

## **Contexts of Mother–Child Separations in Homeless Families**

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*Families that contend with the losses, disruptions, and hardships occasioned by homelessness often experience dispersal of children as well. Although a federal initiative on homeless families identified family preservation as a focus of intervention development, there is little research to guide service efforts. This qualitative study of mother–child separations in homeless families with maternal mental health and/or substance use problems identifies precursors of separations (precarious housing, turbulent relationships, substance abuse by mothers and others, institutional confinement, and children’s needs) and examines how mothers’ responses to these events and conditions interact with social and institutional contexts to shape variations in the course and outcome of separations. Implications for research, services, and policies affecting homeless families are discussed.*

*When I returned to the shelter, Security was waiting for me. When I found out [that child welfare workers took my daughter], I kept asking, ‘Where is my baby?’ I ran back into my room and took some kind of pills. Security. . .called an ambulance that took me to the Medical Center. . .They took a part of me when they took her.*

“Doreen,” whose toddler was placed in foster care after wandering away from a shelter neighbor who was babysitting.

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*My husband did a lot of drugs, started becoming very abusive. I filed for divorce. . . He kept coming [to the house] and was verbally and physically abusive. . . I lost the house and Section 8. I could not stay with my mother. . . I felt I needed to get away to clear my head. . . The separation was hard. . . but I did what was for the best for myself and my kids.*

“Gloria,” who arranged temporary care for four of her five children while she sought housing and work in a southern city.

*My son was a little out of hand and I wanted him away. He started hanging out with kids. I wanted him to get grounding. The separation was hard but I knew it was what he needed. . . He did a lot of growing up while living [with his grandmother in the south]. He is more low-key now. Things are good for him; he never got into drugs.*

“Sharita,” who sent two children to stay with grandmothers while she and a third moved into a shelter after an eviction.

These accounts describe episodes of mother–child separation—a phenomenon often noted but rarely studied in research on family homelessness. They are extracted from narratives assembled for the Family Composition Study (FCS), a study of mother–child separations in 61 homeless families with maternal mental health and/or substance use problems in Westchester County, NY. The research explored the contexts in which separations occur, including both their immediate precursors and the family and state environments within which they take shape. It aimed to elucidate processes linking separations to homelessness and other family crises, and to spur innovative policies and services for preventing fragmentation of vulnerable families.

Research shows that families contending with disruptions occasioned by homelessness often lose children as well. Early studies found many solitary homeless women had children living apart from them (Crystal, 1984; D’Ercole & Struening, 1992), and that these women differed in psychiatric status, functioning, and service needs from women whose children lived with them (Burt, 1989; Johnson & Krueger, 1989; Robertson & Winkleby, 1996).

Studies of homeless mothers living with children show they often have other minor children living elsewhere (DiBlasio & Belcher, 1992; Smith & North, 1994). Though they are poorer and more often women of color (Rog & Buckner, 2007), homeless mothers living with children otherwise resemble other poor women who are not homeless: both have high rates of physical and sexual abuse and depression, as well as somewhat more substance abuse than the general population, but severe mental illness is rare (Bassuk, Buckner, Perloff, & Bassuk, 1998; Browne & Bassuk, 1997; Shinn & Bassuk, 2004). Among both homeless and nonhomeless poor families, domestic violence and mothers’ substance abuse increase the risk of separations from children (Cowal, Shinn, Weitzman, Stojanovic, & Labay, 2002; Zlotnick, Robertson & Tam, 2003), but separations of children occur markedly more often in homeless families (Cowal et al., 2002; Goodman, 1991; Park et al., 2006). Homelessness has twice the effect of any other significant predictor (domestic violence, drug dependence, and institutional treatment—usually

drug related): a homeless mother with *none* of these risks is as likely as a housed mother with both drug dependence and domestic violence to become separated from a child (Cowan et al., 2002; Shinn & Bassuk, 2004). Park, Metraux, Brodbar, and Culhane (2004) studied 8,251 children in homeless families sheltered in NYC in 1996 and documented that 24% received child welfare services, far more than the 3–8% reported for nonhomeless poor populations (Cowan et al., 2002; Needell, Cuccaro-Alamin, Brookhart, & Lee, 1999). Park et al. (2004) found that three-quarters of children in their sample of homeless families receiving child welfare services first did so *after* entering shelter. In some studies, stable housing led to family reunification (Courtney, McMurtry, & Zinn, 2004; Hoffman & Rosenheck, 2001); in others, separations of children outlasted homelessness and constituted its most durable effect (Cowan et al., 2002; Rog & Buckner, 2007; Shinn & Bassuk, 2004).

Suggested explanations for the high rates of separations in homeless families are varied: some shelters exclude men and older boys (Rossi, 1994; Susser, 1993); mothers may place children with relatives to avoid exposing them to shelters (Shinn & Weitzman, 1996); shelter environments may prompt child welfare intervention by magnifying family problems such as domestic violence, undermining parental authority, or creating a “fishbowl effect” through heightened scrutiny by staff (Park et al., 2004, p. 433). But no studies thus far have directly examined the processes through which separations occur in families experiencing homelessness.

In 1999, the Substance Abuse and Mental Health Services Administration (SAMHSA) funded 14 research projects in 13 states to develop interventions for homeless families headed by mothers with mental health or substance abuse problems. Though family preservation was among the goals of this “Homeless Families Program” (SAMHSA, 2001), its major aims were to improve family residential stability, decrease mothers’ psychological distress, improve their trauma recovery, decrease their substance abuse, and improve the general well-being of children in families with maternal mental illness or substance use problems (Rog, 2003). Eight sites went on to test interventions. None specifically focused on family preservation, offering instead an array of services (e.g., mental health, substance abuse, trauma recovery, housing referrals, parenting education) directed at the range of desired outcomes. Our research team, known as Westchester Families First (WFF), conducted a randomized controlled trial of an intervention to rapidly re-house homeless families and strengthen their links to support and treatment resources. The FCS, developed under WFF auspices as a site-specific addition to the cross-site study, aimed to extend prior research on predictors of separations by illuminating the mechanisms linking homelessness and family separations. Though we interviewed mothers in both experimental and control groups, the separations we document preceded the index shelter entry and study interventions.

