

 Parenting Adults Who Become Homeless:  
Variations in Stress and Social Support

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This article focuses on the stressors of parenting an adult child who experiences homelessness. Parents whose adult children become homeless may provide support to this child, but they may also subsequently experience stress and require social support themselves. Findings from this study support the hypothesis that parents who spend more time or money helping their homeless adult offspring experience higher levels of stress. Results also show higher levels of stress among parents who helped with activities of daily living and among parents who worked to prevent harm involving their adult homeless offspring. Among 37 respondents, a majority of whom were African American mothers parenting homeless sons, parents who engaged in activities to prevent harm and parents who experienced stress from harm prevention received more extensive social support. Health and social service providers should recognize and respond to the financial, emotional, and temporal burdens of parenting an adult who becomes homeless. Service providers can both support people who become homeless and reinforce larger family systems, particularly in circumstances that involve more extensive parental support or more harmful situations.

*Keywords:* homeless, stress, social support, family support, parents of people who become homeless

People who become homeless experience hardships, including poverty, hunger, and health problems (Gelberg, Andersen, & Leake, 2000; Lee & Greif, 2008). Health problems among people who become homeless include disproportionate rates of psychiatric disorders, especially substance use disorders (North, Eyrich, Pollio, & Spitznagel, 2004). In response to housing and health problems, people often need, seek out, and use help and care from social support systems. Some people who become homeless make good use of social support systems to recover from serious problems, but this process can be difficult (Banyard & Graham-Bermann, 1995).

Support systems for people who become homeless typically include both formal relationships with social service providers and

informal relationships with relatives and friends (Eyrich, Pollio, & North, 2003). Support systems can make use of strong working alliances that include people who become homeless (Goering, Wasylenki, Lindsay, Lemire, & Rhodes, 1997). Homeless adults can receive assistance from a team of people in the community, and this team can work cooperatively. Service providers, family members, and friends can help people who become homeless endure hardships, obtain needed care, and ultimately exit from episodic or chronic homelessness (Murray, Baier, North, Lato, & Eskew, 1997).

Research shows beneficial effects of family contact among people who become homeless (Dixon et al., 1999). Family involvement is an especially important predictor of housing and treatment outcomes for these people (Dixon, Stewart, Krauss, Robbins, Hackman, & Lehman, 1998). Families and family members work in conjunction with health and social service providers to provide assistance, including social support, social capital, and more tangible forms of support (Irwin, LaGory, Ritchey, & Fitzpatrick, 2008). Parents and other relatives of people who are homeless sometimes provide resources to their family members, including time and money, helping a relative through a variety of difficulties with housing and health problems.

At the same time, relationships between adults who become homeless and their relatives are often complicated by poverty, health disorders, limited resources, violence, and other problems (Bassuk, Mickelson, Bissell, & Perloff, 2002). Socially supportive services and family relationships, including parenting, can become more difficult in contexts of poverty, hardship, and homelessness

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(Bassuk, 1993; Bassuk, Mickelson, Bissell, & Perloff, 1996). Social support may be threatened by conditions of concentrated disadvantage (Padgett, Henwood, Abrams, & Drake, 2008), especially when problems involve conflict or violence. Poor relationships between people who become homeless and members of their social support systems may be associated with more adverse outcomes. People who become homeless may consider relatives as emergency resources but also as sources of pain and rejection (Liebow, 1993). A variety of relationships with different family members at different points in time can be both helpful and difficult. Sometimes these family ties can be nurturing and warm, but sometimes they can involve rejection or other strong judgments (Padgett et al., 2008).

Family members of people who become homeless may themselves experience difficult challenges, including poverty and stress, limiting their abilities to provide helpful family resources and social support (Hawkins & Abrams, 2007). Consequently, family relationships complicated by homelessness can become both supportive and stressful for all involved (Thompson, 2007). Homelessness can complicate parenting relationships in many different ways for many different groups of people. First, homeless parents may face difficult challenges caring for their children (Bassuk, 1993; Bassuk, Buckner, Perloff, & Bassuk, 1998; Bassuk et al., 1996; Bassuk et al., 1997; Zlotnick, Kronstadt, & Klee, 1998). Second, homeless youth may become homeless after they run away from difficulties with parents and within single-parent families, sometimes reporting problems of conflict and abuse (Buckner & Bassuk, 1997; Finkelstein, 2005). Third, housed parents of homeless adults may often experience stress and burden while trying to assist their homeless adult children.

Research shows that relatives of homeless adults, including parents of homeless adults, often assume difficult family roles, such as helping with activities of daily living or helping obtain housing in the context of an eviction. Family support roles can be a source of stress and burden (Dixon et al., 1998; Polgar, Pollio, & North, 2006). Over time, this burden may lead adults who become homeless to become increasingly alienated from family relationships (Eyrieh et al., 2003). Weak or absent family ties or family supports can subsequently limit opportunities for both problem prevention and recovery from homelessness (Fischer & Breakey, 1991).

Stress and coping theories describe how particular roles, events, and chronic strains can increase social stress (Pearlin, 1998, 1999). In the context of poverty and homelessness, high levels of stress, sometimes combined with avoidant coping, are associated with both parenting difficulties and mental health problems (Banyard & Graham-Bermann, 1998). Family relationships, while often supportive, can also serve as sources or conduits of external stress (Aneshensel, 1999). Stressful circumstances, including problems with housing and health, require and often result in stronger social support, both in the context of homelessness and in general (Irwin et al., 2008; Thoits, 1995). Research needs to examine problems complicating family support, disaggregating support from different types of family members (Bassuk et al., 2002).

