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**HOMELESSNESS  
IN  
KNOXVILLE/KNOX COUNTY:  
2002**

*Roger M. Nooe*

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*Sponsored by the Knoxville Coalition for the Homeless*

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## INTERVIEWERS

Amanda Allen  
Roosevelt Bethel  
Nadia Blakemore  
Jamie Brennan  
Debbie Brothers  
Ami Brown  
Harold Bush  
Ron Coffin  
Donna Cherry  
Dee Crumm  
Renee DeLapp  
Barbara Disney  
Mike Dunthorn  
Glaydean Edwards  
Nikki Evanush  
Leasa Graham  
Chris Hargrove  
Kathy Hatfield  
Jenny Hause  
Phyllis Henry  
Katie Jellison  
Kristy Keck  
Jennifer Landon  
Annie Lane  
Vanessa Leding  
Karson Leitch

Diana Lobertini  
Geoff Loose  
Kathy Lowery  
Adam McGahee  
Susan Miller  
Robert Morgan  
Maureen Nalle  
Roger M. Nooe  
Connie Purdue  
Keith Richardson  
Lottie Richardson  
Roberta Rowe  
Linda Rust  
Joseph Sanfilippo  
Calvin Taylor  
Brenda Therry  
Mac Tobler  
Cindy Tucker  
Stuart Wallace  
Ginny Weatherstone  
Sandra Wells  
Carl Williams  
Elaine Willoughby  
Debbie Word  
Donna Wright

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Jamie Brennan

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Barbara Disney

Leasa Graham

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## I. INTRODUCTION

*Homelessness 2002* is the tenth study of homelessness in Knox County sponsored by the *Knoxville Coalition for the Homeless*. The first study was conducted in 1986 with regular studies following thereafter. When initially appointed in November 1985, the coalition was charged with three major responsibilities: (1) to ascertain the extent of homelessness in Knoxville, (2) to determine services available to the homeless and make recommendations concerning deficient or nonexistent services, and (3) to increase communication and coordination of services among existing agencies and organizations working with the homeless. The Coalition continues to meet on a monthly basis and in addition to sponsoring studies, serves as a forum for exchange of ideas and information. It has taken an increasingly active community role through public education activities and participation in community development.

This report incorporates much of the narrative from the 2000 report. The research findings from 2002 are reported, and the description of resources updated. However, previous introductory material on definition, causes, and patterns is still quite relevant, with a few additional research citations. One new feature is brief case examples that “put a face” on homelessness.

The study of homelessness is impacted by a number of factors including how one defines homelessness, its transitional nature, and the complexity of its causes. Since the initial research, it has been apparent that any study of homelessness poses a formidable challenge including how one determines methods of enumeration. Identifying contributing factors is a complex task. A brief examination of these factors illustrates the issues.

## DEFINITION

The definition one uses to define homelessness will have significant impact on estimated numbers and characteristics. “Doubled-up housing” (residence with relatives and friends) may not be included in a definition and subsequent count. However research suggests that doubled-up housing frequently occurs among homeless persons (Wright, *et al.*, 1998). Likewise, persons living in substandard housing, extremely vulnerable to homelessness, are generally not included.

There are a number of variations in definitions. Homelessness has been defined in terms of residence within a geographic area such as “skid row” (Wallace, 1965), the lack of permanent residence (Leach and Wing, 1980), and a personality attribute (Bahr, 1973; Bassuk, 1983). Depending on the definition of homelessness used, persons will be included or excluded from counts; for example, definitions may include persons living in single room occupancy hotels (SRO) and/or individuals who stay with friends (“couch population”) as homeless. The most widely utilized definition that has emerged is found in the *Stewart B. McKinney Homeless Assistance Act (Public Law 100-77)*. The act defines homelessness as including persons,

“who lack a fixed, regular, and adequate nighttime residence. It also includes persons whose primary nighttime residence is either a supervised public or private place not designed for or ordinarily used as, a regular sleeping accommodation for human beings.”

While the above provides a working definition, the reader should be aware that no single definition or characteristic describes all homeless people.

## NUMBERS

Estimates of the extent of homelessness in the United States continue to show wide variation. These numbers range from less than two hundred thousand to more than three million. More recent studies such as the *Interagency Council on the Homeless*' **"Priority: Home! The Federal Plan to Break the Cycle of Homelessness,"** concludes that the population is not a static one, but that large numbers of people flow in and out of homelessness (a conclusion emphasized in the early Knoxville studies). The 1996 and 1998 Knoxville studies summarized the range of findings:

The *U. S. Department of Housing and Urban Development* estimated that 192,000 were homeless (HUD, 1984); in contrast housing activists argued that 3.2 million persons were homeless (Holmes and Snyder, 1982). Later, 1990 government materials relied on a study conducted by the *Urban Institute* that found that on any given night up to 600,000 persons were homeless (Burt and Cohen, 1989). However, activists continued to argue that there were more than three million homeless people in the United States (Kozol, 1988). In 1994, The *Interagency Council on the Homeless* (ICH) published **"Priority: Home! The Federal Plan to Break the Cycle of Homelessness."** A major conclusion of the *ICH* was that the homeless population was not a static one, but that large numbers of different people flow through shelters over time (a conclusion that had been emphasized by the Knoxville studies in 1987 and 1988). This new federal position emphasized that homelessness had been previously underestimated.

The 1994 *Interagency Council on the Homeless* report **"Priority: Home! The Federal Plan to Break the Cycle of Homelessness"** concluded that in the latter half of the 1980's, 1.2 million families on public assistance and the one million persons waiting Section Eight vouchers, although not included in population estimates, were extremely vulnerable to homelessness. (ICH, 1994).

While national enumerations are limited, several studies have provided inferential data for the number of homeless in the United States. A study by Link (1984) suggested that homelessness was two to three times more extensive than early estimates. Using a household sampling method, the researchers found that approximately 7.4 percent of all adult Americans had at some point experienced literal homelessness. An interesting aspect of the report was recognition of the difficulties in counting the homeless, including (1) finding the hidden homeless, i.e., those who sleep in boxcars, on roofs, or other obscure locations; (2) encountering respondents who deny homelessness or refuse interviews (see Rossi, (1989) and (3) not including people who experience short or intermittent episodes (Link, 1994). As noted, determining the extent of homelessness is difficult, and reliable studies are scarce. The census for 2000 included a concentrated effort to identify those persons who were homeless; however, the counting difficulties continued to hamper this effort.

One of the most recent national studies has been the **National Survey of Homeless Assistance Providers and Clients** (NSHAPC), that produced “*Homeless: Programs and the People the Serve—Highlights Report.*” This survey was sponsored by twelve federal agencies under the auspices of the **Interagency Council on Homeless** (1999). The survey focused on services provided, client characteristics, and how the homeless population in metropolitan areas has changed since 1987. It was not designed to provide an enumeration of homeless people; however, it does offer some analysis of changes between 1987 and 1996. Also, it offers a benchmark to compare Knoxville data with the NSHAPC sample of seventy-six geographical areas selected to represent the United States.

All recent reports have been consistent in recognizing that the homeless population is not static. The Knoxville studies have consistently asserted that the homeless population is not static and that numbers must be viewed within a designated time frame. Different patterns of homelessness—situational, episodic, and chronic—will determine who is homeless at a given time.

"Situational homelessness is usually acute; a home burns, the wage earner is laid off, a family is evicted or family abuse causes unexpected homelessness. Episodic homelessness is recurring; a person works seasonally and has lodging, disability benefits are sufficient for a room (SRO) several weeks a month, or the person has a home with family when not drinking. This group includes the "couch population" who usually stays with relatives/friends but have meals at shelters. Chronic homelessness is ongoing; the person remains on the street indefinitely; some may be alcoholic or severely mentally ill." (Nooe and Cunningham, 1990)

These different patterns offer explanation for differences in enumeration and also public perceptions of homelessness. While the chronic homeless are usually the most visible, they likely represent the smallest segment of the homeless population. The category of situationally homeless is the largest when measured over time.

## **CONTRIBUTING FACTORS**

Despite the longest sustained period of economic growth in the United States, homelessness has continued to increase. General prosperity has been cited by some as evidence that homelessness is due largely to personal problems or internal factors such as mental illness, substance abuse, and personality deficits (Bassuk, 1984; Lamb, 1984; Baum and Barnes 1993), while other studies present a case for structural or external factors such as lack of housing, income and employment opportunities (McChesney, 1991; Trimmer, Eitzen, and Talley 1994). Most likely, homelessness is due to multiple interacting

factors. These contributing factors may vary for segments of the homeless population; for example, differences exist in rural and urban homelessness, not only in the environment but also in coping strategies (Goodfellow, 1999; Cummins, First, and Toomey, 1998; Nooe and Cunningham, 1992).

Recent changes in public attitudes and policy have major implications although the effects have not been fully assessed. The United States has witnessed the most dramatic shift in welfare policy since its inception in 1935 (Berger and Tremblay, 1999). Changing public attitudes are producing revisions that result in stricter guidelines for subsidies and services (Dunlap and Fogel, 1998). Resources such as AFDC have been important in preventing homelessness, and more exclusionary guidelines will likely increase vulnerability to homelessness (Butler, 1997).

The Knoxville studies have identified a number of interacting factors that contribute to homelessness: (1) lack of affordable housing; (2) mental illness (deinstitutionalization); (3) labor market changes; (4) substance abuse; (5) lack of education; (6) personal crises [abuse, divorce, death]; (7) personal risk factors and (8) poverty.

## **HOUSING**

In some respects Knoxville has more housing resources than other metropolitan areas. The combination of public housing and emergency shelters result in less than twenty-five percent of the homeless living in outside locations and this is often by choice. Some cities report that the greatest numbers of homeless are living in outside locations, and in the NSHAPC study, thirty-one percent reported sleeping on the streets or in other places not meant for habitation (ICH, 1999).

A couple in their mid-thirties with a small child was referred for homeless services. The couple was looking for housing. The wife sat silently letting the husband do all the talking, both had symptoms of mental illness. They had lived in a neighboring community until their already condemned apartment was destroyed by fire. He received a small disability check which they used to stay in motels until funds were depleted. He identified himself as a "preacher" participating in an outreach ministry to other homeless persons. The staff called a local shelter that offered separate emergency housing to the husband and wife and child. The husband replied that they had been together for seventeen years and would sleep under a bridge rather than be separated. He angrily left the office.

Nationally, urban change and policy initiatives in the United States, as well as global changes, have contributed to a decline in public housing. Recent governmental strategies are attempting to address the shortage of public housing and increase the availability of affordable housing. At the same time, the significant reduction in private sector low income housing is often overlooked in the clamor for more public housing. In 1960, 640,000 people in New York lived in SRO's and rooming houses, but by 1990 this number was reduced to 137,000 (Stegman, 1993). Many Knoxvilleians can remember private sector hotels and rooming houses that provided cheap lodging, but many of these have since been razed or converted to condominiums in the apparent gentrification of the inner city. An interesting phenomena is an increasing number of suburban motels, offering low rates and catering to a transient population. A continuum of housing that includes subsidized supervised housing and private housing is a factor in preventing recurrent homelessness (Wong, Culhane, Kuhn, 1997).

Kathy, a 20-year-old mentally ill, mothers of three, is staying at a community agency. Her children were removed by the Department of Childrens Services (DCS) due to the mental illness of their mother. There has been little treatment for Kathy's mental illness - she has a history of hospitalization, and she has often been given meds with no follow-up. A community agency is now monitoring meds. Kathy has

completed parenting classes and is currently in a survivor group and support group. She has visitation with children and her mental health is stable. Kathy's housing has gone from shelter, to transitional, back with family, unable to receive a Section 8 due to her police record. She will soon move into housing for mentally ill persons. Kathy has gone from fetal position when around others, especially men, to being able to talk in a group setting without cursing everyone out.

A final aspect of housing that merits mention is the practice of "doubling-up." Staying with friends or relatives commonly precedes homelessness (Wright, *et al.*, 1998). This practice results in what has been called the "couch population," and while "doubling up" represents a type of housing, the risk for homelessness is very high.

Randy and Jennifer arrived in Knoxville from Florida with no place to go, no family in the area and no jobs. The couple had been living on the streets in Florida, and now in Knoxville. The couple came to the shelter and joined the program in September of 2001. In November, Jennifer was diagnosed with breast cancer. In December she underwent surgery and in January began chemotherapy. Jennifer is not out of the woods yet with regard to her cancer, but states that her faith in God has gotten her through. Through all of this, Randy has remained by Jennifer's side, loving and caring for her. Randy received counseling to help him improve his job skills and now has a job. The couple has been working with the housing authority and will have housing available soon.

## MENTAL ILLNESS/DEINSTITUTIONALIZATION

The role of mental illness and deinstitutionalization in homelessness is hotly contested. Torrey (1989) argues that deinstitutionalization is a major contributing factor, whereas the *National Coalition for the Homeless* (1997) asserts that deinstitutionalization has had little impact on the number of homeless. The Knoxville studies, as well as a number of national studies, present strong evidence that mental illness and deinstitutionalization are significant contributing factors.