## Methods

### *The Family Composition Study Sample*

The FCS was embedded in the WFF study of services for homeless mothers with mental health and substance abuse problems (Samuels, 2004). The WFF sample consisted of 210 sheltered mothers with mental illness or substance use disorders, approximately half of all women entering family shelters in Westchester County during the recruitment period. A sample drawn from this setting does not represent the larger population of women living in poverty who have not become homeless or those homeless mothers who have not been referred for psychiatric or substance abuse treatment. Since the FCS aimed to inform policy and services related to separations, our focus was on delineating *how* precursors such as domestic violence, substance abuse, and especially homelessness eventuate in separations, rather than on replicating earlier findings on *predictors* of separation in poor families. Thus the WFF project provided an appropriate context for examining how these processes undo families with the greatest vulnerabilities. We discuss in our concluding sections how separation experiences are related to conditions the FCS women share with these larger populations.

The FCS recruited WFF participants with past or ongoing separations from children. In baseline interviews, 203 WFF mothers were screened for separations from a minor child lasting 30 days or more. Half ( $n = 101$ ) reported past or current separations, 72 agreed to be contacted about the FCS, and 61 (85%) completed interviews.

On average, FCS mothers were 34.3 years old and had 3.4 children at study baseline, though first separations had often occurred years earlier. Most were women of color (48% Black, 21% Latina, 23% White, and 8% other); 61% had high school diplomas or more. The women had endured numerous traumatic events: foster care (13%) or group homes (17%) as children; life-threatening illnesses (39%); physical violence from someone they knew (74%); sexual assault or molestation by a known person (53%). And 49% reported significant psychological distress (i.e., Global Symptom Inventory score of 60 or more). Monthly family income averaged \$673. WFF data show no significant differences between the 61 mothers who were interviewed and the 40 separated mothers who were not interviewed, indicating that our sample appears to be representative of the larger group of separated WFF mothers.

Compared with never-separated WFF mothers, the 101 separated mothers were older (34.3 years,  $SD$  7.2 vs. 30.4 years,  $SD$  7.7;  $p < .001$ ), had larger families (3.4 children,  $SD$  1.7 vs. 2.8 children,  $SD$  1.4,  $p = .007$ ), older children (oldest child 14.7,  $SD$  7.3 vs. oldest child 10.2,  $SD$  6.8,  $p < .0001$ ), and higher rates of sexual abuse (53.5% vs. 36.7%,  $p < .05$ ) and physical (70.3% vs. 58.3%,  $p < .01$ ) abuse by known individuals, but did not differ in other ways.

*Data Collection and Analysis.*

In-depth semi-structured interviewing is an optimal format for eliciting participants' perspectives and clarifying processes not yet well understood (Schensul, Schensul, & Lecompte, 1999). The interview guide used open-ended questions to elicit mothers' residence histories from first pregnancy to the present. For each residence, we probed housing type, duration, financial support, household composition, reasons for changes, and circumstances that led to a move. We also explored separations—their circumstances, children's care givers and living arrangements, mothers' parenting of separated children, and involvement of extended family, agencies or institutions; and we asked about support mothers received or desired.

One of us (TL) interviewed all participants—in shelters, agency offices, or the housing where they lived after leaving shelters. Interviews lasted one to four hours, usually occurring in one session, occasionally two. The interviewer took detailed, often verbatim, notes, which she later transcribed and organized to reflect residence chronology, followed by the other interview topics. When this process revealed ambiguities, gaps, or contradictions, she phoned participants to clarify information and inconsistencies. When new details on living situations or separations surfaced later in the interview, notes were reorganized to create a revised chronology. A quantitative summary of some textual data (e.g., numbers of children, separation episodes for each) facilitated computing separation frequencies, durations, and outcomes. Such structuring and clarification processes typically precede “analysis proper” in qualitative interview research (Kvale 1996).

Methodologists note that coding of textual data—identifying, labeling, and relating recurring themes and patterns—is the essence of qualitative analysis, not a preparatory step (Miles & Huberman, 1994; Strauss & Corbin, 1998). Notes were initially imported into a QSR N6 database (Richards & Richards, 2002) and coded for 7 topics that structured the interview guide to facilitate retrieval and comparison of relevant text segments. Within the category separation episodes, we identified 10 dimensions (e.g. prior crises, systems involved, caregivers). Following Kvale (1996), we used these dimensions to summarize each episode, then combined summaries to assemble a condensed narrative account of how each family's contours changed over time. Open coding of the narratives identified over 50 additional themes (e.g., incarceration, partners, children's problems). With further review, we consolidated these into broader categories (e.g., “institutional confinement” encompassed residential drug treatment, incarceration, and hospital stays), which we organized under two rubrics: *precursors of separation*—the stressful events and conditions that characterize mothers' situations at the time of a separation; and the family and state *contexts of separation*—relationships with partners, extended family networks, and agency involvements that structure mothers' local social worlds and shape how separations play out over time.

This article summarizes frequencies and outcomes of FCS family separations, presents brief synopses of three families' stories illustrating common separation circumstances, and describes results from qualitative analyses of precursors of separation and the contexts influencing their course and outcome. We conclude by considering service and policy implications.

### *Taking the Measure of Family Dispersal*

We describe frequency, duration, and outcomes of separations at three levels of analysis—mothers, children, and separation episodes—in order to represent how separation experiences vary within families and in individual children's experiences over time. Since our descriptions depict families at varying stages of development, the “outcomes” we describe will change as families' histories continue to unfold.

#### *Mothers*

All mothers had been separated from at least one minor child, and at baseline, 33% remained separated. Total time separated from one child or more averaged 3.85 years.

#### *Children*

Of the mothers' 207 children, 143 (69%) had been separated, 31% had not. Separated children averaged 2.6 years apart from their mothers, but durations ranged from a month (the minimal criterion for separation) to 17.8 years. Most children (72%) reunited with their mothers before age 18; 8% turned 18 while separated; and 20% remained separated at FCS baseline.

#### *Episodes*

The 143 separated children had 214 separation episodes (1.5 per child), lasting 1.72 years on average. In 71%, children lived with kin or fictive kin (maternal kin in 32% of episodes, fathers or other paternal kin in 29%, and godparents or mothers' friends in 10%). They spent 14% of episodes in non-kin foster care, group homes, or treatment or detention facilities, 16% in both kin and non-kin settings. Most episodes occurred in only one setting, but children moved in 16%; one child lived in nine settings over seven years. Reunification ended 81% of episodes; 5% were considered ended when a child turned 18; and 14% continued at study inception.