Parenting roles can be particularly challenging when an adult child develops difficult problems, such as homelessness or a psychiatric illness (Horwitz, 1995; Pickett, Cook, Cohler, & Solomon, 1997). It can be stressful for people to provide relatives with time, care, and money, to help with activities of daily living, or to help

to prevent harm (Polgar et al., 2006). Like caregiving for a family member with mental illness (Lefley, 1996), helping a relative who becomes homeless requires networks of social support to manage stress (Banyard & Graham-Bermann, 1998). There has been limited research on parents of persons who are homeless. Research on people with mental health disorders who become homeless does show that, when family relationships become difficult, more extensive social support can help buffer, moderate, and mediate stress (Padgett et al., 2008).

The focus of this article is on the stressors of parenting an adult child who experiences homelessness. The purpose of the following analysis is to understand the variable experiences of parents of adults who become homeless, testing comparative hypotheses and building on past research, applying stress-proliferation and stress-buffering theories. Empirical analyses of interview data operationalize and test three hypotheses:

*Hypothesis 1 (H1):* Parents who are more involved with helping their homeless adult offspring experience more stress than parents who are less involved. Therefore, we expect that *helping homeless offspring with activities of daily living is more stressful among parents who spend more time and money helping their homeless offspring.*

*Hypothesis 2 (H2):* Stress proliferates among those parents who help their adult children with activities of daily living and among those who work to prevent harm involving a relative who becomes homeless. Therefore, we expect that *stress from helping with either daily activities or harm prevention is associated with greater caregiver burden, higher levels of stress on personal relationships, and higher levels of interpersonal stress.*

*Hypothesis 3 (H3):* Among parents of adults who become homeless, helping prevent harm and coping with subsequent stress require greater social support. Based on stress and coping theories, we expect that *levels of family support, community support, and the total extent of social support are greater for those parents who provide assistance to prevent harm and specifically for those parents who experience stress from helping with harm prevention.*

## Method

### Sample

In a previous study, a sample of people whose relatives had become homeless was identified through the social networks of adults who were homeless. Initially, homeless individuals in St. Louis, MO, were systematically recruited from shelters (80%) and street settings (20%). These people participated in extensive, face-to-face, structured diagnostic interviews. A previous publication describes the procedures for selecting and interviewing these individuals (North et al., 2004). This sample of 400 homeless adults experienced high lifetime rates of psychiatric disorders (88% among men and 69% among women) including substance use disorders (84% among men and 58% among women).

To facilitate ongoing research, adults who were homeless were asked to list contact information for people (including relatives) in their social networks. When possible, and with each homeless

adult's permission, researchers selected and contacted a primary family member (one relative for each participant in our study of homelessness) and requested his or her participation in a research project. When people with a homeless relative agreed to participate, we requested and obtained their written, informed consent.

Of the 400 adults in our homeless sample, only 182 (46%) provided sufficient information leading to potential contact with any of their relatives. These limited family networks reflect research that shows how many types of people who are homeless have complex or limited family support systems (Bassuk, 1993; Padgett et al., 2008). Relatives of 9 of these people could not be reached and relatives of 55 declined participation, yielding 1 family participant for each of 118 individuals in the homelessness study. These 118 respondents represent 65% of the 182 with identified relatives and 30% of the entire sample of 400. Compared to the 118 relatives participating in research, the 55 nonparticipating relatives were much more likely to be parents of homeless adults (53%,  $\chi^2 = 5.5$ ,  $p = .02$ ) and roughly equally likely to be women (76%,  $\chi^2 = .09$ ,  $p = .76$ ). Subsequently, only the 37 parents of homeless adults were selected for data analysis from this sample of 118 people with a variety of family ties to a homeless adult.

Lifetime rates of any psychiatric disorder (including substance abuse) among homeless adults in the subsample of 118 were very similar to those in the full sampling frame of 400 (85% and 83%, respectively). This difference corresponds to a standardized ( $z$ ) score of 0.578, or a sample proportion less than 0.2  $SD$ s from the mean proportion of disorder expected based on the population of 400. However, rates of substance use disorders in the participating subsample for this study (67%) were significantly lower than in the larger sample of 400 (77%), based on a test of proportions ( $z = 2.3$ ).

### Interviews With Parents of People Who Became Homeless

Researchers conducted structured telephone interviews of parents with homeless offspring. Researchers used a structured questionnaire to collect demographic data and indicators of stress and

social support. The research protocol was based on written and informed consent and approved by the Washington University Institutional Review Board. Interviews of relatives of people who became homeless were conducted by graduate students who were trained in the proper administration of the instruments. Thirty-one percent ( $n = 37$ ) of the 118 people with relatives who were homeless were parents of a homeless adult. Data analyses below compare those parents who did and did not help their homeless children with specific forms of support and assistance.

### Measures

Variables for hypothesis testing and data analysis are conceptualized around three primary constructs. First, parental involvement supporting their offspring who became homeless is measured in units of time, economic support, and by frequency of help, including help with both activities of daily living and harm prevention activities. Second, levels of stress and burden are measured with reference to a parent's recent roles in helping their offspring who becomes homeless. Third, social support received by parents of adults who experience homelessness is measured as the extent and degree of helpful support from both families and communities. Social support is particularly important for low-income women who represent the majority of our respondents. Table 1 lists the variable measures used in analyses, followed by summary statistics for each, including reliability scores for multi-item indices. Additional demographic information about the respondents is provided in the results section.