A local agency referred a 30ish black female because this client “did not meet the requirements for their program.” While orienting the young woman to our services, she refused to give her name. The woman’s appearance was unusual in that it was the middle of summer and she had a hat, coat, and scarf on. She refused to remove any of her clothes during the interview. Her speech was rapid and bizarre. She was difficult to follow and began weaving a long and complex story that went something like this: She stated she was from Alabama and had left her home about two weeks ago. In Alabama, she had a family that included mother, father, husband, and four children. She stated she was currently seven months pregnant (and, in fact, she did appear to be pregnant). She related horrible stories of abuse by her mother and her husband. She was certain that they were following her, would catch up with her, and take this child she was pregnant with. Furthermore, the woman believed that everything she ate was making the baby sick and the baby was vomiting inside her (she was extremely descriptive about this process). When questioned about her past mental health, she stated she had been previously diagnosed with schizophrenia and bipolar disorder. Yet she refused to go to the hospital voluntarily because of her fear of being “found and killed” by her family. Obviously the woman was very psychotic and yet did not meet criteria for involuntary hospitalization (danger of harm to self or others).

The 1996 study cited evidence that at least one third of the homeless individuals suffer some form of serious mental illness (*Task Force on Homelessness and Severe Mental Illness*, 1992, ICH, 1994). However, this estimate may have been conservative, given the incidence of untreated individuals and those who are in jails, prisons, or

otherwise unidentified (Toro, *et al.*, 1995; Lamb and Weinberger, 1998; and Susser, *et al.*, 1997). The current study found a rate of over fifty percent. Complicating the incidence of mental illness is the number of mentally ill persons who are substance abusers, *i.e.* the dually diagnosed. Persons who have a severe mental illness (*e.g.*, schizophrenia or bipolar disorder) and drug dependency are significantly more likely to become homeless (Olfson, *et al.*, 1999; Dixon, 1999).

Upon meeting "Paul" one is struck by his charisma, charm and the spark of energy and life. "Paul" is in his late 20's, physically attractive in a boyish sort of way, of average intelligence, and severely mentally ill. He has a wonderful smile that grows from ear to ear very slowly. "Paul" is playful, energetic, has a sense of humor and is very kind. He states his family is not supportive and he has had no contact with them in years. On his "good days" he can converse like many other young men, discussing many issues in depth and staying focused. He is able to follow fairly complex directions and complete tasks reasonably well. Unfortunately those days are short lived. On the other days he reappears very guarded, the smile is gone, and his communication is very disorganized. One can observe "Paul" conversing with someone who is not there. He will weave a tale about someone being "after" him. He is obsessed with strange and bizarre ways of communication. For example, one time he found an old plastic hotel key and attempted to convince staff that it was a Russian radio. During these times of confusion, he has not been known to be violent. He will often disappear for 2-3 days at a time, doing without basic necessities including shelter and food. When he reappears, his hair, clothes and body are dirty, sometimes he has tremors from weakness, cannot sign his name, has lost all of his energy and physically looks as if all the life has been drained out of him. If he communicates at all during these times, he will whisper. It will be several days or weeks before he regains his vigor only to recycle into another psychotic episode.

The issue of homelessness and mental illness is also intertwined with the criminal justice system. There is mounting evidence of an increasing number of severely mentally ill persons in jails and prisons (Lamb and Weinberger, 1998). In one sense jails are becoming today's asylums. The interaction of these factors is seen in the finding that non-

homeless mentally ill persons going into jail have a significantly increased risk of housing loss (Solomon and Draine, 1995).

“Tasha” is a black female who is 40, unmarried, and originally from the north. She came to East Tennessee with her brother (he left about one year later and she has had no contact with him) about ten years ago following the loss of custody of her five minor children. She states the children were taken for a variety of reasons including: domestic violence by her partner, both of their substance abuse difficulties, and her mental illness. She has a third grade education and cannot read or write. She has difficulty with concentration, memory, impulse control and has little or no insight as to how to solve her overwhelming problems. She has had no contact with her family since leaving the north. She has tried to contact them but to no avail. She has been living on the streets most of the past ten years. She has been victimized repeatedly by men and has had to revert to violence herself to deal with her vulnerability. She cycles in and out of jail for petty or misdemeanor offenses. She states that in the ten years she has been on the streets she has not received simultaneous treatment for her mental illness, substance abuse, and trauma issues. She is not eligible for subsidized housing due to a drug paraphernalia charge. She has been able to gain menial employment several times yet cannot maintain it for longer than a couple of months. At one time she received SSDI for substance abuse but when that program was discontinued, she was unable to follow through with the long process of becoming eligible for benefits based on her mental illness, or her cognitive limitations. In essence “Tasha” thinks the only options left for her are to find someone to “rescue” her from homelessness.

## **EMPLOYMENT**

Lack of employment is often identified as a major cause of homelessness. However many of the homeless report being employed or having occasional work (Nooe, 1998). The NSHAPC reported that forty-four percent did paid work during the previous month, with twenty percent having a job expected to last three months or longer (ICH, 1999). The difficulty is that many of these jobs are temporary or do not provide sufficient wages to provide self-sufficiency. The *Interagency Council on the Homeless* recognized

that employment prospects are dim for those who lack appropriate skills or adequate schooling. The labor market has changed, as evidenced by "plant relocations and closures, persistent racial discrimination, changes in industry that have increased the demand for highly educated people, the decline in the real value of the minimum wage, and the globalization of the economy" (ICH. p. 27). Employment instability has been identified in several studies as a risk factor for homelessness (Wagner, 1994). Women and minorities currently seem to experience fewer employment opportunities (Butler, 1995). The duration of homelessness may decrease the prospects of employment. It is not surprising that homelessness itself may further diminish one's chances of employment, as prolonged idleness may cause greater loss in work habits, responsibility and commitment to employment.

A young couple showed up with a very small infant. When questioned about their needs the man stated they needed to call "the state to come get our baby" because they had been sleeping outside for several weeks and now suddenly the weather was turning cold. Although they were not afraid of the freezing temperatures for themselves, they were concerned for their infant. The couple was warm and loving, both to each other and to the infant, leading one to believe they weren't attempting to get rid of their responsibility for the infant. They were obviously in distress over their decision. Recently the man had lost his job and they had lost all of their possessions (including all the baby things) when they were told to leave a relative's house in a hurry. They were not eligible to stay in the local overnight shelters due to a variety of reasons. The Refuge was able to help with several short-term solutions, such as baby clothes, formula, and diapers. The staff contacted a shelter in another county that said the couple could stay there and transported them to that shelter. But one wonders what happened to them after that.

## **SUBSTANCE ABUSE**

Habitual heavy substance abuse is a major contributor to homelessness. Use of drugs other than alcohol has increased dramatically among the homeless. Homeless men are especially likely to have histories of substance abuse (Toro, et al ). Magura and colleagues sampling homeless persons at an inner city soup kitchen found that seventy-five percent had used drugs in the preceding month (2000). Recent changes reducing eligibility for SSI based on chronic substance abuse have likely increased the risk for homelessness. Similarly, policy changes that result in persons convicted of drug abuse/sale being barred from public housing have created additional dilemmas.

George is a 34 year old white male who has been in and out of hospitals and shelters for the past six years. He is unable to maintain his own housing and therefore has been chronically homeless. George is from a rural town in East Tennessee and has endured ongoing verbal and physical abuse from both his parents and siblings even as recently as a few months prior to entering the shelter. George has been diagnosed with Borderline Mental Retardation and Schizoaffective Disorder. He has a history of addiction to marijuana, crack cocaine, opiates and alcohol. George came to the shelter and joined the men's recovery program. He now regularly attends AA and NA meetings and has managed to stay clean for sixty-three days. However, his struggle with his mental illness continues. He reports hearing voices from time to time and is on psychiatric medications, yet has difficulties taking these on a regular basis. He is receiving intensive outpatient treatment and attends daily groups. He is also involved in a local church, but struggles with social anxieties.

Many individuals are dually diagnosed, suffering from both a major mental illness and substance abuse (Task Force, 1992; Barber, 1994). These dually diagnosed individuals frequently fall between the cracks because neither mental health or substance abuse treatment facilities provide comprehensive services. Substance abuse contributes

to the lack of funds for housing and also may increase family conflict leading to family unwillingness to allow individuals to remain in the home.

Sam currently lives in the Knox County jail because he cannot access housing due to former offenses. He is released after serving this sentence and the next day intentionally gets arrested again because he has no other means for housing and three hot meals. As other former offenders he is not eligible for subsidized housing.

## **EDUCATION**

Inadequate education has not been clearly identified as a causative factor in studies focused on homelessness. In the Knoxville studies over fifty percent of the respondents reported having graduated from high school, with a significant percent having post-high school education. However, given the increased requirement for technical and educational competence to be self-sufficient, it is logical to assume that poor education is a contributing factor to homelessness.

Bob, a 54 year old male, had lived with his mother in a rural county until several months ago. He was asked to leave by other family members because of his failure to contribute financially to the family. He came to Knoxville seeking work, but without funds ended up camping out. He describes his motivation for coming to the agency as prompted by a rat climbing into his sleeping bag. He has been referred to a high rise that accepts single men without income. He describes his living situation as deteriorating - the camp is dirty and without clean water - as he awaits for a police report necessary to obtain housing. Recently this camp shared with other homeless individuals was bulldozed and he has moved to another site.

One reason that studies may fail to identify educational level as a contributing factor was illustrated in an evaluation of an employment program. In comparing those who were successful in gaining employment and housing versus those who were unsuccessful, the educational levels of the groups were similar. However an examination of proficiency levels in reading and math found substantial differences between the successful and unsuccessful groups (Nooe, 1994).

## **PERSONAL CRISES**

Personal crises involve various stressful situations such as abuse, family conflict, loss of a job or housing, and loss of significant others. Crook notes, "Women are particularly vulnerable to the precipice of homelessness because of four major factors: 1) family dissolution, 2) family violence, 3) lack of affordable housing, and 4) low wage status (p. 52)" Many homeless women are victims of abuse, and while leaving the home may represent a solution to one problem, lack of employment and affordable housing frequently result in homelessness.

A woman with three children is currently residing in a shelter after fleeing a dangerously abusive husband. She re-located to Knoxville at the end of May from another shelter (where she and her children had resided since March) because her abuser had found her and the children and it was unsafe for her to continue staying in that shelter, as well as the area. She knows that in order to live a violence-free life with her children, she will have to stay well hidden. She has decided her safety plan will be to change her and the children's identity by having their social security numbers and names changed. However, she will have to remain in the shelter, keeping her and her children homeless, until their new identities are established. The staff is projecting that she and her children will have to continue to reside in the shelter for at least another six months before it is safe for her and her children to establish housing on their own.

Other personal crises such as divorce and widowhood remove support systems and seem to make individuals more vulnerable to homelessness.

Sara, an 89 year old woman, is living in a wooded area with a couple. She has an apartment in subsidized housing, but left several weeks ago after experiencing hallucinations - hearing threatening voices. She is afraid to return to the apartment. She has a history of mental illness, but doesn't think that she is ill. She has no family or support system and currently is not receiving any mental health treatment.

A number of studies have found that female headed households have greater risks for poverty (U.S. Department of Commerce, 1998) and subsequently have greater risks of homelessness (Caton, *et.al*, 1995; DiBlasio and Belcher, 1995). Jencks observed "married couples hardly ever become homeless as long as they stick together" (1994).

Sue, a respected individual in her community, active in her church, came to the agency reporting that her husband of 16 years had been beating her for the past 5 years. She described her family as average middle class American with an income of \$60,000 per year and three children. She left after her husband started beating her for withdrawing \$50 from their joint account. Their 13 year old tried to intervene but was also struck. She and the child went to a shelter. She has an order of protection, but the husband has changed all checking accounts leaving her without resources.

## **OTHER RISK FACTORS**

The increased research on homelessness has resulted in identification of risk factors for homelessness. For example, McChesney suggested eight risk factors in her model--single female headed household, minority family, young age of head, substance abuse, childhood victimization of mother, adult victimization of mother, recent pregnancy, and lack of social support (1995). Wagner and Perrine identified similar factors in comparing housed vs homeless women, recognizing that homeless women had more mental illness, unstable employment and housing, abuse history, substance abuse and fewer social skills (1994).

Several studies have examined childhood risk factors for adult homelessness. Economic and residential instability, along with poverty, are examples of childhood antecedents (Koegel, MeLamid and Burnam, 1995). Increasingly, research is showing that disruption in childhood, such as foster care placement, results in a greater chance of adult homelessness (Roman and Wolfe, 1997).

The availability of social support, whether from friends, relatives, or agencies, appears to influence both risks for and recovery from homelessness. Kingree, *et al.*, for example, found that low levels of support from friends were associated with homelessness following completion of a substance abuse treatment program (1999). Similarly, adolescents running away from or being kicked out by families are at risk for homelessness (Maclean, *et al.*, 1999).