### Three Families' Stories: Multiple Crises, Precarious Lives

The numerical data show the extent of family dispersal but not its circumstances or complexity. For this we turn to our qualitative analyses, which we introduce with the stories of three women whose experiences opened this article. Their stories represent the most common circumstances of separation and illustrate how contextual factors may shape their course. Names and other information that would identify mothers or children have been changed to preserve confidentiality.

#### *Doreen*

A 31-year-old mother of four when the FCS began, Doreen had been 17 when her oldest daughter, Tara, was born. Doreen and Tara lived with Doreen's sister for a year but then entered a family shelter. When Doreen obtained a housing subsidy to support her own apartment, she went out to celebrate with friends, leaving Tara with a shelter neighbor who agreed to look after her. A security guard later spotted the semi-dressed toddler outside, alone, and he called child welfare authorities, who placed Tara with a foster family. When Doreen returned to the shelter and learned what happened, she took an overdose of pills and was briefly hospitalized. After several court hearings, Tara was moved to Doreen's parents—who as Doreen's designated "emergency contacts" should have been contacted right away, according to shelter protocol. Doreen attended mandated psychiatric counseling and parenting classes and regained custody after nine months.

A few years later, Tara was separated again after being bruised by Doreen's ex-boyfriend. Though Doreen had him arrested, he was soon released, and she and her parents agreed Tara would be safer with Doreen's parents, now living in North Carolina. Doreen's mother welcomed Tara's company, as she lived alone for part of each year while her husband worked in New York. Doreen had three more children, but her relationships with their fathers did not last. For some years, she and the younger children moved between her sister's and aunt's homes, shifting when crowding created untenable tensions. When Doreen lost a clerical job she had for three years and could no longer contribute to the rent, her family had to move. A friend put them up until neighbors complained about noise. Having exhausted available housing options, the family entered the shelter, where Tara rejoined them, ending a six-year separation.

#### *Gloria*

A 31-year-old mother of five, Gloria kept her family together through many housing and personal crises. When her first daughter Briana was born, Gloria was 17, living with her mother. Briana's father left town soon after. Two years

later, Gloria met Michael, and they had a daughter, Carina. Soon after, Gloria and the girls moved into a shelter and obtained a subsidy to support an apartment, where Michael joined them. In the next three years, Elena and Andrea were born. After Andrea's birth, Michael—who cared for the children while Gloria worked—was arrested and incarcerated. Gloria subsequently reconnected with Briana's father. They had a son, rented a house, and married. But after three years of his escalating drug use and physical abuse, Gloria filed for divorce and left. When his threats put her family's new housing at risk, she placed her daughters with others and moved south with her son, staying with a friend while seeking housing and work.

Initially Carina (age 11) and Andrea (age 7) stayed with their paternal grandmother, but Andrea, homesick and refusing to eat, soon joined Gloria down south; Carina was molested by an uncle living in the household and was taken in by Gloria's mother. After a fruitless two-year search for housing and work in the south, Gloria, her son, and Andrea returned to New York and moved in with Gloria's mother. Carina was living there already, and Briana left her godmother to join the others. Elena's godmother would not relinquish her, and a long custody struggle followed. During this time, Gloria and her other children moved into a shelter, then to transitional housing. When Elena secretly phoned Gloria to complain of mistreatment at her godmother's home, Gloria notified child welfare services and Elena finally rejoined the family.

### *Sharita*

At age 38, Sharita had three children, ages 6, 13, and 20. Years earlier, she and Charles, father of Terrell and Aisha, had used drugs, and escalating addiction led Charles to lose his job and move out of state. Sharita later met Steve, father to her third child, Janelle. Sharita's own drug use increased after Janelle's birth. With the baby, she entered a nine-month residential drug program. Her mother came from North Carolina to look after the older children while Sharita completed the program.

Two years later, Sharita lost her housing subsidy following a complaint about Terrell, then 17. Unable to afford market-rate housing, Sharita entered a shelter with Aisha. She sent Terrell, whose behavior was "out of hand," to stay with her mother in North Carolina, where she felt he would "get grounding," while Janelle went to live with her doting paternal grandmother, who coped well with her tantrums and other difficult behavior. Janelle's father also lived with them briefly. In North Carolina, Terrell worked and avoided further problems. After a year he returned to live with Sharita and Aisha, who were then in transitional housing. Two years later, Janelle still lived with her grandmother, but Sharita was planning for her return when the school year ended.

### Precursors of Separation

The life-changing crises and ongoing pressures that Doreen, Gloria, and Sharita recount typify conditions faced by the 61 FCS mothers as they struggled to make lives for themselves and their children. Their stories illustrate the kinds of stressful events and conditions that figured in the mothers' accounts as common precursors of mother–child separations: housing loss, domestic violence, substance abuse, institutional confinement, children's needs. Table 1 summarizes these precursors of separation and identifies processes through which such events and conditions lead to family dispersion.

*Housing loss* was particularly prominent in women's narratives, occurring both as a sole factor in family dispersal and as a consequence of other events and crises (e.g., domestic violence, mandated drug treatment). When displaced families had only temporary or inadequate alternatives (e.g., doubling up, entering shelters), losing housing presaged losing children.

*Volatile partner relationships* could trigger separation when a woman decided, as Gloria did, to leave an abusive partner, provoking loss of financial support and housing, and dispersal of children. Though women were the usual targets of domestic abuse, some, like Doreen, found or feared their children were in danger and sent them to live with kin at a safe distance.

*Substance use* could also trigger separation when women like Sharita felt it affected parenting, when relatives intervened, or when results from substance testing required by shelters or hospitals resulted in mandated residential treatment. Separations also occurred when women left households or buildings where others were using or selling drugs in order to protect their children from the drug environment.

*Institutional experiences* (residential drug treatment, incarceration, hospitalization) also typically entailed family separation, though some drug programs accommodated infants. Women often described entering treatment as something they did for their children, but they viewed the forced choice between treatment and painful separations as unfair and damaging for children. A woman's incarceration—typically for offenses such as drug possession, shoplifting, or a prior warrant—also disrupted families. Hospitalizations for life-threatening medical emergencies (e.g., heart attack, brain tumor, injuries from car accidents) or, more rarely, for psychiatric crises, separated some women from their families.