### Social Support

Two types of social support measures were examined: parental support provided to their adult child who became homeless and social support received by these parents. To measure parental support provided, we measured hours per week helping their child, monthly financial assistance, recent help with activities of daily living, and recent participation in harm prevention activities involving an adult child who became homeless. To measure the

Table 1  
*Social Support and Stress Among Parents of People Who Have Become Homeless*

Variable	Mean (SD)	Range	Reliability*	Description
Parental support for a child who has become homeless				
Hours per week that a parent helps their child	4.8 (8.9)	0–48	—	Weekly hours
Monthly cost of parental assistance	\$153 (313)	0–1340	—	Monthly cost
Parental help with activities of daily living	.76 (.43)	0–1	—	Dichotomy
Any activities to prevent harm (e.g., eviction)	.50 (0.5)	0–1	—	Dichotomy
Social support received by parent				
Extent of family support for parent	4.8 (2.5)	0–15	.76	Sum of 5 items
Extent of community support for parent	10.8 (5.3)	0–33	.80	Sum of 11 items
Total social support to parent	15.6 (6.6)	0–48	.86	Sum of 16 items
Stressors on parent of person who had become homeless				
Stress of helping with daily activities	0.2 (0.4)	0–3	.81	9 item mean
Stress of preventing harm	0.4 (0.5)	0–3	.69	8 item mean
Caregiver burden	1.2 (0.7)	0–4	.86	19 item mean
Stress on personal relationships	1.7 (0.7)	0–5	.66	5 item mean
Interpersonal stress: embarrassment, stigma, restrictions	2.1 (0.5)	0–6	.65	6 item mean

Note. \* The reliability of multi-item indices is evaluated using a Cronbach's  $\alpha$  coefficient, summarizing inter-item correlations. ADLs = activities of daily living.

extent of social support received by each respondent, we use three related multi-item indices reflecting family support, community support, and total social support (the sum of family and community support).

The first two measures of parental support simply indicate recent parental assistance in units of time and money. The third measure of parental support summarizes the frequency of parental help with activities of daily living (ADLs) for their child who became homeless. Interviewers asked how often these parents helped with nine common ADLs (transportation, cooking, housing, time management, personal hygiene, shopping, managing money, or managing medication). These questions were asked with specific reference to the last 30 days (Lehman & Irvin, 1996). Respondents used a 4-point scale ranging from never helping with an ADL (0) to helping with an ADL every day (4). We used these measures to create a simple dichotomy and distinguish between those parents who did not help with ADLs (0) and those who had helped recently (1).

The fourth measure of parental support is based on questions about harm prevention activities. We asked how often parents were recently involved in any of eight activities: preventing their child from becoming homeless (e.g., in the context of eviction), trying to prevent injurious or threatening behavior, or dealing with any of the following: alcohol abuse, embarrassing behavior, excessive demands for attention, illegal drug use, keeping people up at night, or suicidal talk, threats, and behavior (Tausig, Fisher, & Tessler, 1992; Tessler, Gamache, Rossi, Lehman, & Goldman, 1992). These behaviors, especially when repeated, can be a burden and create stress for involved family members. Our simple indicator for harm prevention distinguishes respondents who provided support to prevent harm in any of these eight ways from those who did not.

To measure the extent of social support that parents received, we combined ratings of 16 potential sources of social support (Lehman & Irvin, 1996). These ratings use a 4-point response scale, where 0 indicates no support from each source and 3 indicates very helpful social support. Possible sources of social support included help from up to five different types of family relationships (parents, siblings, spouses, grandparents, and others) plus up to 11 types of relationships with people in the community (e.g., neighbors, friends, religious leaders, and professional social service providers). Our family support index is the sum of the scores for all five types of family support. Our community support index is the sum of scores for all 11 types of community support. Our total social support variable is the sum of scores for all 16 items, reflecting the extent of support in both family and community, generating possible scores ranging from 0–48. Inter-item reliability for this index is good (Cronbach's  $\alpha = .76$ ).

### *Stress and Burden*

We examined five indices measuring stress and burden: the burden of helping an adult child who becomes homeless with ADLs, stress attributed to harm prevention, stress attributed to caregiving roles and activities (caregiver burden), stress on personal relationships attributed to having an adult child become homeless, and problems with social stigma, embarrassment, or restrictions on activities attributed to having an adult child become homeless. All of these indices are measured in the recent past, with

reference to a 30-day period before the interview. More information on these items in a larger sample is provided in previous research (Polgar et al., 2006).

The parental stress of helping an adult who becomes homeless with daily activities was first measured by an indicator summarizing how burdensome it is to help with any of nine ADLs (Fisher & Tessler, 1986; Tessler et al., 1992). Following questions about the frequency of this form of parental support, respondents were asked to rate how *stressful* it was to help with an ADL, using a scale of 0 (no burden) to 3 (a big burden) for each of the nine specific ADLs listed above. If the individual reported providing no support with the ADL during the past month, the related burden is assumed to be 0. A mean for the nine serves as a variable index; the inter-item reliability for this measure is good (Cronbach's  $\alpha = .81$ ). Because roughly half of the respondents provided no support with ADLs during the previous 30 days, we also created a dichotomous variable based on this index, indicating simply that the parent felt some stress from helping with ADLs, which is used for testing Hypothesis 1.