Minority status may also increase the vulnerability to homelessness. However, there may be racial differences among the homeless, in that whites report more internal causes, such as substance abuse and mental illness compared to non-whites reporting more external factors such as low income and unemployment (North and Smith, 1994).

A 43 year old Asian male with full-blown AIDS lives in a broken down van behind a produce stand. He is diabetic, has to pay \$3.00 to take a hot shower, and has no means of cooking meals that are necessary for his health. His only companion is his dog. He is afraid to move into an apartment because he will not be able to keep his dog and is often the object of ridicule. He cannot speak fluent English. His nationality and communication skills create barriers for employment, housing, and appropriate medical needs. He currently is paid \$250 per month by the owner of the produce stand to deliver orders, monitor the location at night and clean. He pays the owner \$50.00 per month to park and live in his inoperable van.

Various groups may experience risk factors for homelessness. For example, some Vietnam era veterans appear to be more vulnerable than other veterans. Factors such as post-military social isolation, psychiatric disorders, substance abuse, and childhood trauma (including foster care) have been implicated as predisposing factors (Rosenheck and Fontana, 1994).

## **POVERTY**

In 1994 approximately forty million individuals were classified as living in poverty (U.S. Census Bureau, 1998). It is logical to assume that those living in poverty are most vulnerable to becoming homeless. However, in recent years more attention has been given to comparison of the characteristics of the homeless and those of the housed poor. Available studies suggest that homeless persons are less likely to be receiving public benefits, more likely to be substance abusers, have higher levels of psychological distress, more likely to be victims of domestic violence and to have been abused as children (Toro, *et al.*, 1995). Personal characteristics of housed vs homeless persons are receiving increased attention; for example, Banyard and Graham found that homeless mothers had more depression and used avoidant coping strategies more than housed mothers (1998). However, it may well be that depression and avoidance are a consequence rather than cause of homelessness. In any case, homelessness is an “extreme point on a continuum of residential instability” (Toro, *et al.*, p. 287). In both the housed poor and the homeless, children in particular experience an increased risk of inability to succeed in school or community environments (Ziesemer, Marcoux, and Marwell, 1994).

The above list of factors is not exhaustive, nor are they exclusive. Most likely these factors are interactive and reflect the complexity of homelessness. It is also important to remember that they represent not only individual problems, but also issues of public policy.

## **HOMELESSNESS AS A LIFE STYLE**

There is often an impression that people are homeless because they want to be or prefer the lifestyle. While there are obviously some who choose to be homeless, the

number is quite small, likely less than five percent. What often happens is that these individuals are more visible than the majority of homeless persons who are in shelters or on the street because of loss of housing, unemployment, mental illness, or abuse.

## **RESOURCES IN KNOXVILLE**

The shelter resources in Knoxville experienced a major change in 2002 as *Volunteers of America* closed. This shelter provided emergency housing to twenty families with children and thirty-five single women. The other shelters are working to offer services; however, housing for transient single women is a critical issue. Another significant change since 2000 was termination of *DRI-Dock's* detoxification program for public inebriants.

Knoxville has a number of programs for homeless persons. The major shelters are:

- (1) *The Salvation Army Center* is located at 409 North Broadway. It operates two emergency shelters. *The Joy Baker Center* has a capacity of 36 individuals and serves battered women, with or without children and homeless women and children. *The Men's Shelter* has a capacity for 156 individuals. A *transitional housing program* also is located on the premise and can house up to 64 individuals; 48 beds are designated for single-homeless males and 18 are designated for single-homeless women. Meals are served daily for residents and an open soup kitchen is available Monday through Friday for lunch. *The Salvation Army* offers a range of case management and supportive services, including on-site child care,

employment counseling, and referrals. Direct assistance in the form of clothing, food, and furniture is also provided.

- (2) *Knox Area Rescue Ministries*, is located at 418 North Broadway. The ministry provides multiple programs for homeless men and women and families in the Knoxville and surrounding areas. The single mens' program has a recovery program for 63 men and an overnight care facility for 150 men. The family care program provides emergency and transitional services for up to 61 individuals. The single women's program provides emergency overnight services for 30 women. In addition the shelter provides three meals a day, seven days a week for indigent persons in the Knoxville community. All recovery programs are designed to assess and provide multiple interventions to break the cycle of homelessness.
- (3) *Serenity Shelter*, a facility operated by *Knox Area Rescue Ministries*, provides assistance to women in crisis. Located at a confidential site, the shelter is open twenty-four hours a day, seven days a week and has the capacity for 33 individuals. In addition to basic food, shelter and other supportive services, the shelter provides case management, education, referral, work rehabilitation, alcohol and drug counseling, and other services to assist individuals in breaking the cycle of domestic violence and homelessness.
- (4) *Volunteer Ministry Center* is located at the corner of Gay Street and Jackson Avenue. The center offers daytime shelter, access to restroom facilities, phone service and meal service, with a separate area for children and

families. Most meals are served by volunteer groups. A case management program offers access to lockers, showers and laundry facilities. Participants and their case manager design a plan for participation in self advancement classes. The Center also offers sixteen rent assisted apartments and sleeping rooms which provide permanent housing to formerly homeless men. The *Refuge*, a Volunteer Ministry Center coordinating agency provides some direct financial assistance and counseling. The *People's Clinic* is open three days a week offering dental services on one day and the services of a Licensed Nurse Practitioner on two days.

- (5) *The Family Crisis Center* is located in two sites kept confidential in order to protect clients. It is a program of *Child and Family, Tennessee* providing shelter and other advocacy services to battered women and children. The east shelter has a capacity for sixteen and the west shelter has a capacity of eight individuals both with potential for slight expansion in emergency situations. Services include case management, support groups, individual counseling, transitional housing, assistance to female stranded travelers, and childrens services. Length of stay is 30 days; however, extended stays are available depending on the individual need.
- (6) *The Runaway Shelter* is located at 2535 Magnolia Ave. It is a program of *Child and Family, Tennessee* providing short-term shelter and counseling for runaway and homeless youth, ages 12—18 years. It has a capacity for

17 individuals. Services provided include individual, group, family, and crisis counseling , as well as on-site accredited schooling.

- (7) *The Transitional Living Program* is located at 2701 E. Fifth Ave. It is a program of *Child and Family, Tennessee* providing residential and day case management services to homeless and “throwaway youth”, ages 17 - 21 years. The main center has a capacity for five individuals with scattered site availability for additional clients. Services provided include independent living skills assessment, individual and group counseling, and case management services. Referrals are accepted from any source for females, females with children, or males on a space available basis. Maximum length of stay for residential services is eighteen months.
- (8) *The YWCA* is located at 420 W. Clinch Ave. It has fifty-eight private rooms for single women in transition. Residents are assisted in developing a plan for employment and utilization of appropriate programs. The facilities include a shared kitchen, living room and laundry room. The average length of stay is six months, however, residents may stay for up to 24 months. There is a \$40.00 weekly rate.
- (9) *Agape* is located at 428 E. Scott Avenue. It offers a six month individualized program for chemically dependent adult women. Three Victorian houses each provide residence for 8 clients, for a capacity of 24. Services include individual and group treatment and referrals. There is a \$10/day fee.
- (10) *E.M. Jellinik Center* is located at 130 Hinton Ave. It offers a residential rehabilitation program for adult men with substance abuse problems.

Services include individual and group counseling along with participation in Alcoholics Anonymous and/or Narcotics Anonymous (AA/NA). It has a capacity of 45 and length of stay is generally 6 months to one year. There is a \$65/week charge for employed residents.

- (11) *Steps House* is located at 712 Boggs Ave. It offers a residential program for alcohol and drug recovery. The capacity is 83 with one section designated for veterans (40 beds) and the other for indigent care (43 beds). Services include case management and group counseling. The fee for non-veterans is \$90/week. There is no limit on length of stay.
- (12) *Great Starts*, located at 2601 Keith Avenue, is a transitional housing program operated by *Child & Family Tennessee*. It houses women with alcohol and drug addiction and provides an on-site therapeutic nursery for children who are drug exposed, HIV positive, developmentally delayed or medically at risk. The capacity is 22 women in the housing program and 38 children in the nursery. Supportive services include parenting classes, A&D groups, case management, family services, medical care, and therapeutic counseling to provide a holistic approach for chemically exposed children and their chemically dependent mother. The length of stay in the program is 6 months and can be extended based on progress and individual need.
- (13) *Positively Living*, 1501 East Fifth Avenue, provides case management and housing services. It offers services to persons with HIV/AIDS in Knox and the surrounding counties. The agency is developing permanent supportive housing for the persistently mentally ill.

The above resources provide emergency shelter and lodging. In addition a number of agencies/organizations provide specific services. Two of the shelters operate centers providing clothing and household items:

The *Bargain Center*, a facility operated by *Knox Area Rescue Ministries*, is located at 3935 Western Avenue and is open Monday through Saturday. The *Bargain Center* offers discounted merchandise and free clothing and basic household items to persons of limited resources to assist in the return to community living or to minimize the effects of poverty.

The *Salvation Army* operates five thrift stores in the Knoxville area. The main store is adjacent to *The Salvation Army Center of Hope* located at 409 North Broadway. Clothing and furniture are provided (free of charge) to individuals referred by the *Salvation Army Social Services Department*. All stores stock an array of items including clothing, appliances, and other household items, for sale to the general public at affordable prices. Proceeds from the thrift stores are used to support the various social services and shelter programs of the *Salvation Army*. Hours of operation are from 9:00 a.m. to 5:30 p.m. Monday through Friday.

A number of churches and other organizations provide meals; *Second United Methodist Church*, *Church Street United Methodist Church*, *Lost Sheep Ministry* and the

*Love Kitchen* for example, have provided meals on specific days of the week for several years. Other churches sponsor meals through the shelters. “Preacher Bob” Burger leads the *Highways and Byways Ministry* that provides meals and outreach services. The *Wings of Hope Ministry* also offers services to those in outside locations. Various social service agencies offer needed services. *Community Action Committee (CAC)*, *Child and Family Services*, *Vet Center*, *Department of Human Services*, *Lakeshore Mental Health Institute*, *Home Based Employment, Inc.*, *Helen Ross McNabb Mental Health Center (including DRI)*, *Knoxville Community Development Corporation*, and *Knox County Health Department* play active roles in the provision of services to the homeless. The local HUD office is available for technical support. The *Knoxville—Knox County Community Action Committee* has designed one unit of its organization as *Homeward Bound Programs*. This unit is specifically designed to provide services to homeless persons and includes *Homeward Bound*, a program offering long-term case management to enable job training, employment and stable housing, family reintegration, life skills training (employability, budget management, parenting, and anger management).

A number of programs offer transitional, supportive living, half-way house services, residential or specific services to homeless persons, such as *Child and Family Services*, *Pleasantree I, II, III*, *Great Starts*, *Agape*, *E. M. Jellenik*, and *Steps House*. The *CAC Reach* program sends a team of workers into the field to offer case management, housing, employment and other services. The *Street A.R.T. (Adolescent Response Team)* program located at 2602 Fifth Avenue is a program of *Child and Family, Inc.*, providing outreach assistance and referrals for runaway, throwaway and homeless youth, ages 12 - 21 years of age. Crisis intervention and short term counseling directed toward harm reduction is

available on a twenty-four hour on call basis. Shelter assistance is provided through collaboration with the *Runaway Shelter* and other community programs. Services provided include access to emergency food, clothing, and personal hygiene items. *Cherokee Health Services*, a comprehensive health care organization with three Knoxville locations provides medical, dental and behavioral health services regardless of the patients' ability to pay. A relatively new organization, *Compassion Coalition*, comprised of a number of local churches, represents a coordinated effort to assist existing agencies serving the homeless.

Several programs focus on homeless veterans. The *Volunteers of America Homeless Veterans Reintegration Project* serves an eleven county area. It provides case management referrals, clothes, and tools to enable employment. An outreach worker from the *Veterans Administration Medical Center* in Johnson City is housed at the Vet Center; in addition to linkage with the medical facilities, readjustment counseling is available.

The *Coalition for the Homeless* maintains a directory of services. The directory includes resources available for homeless and at-risk persons. A new edition was released in July of 1998 and the coalition is currently working to update it.

## II. SURVEY OF HOMELESSNESS

Since its formation in November of 1985, the *Knoxville Coalition for the Homeless* has sponsored studies designed to determine the extent of homelessness in Knox County. The initial study was conducted in February 1986, and follow-up surveys and/or enumerations have been completed every two years thereafter (1988, 1990, 1992, 1994, 1996, 1998, 2000, and 2002). The *Coalition* sponsored a small study in July 1987 examining the duration of homelessness. The *Community Action Committee* (CAC) sponsored a survey in May 1988 as part of a state-wide study; the state effort was not published, but local results are available from CAC.