*Children's needs* (health and emotional problems) led to separations when children were hospitalized or placed in residential programs. Mothers also tried to head off incipient problems by sending children to relatives living in less risky environments or requesting court supervision or placement for troubled adolescents. Some complained that quality of care in group facilities was poor, and distance and rules made visits difficult and expensive.

**Table 1.** Precursors and Processes of Separation

Precursor	Processes of separation
<i>Housing loss</i>	
Unaffordable (due to loss of rental assistance, low wages, job loss, rent increase, partner or other rent payer leaves)	Mother doubles up, sends child to relatives: Host household too crowded to accommodate all Tensions with host household New setting temporary or uncertain
Eviction for arrears, behavior	
Landlord sells, upgrades building, reclaims apartment, or withdraws from subsidy program	Mother enters shelter, sends child to relatives: Shelter rules exclude older children Avoid exposing child to shelter environment Avoid school disruption  Family in shelter, child removed: Staff surveillance reveals makeshift child care or parenting lapses, triggers child welfare report Random drug testing triggers removal of child
<i>Volatile partner relationships</i>	
Interpersonal partner violence	Mother leaves with some children, places others
Abuse of children	Police intervention leads to eviction, child placement Mother fights back; arrest leads to child placement Mother sends child to relatives for protection
<i>Substance abuse</i>	
By mother	Drug use affects parenting, mother places child or relatives intervene Mother's drug test leads to mandated drug treatment
By others in household, building, or neighborhood	Child tests positive for drugs at birth Mother places child to protect from environment Public housing no-drug rules lead to family eviction Police raid, arrests leads to child welfare removal
<i>Mother's institutional experiences</i>	
Residential or hospital treatment: drugs, medical or psychiatric	Mother places child with relatives Child welfare places child in kin or non-kin care
Jail or prison	Limited mother-child contact, housing loss, repeat incarceration, mandated treatment
<i>Children's needs</i>	
Health	Child hospitalized for illness, e.g., lead paint poisoning
Emotional or behavioral needs	Child placed in psychiatric or other facility
Environment	Mother sends child to relatives with better resources, supports, environment

The women's stories depict difficult life conditions, with precarious housing a constant backdrop, and crises coming in twos and threes. Several of the precursors of separations for the 61 FCS mothers replicate the predictors of separation identified by Cowal et al. (2002) among low income women (homelessness, domestic violence, substance abuse, institutionalization). In addition, however, these accounts reveal mothers as active agents on their own and their children's behalf,

initiating separations as problem-solving acts to address otherwise intractable difficulties. Sending a child to live with more stably housed relatives or leaving a child while entering drug treatment often represented better choices among troubling alternatives. Among the multiple stresses poor families face, separations can serve as necessary, though compromising, coping strategies offering respite for mothers or continuity and stability for children while other demands are addressed. As such, they belong among the usually invisible makeshift practices that people resort to in order to sustain lives in the face of extreme disadvantage (Edin & Lein, 1997; Hayes, 2003; Hopper, Susser, & Conover, 1985). The mix of stressful and problem-solving qualities in separations heightens the significance of context for understanding family separations. As stress researchers recognize, how such events unfold—their impact, meaning, trajectory—depends on the contexts in which they are embedded (Banyard, 1995; Pearlin, 1989, 2005; Thoits 1995). For FCS families, extended family networks and state institutions are critical contexts in which mothers leverage resources and negotiate constraints.

### **Local Social Worlds: Family and State Contexts of Separation**

The pervasive stresses described in mothers' narratives have been widely documented accompaniments of poverty and homelessness. Yet the consequences of such conditions (e.g., whether and when they lead to separations, how separations play out) cannot be understood apart from their encompassing environs. This is most clear when siblings separated in the same crisis experience disparate courses and outcomes. Doreen, Gloria, and Sharita all placed some children, not others; those separated went to different relatives, for different durations, and with varying effects. Their circumstances underscore the need to situate the crises they experience in their broader social and institutional contexts. Women's stories sketched a lifeworld in which intimate relationships, extended kin networks, and varied public agencies formed the social and institutional matrix. Sources of both support and demands, they framed women's options and the terms under which they would be available.

#### *Fathers, Partners, and Extended Family Networks*

Families headed by women predominate in shelters, where most homeless families have been studied (Rog, Holupka, & McCombs-Thornton, 1995; Rossi, 1994), and only families in which a woman had primary financial responsibility were eligible for the SAMHSA study. However, research focusing on women may obscure men's roles, while policies favoring single-parent families (e.g., shelter rules excluding women's unmarried partners who are not fathers of resident children) marginalize men and encourage concealment of their family presence (Rossi, 1994; Shinn & Weitzman, 1996; Susser, 1993). While only 15% of FCS

mothers lived with partners in the shelter, male partners and children's fathers played roles in family life that varied in prominence and complexity.

Women described relationships with partners that ranged from fleeting and violent to stable and mutually supportive. A few women had never informed fathers about children from brief or casual relationships, or, in one instance, rape. Some fathers denied paternity, or acknowledged it but eschewed parental involvement. Yet several women who described abuse by male partners or various forms of abandonment (failure to support children, affairs with other women, imprisonment, death), identified supportive and abusive aspects in the same relationship. As others also note, some women remain in violent relationships when severing ties would entail losing housing, income, practical support, and even children (Connolly, 2000; Leblanc, 2003).

About half the women at some point had long-term partners. Some cared for children at home when mothers entered residential programs or hospitals; others contributed financial, emotional, and parenting support, and a few assumed responsibility for children of other fathers, even legally adopting them. However, some new partners had difficult relationships with children of other fathers, and a few teens left home in conflicts over a stepfather's rules or treatment of their mother. Moreover, even steadfast husbands or partners faced hardships of their own; over a quarter of the women reported important relationships that were truncated by the man's illness, injury, incarceration, or death.

Some women who separated from their children's fathers received emotional or practical support from them, including child care, which some felt safeguarded them from child welfare intervention. More than one described her children's father as a "best friend." Even uninvolved fathers had kin who helped routinely or in crises.