The second index of stress and burden reflects each respondent's experience with harm prevention activities for their homeless child. Eight items are included, each measuring the stress of helping to prevent harm from serious problems during the month preceding the interview (Tausig et al., 1992; Tessler et al., 1992). Respondents reported the degree of burden associated with taking any of eight prevention actions to reduce harm, including eviction prevention, abuse of alcohol or illegal drugs, threatening or attempting suicide, injuring or threatening to do so, keeping people up at night, demanding excessive attention, or risking embarrassment. For each item, responses are coded from 0 (no burden) to 3 (a big burden). A mean for the eight items was calculated and inter-item reliability is determined to be acceptable (Cronbach's  $\alpha = .69$ ). Because some parents did not participate in harm reduction activities during the previous 30 days, a dichotomous variable was also created for use in hypothesis testing ("any type of burden from harm prevention"). This allows us to compare those parents who did and did not feel burdened by harm reduction activities.

Our third index of stress is caregiver burden, a measure adapted from caregiving research (Lawton, Kleban, Moss, Rovine, & Glicksman, 1989; Lawton, Moss, Kleban, Glicksman, & Rovine, 1991). We calculated a mean response score reflecting the frequency of 19 negative feelings in reaction to caring for a relative who becomes homeless, including fatigue, anger, discomfort, loneliness, isolation, uncertainty, inadequacy, role strain, suffering health or social life, lack of privacy or space, loss of control, limited capacity, and others. For each item, responses ranged from zero (never feel this way) to four (nearly always feel this way). A mean of these items was calculated for each individual and inter-item reliability for this variable is determined to be acceptable (Cronbach's  $\alpha = .86$ ).

Our fourth stress measure summarizes problems with personal relationships using the mean response to five interrelated items (Cronbach's  $\alpha = .66$ ), where each item reflects stress on one of five types of relationships. These include family relationships (with spouses, children, and parents), relationships with friends, and relationships at work (Messer, Angold, Costello, & Burns, 1996). A higher score indicates that a respondent experienced more stressful problems with any of these relationships.

Our fifth and final stress measure reflects interpersonal stress by taking the mean score across six items, indicating the extent to which a respondent experienced embarrassment, social stigma, blame, restrictions on daily activities, restrictions on family activities, or social avoidance that is specifically attributed to parenting an adult who becomes homeless (Horwitz, 1995; Messer et al., 1996; Reinhard, Gubman, Horwitz, & Minsky, 1994). A higher score on this index indicates the respondent reported more of these interpersonal stressors.

### Data Analysis

First, we evaluated Hypothesis 1, the expectation that parents of adults who become homeless experience more stress from helping with daily activities when they invest more time and money in this role. We compared average levels of parental involvement for respondents who did and those who did not report stress from helping their adult homeless child with ADLs. We used *t* tests to compare the average (mean) numbers of weekly hours and monthly dollars across these two groups, estimating the probability that any difference between groups would be because of random or sampling variation.

Second, we evaluated Hypothesis 2, regarding the expectation that stress from providing parental support proliferates. We compared average burden scores for those parents who recently provided help with ADLs or harm prevention with average scores for those who did not recently provide such help. In both pairs of comparisons, we compared these differences across three types of stress: caregiver burden, stress on relationships, and interpersonal stress. We again analyzed mean differences to see if those parents who help their homeless offspring experience greater stress and burden.

Finally, we evaluated Hypothesis 3, the expectation that parents who help prevent harm or experience stress from harm reduction activities receive more extensive family, community, and total social support. We compared average levels of family, community, and total social support for those parents who do and do not *participate* in harm prevention, and then repeated this comparison to examine those parents who *feel burdened* by harm prevention. We compared groups of parents on many variables using *t* tests because the parent-related variables had clear categorical distinctions (e.g., parents who did or did not spend time or money to help their homeless offspring, parents who did or did not help with ADLs, and parents who did or did not help to prevent harm).

### Results

Results show variations in the experiences of parents whose adult children have recently experienced homelessness ( $n = 37$ ). These parents are mostly female (78%) and African American (81%), parenting mostly sons who become homeless (84%). Therefore, these results most often describe experiences of African American mothers of sons who become homeless. Almost half (43%) of these parents were currently married. These 37 parents are a subset (31%) of 118 respondents in our larger study of people with relatives who were homeless. Among the homeless children of these 37 respondents, 81% had a history of a psychiatric disorder, commonly including a substance use disorder (75%).

As seen in Table 1, parents of homeless adults both provided and received variable amounts of social support. Parents reported that they had helped their homeless offspring for an average of 4.8 hours per week ( $SD = 8.9$ ), spending an average of \$153 ( $SD = \$313$ ) during the month preceding the interview. Large standard deviations around these averages indicate that some parents helped a lot more than this average; a few did not help recently or incur any costs. About three-fourths of the respondents helped with activities of daily living; about half helped to prevent harm. It is notable that many respondents helped offspring who became homeless while they were themselves eligible for poverty assistance. Two-thirds (67%) of the parental respondents received Medicaid, food stamps, or other poverty assistance, which require establishing need based on limited financial means. This rate is significantly higher than the rate among nonparental family members (32%) in the larger sample ( $\chi^2 = 8.7, p = .00$ ).

Respondents received variable amounts of social support from many sources, which they often rated as helpful or very helpful. Most often support for these parents came from friends (76%), doctors (76%), and religious leaders (71%). As expected from parental reports, social support for their adult children who became homeless was rated as most helpful when coming from parents (76%), and additional support came from siblings (59%) or social workers and counselors (50%). Summary statistics combining social support ratings across a variety of sources show a moderate extent of family, community, and total social support for these parents.