### DESIGN

The current study was conducted in February 2002. It included (1) a review of the shelter census to determine an unduplicated count of individuals who stayed during the month and (2) interviews with a sample of persons in shelters and outside locations during an evening/early morning period. The shelter sites included *Salvation Army, Knoxville Area Rescue Ministry, Volunteers of America, Volunteer Ministry, Family Crisis Center, Serenity Shelter, Runaway Shelter, Great Starts, YWCA, AGAPE., E. M. Jellinek Center, and Steps House.*

The questionnaires used in all studies contained many of the same questions. However, modifications were made in the questionnaire as researchers and interviewers identified aspects that needed inclusion or elaboration. For example, specific questions about family background, mental health, health, problem solving abilities, and more recently questions about AIDS, substance abuse, domestic violence, foster care, and

experiences with social service agencies were added after the initial study. The current study added questions for families with children and also questions about public intoxication arrests. Questionnaires used in all studies contained the same questions about causes of homelessness, reasons for coming to Knox County, employment history, mental health history and demographics.

The questionnaire was supplemented by a brief form to describe childrens' characteristics and experiences. When adult respondents indicated that they had children with them (question 32), the supplemental form and the "Pediatric Emotional Distress Scale for ages two to ten years (PEDS)" was completed. The PEDS has been used to evaluate children's reactions to natural disasters (e.g. Hurricane Hugo) and offered an interesting comparison to reactions to being homeless. The supplemental form requested specific information about each child's experience in school and being homeless.

In the current study, the women's shelters and women in outdoor locations were purposively over sampled to allow greater examination of the characteristics and experiences of homeless women. The decision to focus on women was in response to reports from shelters and service providers that there has been a continuous increase in the number of women living on the streets.

Fifty-one persons served as interviewers. Many had participated in previous studies; however, a training session was conducted for all interviewers during the week prior to the study. The session included a review of the questionnaire, instructions about the study, guidelines for research interviewing, and answering questions asked by the interviewers.

On the day of the study, the interviews were started at approximately 6:30 p.m. This time was selected to allow shelters to have completed check-in and to have finished the evening meal before interviewers arrived. The project director had contacted the shelters in advance to determine average numbers of individuals staying at the respective shelters so that the number of interviews and team size could be planned. Each shelter designated a staff member as contact person to assist with sampling and to help minimize disruption of the evening routine. On the evening prior to the shelter visit, four interviewers visited Market Square during the weekly feeding program. In the morning following the shelter interviews, seven interviewers visited areas where persons staying in outdoor locations were known to congregate. These locations included Western Avenue, Second Creek, Market Square, Cumberland Avenue, interstate bridges, individual "camps", and the *Volunteer Ministry* day room.

The sampling design was to select every fourth resident in shelters or outside locations. Family and youth shelters were over-sampled to provide data on those segments of the population. The over sample of women and children in shelters was achieved by interviewing every other resident. All respondents were paid \$3.00 and were advised of their right not to participate and of their right to refuse to answer any question.

A total of two hundred and two interviews were completed, the largest sample to date. In the analysis, data was weighted by gender to be representative of the population estimate of twenty-three percent female and seventy-seven percent male. The sample of women used for analysis consisted of sixty-one respondents. In addition to the survey, the project director worked with the shelters to determine a census based on monthly

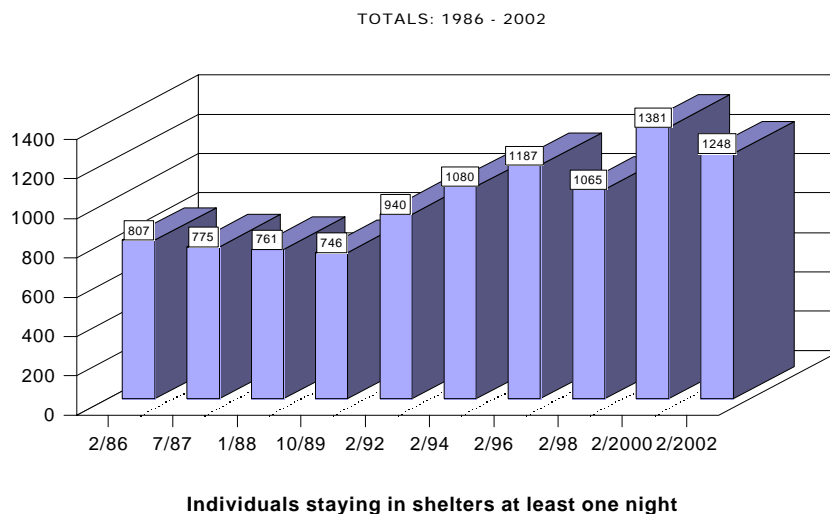
statistics. These statistics and enumerations by agency outreach workers provided what appears to be a reliable estimate for the month.

The research design has been used in previous studies; however, there are constraints. The mobility of the homeless population and difficulties in locating subjects make sampling difficult. Even more basic is the question of definition, i.e., who is defined as homeless? Persons living in shacks, SRO's or residing sporadically with friends are excluded by a definition which focuses on individuals who are staying in shelters or outside locations, but who in reality could be defined as homeless. In spite of these constraints the sample of shelters and outside locations was viewed as representative of the area homeless population.

## **EXTENT OF HOMELESSNESS**

Shelter registration for February 2002 indicated that 1248 different individuals stayed in shelters at least one night during the month. Based on field visits and discussions with outreach workers, the analysis used a ratio of approximately of 80/20 shelter to outside locations resulting in an estimate of individuals in outside locations. Observation and discussion with outreach workers suggested that the number staying in outside location was greater than anytime since the initial study in 1986. Several factors may explain this increase. Foremost is that shelters are less tolerant of substance abuse and rowdy behavior. Also, the one strike policy in public housing, the discontinuation of the *DRI-Dock* public inebriate program, and cuts in SSI (for substance related disability) and other programs are likely contributing factors.

The ratio used in the Knoxville studies was derived from field and shelter interviews and has consistently indicated more persons in shelters; however some studies in larger urban areas estimate outside numbers to be larger than those in shelters. The recently released “National Survey of Homeless Assistance Providers and Clients (2000)”, revealed that sixty-six percent had used emergency shelter or accommodation in the previous week, and thirty-one percent had slept on the streets within the week. Using the shelter total of 1248 and a conservative estimate of 300 in outside locations, the findings suggest that a total of 1560 individuals were homeless during the month. The shelter census of 1248 represented a slight decrease since the 2000 study. However, the reader is reminded that the closing of *VOA* and the inclusion of *Steps House* and the change in numbers staying outside in 2002 impacts the comparison. The shelter totals since 1986 are:



The graph on the previous page reflects monthly shelter totals. The findings have demonstrated that during the year, many other individuals will be homeless in addition to

those homeless in February. The Knoxville Studies and the National Survey (2000) illustrate that the homeless population is a changing one. For example, in comparing the July 1987 census of 775 persons to the January 1988 census of 761 persons, only 92 were the same individuals. In a similar manner, the October 1989 census of 746 was compared to the January 1988 census of 761; these two counts, approximately 21 months apart, identified 58 of the same individuals in the two respective months. Also responses to the question, "How long have you been homeless?" reflect the turnover of the population. Thus a projection of individuals who will be homeless at some time during the year would be much greater than the monthly total. This projection recognizes the different patterns of homelessness and also the number of transient homeless persons who pass through Knoxville.

The findings underscore the fact that the homeless population is not a static one.

As noted previously.

"The finding that the same individuals are not homeless month to month suggests that persons are being re-established. Services provided by area agencies and shelters may reduce the length of homelessness and also prevent others from becoming homeless. The meals and large amount of food supplied by shelters, churches, and community groups are likely a major resource for preventing homelessness, as well as enabling some to escape homelessness. Many persons who use these "meals only" programs live in marginal facilities, such a single room occupancy hotels (SRO's) or they represent the "couch population" who spend nights with various friends/relatives and live outside during the day. In many of these situations, meals likely make the difference in allowing scarce financial resources to be used for shelter and other basic needs." (Nooe, 1994, 14).

The report "Homelessness in Knox County: 2002" focuses on the current sample; however, statistics from the report released in 2000 are shared to illustrate trends.

## **DEMOGRAPHICS**

In compiling the demographics for the studies, both the shelter census and interview sample were examined. The shelter census provided only the number of individuals, gender, and whether under eighteen years of age. Table 1 offers comparisons of 2000 and 2002 demographics. The mean age, gender, race, marital status, education and military service represent adult population characteristics.

Comparison of the data for 2000 and 2002 indicated several changes, including an increase in women and minorities. Many of those in the other category are Hispanic and this finding most likely reflected migrant workers who became stranded and/or required emergency shelter. The percentage of children has remained fairly consistent; however, the number has increased. Table I reflects the percentage of persons who were under eighteen and living in shelters. Approximately fifty percent of homeless adults reported having children under eighteen, and one-fifth of these indicated that their children were with them. These findings are elaborated in later discussion.

**TABLE 1: CHARACTERISTICS OF KNOX COUNTY  
HOMELESS 2002 and 2000**

<b>Item</b>	<b>2002 Percent* (n = 202)</b>	<b>2000 Percent* (n = 167)</b>
<b>Age:</b> Under 18 years 18 - 30 years 31 - 60 years over 60 years	11 16 71 2 Mean = 39.7 male = 42.1 female = 36.4	15 (11% under 13 years) 16 66 3 Mean: male = 40.6 female = 36.4
<b>Gender:</b> Male Female	76 24	76 24
<b>Race:</b> White Black Other	71 26 3	76 20 3
<b>Military Service</b> Veteran	26	27
<b>Marital Status:</b> Single Married Divorced/Separated Widowed	43 7 47 3	40 11 47 2
<b>Education:</b> 8 years or less Some high school High School graduate including GED Post high school	13 23 38 26	9 29 38 24
<i>*Due to rounding error, all totals may not equal 100.</i>		

## ROOTS

During the past fifteen years the number of homeless persons having grown up in Tennessee has been fairly consistent. From a high of fifty-three percent (1986), the trend has been fifty percent (1988); forty-six percent (1990); forty-nine percent (1992); forty-eight percent (1994); forty-one percent (1996); forty-four percent (1998); forty-nine percent (2000); and forty-six percent (2002). **Table 2** identifies states that were prominent in the 2000 and 2002 studies.

<b>TABLE 2: STATE OF ORIGIN</b>			
<b>2002*</b> <b>State/Percent</b>		<b>2000*</b> <b>State/Percent</b>	
Tennessee	46	Tennessee	49
North Carolina	7	North Carolina	6
Virginia	3	Georgia	5
Ohio	4	Ohio	5
Indiana	3	Texas	4
Georgia	3		
Kentucky	3	Kentucky	4
Others	28	Others	27
*Thirty-five different states and three foreign countries were identified			

**Table 2** indicates that thirty-five states were represented in the 2002 survey. Interestingly, the original 1986 survey identified even fewer states of origin. This increase

in states of origin suggests a more transient population even though the Tennessee percentage has remained fairly consistent.

Fifty-one percent of the respondents from Tennessee had grown up in Knox County; however, seventy percent of all respondents now consider Knox County as home. Thirty-three percent had been in Knox County less than six months. Seventy percent of the total said that they planned to stay. Asked about growing up in other counties in Tennessee, twenty-four counties were identified. Among the Tennessee natives, nineteen percent considered other counties as home.

In the 2002 study the questions asked about reasons for coming to Knox County were revised. Instead of asking for a single reason, respondents were asked to identify the three most important reasons for coming to the county. Being born here or a family move to the county were most frequently identified, but a number of other factors were of interest. **Table 3** summarizes these other reasons given by persons who did not grow up in Knox County.

<b>TABLE 3: OTHER REASONS FOR COMING TO KNOX COUNTY</b>	
<b>Response</b>	<b>2002 Percent* (n = 135)</b>
Employment (including seeking)	40
Shelters	23
Social Services	16
Referred (police/church/agency)	7
Medical Treatment	14
Traveling	23
Other	15
<i>*Totals do not equal 100 since multiple responses were accepted.</i>	

**Table 3** summarizes the reasons for coming to Knox County. There were approximately 40 additional responses, several of which referred to treatment of substance abuse and/or mental health treatment. Several identified housing and transitional facilities. There were a number of non-specific responses suggesting flight from “trouble” or just wanting to get a “fresh start”. In sum, “born here” and “family moved here” continued to be most frequent. The major reason given by those not natives of the county was employment or seeking employment, and perhaps coming to be near family or friends. However, there are an identifiable number who came seeking shelter, treatment and social services. Thirty individuals specifically identified the availability of shelter as an important factor in their decision to come to Knox County.

A new question this year asked respondents about their housing status prior to coming to Knox County. Five percent had been homeless for less than a week while twenty-three percent had been homeless for a week or more. Additionally, twenty percent had been living with friends or relatives. Other responses suggested unstable living arrangements including incarceration (five percent), hospitals, cars and various combinations. Approximately one-third (thirty-two percent) of those coming to Knox County were living in their own homes or apartments prior to arrival.