Fathers were caregivers (alone or with a partner) in 14% of separation episodes; in another 15%, children lived with other paternal relatives. One FCS mother, overwhelmed by health, financial, and family worries, temporarily placed her three children with two of their fathers while she got back on her feet; another mother unable to cope with a disabled child voluntarily gave custody to his father; and teenagers having problems at home or school sometimes moved in with their fathers. Other paternal relatives were also involved: both Gloria and Sharita called on children's paternal grandmothers; and one mother, hospitalized for a medical crisis, described how her partner, his parents, and her parents collaborated on child care and housing. Occasionally a father or paternal relative refused to return a child after a temporary placement or visit, launching a legal custody fight. Whether helping out or instigating unwanted separations, fathers and their kin influenced the shape of many families in the study.

Maternal kin cared for separated children slightly more often than paternal kin. Though grandparents predominated, caregivers included maternal aunts and uncles, great-aunts, and great-grandparents. Care arrangements might be informal

or formalized in temporary guardianship or kinship foster care; some mothers did not know the legal status of the arrangement or their parental rights.

Family members became caregivers in several ways. A woman who shared a household with kin could manage incarceration or hospitalization with minimal disruption for children. Alternatively, such events brought relatives living elsewhere to stay with children in their home, as Sharita's mother did during her first separation. Mothers also sent children to relatives nearby, "down south," or as far away as Mexico or Puerto Rico when the caregiver or setting offered particular advantages—ability to handle a child's hyperactivity, drug-free surroundings for a troubled teen, distance from an abuser, or resources to provide a child with her own room or a better school. Decisions about care were negotiated between parents and kin. Though mothers' circumstances or children's problems prompted most separations, the needs of kin, like Doreen's mother, who desired her granddaughter's company, played a role.

Families overwhelmingly preferred informal kin arrangements over non-kin foster care, in which child welfare agencies control and oversee mother–child contact. Kin care lends itself to mothers' involvement with separated children, though institutional confinement, geographic distance, or family tensions may diminish the frequency or intensity. Some women retained primary parenting roles while separated—phoning, visiting, taking children to school, overseeing homework, providing meals, money, or other necessities. Others had frequent phone contact and ongoing participation in parenting, though relatives managed routine care and decisions.

However, kinship caregiving did not always work smoothly: disagreements about rules or discipline could strain family relationships; some mothers alleged relatives took in children for welfare benefits or foster care payments; a few described caregiving by kin as a ploy to obtain custody; occasionally children were molested or abused. When relatives refused to return children in their care, rancor and legal battles ensued.

The kin networks that cared for separated children resemble those described in studies of poor and working class communities where expansive notions of family, flexible reckoning of kinship, patterns of generalized reciprocity, and informal child fostering sustain extended family bonds and redistribute resources (Newman, 1999; Stack, 1974, 1996). Stack writes that in every family, the "kinwork" of providing financial support, taking in children or caring for an ailing adult "is redistributed from time to time in response to death, illness, the birth of a child, the loss of a job" (1996:104). The crises punctuating the lives of women in our study called forth similar help. Notably, in easier times, several had played caregiving roles in such kinwork.

Though some women had relatively privileged backgrounds (a father who was a town official; a famous and wealthy mother), most described networks of kin who were themselves stressed by limited housing options, illness, and other crises.

Whether their ties linked them to “the working poor” or to kin with even fewer resources, mothers’ stories included unsettling details such as separated children cared for by grandmothers living in shelters, revealing the depleted “carrying capacity” in networks that historically buffered effects of privation in African American and other poor communities (Hopper, 2003:168). Thus, even as women marshaled their resources and mobilized partners and kin, their needs and crises also entailed encounters with public agencies and institutions.

### **Institutional Policies and Practices: Shelter, Housing, and Child Welfare**

Appel (1998) writes that poor mothers’ lives “intersect with official entities and bureaucracies on a number of levels: the government pays their medical bills; public hospitals, clinics, and emergency rooms provide their families’ health care; the government may well be contributing direct financial support for the care of their children; public building inspectors and police enter their homes” (pp. 356–357). Homeless women encounter, in addition, public shelters and treatment programs that monitor them by observation, urine testing, and other forms of surveillance; some are supervised by courts or criminal justice institutions. But in a society ever more suspicious of the merit and mettle of those who use public resources, programs for the poor incorporate methods to discourage their use and the dependency thought to come with it. Homeless mothers who access relief are subjected to competing demands of multiple agencies, undermining family autonomy and even intactness.

Shelter and welfare policies vary across locales. Women described separations occurring in different venues over two decades, and their accounts referred to disparate eligibility rules. A few reported that shelters excluded older children. Others had to identify fathers and seek formal child support in order to receive welfare and shelter benefits. Since most states retain some or all of fathers’ child support payments to reimburse public aid given to mothers (Rowe & Veerstag, 2005), women sometimes sent children to live with their fathers, where they would actually receive the support. The extensive scrutiny and monitoring mothers received also prompted child welfare involvement or mandated drug treatment—and consequent family separations.

For most families, public or subsidized housing were the primary alternatives to living in shelters or doubling up. But several housing policies undermined residential stability and provoked separations. Subsidized housing is regularly inspected for physical adequacy, and some families were evicted and separated after inspections identified hazards. Residents of publicly supported housing are subject to other requirements as well. Mothers reported family evictions that occurred when one member was reported or arrested for illegal activity. When offenders were teenagers, housing loss might directly cause separations, as teens were sent to detention facilities or to relatives out of town, while mothers doubled up or

scrambled to find alternative lodgings—sometimes dispersing younger children as well. Designed to protect quality of life in public housing by removing disruptive or criminal tenants, such policies ramified through struggling families, producing residential instability and often family separations as a byproduct (New York Times, 2004).

Contrary to the conventional wisdom that most separations occur when child welfare agencies remove children, only 30% of FCS separation episodes involved such interventions. And while relatives, neighbors, or friends sometimes filed reports of suspected neglect or abuse, child welfare attention more often resulted from surveillance by public institutions (shelters, hospitals, schools) or police response to domestic violence or drug complaints.