Descriptive statistics summarizing each of five stress indices are presented in the lower portion of Table 1. Several findings warrant notation here. First, the average level of stress from helping with ADLs was relatively low, even though a majority of respondents reported helping their homeless offspring with at least one of nine ADLs. The individual activity most often reported as stressful was helping with housing, reported by 19%. Second, 50% of our respondents reported stress from being involved in at least one of eight types of harm-prevention activities. Third, the average caregiver burden score was moderate. Fourth, most respondents reported that their offspring's homelessness put some form of stress on their personal relationships. Specifically, 89% of respondents indicated that having a child who became homeless created at least some interpersonal problems for at least one type of personal relationship. Fifth, embarrassment and social stigma were also stressful to many; 72% of respondents indicated that having an adult child who became homeless was stigmatizing or restricted their activities to some degree, causing 53% embarrassment.

### Testing Hypotheses

Table 2 shows two comparisons that support our first hypothesis. Parents who report that they experience stress from helping with ADLs spend significantly more time (>7 hours weekly, on average) and money (>\$300 monthly, on average) in the process. These significant differences show that parental stress is significantly and positively related to the amount of parental time,  $t = 1.9, p = .03$  and money,  $t = 3.0, p = .00$  they spend helping homeless relatives, are that these relationships are unlikely to be explained by random variations or chance.

Testing our second hypothesis, we find evidence to support a stress proliferation theory by comparing those parents who did

Table 2  
Hypothesis 1: Parental Involvement With Offspring Who Have Become Homeless is Stressful

	Stress of helping homeless relatives with ADLs			
	Mean (SD)	Comparison of group means		t-value (p)
		Mean (SE)	Mean (SE)	
Weekly hours helping child who has becomes homeless	4.8 (8.9)	2.4 (0.9)	7.8 (3.0)	-1.9 (.03)*
Monthly cost of assistance to child who has become homeless	\$153 (313)	\$24.3 (11.1)	\$304.8 (100.9)	-3.0 (.00)**

Note. ADLs = activities of daily living.  
\* p < .05. \*\* p < .01.

recently help with ADLs or harm prevention with those who did not (see Table 3). In both comparisons (across columns), providing parental support was significantly and positively associated with both caregiver burden and interpersonal stress. Specifically, comparisons of group means show that helping with ADLs was associated with significantly higher levels of caregiver burden (p = .05) and greater interpersonal stress (p = .00). Helping to prevent harm was also associated with more caregiver burden (p = .02) and more interpersonal stress (p = .02). Stress on personal relationships, while present, was not significantly different across groups. Further evidence supporting the stress proliferation hypothesis comes from cross-tabulations of dichotomous measures of involvement and stress (not included in tables). Helping with ADLs was significantly associated with stress from harm prevention (χ² = 5.8, p = .02), stress on relationships (χ² = 6.2, p = .01), and interpersonal stress (χ² = 9.5, p = .00).

Testing our third hypothesis, comparing indices of family, community, and total social support, we find that social support for these parents is more extensive among respondents who had recently been involved in harm prevention (see Table 4). Specifically, comparisons of group means show significantly greater family support (p = .04), community support (p = .02), and total social support (p = .01) for those who have recently been involved in harm prevention. We also find that community support in particular is greater for those who experience burdens related to this harm prevention (p = .03). Although the average extent of total social support is greater for parents who feel burden from

harm prevention, this difference is marginally insignificant (p = .07) among our sample of respondents.

Discussion

Research shows noteworthy patterns in the parenting experiences of people with adult homeless offspring. Thirty-seven parents, mostly mothers of men who had become homeless, provided their homeless children with multiple types of family support, while also enduring some stressful circumstances. Many of these parents provided their adult homeless children with care and financial assistance, spending time and money to help their homeless offspring through difficult times, even when respondents had limited means. Sometimes parental support involved helping with ADLs. In the process of helping their adult children, many of these parents also endured a variety of stressful and harmful situations, sometimes trying to prevent substance abuse or imminent eviction. At the same time, family and community support was helpful to respondents, and support was significantly more extensive for parents who were more involved with, or burdened by, their roles in harm prevention. Families and communities should recognize the importance of support for these parents and families during periods of stress, responding to their needs for assistance.

Parental support to adults who became homeless most often included time and money, in the forms of both functional help with daily activities and financial aid. Even respondents with limited resources provided considerable assistance to their homeless off-

Table 3  
Stress Proliferates Among Parents of People Who Have Become Homeless (H2)

	Mean score	Any recent help with ADLs?			Any recent harm prevention activity?		
		Mean (SE)	Mean (SE)	Comparison of group means	Mean (SE)	Mean (SE)	Comparison of group means
Caregiver burden	1.2 (0.7)	0.8 (0.2)	1.2 (0.1)	-1.6 (.05)*	0.9 (0.2)	1.4 (0.1)	-2.1 (.02)*
Stress on relationships	1.7 (0.7)	1.5 (0.3)	1.7 (0.1)	-0.5 (.30)	1.7 (0.2)	1.7 (0.1)	-0.2 (.49)
Interpersonal stress	1.1 (0.5)	0.7 (0.2)	1.2 (0.1)	-.34 (.00)**	0.9 (0.1)	1.3 (0.1)	-2.2 (.02)*

Note. ADLs = activities of daily living.  
\* p < .05. \*\* p < .01.