To further explore permanence in Knox County, a new question was added asking about whether or not the respondent had stayed in counties other than Knox County during the past two years. Fifty-one percent responded in the affirmative, however, the most frequent site (forty-one percent) by those who had been elsewhere was out-of-state. The most frequently mentioned Tennessee counties were Anderson, Sevier, Claiborne, followed by Monroe, Jefferson, Hamblen, Davidson, and Blount.

## FAMILY

Since the original study in 1986, questions were added to explore family characteristics, backgrounds and experiences growing up. The following refers to experiences of all respondents except where otherwise indicated. Respondents were asked about childhood developmental experiences. In the 2002 study, approximately fifteen percent of adult respondents had been in foster care at sometime, but the majority of these did not view it as a primary living arrangement. Various other arrangements were reported in terms of living with different sets of relatives at times suggesting considerable change and instability. **Table 4** identifies with whom the individual lived while growing up.

<b>TABLE 4: LIVING ARRANGEMENTS DURING DEVELOPMENTAL YEARS</b>		
<b>Provider</b>	<b>2002 Percent <i>n</i> = 200</b>	<b>2000 Percent <i>n</i> = 166</b>
Parents	49	45
Father	5	9
Mother	27	22
Relatives	6	10
Other	12*	14*

*\*Includes foster care.*

In regard to family size, the number of siblings was slightly higher than the national average of 2.6 children per family (*U.S. Department of Commerce*). When asked about the number of children in their families of origin, the mean was 4.9 children per family in the 2002 study. Forty-one percent were middle children, twenty percent were oldest, twenty-nine percent were the youngest, and ten percent were only children.

In terms of family disruption, five percent reported that their families had experienced homelessness during their childhood (Thirteen percent reported family homelessness in 2000). Fifteen percent had been in foster care, which was a smaller number than those reported in the previous studies (nine percent in 1990; twenty percent in 1996, and twenty-two percent in 1998 and twenty-eight percent in 2000). Among those in foster care, thirty-three percent had been in only one foster care placement, with approximately forty percent having been in three or more placements. Twenty-seven percent of the respondents in 2002 reported some form of child abuse as compared to forty-two percent in 2000.

As adults, forty-three percent reported never having been married, seven percent were married and forty-seven percent were separated or divorced. Sixty-three percent had children. Fifty-eight percent of those with children had children under 18 years of age, but only fourteen percent of these parents had their children with them. These percentages are slightly less than those of the 2000 study and may explain the fewer number of young children in shelters.

Forty-four percent of the total had family in the Knoxville area. The majority of these (sixty-five percent) had contacted their families within the previous week. Among those with families in the area, only thirteen percent reported no contact during the past year.

## MILITARY SERVICE

Twenty-six percent of respondents identified themselves as veterans, which was similar to 2000. **Table 5** displays service by year of discharge.

Vietnam era veterans continued to account for a large portion of those with military service. Noteworthy was the decline in older veterans with none having served prior to 1950 and the number of veterans discharged in the past decade who had become homeless was small. The fewer young veterans may be due to a general reduction in forces during the post Vietnam era.

<b>TABLE 5: YEAR OF DISCHARGE</b>		
<b>Period</b>	<b>2002 Percent (n = 52)</b>	<b>2000 Percent (n = 44)</b>
1950 or before	--	—
1951 - 1960	8	9
1961 - 1970	6	21
1971 - 1980	44	34
1981 - 1990	39	30
1991 - present	3	6

In the introduction to this study factors contributing to homelessness were identified. These factors were reflected in local responses when individuals were asked about the causes of homelessness. The 2002 responses reflect a range of overlapping factors cited as causes of homelessness. In early studies family relationship problems and lack of work were the most frequently cited responses; however by 2000, substance abuse was prominent followed by relationship problems and other personal problems. The reader is reminded that these multiple responses indicate that homelessness usually involves

several factors and the conclusions drawn must recognize the complexity of the problem.

**Table 6** provides a summary of identified causes.

In 2002 substance abuse was again frequently identified as a factor as were lack of work and family relationship problems. Various other factors were mentioned including, death of family member(s), disability, pregnancy, and numerous life stresses.

<b>TABLE 6: CAUSES OF HOMELESSNESS</b>		
<b>Cause</b>	<b>2002 Percent* (n = 202)</b>	<b>2000 Percent* (n = 166)</b>
Alcohol	25	30
Drugs	26	22
Lack Housing		
No money for housing	14	17
Evicted	7	6
No place	3	2
House burned	3	2
Lost Job	25	21
Family Relationships		
Family/Relationship problems	12	12
Abuse	3	6
Divorce/Separation	6	3
Health/Mental Illness	8	11
Youth offenses/Corrections	9	6
Prefer it	3	1
Other	12	7
<i>*Totals may not equal 100 due to multiple responses.</i>		

## LENGTH OF HOMELESSNESS

The number of persons homeless less than one year (fifty-nine percent in 2002 and forty-nine percent in 2000) has been the largest category and included what can be termed situational or episodic homelessness. However the 2002 data indicated a decrease in persons homeless more than three years. **Table 7** summarizes the length of homelessness.

<b>TABLE 7: LENGTH OF HOMELESSNESS</b>		
<b>Period</b>	<b>2002 Percent* (n =143)</b>	<b>2000 Percent* (n = 166)</b>
Less than 6 months	43	34
Six months to 3 years	33	29
More than 3years	24	37
<i>*Due to rounding error, all totals may not equal 100.</i>		

The trend reflected in recent years has been an increase in the percentage experiencing short term homelessness and a decrease in the percentage of chronic homelessness (more than three years). For example, in 1990, forty four percent of the estimated total or 440 persons, were identified as chronically homeless. However, a word of caution in interpreting this decline; the increased number of persons living outside raises the chance of missing many who have been homeless more than three years. Chronic homelessness remains fairly high, but the encouraging aspect may be that many of the persons homeless for less than six months are not drifting into chronicity.

Compared to early studies, current responses indicated higher frequencies of previous homeless episodes. When asked about previous homelessness, forty-eight percent (forty-three percent in 2000) indicated that they had experienced homelessness prior to the current episode. Among these, eighteen percent had one prior episode; twenty-seven percent had two prior episodes; and thirty-four percent had three or four prior episodes. The remaining twenty-two percent of responses ranged from five to more than twenty. Issues around the length of homelessness are further examined in the sections discussing women and children.

## **HOUSING**

The current study asked several questions about housing, particularly evictions; these questions were added in the 2000 study. Eighteen percent had experienced eviction in the previous two years. Thirty-five percent of those evicted cited the reason as loss of income while another ten percent attributed their eviction to poor payment history. Eleven percent identified drug involvement and/or unruly behavior as reasons for eviction. Six percent of the evicted respondents had lost housing because of criminal history. In a separate response fourteen percent of all respondents had been denied housing because of criminal behavior.

Twenty percent of all respondents had received agency assistance with housing. Locating housing (sixty-eight percent), rental assistance (thirty percent) and housing deposit (twelve percent) were the most frequently cited responses by those who had received agency services. Among those receiving housing assistance, over one half lived in the housing for less than one year (forty-one percent less than six months). “No money

for rent,” “just wanted to move” and “evicted” were the major reasons given for the loss of this housing. These findings suggest that stabilization of housing is an important issue beyond securing accommodation.

## EMPLOYMENT

When asked about employment, forty-seven percent of the respondents said that they had a job, compared to forty-two percent in 2000. Caution should be exercised in interpreting this statistic since shelter work programs, collecting cans, and spot labor are often viewed as having a job. Respondents were asked about their usual line of work.

**Table 8** identifies the usual line of work.

<b>TABLE 8: USUAL LINE OF WORK</b>		
<b>OCCUPATION</b>	<b>2002 Percent* (n = 196)</b>	<b>2000 Percent* (n = 166)</b>
Unskilled labor (incl. odd jobs, custodial, carnival, farm)	22	22
Skilled labor (incl. carpenter, electrician, brick layer, plumber, mechanic, welder)	9	10
Construction	18**	25
Restaurant (incl. cook/waiter)	14	8
Truck Driver	3	3
Nurse's aid/Day care	7	3
Clerical	2	3
Clerk/Sales	5	5
Entertainment	1	1
Other	21	23
*Totals may not equal 100 due to rounding error		
**Not Specified		

The findings in 2002 were similar to those in previous years. Six percent identified themselves as “factory workers”, and were included in the other category. The categories of skilled and unskilled labor likely overlap since many of those citing construction and restaurant work may be unskilled laborers. The “other” category also included various responses, such as housewives, teachers, students, computer operators, security officers and unemployed. One percent indicated selling drugs. Six percent of the total identified themselves as “disabled”, similar to past years.

Asked about the number of jobs during the previous year, twenty-six percent reported none, twenty-two percent had one, and fifty-three percent had multiple jobs. Respondents used multiple avenues in seeking work. The most frequently cited means of finding jobs was by word of mouth (forty-four percent). Job services (twenty-four percent), newspapers (thirty-eight percent) and “just looking” and applying (fifteen percent) were also identified as means of finding work. As in the previous study a number, (twenty-six percent) identified labor pools; this may not be mutually exclusive from the response “employment service”. Other responses included the Internet, television and family. Several respondents reported never seeking work, but might if “something comes along”.

Seventy-four percent had at least one job during the past year (again this must be interpreted cautiously because “canning” and shelter work may be included). Fifteen percent reported that jobs during the past year had lasted less than one month. Coupled with the findings about number of jobs, the implication was that the majority of jobs were temporary. Whether working, seeking or not seeking work, all respondents were asked about the reasons for termination of past employment. Several respondents in the “other

category” cited being in programs that did not allow work. **Table 9** summarizes the reasons cited for termination of employment.

The reasons for termination are not mutually exclusive. For example “fired” may have been due to other cited reasons. Likewise “no work” and “day labor” were likely overlapping. The findings have consistently suggest that most jobs tended to be short term.

<b>TABLE 9: REASONS FOR TERMINATION</b>		
<b>Reason</b>	<b>2002 Percent* (n = 141)</b>	<b>2000 Percent* (n = 125)</b>
"No work/Laid off/Out of Business"	12	15
"Seasonal/Temporary"/"Day Labor"	25	27
"Alcohol/Drugs"	6	4
"Illness/Disability"	7	9
"Got Tired/Just Quit"	21	21
"Fired"	15	6
"Unfairness/Discrimination"	2	2
"Moved"	1	1
"No Transportation"	–	4
"No Child Care"	1	1
"Abuse at Home"	1	2
"Low Pay"/"Better Job"	4	5
"Other"	2	3
<i>*Due to rounding error, all totals may not equal 100</i>		

In addition to the reasons identified in **Table 9**, mental health (two percent) and jail/incarceration (four percent) were cited. It is likely that many of the reasons were interrelated.

In light of the lack of stable employment, the research explored perceived reasons for not working. There was some indication that persons chronically homeless may increasingly perceive themselves as disabled and that there may be an actual loss of job relevant social skills as homelessness endures. **Table 10** identifies the reported reasons of individuals for not working and provides comparison with earlier findings.

The frequency of self reported disability among the reasons for not working raises a number of questions about the nature of the disability and when it occurred. The category of alcohol/drugs has remained consistent. Other reasons included “recent release from prison”, “leaving soon”, “school”, “lack of housing”, and “lack of suitable work clothes”.

<b>TABLE 10: REASONS FOR NOT WORKING</b>		
<b>Resource</b>	<b>2002 Percent* (n = 78)</b>	<b>2000 Percent* (n = 61)</b>
"No One Will Hire/No Work"	28	20
"Alcohol/Drugs"/"In Recovery"	15	12
"Disabled"/"Sick"/"Mental Illness"	15	24
"No Transportation"	10	15
"No Child Care"/"Pregnant"	5	4
"In a Shelter Program"	12	8
"Waiting on Program/Job"/"Looking"	8	4
"New to Area"	4	3
"Don't Want To"	4	4
"Other"	12	14
<i>*Total does not equal 100 since multiple responses were accepted</i>		

In addition to the specific reasons cited above lack of identification (four percent), and recent release from jail (two percent) were cited. Other responses also include lack of housing or telephone, being in a shelter and non-specific responsibilities.

When asked about the need for job training forty-two percent of the total ( $n = 202$ ) replied that they needed job training. Several additional questions may relate to employability. Thirty-three percent had a valid drivers' license. Eighty-eight percent had a social security card. Fifty-seven percent had used a computer, compared to fifty-three percent two years ago. Among those who had used a computer, eighty percent had done so within the past six months. Unfortunately these self reports do not assess the level of literacy or proficiency.

## **HEALTH**

When respondents were asked about their health, sixty percent rated it good to excellent. This finding was particularly interesting given the reported mental illness, substance and disability. **Table 11** identifies the health problems identified by respondents.