Though not all investigations led to removal of children, mothers viewed child welfare agencies as capricious and punitive and tried to avoid their attention. When possible, they gave children to a father or grandmother during periods of residential instability or drug relapse to forestall involvement in “the system.” Child welfare agencies often eventually placed children with kin, but many—like Doreen’s daughter—were first placed in foster homes while relatives’ suitability was investigated. Once child welfare agencies were involved, families lost control of critical decisions—about caregivers, visitation, and reunification—and many mothers lacked knowledge, resources, legal assistance, or money needed to reclaim their children.

For a few families, child welfare investigations resulted in family preservation services (e.g., respite child care; visiting nurse services for a disabled child), and mothers found these preventive services helpful. By forestalling sudden or imposed separations, such programs also averted numerous negative effects that mothers described (e.g., children’s anxiety, truancy, or emotional problems; mothers’ depression, guilt, substance relapse).

### *Local Social Worlds: A Summary of Contextual Contingencies*

Mothers’ interactions with partners, children’s fathers, and extended kin formed the immediate social context of separations. When a woman faced destabilizing crises, partners and kin were usually her first recourse. Her local world also included the agencies—social services, clinics, shelters—through which the vestigial welfare state manages the effects of growing inequality. Structural processes that families experience as job loss, housing crises, and reliance on informal economies that sustain poor communities—sometimes at the price of life, health, and family integrity—affect not only homeless mothers, but their partners and kin as well. When family resources are inadequate, public agencies more directly determine whether crises lead to separations, where and with whom separated children stay, and timing and terms of reunification. Family preservation efforts must

address diverse contextual contingencies if they are to counteract the centrifugal effects of poverty and policy on vulnerable families.

### Implications for Policy and Services

Though cited as a goal of SAMHSAs Homeless Families Program, family preservation is not prominent in *family* homelessness services, though a few programs address reunification of *unaccompanied* homeless mothers with severe mental illness who are separated from all of their children (Emerson-Davis, 2000; Hanrahan et al., 2005). Yet routine services for homeless families—mental health and substance treatment, job training, parenting education, help accessing permanent housing (Bogard, McConnell, Gerstel, & Schwartz, 1999; Rog et al., 1995; Shinn & Weitzman, 1996)—resemble those that child welfare agencies and family courts prescribe as conditions of reunification. Both service systems focus on “fixing” mothers (Appell, 1998)—with treatment and skills training—before housing them or reunifying their families. The narratives of FCS mothers challenge this approach to family separations. Even in our selected sample of homeless mothers with mental health or substance abuse problems, these problems alone rarely triggered separations, which far more often occurred within a chain or cluster of stressful life events and chronic strains that are hallmarks of homeless poverty. In the face of multiple difficulties, separations were often unwanted but inescapable trade-offs resulting from, and sometimes constituting, mothers’ efforts to address destabilizing events and circumstances.

Preserving homeless families will necessitate changes in both services and policy. The FCS mothers themselves offered several suggestions. They advocated providing advice on the financial, legal, and other implications of various care options (e.g., temporary guardianship, kinship foster care); affordable legal help in dealing with guardianships or custody issues; and counseling for mothers and children to address effects of separations. In situations in which child welfare was involved, they viewed preventive services as helpful in averting separations, and greatly preferable to those that removed children from their families.

Policy-level interventions are also needed to change the options available to women facing the crises that produce and prolong family separation. Most basic is a need for affordable housing. Our data are replete with instances in which housing loss initiated the events that fragmented families. To avert and reverse housing loss, expanding availability of subsidies, supporting creative local housing programs, and rapidly moving homeless families into permanent housing are essential first steps. Families facing eviction for any reason would benefit substantially from receiving outreach, eviction prevention, and relocation services; and families in public housing would benefit from a revamping of current family-breaking practices (e.g., barring whole families from public housing if a member is charged with a drug offense).

The analysis also suggests a need to rethink how homeless services interface with other public systems such as substance abuse treatment, income support, and child welfare. Shelters' expectations for women's service participation may conflict with job or parenting demands and delay their eligibility for housing. Intense scrutiny of sheltered mothers heightens risk of separation, as a "dirty urine" or negligent babysitter can prompt consequential interventions—at a time when mothers say that focusing on their children helps them stay motivated to cope with the stress of homelessness (Banyard, 1995). For mothers mandated to residential treatment after positive drug tests, separations from older children are virtually certain. Women's complaints about having to choose between treatment and children are consistent with reports that lack of family friendly options deters mothers from entering drug treatment voluntarily (Finkelstein, 1994; Grella, Vandana, & Hser, 2000). Income support programs penalize families for fathers' involvement and often employ child support policies that undermine parental cooperation (Waller, 2002). And NYC child welfare authorities have been challenged for removing children from abused mothers, rather than addressing child safety in the context of family preservation (Kaufman, 2004). While developing specific alternatives to these problematic policies will necessitate multi-system collaborations, all agencies serving homeless mothers should be required to assess how their practices affect parent–child relationships. Additional complex policy initiatives will be needed to address domestic violence and its effects, as well as inadequacies of income and other resources that circumscribe mothers' ability to provide an environment where their children can thrive.

### **Study Significance, Limitations and Future Research Needs**

By closely documenting separation experiences in 61 homeless families affected by mental health and substance use problems, our study identifies precursors of separations and the social and institutional contexts that affect their course. By situating separations in a social and institutional matrix that provides both support and stress for vulnerable families, our results challenge a common assumption that most separations are occasioned by dangerous or negligent parenting practices requiring removal of children. Instead, we find, they often reflect tradeoffs among limited options that homelessness and poverty entail. From this perspective, mothers' and children's needs can be better served by housing, income policies, and treatment that might avert many separations, by services that promote safe families without dismantling them, and by advocacy and supports that enable mothers to reunify their families.