Table 4  
*Hypothesis 3: Social Support Buffers Stress on Parents of People Who Have Become Homeless*

Social support index	Mean score (SD)	Any type of harm prevention activity			Experienced burden from harm prevention activity		
		No (n = 18)	Yes (n = 18)	Comparison of group means	No (n = 16)	Yes (n = 21)	Comparison of group means
		Mean (SE)	Mean (SE)	Mean (SE)	Mean (SE)	t-value (p)	t-value (p)
Extent of family support for parent of child who has become homeless	4.8 (2.5)	4.0 (0.6)	5.5 (0.6)	-1.8 (.04)*	4.8 (0.7)	4.8 (0.5)	-0.1 (.49)
Extent of community support for parent of child who has become homeless	10.8 (3.5)	9.0 (1.1)	12.5 (1.4)	-2.0 (.02)*	8.9 (1.1)	12.2 (1.2)	-1.9 (.03)*
Total social support to parent of child who has become homeless	15.6 (6.6)	13 (1.3)	18 (1.7)	-2.4 (.01)**	13.7 (1.5)	17.0 (1.5)	-1.5 (.07)

\*  $p < .05$ . \*\*  $p < .01$ .

spring, sometimes for prevention of potential harm, and often at considerable cost. In difficult circumstances surrounding homelessness, when their adult children were facing harmful problems, providing parental support was associated with greater caregiving burden and interpersonal stress. For example, 76% of the respondents provided their homeless children with some type of help with daily activities (like housing or food) during the 30 days before their interview, and analyses show that this help was associated with more stress. At the same time, parental stress from helping with ADLs or harm prevention was associated with more extensive social support from larger family and community systems, including health and social service providers. These results reinforce previous studies that describe complexity in those family relationships that involve aid to homeless and poor family members (Bassuk et al., 2002; Padgett et al., 2008).

Results from this study provide evidence in support of three hypotheses that were developed using theories of stress proliferation and buffering. First, we found that parents who provide assistance with ADLs spend significantly more time and money helping their children who become homeless. Second, we found evidence consistent with a hypothesis that stress proliferates within families; data show greater stress among parents who are more actively involved in parenting a child who became homeless, helping with ADLs or preventing harm. Third, we found significantly higher levels of social support among parents who help with or feel burdened by harm prevention for their homeless adult child. Given the limited number of respondents in these analyses, these significant differences are notable.

It is no surprise that more extensive social support is reported by parents who are involved in harm prevention when their offspring become homeless. We expect that most people working to mitigate harmful situations find some forms of community support particularly helpful. This finding is notable and consistent with both theory and research describing the challenges of providing social support in the contexts of homelessness and poverty (Banyard & Graham-Bermann, 1998; Eyrych et al., 2003; Hawkins & Abrams, 2007; Irwin et al., 2008; Lam & Rosenheck, 1999).

This research grows from a theory that stress proliferation is a process; families and family members may serve as sources of stress, conduits of stress, and stress absorbers during difficult times and situations (Aneshensel, 1999). Like parenting generally, and

like caregiving for elders, family support and care for relatives who become homeless can become a source of stress and burden, and this appears to be true specifically for parents of homeless offspring. These problems may be mitigated by broader social support offered to multiple family members, in addition to individual homeless adults. Although stress from helping adult homeless offspring may affect parental resources and abilities to care for themselves and their other relatives (Banyard & Graham-Bermann, 1998), this hypothesis remains unexamined and could be addressed in future studies.

#### *Implications for Research, Service Delivery, and Public Policy*

This study empirically examines the challenges of parenting homeless adults. Previous research has shown that social support for people who are homeless and poor is delivered through networks of both formal care providers and informal caregivers, through both service agencies and networks of family and friends (Liebow, 1993; Stack, 1974). Health and social service professionals use tested service delivery models and personal relationships to provide housing, health care, basic needs, and social support to people who become homeless (Tsemberis, Gulcur, & Nakae, 2004). Within service systems, families and friends also provide social support to help buffer stressful situations (Polgar et al., 2006). More research on all types of service providers and caregivers for homeless adults is needed, building on concepts and methods from all areas of social science, including research on caregiving for elders (e.g., Horwitz & Reinhard, 1995; Lawton et al., 1991).

Research on homelessness and its consequences for families improves our knowledge of social problems, informs social services, and extends the scope of social sciences. Research on homelessness also informs and enhances important social interventions and policies. Studies of individuals and families affected by homelessness should continue to explore the challenges involved, collecting and summarizing data from individuals, families, organizations, and communities.

Future research involving people who become homeless and their relatives should examine how people in a variety of roles and relationships learn to cope with stressful situations surrounding

homelessness. Research can provide more detailed information about when and how people become informed and connected to helpful social support and other resources, examining changes over time, using both qualitative and quantitative analysis.

Research shows that stress from harmful situations, such as eviction or substance abuse, creates stress and burden on family systems, requiring greater social support for both people who become homeless and for their relatives. Health problems, including psychiatric and substance use disorders and disabilities, can put stress on even the most caring family relationships, and may lead people to reduce their levels of family involvement and support for relatives who become homeless, thus creating greater need for formal and community support systems.

Formal and informal support services for people who are homeless and for their relatives should recognize both strengths and problems among homeless people and their families. Service delivery should be part of culturally competent care systems, which do not stop after the expression or treatment of individual or family problems. To examine these important topics more fully, researchers can collect and analyze a variety of data on family support for relatives who become homeless, identifying personal and family strengths, and examining the ways that these strengths are related to trajectories of stress and social support over time.

Health and social service providers should recognize and respond to the financial, emotional, and temporal burdens of parenting an adult who becomes homeless. Service providers can both support people who become homeless and assist larger family systems, particularly in circumstances that involve more extensive parental support or more harmful situations. There are clear and important advantages to combining formal community support with family support for people who become homeless. Even so, our research shows that providing family support has stressful consequences for parents of people who become homeless. Our findings show that these parents experience burdens as they provide their adult children with support during and after homelessness, especially in the context of harmful circumstances.

