent, with the results—actually fairly scarce—about homeless people’s perception of what led them to this situation. The main results indicate that, when attempting to explain their own situation, these people assign a particularly important role to the events related to economic problems and to the break-up of relations, as well as to problems of mental health and alcohol and drug use (Muñoz et al., 1998; Muñoz et al., 1999; Tessler, Rosenheck, & Gamache, 2001). These data are reported in different European cities and are independent of whether or not the persons suffer from a mental illness (Leonori, Muñoz, Vázquez, et al., 2001).

#### *Integrating models of vulnerability factors for homelessness*

As explained above, there is important empirical evidence about some of the factors that increase the probability of becoming homeless, but there are few works that have attempted to integrate these factors into a model that would explain the relation between the different factors and would analyze their value or weight within the set of variables involved. The work developed by Stein et al. (2002) is useful to illustrate this type of research. These authors analyzed the effects of childhood abuse and parents’ substance abuse on homelessness, depression, and substance abuse problems in homeless women, as well as the mediating role of self-esteem and recent violence, in 581 homeless women over 16 years old. The proposed (and verified) model states that childhood abuse (sexual, physical and verbal/emotional) directly predicts low self-esteem, victimization, depression, and homelessness in adulthood. The results also indicate that parents’ drug abuse predicts drug and alcohol problems in adulthood. In addition, childhood abuse also has indirect effects on depression, chronic homelessness, and drug and alcohol problems mediated by recent physical abuse and self-esteem, and they also produce low self-esteem and abuse in adulthood. These aspects are related to drug and alcohol problems. Recent physical abuse predicts chronic homelessness, depression, and substance-related problems.

**Figure 1. Structural model (Stein et al., 2002)**



Another work along the same lines, although without the goal of explaining how a person becomes homeless, is that carried out by Wong and Piliavin (2001), who propose that the relations among stressors, resources, and distress in homeless people may be understood within the same explanatory framework as in the general population and therefore, the conceptual model of the stress process can also be applied to this group of the population.

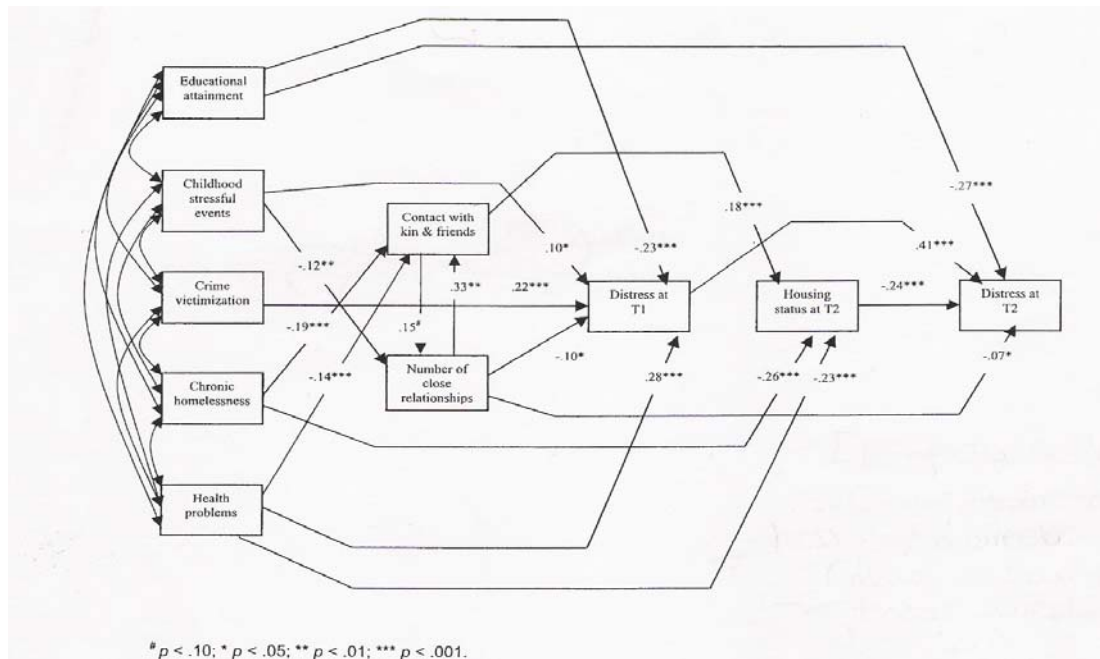
These authors carried out a study with the aim of identifying the specific role of social and housing resources in the psychological distress experienced by homeless people, and found that their role is not so relevant, and that distress is affected by another kind of variables such as childhood traumas, chronicity of homelessness, illnesses, etc. Thus, they developed a model in which they differentiate three types of domains: the sources of stress, the mediating variables, and manifestations of stress in the physical and mental health of homeless people.

Regarding the first component (sources of stress), they underline the importance of stressing life events experienced in childhood or early stressors (such as sexual and physical abuse, running away, and starting to live in the street with the subsequent criminal victimization) and chronic life tensions (such as the onset of an illness or long-term homelessness). These factors would act together with the other two mediating variables, which are housing and social

resources (social contacts and social support) to determine psychological distress in homeless people.

With these variables, Wong and Piliavin (2001) have created a structural equation model—whose complex relations and interactions are shown in Figure 2—to predict the symptoms of stress in homeless people.

**Figure 2. Wong and Piliavin's (2001) model of prediction of stress in homeless people**



The two models briefly presented above are a good example of a new integrating approach to the phenomenon of homelessness, although, of course, they are not the only ones. This type of work that investigates the relation among the variables somehow involved in homelessness provide a broader and more complete view of this phenomenon, as well as helping us to understand it to a greater extent. Therefore, more of these kinds of works, which attempt to integrate the variables that have previously been shown to play an important role in the development and maintenance of homelessness, are needed.

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