Our study has limitations. First, using retrospective reports on sensitive family issues over varying time periods may introduce recall problems and social desirability responses. Mother–child separations carry significant moral weight in a society that often attributes disruptions of maternal caretaking to mothers'

inadequacies. Thus, women's descriptions of circumstances surrounding separations may qualify as "accounts," explanations for unanticipated or untoward behavior (Scott & Lyman, 1968, p. 46) offered during the negotiation of identities that characterizes all social interaction (Garfinkel, 1956; Goffman, 1959). While the detailed stories, along with follow-up probes and phone calls, give us confidence in the data's quality, some biases are likely, a limitation our study shares with work on similarly sensitive topics. Second, we focused on families entering shelters in New York's downstate metropolitan area, although some had experiences spanning state or national boundaries. Our findings may not apply in regions with differing housing markets, homeless services, job options, or child welfare policies. Third, to understand the processes that separations entail, we have focused on mothers whose homelessness and mental health or substance problems make them particularly vulnerable to family separations. Our findings apply most clearly to this group; the larger group of families experiencing homelessness and poverty may be better able to resist or respond to threats to family integrity. While our data strongly suggest that even among mothers with mental health or substance use problems, family separations are more closely linked to circumstances of poverty than to mental illness or motherhood deficits, more definitive work will require a community comparison group. Finally, we focused on homeless mothers, not fathers, because adults in homeless families are overwhelmingly women (Burt, 2001) and because gendered parenting roles and expectations create distinctive separation issues for mothers and fathers. We note, however, that the extent and impact of homeless men's separation from children with whom they had previous contact remains an important unknown and understudied question.

This study points to several additional issues for further research. First, family separations warrant greater priority—in studies evaluating services for homeless families, and in intervention development and policy. Second, research on early and long-range effects of separation on mothers, children, and caregivers is needed. And finally, multi-level studies are needed to consider not only local microcontexts, but also the larger structural forces shaping resources and options available to homeless mothers and others in their immediate social environment.

## References

- Appell, A. R. (1998). On fixing "bad" mothers and saving their children. In M. Ladd-Taylor & L. Umansky (Eds.), *"Bad" mothers* (pp. 356–380). New York: New York University Press.
- Banyard, V. L. (1995). "Taking another route": Daily survival narratives from mothers who are homeless. *American Journal of Community Psychology*, 23(6), 871–891.
- Bassuk, E. L., Buckner, J. C., Perloff, J. N., & Bassuk, S. S. (1998). Prevalence of mental health and substance use disorders among homeless and low income housed mothers. *American Journal of Psychiatry*, 155(11), 1561–1564.
- Bogard, C., McConnell, J. J., Gerstel, N., & Schwartz, M. (1999). Homeless mothers and depression: misdirected policy. *Journal of Health and Social Behavior*, 40, 46–62.

- Browne, A., & Bassuk, E. (1997). Intimate violence in the lives of homeless and poor housed women: Prevalence and patterns in an ethnically diverse sample. *American Journal of Orthopsychiatry*, 67(2), 261–278.
- Burt, M. R. (1989). Differences among homeless single women, women with children, and single men. *Social Problems*, 36(5), 508–524.
- Burt, M. R. (1991). Homeless families, singles, and others: Findings from the 1996 National Survey of Homeless Assistance Providers and Clients. *Housing Policy Debate*, 12(4), 737–780.
- Connolly, D. R. (2000). *Homeless mothers*. Minneapolis: University of Minnesota Press.
- Courtney, M. E., McMurtry, S. L., & Zinn, A. (2004). Housing problems experienced by recipients of child welfare services. *Child Welfare*, 83(5), 393–422.
- Cowal, K., Shinn, M., Weitzman, B. C., Stojanovic, D., & Labay, L. (2002). Mother–child separations among homeless and housed families receiving public assistance in New York City. *American Journal of Community Psychology*, 30(5), 711–730.
- Crystal, S. (1984). Homeless men and homeless women: The gender gap. *Urban and Social Change Review*, 17(2), 2–6.
- D’Ercole, A., & Struening, E. L. (1992). Victimization among homeless women: Implications for service delivery. *Journal of Community Psychology*, 18, 141–152.
- DiBlasio, F. A., & Belcher, J. R. (1992). Keeping homeless families together: Examining their needs. *Children and Youth Services Review*, 14, 427–438.
- Edin, K., & Lein, L. (1997). *Making ends meet*. New York: Russell Sage.
- Emerson-Davis. (2000). Supportive residential services to reunite homeless mentally ill single parents with their children. *Psychiatric Services*, 51(11), 1433–1435.
- Finkelstein, N. (1994). Treatment issues for alcohol- and drug-dependent pregnant and parenting women. *Health and Social Work*, 19(1), 7–16.
- Garfinkel, H. (1956). Conditions of successful degradation ceremonies. *American Journal Society* 61(5):420–424.
- Goffman, E. (1959). *The Presentation of self in everyday life*. Garden City, NY: Doubleday.
- Goodman, L. A. (1991). The prevalence of abuse in the lives of homeless and housed poor mothers: a comparison study. *American Journal of Orthopsychiatry*, 16, 489–500.
- Grella, C. E., Vandana, J., & Hser, Y.-I. (2000). Program variation in treatment outcomes among women in residential drug treatment. *Evaluation Review*, 24(4), 364–383.
- Hanrahan, P., McCoy, M. L., Cloninger, L., Dincin, J., Zeitz, M. A., Simpatico, T. A., & Luchins, D. J. (2005). The Mothers’ Project for homeless mothers with mental illness and their children: a pilot study. *Psychiatric Rehabilitation Journal*, 28(3), 291–294.
- Hays, S. (2003). *Flat broke with children*. New York: Oxford University Press.
- Hoffman, D., & Rosenheck, R. (2001). Homeless mothers with severe mental illnesses and their children. *Psychiatric Rehabilitation Journal*, 25(2), 163–169.
- Hopper, K. (2003). *Reckoning with homelessness*. Ithaca, NY: Cornell University Press.
- Hopper, K., Susser, E., & Conover, S. (1985). Economies of makeshift: Deindustrialization and homelessness in New York City. *Urban Anthropology*, 14(1–3), 183–236.
- Johnson, A. K., & Krueger, L. W. (1989). Toward a better understanding of homeless women. *Social Work*, 34, 537–540.
- Kaufman, L. (2004, October 27). Court limits removing child when mother is abuse victim. *New York Times*.
- Kvale, S. (1996). *InterViews*. Thousand Oaks, CA: Sage.
- LeBlanc, A. N. (2003). *Random family*. New York: Scribner.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis*. Thousand Oaks, CA: Sage.
- Needell, B., Cuccaro-Alamin, S., Brookhart, A., & Lee, S. (1999). Transitions from AFDC to child welfare in California. *Children and Youth Service Review*, 21, 815–841.
- Newman, K. S. (1999). *No shame in my game*. New York: Russell Sage Foundation.
- NYT. (2004, November 25). Fair housing. *New York Times*, pp. 34.
- Park, J. M., Mettraux, S., Brodbar, G., & Culhane, D. P. (2004). Child welfare involvement among children in homeless families. *Child Welfare*, 83, 423–436.
- Pearlin, L. (1989). The sociological study of stress. *Journal of Health and Social Behavior*, 30(2):241–256.