Formal and informal providers and caregivers can recognize both the importance of providing help and the sometimes challenging consequences of doing so. When parents spend time and resources to help a relative in need, they may themselves require greater family or community support. Parents whose adult offspring become homeless can make use of help and support, using both formal and informal social service systems. We have shown that social support for these parents is greater when stress proliferates through family obligations.

Recognizing the strengths of individuals and families is helpful for both providers and caregivers in both formal and informal social support systems. Previous research shows that people who become homeless or poor, along with their families, can be strong, developing resilience in the face of difficulties (Banyard & Graham-Bermann, 1995; Bassuk, 1995). Providing social support to people who become homeless and their relatives may be even more effective as we recognize and reinforce these human strengths, following traditions in social work (Early & GlenMaye, 2000; Saleeby, 1996).

This article presents data on the experiences of parents whose adult children have become homeless. Providing detailed empirical data on a topic that has rarely been subject to social research, we offer new and important findings to applied social research and

scholarship about homelessness. However, our sample is limited to one urban area at one point in time, and thus additional research can help generalize the findings. The participation rate of parents in this study was limited by the weakened social networks of the homeless adults in our sampling frame; therefore, future research should more fully explore parental ties with their adult homeless children. Within our research design, and within the constraints of our sample and funding, we could not include those who had become completely alienated or disaffiliated from their relatives after they became homeless. Although we found statistical evidence consistent with stress proliferation and buffering hypotheses, any statistical association alone is insufficient to imply causation. Though we analyzed data from a very extensive interview, many of the complex family dynamics related to homelessness are still to be explored. More mixed, qualitative and longitudinal research methods in future research, data collection, and analysis may help to address these limitations.

Public policies and plans have helped tackle difficult problems related to homelessness in communities across the United States, helping people to regain housing and evaluating progress. Many people in the public and private sectors have been involved in helping homeless and poor families and individuals, both through formal and informal systems of care. Still, we recognize that homelessness is ongoing and stressful at many levels, adding to the responsibilities of both service providers and families. Our research elaborates the stresses of parental care for homeless adults. Public policies should recognize that parents are helping to respond to adult homelessness by affirming and rewarding work that these families are doing for their homeless relatives. Policies can strengthen the future of family support with ongoing funding for public programs to reduce homelessness and accessible health care for homeless and poor people.

## References

- Aneshensel, C. (1999). Outcomes of the stress process. In A. V. Horwitz & T. L. Scheid (Eds.), *A handbook for the sociology of mental health* (pp. 211–227). New York: Cambridge University Press.
- Banyard, V., & Graham-Bermann, S. (1995). Building an empowerment policy paradigm: Self-reported strengths of homeless mothers. *American Journal of Orthopsychiatry*, *65*, 479–491.
- Banyard, V., & Graham-Bermann, S. (1998). Surviving poverty: Stress and coping in the lives of housed and homeless mothers. *American Journal of Orthopsychiatry*, *68*, 479–489.
- Bassuk, E. (1993). Social and economic hardships of homeless and other poor women. *American Journal of Orthopsychiatry*, *63*, 340–347.
- Bassuk, E., Buckner, J. C., Perloff, J. N., & Bassuk, S. S. (1998). Prevalence of mental health and substance abuse disorders among the homeless and low-income household mothers. *American Journal of Psychiatry*, *155*, 1561–1564.
- Bassuk, E., Mickelson, K., Bissell, H., & Perloff, J. (2002). Role of kin and nonkin support in the mental health of low-income women. *American Journal of Orthopsychiatry*, *72*, 39–49.
- Bassuk, E., Weinreb, L., Buckner, J., Browne, A., Salomon, A., & Bassuk, S. (1996). The characteristics and needs of sheltered homeless and low-income housed mothers. *Journal of the American Medical Association*, *276*, 640–646.
- Bassuk, E. L. (1995). Legislating away reality. *American Journal of Orthopsychiatry*, *65*, 460–461.
- Bassuk, E. L., Buckner, J. C., Weinreb, L. F., Browne, A., Bassuk, S. S., Dawson, R., & Perloff, J. N. (1997). Homelessness in female-headed