<b>TABLE 11: HEALTH PROBLEMS SINCE HOMELESSNESS</b>		
<b>Response</b>	<b>2002 Percent* (n = 202)</b>	<b>2000 Percent* (n = 166)</b>
Pneumonia	19	29
Foot/Feet	33	36
Breathing/Ear/Nose/Throat	43	52
Tuberculosis	3	8
Headaches	35	41
Skin Problems	13	25
Accident/Injuries	19	35
Epilepsy/Seizures	3	10
Hypertension	13	13
Pregnancy	4**	6
Dental	40	40
Eye	36	31
Other	8	12
<p><i>*Totals may not equal 100 since multiple responses were accepted.</i></p> <p><i>**Nineteen percent when women only</i></p>		

Headaches, ear, nose and throat infections, foot problems, and accident/injuries were frequently reported. The “Other” category included arthritis, cancer, diabetes, virus, and various physical illnesses. Nine percent said that they had no health problems while homeless. Comparison with earlier studies suggest that the frequencies of these problems have been very consistent.

The 2002 study included several questions about health. Respondents were asked if they had chronic health problems, if so what type and if they had seen a health care provider in the past year. Forty-one percent said that they had chronic health problems (forty-six percent in 2000). Among the eighty-two individuals, various problems were cited, including: back/feet/joint aches, (fourteen percent); asthma (seven percent); diabetes (three percent); hepatitis (five percent); mental health (ten percent); hypertension (fifteen

percent), other respiratory (seven percent); seizures (five percent); and various other complaints, (e.g. liver, pancreas, thyroid, kidney disease, and anemia). Seventy percent had seen a health care provider during the previous year.

Forty-three percent of respondents said that they had been hospitalized while homeless (forty-two percent in 2000). Local hospitals where treatment had occurred included: Baptist (nineteen percent), University of Tennessee Medical Center (twelve percent), St. Mary's (eleven percent) and Fort Sanders (twenty-five percent). Several children had been in Children's Hospital. The other category included hospitals in East Tennessee, and out-of-state facilities. **Table 12** identifies the reasons for hospitalization while homeless.

Illness was the most frequent reason for hospitalization, but the reports of injury, assault, and alcohol related problems suggested that these are frequent among the homeless. The other category included various physical ailments, infections, and emotional problems. Five percent had been hospitalized with seizures.

<b>TABLE 12: REASONS FOR HOSPITALIZATION</b>		
<b>Response</b>	<b>2002 Percent* (n = 87)</b>	<b>2000 Percent* (n = 70)</b>
Illness	34	23
Injury	11	24
"Beat up"/Stabbed	5	14
Alcohol /Drug Related	9	14
Suicide Attempt	8	4
Pregnancy	9	3
Surgery	6	4
Other	16	19
<i>*Due to rounding error, all totals may not equal 100.</i>		

Respondents were also asked where they went with a health or medical problem not requiring hospitalization. The other category included various clinics, the most frequently cited being the *Veterans Administration*. *Volunteer Ministry* and the *Mechanicsville Clinic* were mentioned by several.

When asked in 2002 if they had ever been refused health care, fourteen percent reported being refused as compared to twenty-five percent in 2000. Forty-five percent reported having *TennCare*. **Table 13** identifies the sources of treatment not requiring hospitalization.

<b>TABLE 13: TREATMENT NOT REQUIRING HOSPITALIZATION</b>		
<b>Response</b>	<b>2002 Percent* (n = 196)</b>	<b>2000 Percent* (n = 158)</b>
"Health Department"	44	37
"Emergency Room"	20	17
"Interfaith Clinic"	3	1
"Family Doctor"	8	13
"Nowhere"	8	14
Other	17	13
<i>*Due to rounding error, all totals may not equal 100.</i>		

## **MENTAL HEALTH**

Chronic mental illness and deinstitutionalization continue to be cited as major reasons for the number of homeless. Forty-six percent of the total ( $n = 202$ ) had been treated for emotional problems. Fifty-seven percent of those receiving treatment for emotional or mental illness had been hospitalized. Stated differently, thirty-eight percent of the total had been hospitalized for mental illness.

Among those individuals reporting prior hospitalization, a number reported multiple hospitals; thirty percent had been at Lakeshore, and, thirty percent had been at *Peninsula Hospital*. Seven percent had been at other state hospitals in Tennessee, and eleven percent had been at state mental health institutions in other states. Five percent identified local hospitals with psychiatric units. Nine percent had been in Veterans Administration hospitals.

Among those who had been hospitalized, twenty-one percent reported only one hospitalization and another fifty-nine percent had been hospitalized between two and five times. Eleven percent had been hospitalized eleven or more times. For approximately one-half (forty-seven percent) hospitalization had occurred more than one-year earlier. However, eighteen percent had been discharged within the previous six months. The length of most recent hospitalization varied: twenty-six percent reported less than one week and sixty-three percent had been hospitalized one month or less. Sixty-eight percent said that they were ready to be discharged. Among those hospitalized, eighty-seven percent had been discharged on medication, and over one-half (fifty-one percent) of these were still taking it. Interestingly a third of those who stopped their medicine cited, “don’t like the way it makes me feel”, as the reason and another twenty-five percent said that they couldn’t afford or insurance ran out.

At the beginning of the deinstitutionalization movement, sixty-five percent of persons discharged from institutions returned to live with family; however, this number has declined (Talbot, 1980). **Table 14** indicates post-hospital residence and illustrates the significant number of persons who went directly to the streets/shelters after discharge from

psychiatric facilities. The substantial percentage increase since the initial study in 1986 parallels bed reductions and closing of state facilities.

<b>TABLE 14: POST-HOSPITAL RESIDENCE</b>		
<b>Residence</b>	<b>2002 Percent* (n = 54)</b>	<b>2000 Percent* (n = 60)</b>
Relatives/Friend	30	19
Boarding Home/Group Home	2	7
Own Home	12	20
Street/Shelter	50	47
Jail/Custody	5	1
Other	2	8
<i>*Due to rounding error, all totals may not equal 100.</i>		

Overall, twenty-two percent of all respondents perceived their “nerves” as bad. Seventy-eight percent said that they experienced depression, with a third of those saying they were depressed everyday. Forty percent of all respondents reported having been to a mental health center, and one-half of those were currently receiving treatment.

### **ALCOHOL AND OTHER DRUGS**

Substance abuse has been identified as a major factor in homelessness. While the study relied on self reports, there appears to have been a substantial increase in the incidence of other substance use and abuse. **Table 15** reflects the responses about alcohol and other drugs.

<b>TABLE 15: ALCOHOL AND DRUG USE</b>		
<b>Response</b>	<b>2002 Percent yes (n = 202)</b>	<b>2000 Percent yes (n = 163)</b>
Alcoholic	29	42
Recovering	17	8
Drug Use	49	45

The frequency of self identified alcoholism has remained high since the original study in 1986. In addition, five percent of those who did not consider themselves alcoholic did indicate some problem with alcohol. Other drug use has also been increasing in recent years, with forty-nine percent indicating usage. Among the users ( $n = 100$ ), thirty-six percent considered themselves addicted, with another twenty-three percent identifying themselves as being in recovery. This data suggests that twenty-six percent of the total interviewed ( $n = 202$ ) believed that they were or had been addicted to drugs. It appeared that many used both alcohol and drugs. Among those who used drugs, marijuana was most frequently cited (forty-three percent), followed by cocaine (thirty-six percent) and crack (twenty-four percent). Various prescription drugs were also identified. Among the users, fifty percent indicated daily use and sixteen percent reported using substances several times per week. Smoking was the most frequently identified method of use (seventy-eight). These percentages were within a point or two of the 2000 statistics.

In the total sample, thirty-nine percent had received inpatient treatment in a detoxification facility. “*Detox*” *Knoxville* was most frequently cited (seventeen percent), which may refer to *DRI-Dock* and another ten percent specifically identified *DRI*. Respondents identified a wide variety of unspecified facilities in Tennessee and other states. Over thirty facilities were mentioned which likely reflects the lack of clarity in treatment identity and availability. Thirty-four percent of those hospitalized reported only one inpatient experience and forty-three percent reported two to five hospitalizations. Forty percent of those who had been hospitalized reported inpatient detoxification during the past year.

## **AIDS**

Recent studies have included questions directed at assessing risk factors for AIDS. These questions focused on drug use and sexual behavior, particularly knowledge about how these behaviors may increase risk. Thirty-two percent indicated that they worried about getting HIV (AIDS). Seventy-nine percent of the overall sample reported having been tested.

## **CRIME**

Homeless persons are vulnerable to being victims of crime. Many of these crimes go unreported, but in most years there are at least one or two media accounts of the murders of homeless people. Twenty-seven percent of respondents had been victims of crime since being homeless. Sixty-six percent of these victims had been robbed or experienced theft, and forty-four percent of the victims had been stabbed or assaulted

while homeless. Thirteen percent identified themselves as victims of other crimes, including sexual offenses and being conned out of money. As noted in previous studies, the aged or infirmed are particularly vulnerable to crime. Deinstitutionalized individuals, chronic alcoholics, loners and recipients of *Supplemental Security Income (SSI)* or other benefits are at greater risk.

In contrast to being victims, respondents were also asked if they had served time in correctional facilities. Seventy-six percent had spent time in jail and twenty-six percent had spent time in a state or federal prison (both consistent with 2000 findings). **Table 16** summarizes incarceration.

<b>TABLE 16: INCARCERATION</b>		
<b>FACILITY</b>	<b>2002 Percent (n = 200)</b>	<b>2000 Percent (n = 166)</b>
Jail	76	77
Workhouse	22	31
State or Federal prison	26	24

The comparison offered in **Table 16** indicated a consistency in the frequency of incarceration in jail. Respondents who had served time were asked about the offenses that resulted in incarceration. Forty-two individuals who had served time in prison identified various crimes including theft/robbery (fifty-four percent), drug related (twenty-six percent), and assault/battery (twenty-four percent). Several had served time for murder. The most frequently cited reason for jail time, as contrasted to these more serious offenses, was public intoxication.

The 2002 study included several new questions about public intoxication. Thirty-eight percent had been arrested for public intoxication within the last three years. The majority (forty-three percent) reported one arrest and another twenty-three percent had two arrests. Approximately seventeen percent had from five to over fifty arrests during the three year period.

Approximately sixty-six percent of those who had been in correctional facilities had been out for more than a year. Respondents who had served time were also asked where they went when released from prison. **Table 17** reflects the responses regarding residence following incarceration.

<b>TABLE 17: POST-PRISON RESIDENCE</b>		
<b>Residence</b>	<b>2002 Percent* (n = 48)</b>	<b>2000 Percent* (n = 40)</b>
Home	20	36
Relatives	13	19
Group Home/Halfway House	10	14
Shelter/Street	42	25
Other	15	6
<i>*Due to rounding error, all totals may not equal 100.</i>		

Despite the small sample, the finding that approximately forty-two percent of those incarcerated go directly to emergency shelters or the street upon release remains an area for concern. Emergency shelters do not have the supervision, support, and services that may be necessary to assist a person achieve successful reintegration into the community. Homelessness will likely increase the chance of recidivism.

## LIFE ON THE STREETS

The 2002 findings suggested that approximately forty-eight percent of homeless persons preferred shelters and others stayed in shelters at some time during the month. Many respondents report a combination of sleeping locations, including shelters, outside sites, abandoned buildings, cars, SRO's and with friends. The 2002 percentages include multiple responses and are identified in **Table 18**.

<b>TABLE 18: USUAL SLEEPING LOCATIONS</b>		
<b>Location</b>	<b>2002 Percent* (n = 200)</b>	<b>2000 Percent* (n = 140)</b>
Abandoned Building	3	5 **
Car	2	6
Shelters	58	70
Friends/Relatives	4	9
Outside Locations	20	29
Transitional Housing	9	**
*Due to multiple responses, all totals may not equal 100.		
**Included in shelters		

The Table above indicates that the shelters were the most frequently used locations. The number staying in transitional facilities has increased significantly since early studies. Most respondents will stay in shelters at least one or two nights per month, so the shelter total is probably under reported because the question asked "usual sleeping location". To explore mobility, respondents were asked about the number of different cities visited during the past year. **Table 19** summarizes the number of different cities visited.

<b>TABLE 19: NUMBER OF CITIES VISITED</b>		
<b>Number</b>	<b>2002 Percent* (n = 198)</b>	<b>2000 Percent* (n = 166)</b>
One	40	44
Two	30	18
Three	13	13
Four	8	5
Five	2	4
Six	1	1
Seven or More	7	15
<i>*Totals may not equal 100 due to rounding error.</i>		

The findings suggest that highly mobile homeless individuals represent about a quarter of the population. Seventy percent of all respondents indicated that they had a permanent address here for receiving mail. Forty-four percent said that they had family in the Knoxville area, and sixty-five percent of these had been in contact with them during the past week. Only five percent of persons with area relatives reported never contacting them. It appeared that those without family in the area are more mobile and had less contact with relatives. Several new questions were asked about staying with relatives and time in counties other than Knox. Forty-three percent had stayed with friends or relatives during the past year. Forty-nine percent had spent time in counties other than Knox County during the past two years. Among the one-hundred and two who had spent time outside Knox County, most frequently mentioned was out-of-state (forty-one percent). Tennessee counties most frequently identified were: Sevier, Claiborne and Anderson. Hamblen, Jefferson, and Blount were also mentioned by several respondents. Fifteen other counties were mentioned by individuals.