- Pearlin, L., Schieman, S., Fazio, E. M., & Meersman, S. C. (2005). Stress, health, and the life course: Some conceptual perspectives. *Journal of Health and Social Behaviour*, 46(2), 205–219.
- Richards, T., & Richards, L. (2002). NUD\*IST6 (Non-numerical Unstructured Data Indexing, Searching and Theorizing) Software for Qualitative Data Analysis (Version 6). Melbourne, Australia: QSR International.
- Robertson, M. J., & Winkleby, M. A. (1996). Mental health problems of homeless women and differences across subgroups. *Annual Review of Public Health*, 17, 311–336.
- Rog, D. (2003, November 18). *The CMHS/CSAT homeless families program. Proceedings of the Paper Presented at the Annual Meeting of the American Public Health Association*, San Francisco.
- Rog, D. and Buckner, J. (2007). Homeless families and children. In D. Dennis, G. Locke, & J. Khadduri (Eds.) *Toward understanding homelessness: The 2007 National Symposium on Homelessness Research* (pp. 5.1–5.33). Washington, DC: U.S. Department of Health and Human Services and US Department of Housing and Urban Development.
- Rog, D., Holupka, C. S., & McCombs-Thornton, K. (1995). Implementation of the Homeless Families Program. *American Journal of Orthopsychiatry*, 65(4), 502–513.
- Rossi, P. H. (1994). Troubling families. *American Behavioral Scientist*, 37(3), 342–395.
- Rowe, G., & Versteeg, J. (2005) *The welfare rules databook*. Washington, DC: Urban Institute.
- SAMHSA. (2001). Cooperative Agreements for CMHS/CSAT Collaborative Program on Homeless Families—Phase 2. GFA No. SM 01-013.
- Samuels, J. (2004, February 8). The Westchester County family critical time intervention model for homeless families. *Proceedings of the 14th Annual Conference on State Mental Health Agency Services Research, Program Evaluation and Policy*. NASMHPD, Arlington, VA.
- Schensul, S. L., Schensul, J. J., & LeCompte, M. D. (Eds.). (1999). *Essential ethnographic methods: Observations, interviews, and questionnaires*. Thousand Oaks, CA: Sage.
- Scott, M. B., & Lyman, S. M. (1968). Accounts. *American Sociological Review*, 33(1), 46–62.
- Shinn, M., & Bassuk, E. (2004). Causes of family homelessness. In D. Levinson (Ed.), *Encyclopedia of homelessness* (pp. 153–156). Thousand Oaks, CA: Sage.
- Shinn, M., & Weitzman, B. C. (1996). Homeless families are different, In J. Baumohl (Ed.), *Homelessness in America* (pp. 108–122). Phoenix: Oryx Press.
- Smith, E. M., & North, C. S. (1994). Not all homeless women are alike. *Community Mental Health Journal*, 30(6), 601–610.
- Stack, C. B. (1974). *All our kin*. New York: Basic Books.
- Stack, C. B. (1996). *Call to home*. New York: Basic Books.
- Strauss, A., & Corbin, J. (1998). *The basics of qualitative research*. Thousand Oaks, CA: Sage.
- Susser, I. (1993). Creating family forms. *Critique of Anthropology*, 13(3), 267–285.
- Thoits, P. (1995). Stress, coping, and social support processes. *Journal of Health and Social Behaviour*, 35, 53–79.
- Waller, M. R. (2002). *My baby's father*. Ithaca: Cornell University Press.
- Zlotnick, C., Robertson, M. J., & Tam, T. (2003). Substance use and separation of homeless mothers from their children. *Addictive Behaviors*, 28, 1373–1383.

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42% of children in homeless families are under age six. What are the experiences of homeless mothers? The impact of homelessness on mothers is profound. Many experience anger, self blame, sadness, fear, and hopelessness. Mothers experiencing homelessness have significant histories of interpersonal violence. For them, the experience of becoming homeless is another major stressor amidst already complicated traumatic experiences. Over 92% of homeless mothers have experienced severe physical and/or sexual abuse during their lifetime. 63% report that this abuse was perpetrated by an intimate partner. What are the experiences of homeless children? Children experience high rates of chronic and acute health problems while homeless. Homeless families receive attention in large part because the presence of children among the homeless confronts society directly with its failure to guarantee a minimum standard of protection. The questions of who these families are, how they became homeless, and how their homelessness can be prevented and ameliorated carry an urgency that contrasts with more blaming attitudes towards the single homeless individual. The most obvious explanation for the absence of family homelessness in Quebec is the larger number of safety net programs in the province of Quebec and in Canada in general. Mothers of the homeless families were more likely to have been in foster-care placement and to have had a female caregiver who used drugs. Contexts of mother-child separations in homeless families. *Analyses of Social Issues and Public Policy*, 00(00). 1 – 20. Bassuk, E. L., & Geller, S. (2006). The role of housing and services in ending family homelessness. *Housing Policy Debate*, 17(4), 781 – 806. Belcher, J. R., DeForge, B. R., & Zanis, D. A. (2005). Homeless women, parents, and children: A triangulation approach analyzing factors influencing homelessness and child separation. *Journal of Poverty*, 15(3), 241 – 258. Garrett, G. R., & Bahr, H. M. (1976). The Trump administration family separation policy was an aspect of US President Donald Trump's immigration policy. The policy was presented to the public as a "zero tolerance" approach intended to deter illegal immigration and to encourage tougher legislation. It was officially adopted across the entire US-Mexico border from April 2018 until June 2018. Under the policy, federal authorities separated children and infants from parents or guardians with whom they had entered the US. The adults were... Homelessness among families has become a growing phenomenon. Beginning in the early 1980s, families with young children became one of the fastest growing segments of the homeless population and now comprise 34 percent of the homeless population (i.e., 23% children and 11% adults) (Burt et al., 1999). In a given year, this means that 420,000 families, including 924,000 children, experience homelessness in the United States.