- families: Childhood and adult risk and protective factors. *American Journal of Public Health*, 87, 241–248.
- Buckner, J. C., & Bassuk, E. L. (1997). Mental disorders and service utilization among youths from homeless and low-income housed families. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36, 890–900.
- Dixon, L., Lyles, A., Scott, J., Lehman, A., Postrado, L., Goldman, H., & McGlynn, E. (1999). Services to families of adults with schizophrenia: From treatment recommendations to dissemination. *Psychiatric Services*, 50, 233–238.
- Dixon, L., Stewart, B., Krauss, N., Robbins, J., Hackman, A., & Lehman, A. (1998). The participation of families of homeless persons with severe mental illness in an outreach intervention. *Community Mental Health Journal*, 34, 251–259.
- Early, T. J., & GlenMaye, L. F. (2000). Valuing families: Social work practice from a strengths perspective. *Social Work*, 45, 118–130.
- Eyrich, K. M., Pollio, D. E., & North, C. S. (2003). An exploration of alienation and replacement theories of social support in homelessness. *Social Work Research*, 27, 222–231.
- Finkelstein, M. (2005). *With no direction home: Homeless youth on the road and in the streets*. Belmont CA: Thomson-Wadsworth.
- Fischer, P. J., & Breakey, W. R. (1991). The epidemiology of alcohol, drug, and mental disorders among homeless persons. *American Psychologist*, 46, 1115–1128.
- Fisher, G. A., & Tessler, R. C. (1986). Family bonding of the mentally ill: An analysis of family visits with residents of board and care homes. *Journal of Health and Social Behavior*, 27, 236–249.
- Gelberg, L., Andersen, R. M., & Leake, B. D. (2000). The behavioral model for vulnerable populations: Application to medical care use and outcomes for homeless people. *Health Services Research*, 34, 1273–1302.
- Goering, P., Wasylenko, D., Lindsay, S., Lemire, D., & Rhodes, A. (1997). Process and outcome in a hostel outreach program for homeless clients with severe mental illness. *American Journal of Orthopsychiatry*, 67, 607–617.
- Hawkins, R., & Abrams, C. (2007). Disappearing acts: The social networks of formerly homeless individuals with co-occurring disorders. *Social Science & Medicine Special Issue: Risk perception and decision processes underlying informed consent to research participation*, 65, 2031–2042.
- Horwitz, A. V., & Reinhard, S. C. (1995). Ethnic differences in caregiving duties and burdens among parents and siblings of persons with severe mental illness. *Journal of Health and Social Behavior*, 36, 138–150.
- Irwin, J., LaGory, M., Ritchey, F., & Fitzpatrick, K. (2008). Social assets and mental distress among the homeless: Exploring the roles of social support and other forms of social capital on depression. *Social Science & Medicine*, 67, 1935–1943.
- Lam, J. A., & Rosenheck, R. (1999). Social support and service use among homeless persons with serious mental illness. *The International Journal of Social Psychiatry*, 45, 13–28.
- Lawton, M. P., Kleban, M. H., Moss, M., Rovine, M., & Glicksman, A. (1989). Measuring caregiving appraisal. *Journal of Gerontology*, 44, P61–71.
- Lawton, M. P., Moss, M. S., Kleban, M. H., Glicksman, A., & Rovine, M. (1991). A two-factor model of caregiving appraisal and psychological well-being. *Journals of Gerontology*, 46, P181–P189.
- Lee, B. A., & Greif, M. J. (2008). Homelessness and hunger. *Journal of Health and Social Behavior*, 49, 3–19.
- Lefley, H. P. (1996). *Family caregiving in mental illness*. Thousand Oaks CA: Sage.
- Lehman, C., & Irvin, L. (1996). Support for families with children who have emotional or behavioral disorders. *Education & Treatment of Children*, 19, 335–353.
- Liebow, E. (1993). *Tell them who I am: The lives of homeless women*. New York: Penguin Books.
- Messer, S., Angold, A., Costello, E., & Burns, B. (1996). The Child and Adolescent Burden Assessment (CABA): Measuring the family impact of emotional and behavioral problems. *International Journal of Methods in Psychiatric Research*, 6, 261–284.
- Murray, R., Baier, M., North, C., Lato, M., & Eskew, C. (1997). One year status of homeless mentally ill clients who completed a transitional residential program. *Community Mental Health Journal*, 33, 43–50.
- North, C., Eyrich, K., Pollio, D., & Spitznagel, E. (2004). Are rates of psychiatric disorders changing over time in the homeless population? *American Journal of Public Health*, 94, 103–108.
- Padgett, D. K., Henwood, B., Abrams, C., & Drake, R. (2008). Social relationships among persons who have experienced serious mental illness, substance abuse, and homelessness: Implications for recovery. *American Journal of Orthopsychiatry*, 78, 333–339.
- Pearlin, L. I. (1998). The Stress Process Revisited. In C. Aneshensel & J. Phelan (Eds.), *Handbook of the sociology of mental health* (pp. 395–415). New York: Plenum Press.
- Pearlin, L. I. (1999). Stress and mental health: A conceptual overview. In A. V. Horwitz & T. L. Scheid (Eds.), *A handbook for the sociology of mental health* (pp. 161–175). New York: Cambridge University Press.
- Pickett, S. A., Cook, J. A., Cohler, B. J., & Solomon, M. L. (1997). Positive parent/adult child relationships: Impact of severe mental illness and caregiving burden. *American Journal of Orthopsychiatry*, 67, 220–230.
- Polgar, M., Pollio, D., & North, C. (2006). Family support for individual homeless adults. *Journal of Social Distress and the Homeless*, 15, 273–293.
- Reinhard, S. C., Gubman, G. D., Horwitz, A. V., & Minsky, S. (1994). Burden Assessment Scale for Families of the Seriously Mentally Ill. *Evaluation and Program Planning*, 17, 261–269.
- Saleebey, D. (1996). The strengths perspective in social work practice: Extensions and Cautions. *Social Work*, 41, 298–305.
- Stack, C. (1974). *All our kin: Strategies for survival in a Black community*. New York: Harper and Row.
- Tausig, M., Fisher, G. A., & Tessler, R. C. (1992). Informal systems of care for the chronically mentally ill. *Community Mental Health Journal*, 28, 413–425.
- Tessler, R., Gamache, G., Rossi, P., Lehman, A., & Goldman, H. (1992). The kindred bonds of mentally ill homeless persons. *New England Journal of Public Policy*, 8, 265–280.
- Thoits, P. (1995). Stress, Coping, and Social Support Processes. *Journal of Health & Social Behavior*, 36(Extra Issue), 53–79.
- Thompson, M. (2007). Violence and the costs of caring for a family member with severe mental illness. *Journal of Health and Social Behavior*, 48, 318–333.
- Tsemberis, S., Gulcur, L., & Nakae, M. (2004). Housing first, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *American Journal of Public Health*, 94, 651–656.
- Zlotnick, C., Kronstadt, D., & Klee, L. (1998). Foster care children and family homelessness. *American Journal of Public Health*, 88, 1368–1370.

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