In regard to living on the streets, fifty-three percent believed it was easier to live alone as opposed to being with a group, which is somewhat surprising in light of the use of shelters. Similarly, only thirty percent indicated having used a program to help one get out of homelessness, despite the fact that most used shelter and food programs.

Respondents were asked about sources of food while homeless. **Table 20** summarizes the resources for food.

<b>TABLE 20: SOURCES OF FOOD</b>		
<b>Number</b>	<b>2002* Percent* (n = 202)</b>	<b>2000 Percent* (n = 166)</b>
Shelters/Dayroom	87	91
Food Pantry	14	24
Restaurant	16	20
Grocery	20	9
Churches	12	19
Friends	18	2
Family	3	8
Trash	5	9
<i>*Totals may not equal 100 due to multiple responses.</i>		

The above Table illustrates that most respondents ate at the shelters, but occasionally used different resources. The “other” category included working, panhandling, begging, food stamps, as well as various programs that serve the homeless.

One of the most interesting responses was “churches and stealing.” A follow-up question asked respondents if they had eaten at specific programs. These included: *Union Rescue* (fifty-five percent); *Salvation Army* (fifty-eight percent); *Volunteer of America* (seventeen percent); *Volunteer Ministry* (thirty-two percent); *Church Street Methodist*

(twenty-nine percent); *Second Harvest* (eleven percent); *Fish* (nineteen percent); *Lost Sheep Ministry* (twenty-six percent); *Love Kitchen* (thirteen percent); *Second United Methodist* (twenty-two percent) and several other churches and agencies such as *Preacher Bob,s* and *Ladies of Charity*. The reader is cautioned that these percentages do not indicate the number of meals served or even the number of times an individual had eaten at a particular location. For example, a person might eat at a shelter seven days per week, and have one meal at another agency and thus answer that they had eaten at the respective sites.

When asked about their food situations, forty-seven percent of respondents indicated getting enough of the foods they wanted, and thirty-six percent reported enough food, but not always what was wanted; however, eleven percent (sixteen percent in 2000) said that sometimes they did not get enough to eat and three percent (six percent in 2000) said that they often did not have enough to eat.

The 2002 study included additional questions about transportation. **Table 21** summarizes the responses to usual means of transportation. The “other” category included taxi, bike, family and church or agency transportation. While walking is the most frequent form of transportation, the finding of sixty-nine percent using buses underscores the importance of public transportation.

<b>TABLE 21: TRANSPORTATION</b>		
<b>Transportation</b>	<b>2002 Percent* (n = 202)</b>	<b>2000 Percent* (n = 166)</b>
Walk	73	77
Bus	69	56
Friends' Car	17	26
Own Car	12	14
Hitch-hike	6	9
Tenn-Care	4	8
Shelter Van	7	5
Other	8	8

*\*Totals do not equal 100 due to multiple responses*

In order to achieve a clearer understanding of life on the streets, several additional questions were asked about how time was spent, specifically “How/where do you spend the day?” Multiple responses were accepted and the respondents identified 278 activities.

**Table 22** summarizes daytime activities.

Many of the responses were overlapping, for example, “walking” and “on the street”. The “other” category included a range of responses the most frequent being “staying in camp” (four percent). Additional responses were “cemetery”, “mall”, “restaurants” and “riding the trolley”.

TABLE 22: DAYTIME ACTIVITY		
Response	2002 Percent* (n = 202)	2000 Percent* (n = 166)
"Working"	28	27
"Loafing/On the Street"	5	11
"Looking for Work"	14	7
"Chores"	3	4
"Walking"	9	11
"At the Shelter"	17	18
"At the Library"	11	5
"Day Room" (VMC)	10	7
"Reading"	3	5
"Child Care"	2	7
"Canning"	1	3
"School"	6	7
"Friends House"	2	2
"Looking for Housing"	1	2
"Drinking/Drugs"	1	3
"Treatment"	5	7
"Watching T.V."	3	3
"Trying to Get Things in Order" (Secure Agency Services)	1	2
"Visiting Family"	1	2
Other	10	16
<i>*Totals do not equal 100 due to multiple responses</i>		

The most sensitive area in the interviews has always been questions about money. The reluctance to talk about income is reflected in inconsistent responses to questions about income. Respondents were asked about approximate weekly income and sources of income. Most likely the responses represented an under reporting of income and sources. **Table 23** summarizes average weekly income.

<b>TABLE 23: WEEKLY INCOME</b>		
<b>Amount</b>	<b>2002 Percent* (n = 202)</b>	<b>2000 Percent* (n = 166)</b>
\$ 0.00	21	14
\$ 1.00 - 50.00	27	24
\$ 51.00 - 100.00	11	12
\$101.00 - 200.00	21	24
\$201.00 - 300.00	14	15
\$301.00 or more	6	11
<i>*Due to rounding error totals may not equal 100.</i>		

Respondents were asked about sources of money. Multiple responses were accepted. **Table 24** summarizes the sources of income.

<b>TABLE 24: SOURCES OF INCOME</b>		
<b>Source</b>	<b>2002 Percent* (n = 202)</b>	<b>2000 Percent* (n = 166)</b>
Work	64	65
Government Assistance	19	28
Plasma Center	4	7
Handouts	12	12
Relatives	19	18
Food Stamps	11	15
Other	8	19
<i>*Totals do not equal 100 due to multiple responses.</i>		

Although work was the largest category, it included day-labor. Eleven percent received shelter or agency funds that may not provide income for self sufficiency. Three percent of the respondents identified picking up cans as a source of income. The “other”

category included various sources such as friends, child support, trading and dancing. Technically food stamps could be included in government assistance. Among the forty-five citing government assistance, approximately forty-three percent (sixty-two percent in 2000) received SSI; seventeen percent, (eighteen percent in 2000) received *Families First/AFDC*, and another thirteen percent (ten percent in 2000) listed social security disability. Comparison with data from 1996 when several major reforms were started suggested declines, especially in SSI. Fifteen percent of the respondents indicated that they had lost government benefits during the past two years following a reported loss by thirty-four percent in 1998 and twenty-one percent in 2000. Five percent were enrolled in *Families First* as compared to eleven percent in 2000. Twenty-three percent of the respondents indicated that they had engaged in illegal activity at some time to support themselves.

In previous studies, there appeared to be a lack of accountable payees or guardians for those receiving disability checks. Some receiving assistance did not seem to have the skills or ability to effectively manage those funds and were vulnerable to exploitation. The earlier studies suggested a strong need for improvement and development of new resources to assist with funds. Eleven percent of those receiving assistance had a payee other than self and fifty-nine percent of these were identified as relatives followed by agency employees (thirty-six percent).

## **ESCAPING HOMELESSNESS**

Respondents were asked a series of questions about resolving their homelessness. The one hundred and sixty-six respondents identified one hundred and eight things that would help them escape homelessness. **Table 25** illustrates the responses when asked

about needed resources or changes that would help. The 2000 statistics provided a comparison.

<b>TABLE 25: RESOURCES TO ESCAPE HOMELESSNESS</b>		
<b>Need</b>	<b>2002 Percent* (n = 202)</b>	<b>2000 Percent* (n = 166)</b>
"Job"	37	30
"Place to Live/Home"	19	20
"Money"	8	11
"SSI/SS"	3	6
"Sobriety"	8	12
"Job Training"/"Education"	3	4
"Someone to Listen/Help"	1	2
"Motivation/Stay Out of Trouble"	7	7
"Go Home"	2	1
"Marriage/Family"	3	2
"Transportation"	5	4
"Protection"/ "Security"	1	2
"Health Care/Treatment"	3	2
"Child Care"	1	2
"Don't Know"	3	4
Other	15	8
<i>*Totals do not equal 100 since multiple responses were accepted.</i>		

The other category included: "drivers license/I.D.", "resolving legal matters", money management and release from court/probation (three percent). The responses were consistent with previous studies.

Approximately seventy percent, (sixty percent in 2000) of these respondents indicated that they had not used "agency or shelter programs that help people get out of being homeless." This finding was surprising in that the majority of interviews were conducted inside shelters. It appeared that respondents tend to make a distinction between emergency shelters and the other services that may be offered. One-hundred

and twenty six of those who said that they had not used services responded to a follow up question about their reasons. **Table 26** summarizes the reasons for not using services.

<b>TABLE 26: REASONS FOR NOT USING AGENCY SERVICES</b>		
<b>Reason</b>	<b>2002 Percent* (n = 126)</b>	<b>2000 Percent* (n = 88)</b>
“Don’t Know About”	28	24
“Don’t Like/Trust/Staff”	2	5
“Don’t Need”	6	5
“No Particular Reason”	8	6
”Embarrassed”	1	5
“Don’t Help”	13	5
“Can Get By On My Own”	12	9
“Never Contacted By Them”	2	5
“New In Town”	5	6
“Looking For Work”	1	3
Other	19	22
<i>*Totals do not equal 100 percent due to rounding.</i>		

As in past studies, the most frequent reason cited for not using services, was “don’t know about”. This is contradictory in that most of the homeless interviewed were utilizing shelter services and even those outside often ate at the shelters. At the same time, there was a perception among a small number of the respondents that the agencies/shelters were not helpful, or that the agencies had a responsibility to contact them. The other category included a range of responses, such as not considering self homeless, the red tape at agencies taking too long, being transient, other people in the programs, and preferring to be outside.

As noted earlier, thirty percent of the respondents had, or were currently, using programs designed to reduce homelessness. Based on the current and past studies, approximately eighty percent use emergency shelter at some time. Past behavior may have impacted service utilization; for example, fourteen percent of respondents had been denied housing due to criminal behavior, and a number of outside respondents reported being barred from shelters because of unruly behavior. Nevertheless, most receive some type of service. Fifty seven individuals said that they had used agency services designed to help one escape homelessness. Among these, forty-two percent were currently in a program. Various reasons were given for the failure to help including unfair treatment, staff, having a criminal record, lack of motivation, and relapse.

## **WOMEN**

In past studies the number of homeless women has been reported; however the number of women in the interview sample was relatively small. Beginning in 1998 the studies over sampled sites where women stayed in order to examine this segment of the population in more depth. Eight-one ( $n=81$ ) women were interviewed using the standard questionnaire, with a supplemental questionnaire when children were present.

The shelter and outside census-enumeration indicated that three hundred and seventy-four women were homeless during the month of February 2002. Examination of the characteristics of homeless women suggests that family problems, including abuse, conflicts, separation and divorce, were major causes of homelessness. The causes did not appear mutually exclusive. Substance abuse had increased. Mental illness and other

illness as causes are cited by seven percent of the women. Five percent indicated that criminal records and/or incarceration had caused homelessness.

When asked about experiences growing up, nine percent reported that their families had been homeless at some time. Nineteen percent had been in foster care, with approximately one-half of those being in three or more foster homes (twenty-one percent had been in a single foster home). Approximately fifty percent had been physically and/or sexually abused (forty-two percent) as a child.

Twenty-six percent of the women reported current employment as compared to thirty-three percent in 2000. Various reasons were given by thirty-five women not working, Twenty-three percent cited shelter or program participation, disability/illness (fourteen percent) and child care responsibilities (six percent). Substance abuse was cited by three percent. Lack of transportation was cited by six percent. Consistent with cited health reasons, forty-three percent considered their health as fair or poor, as opposed to good/excellent. Overall, thirty-eight percent indicated a need for job training, which was consistent with the previous study. **Table 27** summarizes the characteristics of homeless women.

**Table 27: Characteristics of Women**

<b>Item</b>	<b>2002 Percent* (n = 81)</b>	<b>2000 Percent* (n = 67)</b>
<b>AGE**</b>		
Under 18 years	1	6
18-30 years	30	27
31-60 years	69	64
Over 60 years	--	3
	(mean = 36.4)	(mean = 36.4)
<b>ROOTS</b>		
Tennessee Native	51	57
<b>RACE</b>		
White	73	76
Black	22	16
Other	5	8
<b>MARITAL STATUS</b>		
Single	43	30
Married	17	16
Divorced/Separated	35	52
Widowed	5	2
<b>EDUCATION</b>		
8 Years or Less	7	3
Some High School	20	30
High School/GED	41	39
Post High School	32	29
<b>REASONS FOR HOMELESSNESS*</b>		
"Abuse"	25	16
"Family Conflict" (Incl. Divorce)	21	19
"No Money for Housing"	16	21
"Drugs"	21	12
"Alcohol"	11	15
"Eviction"	15	12
"Lost Job"	15	15
Other	17	24
<b>LENGTH OF HOMELESSNESS</b>		
Less Than One Month	14	24
One to Six Months	44	44
Over Six Month to One Year	18	5
Over One to Three Years	13	14
Over Three Years	13	14
<b>MILITARY STATUS</b>		
Veteran	5	2

\*Multiple responses were accepted.

\*\*Does not include under 16 years of age.

Sixty-five percent of the eighty-one women reported treatment for emotional problems with fifty-six percent of those having been hospitalized. (Note: thirty-six percent of the total had been hospitalized.) Hospitalization for emotional problems was consistent with the homeless population, however, the women reported a higher percentage of treatment in general and more hospitalization within the past year. Seventy-five percent of the total reported depression with approximately sixty five percent of those indicating feeling depressed several times a week to continually. When asked about alcoholism, twenty percent considered themselves alcoholic and another nine percent were in recovery. Forty-four percent of the total used drugs and among these, seventy-two percent had been inpatients in a detoxification facility, higher than the one-third reporting detox in 2000. Twenty-one percent had been arrested for public intoxication within the past two years. Fifty-six percent reported chronic health problems.

Twenty-seven percent of the women said that they had been victims of crime while homeless which was consistent with the overall homeless population rate. Eleven percent reported having been sexually assaulted while homeless. In contrast to being victims, fifty-five percent had spent time in jail and nine percent had been in prison, with alcohol/drug related offenses being the most frequent reasons.

Fifty-seven percent of the women had family in the Knoxville area and approximately seventy-six percent of those had contacted family within the last week. In regard to source of money, thirty percent worked and twenty-six percent of the women received financial assistance from relatives. However, the most frequently identified source of funds was government assistance (thirty-two percent). Among these

respondents, *SSI*, *Families First/AFDC* and *SSD* were most frequently identified. Twenty-one percent reported having food stamps. Sixty-four percent had *TennCare*.

Forty-eight percent of the women had been homeless before the current episode. Fifty percent of those had experienced more than two prior episodes of homelessness. Thirty-eight percent had received assistance with housing, primarily locating and rental assistance, but fifty-six percent of those assisted lost the housing within a year, “Just wanted to move”, “No money for rent,” “evicted,” and “not safe” were cited reasons. Twelve percent of the respondents had been denied housing because of criminal behavior.

Thirty-three percent of the women reported a loss of government benefits during the past two years. Fifteen percent had enrolled in *Families First*. Fifty-eight percent had used programs to help them escape homelessness.

## **CHILDREN**

Among the adult women in shelters, eighty-five percent had children and eighty-seven percent of these women had children under eighteen years of age. In other words, fifty-three of the sixty-nine women had children under eighteen. Approximately nineteen percent of the women had been pregnant while homeless. Thirty percent of the women with children under eighteen were identified as having their children with them.

During the interviews, twenty-five family units were identified and a supplemental questionnaire was administered. Six of these families had both parents present. In the other families, the absent parent was living with relatives, friends, in jail or unknown. Several were homeless and one was deceased. The twenty-five family units reported

having fifty-seven children under age eighteen with twenty-seven of these living with the parent(s) in the shelter. Among the twenty absent children, five were in foster care but most were with other parent or relatives. The children who were with relatives or their fathers, tended to be older (shelter children's mean age equaled 5.2 years as compared to children with relatives mean age of 9.4 years). The shelter children ranged in ages from eleven days to seventeen years, whereas the youngest child in the absent group was three years. Consequently the children with relatives had attended more different schools.

Family size ranged from one to five children, but the largest number of children present was four. Among the twenty-five children present, fifty-two percent were of school age and all were reportedly attending. Sixty percent of the children with relatives or the other parent were of school age. The majority reported that the schools were aware of their homelessness. Parents with children in the shelter indicated that about one half of the children had experienced problems in school. Approximately forty-three percent of the homeless children were reported to have some type of emotional problem or learning difficulty with attention-deficient hyperactivity disorder most frequently mentioned. Several were on medication. A similar number were reported to have physical problems with asthma being most frequent.

Approximately fifty-seven percent of the families had been in shelters between one month and a year. Ten percent had been homeless over one year. Forty percent had stayed with someone else (e.g. friends, relatives) prior to coming to the shelter, ranging from once to over twenty times, with an average of 8.1 times. **Table 28** summarizes the characteristics of these children in the shelters.

<b>TABLE 28: CHARACTERISTICS OF CHILDREN IN SHELTERS**</b>		
	<b>2002 Percent* (n = 27)</b>	<b>2000 Percent* (n = 35)</b>
<u>Age</u>		
One year or under	30	31
13 months to five years	22	26
6 years to 12 years	41	40
13 years to 18 years	7	3
	(mean = 5.2)	(mean = 4.8 yrs)
<u>Number of Schools Attended</u>		
1	7	15
2	14	69
3-4	64	15
5-6	7	--
	(mean = 3.1)	(mean = 2.2 schools)
<u>Shelter Time/Families</u>		
Less than one week	10	28
One week to one month	24	24
More than one month to one year	57	32
	10	16
*Totals may equal 100 due to rounding		
**Does not include adolescents in state custody, runaway shelters, or living on their own.		

The findings underscore the special needs of school-age homeless children; however, the statistics may not show special needs such as a place to do homework, school stability, school supplies, transportation, emotional care, physical health care, and compensatory education for developmental delays that these children are facing.

“Sam” is a middle school student in Knoxville whose story personifies many of the problems faced by homeless students. Chronically homeless since kindergarten, Sam and his mother have moved back and forth between shelters and five different relatives’ homes during his school years. Some of these temporary stays lasted only a few weeks, meaning that Sam would be in three different school zones in a very short time. Substance abuse, mental illness and an absent father all factor into Sam’s history. Shelter stays have averaged about three times per year. Sam’s education and emotional state have suffered. Although he seems clever to people who converse with him, he tested mentally retarded and has been in special education classes. Sam has been unkempt and ill cared for and he never had a barber’s haircut before this year. His mother is diabetic and hasn’t recovered from surgery performed a year ago. Sam was in the temporary custody of a family friend for several months. During that temporary custody, his teachers remarked that he seemed to feel much better about himself, especially with new clothes purchased for him by his custodian. Sam has been transported back to his school of origin from various temporary “homes” by Knox County Schools, using McKinney funds. Currently, he is living with his mother and another relative. This year will be important for Sam, as the middle school environment may be more difficult for him than elementary school.

The *Stewart B. McKinney Act* provided funding to address the needs of school age individuals. Each state is provided funds for distribution to local school systems. Knox County has had a *Homeless Education Program* since 1993-94, providing a coordinator, transportation resources, funds for tutoring, and a summer enrichment program. Data furnished by Rosemary Scott, Coordinator of the program, indicated that during the 2001 - 2002 school year, Knox County schools had forty preschool, two hundred elementary school, forty middle school and thirty high school students that could be classified as being from homeless families. This total of 310 students reflects an increase from the 244 identified in the 1999 - 2000 school year. The data from the summer enrichment program was consistent with the coalition study findings in identifying selected family issues.

Local and national data continue to indicate that homeless children are at risk for emotional and mental health issues, developmental delays, family violence, and a high

incidence of substance abuse in the families. The foregoing described children in shelters where a parent was present. Additionally, there was an adolescent segment of the homeless population that was separated from parents. This group continued to be difficult to enumerate since many avoid shelters and/or programs for the homeless. Service providers and law enforcement officials shared anecdotal evidence of homeless adolescents who spend considerable time in the Old City or who had been “taken in” and exploited by adults, but it was a difficult group to identify and interview.

In the study, seven adolescents were interviewed and many of these would be classified as runaways or children who had been placed in state custody. The monthly census included twenty-nine adolescents in shelters. The adolescents were between ages fifteen to seventeen years with a mean of 16.7 years. Fifty-five percent were male and seventy-six percent were white.

Responses suggested a high frequency of family instability. However the statistics did not explain whether this instability was a contributor to or consequence of the adolescents’ behavior. All of the adolescent respondents identified themselves as students. Mobility and possible running away among the adolescents was reflected in responses to questions about number of different cities visited in the past year. The adolescents seemed to maintain contact with families and received some support from them. The responses by the adolescents as well as the adults underscore their need for support systems. Resiliency involves the opportunity to feel good about oneself, to experience support and have the chance for success.

### III. COMMENTS

The February 2002 study represented sixteen years of *Coalition* sponsored studies. *Coalition* members have actively supported the studies through participating as interviewers and ensuring the cooperation of the agencies that they represent. *The University of Tennessee College of Social Work* has contributed significantly by providing consultation and resources for data analysis. The studies have been designed to provide pragmatic information to service providers and also to promote community awareness about the problems of homelessness.

Many of the conclusions from previous studies can be repeated in the current study. **First, the incidence of homelessness is significant.** The monthly total is over fifteen hundred, a fifty percent increase during the past decade. **Second, the number of women and children who are homeless has remained high.** While the percentage of women who are homeless has not drastically increased since the 2000 study, the overall numbers of persons homeless has meant more women and children in shelters. Women have become more vulnerable to homelessness as government benefits have been lost. The homeless experience for children will likely have long-term consequences as evidenced by the findings that suggest childhood disruptions increase the risk for adult homelessness and other problems. **Third, the percentage of homeless persons suffering from mental illness and substance abuse has continued to increase.** The current data indicated that over half of the homeless adults had experienced emotional problems with many having a history of hospitalization. Unfortunately, a large number of these persons spend time in jails, that have become today's asylums, ill-equipped to provide mental health treatment. **Fourth, many persons recycle in and out of homelessness with**

**almost half reporting prior episodes.** The challenge for service providers is to find ways to engage persons, especially those who are service resistant, and to help them achieve stability. **Fifth, diversity among the homeless population has continued to increase.** There are more women, children and minorities, but also more Spanish speaking individuals. Service providers will increasingly face the challenge to be multi-culturally competent. **Sixth, the number of potentially homeless and at risk persons in transitional, group, and nonpermanent living arrangements continues to increase.** The study noted the number of persons who stay with relatives and friends. There is a large number of previously homeless persons in transitional or group facilities that house from several persons to over one hundred persons. Often these facilities develop and operate because of the dedication of a single individual, and changes in the ability of these individuals or commitment to provide services could potentially dislodge many of these residents back into homelessness. **Seven, the majority of area homeless continue to be from East Tennessee or have come to the area to be near family or to seek employment.** There is a perception that Knoxville shelters and services attract large numbers of people from various parts of the country. The data indicated that less than ten percent of those interviewed came specifically to utilize the shelters or other services. More common is the individual or family that comes to the area with hope of finding immediate employment and housing, but who lacks the skills for self-sufficiency.

As reflected, in the foregoing, the current study had a number of findings that were consistent with the 2000 study. The number of homeless persons was approximately 1500 individuals in any month. The number of women with children and families remained high, but this number was influenced by the closing of *Volunteers of America*. While other

shelters worked to provide housing, it is likely that some stayed in outside locations and cars. The percentage of homeless persons suffering mental illness and substance abuse has continued to increase. Many of these persons were hospitalized in state facilities; current findings indicate that an increasing number have been discharged from private hospitals.

Perhaps the most glaring finding in the 2002 study was the number of persons in outside locations: camps, cars, under bridges and abandoned buildings. There are a number of factors that contribute to this finding: 1) shelters have developed policies banning persons who are unruly or heavy substance abusers 2) public housing has adopted a “one strike rule” banning those with histories of criminal activity, substance convictions and poor payment records 3) welfare reform including reduction in *SSD* for substance addiction 4) the closure of *Volunteers of America* 5) the closure of the *DRI-Dock* program for public inebriates, 6) agencies focusing on individuals willing to commit to becoming program participants and 7) a number of persons who avoid group living.

While the above factors have contributed to the increased number staying outside, there has been an increase in services to those outside the shelters. The number of feeding programs, outreach activities and resources for those outside have increased significantly. In many respects this increase in services poses a dilemma for providers. While recognizing the needs of those living outside, there is a danger in enabling chronic homelessness and substance abuse. Perhaps the issue is how to engage these individuals toward more stable living and/or promote suitable alternative living facilities. This dilemma is obvious as this report is being written. Within the last month, the city moved to bulldoze camps and discourage congregation of large groups living in public

spaces. The local news reported that housing was available through the Knoxville Community Development Corporation (*KCDC*). Interestingly, the news broadcast indicated that anyone without a criminal or substance abuse record was eligible. Unfortunately, close to ninety percent of those in these outside locations have arrest records and histories of substance abuse.

This community dilemma will be increasingly obvious as Knoxville strives to redevelop the downtown area. While there are no simple solutions, it does underscore the need for different sectors—social services, government and businesses—to work together.

In sum, homelessness is an extremely complex problem. The lack of job skills, mental illness, substance abuse, and domestic violence are exacerbated by the elimination of *SSI* for alcohol/drug disability, loss of homeless preference for *HUD* housing, the implementation of *Families First*, and the “one strike and you’re out” policies. Despite the complexity of the problem, a number of agencies and individuals are making significant progress toward solutions. Individuals and families are escaping homelessness and becoming self sufficient. As noted previously, “Perhaps the greatest danger is community acceptance of homelessness as inevitable rather than an urgent social issue demanding increasingly effective solutions.”

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