Homelessness in America

Shrouded in stereotypes that have endured throughout the ages, homelessness remains a plaguing problem in the United States today. Consistently carried over throughout the decades, homelessness has yet to be pierced with a policy panacea and has consequently varied in severity over time, but has maintained a consistent presence in America. While it is an issue of paramount societal importance, it is an issue that ironically has been and remains grossly misunderstood by the majority of the population in its causes, victims, and manifestations. Homelessness today represents
one of the most plaguing social iniquities in the United States that has only been exacerbated by the recent recession and today’s unstable economic climate.

What is Homelessness?

While a universal definition of homelessness is elusive, the United States today continues to rely on the definition originally developed as a component of the McKinney-Vento Act of 1987, which classifies a homeless person as being, “An individual who lacks a fixed, regular, and adequate nighttime residence; An individual who has a primary nighttime residence that is-- A supervised publicly or privately
operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); An institution that provides a temporary residence for individuals intended to be institutionalized; or A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for humans.”\(^1\)

Today, the The National Law Center on Homelessness and Poverty states that approximately 3.5 million people in the United States, 1.35 million of them children (39%), are likely to experience homelessness in a given

year. It is estimated that between 23 and 40 percent of homeless adults are veterans.²

Who is affected by Homelessness?

The Demographic Breakdown

Traditionally, homelessness has perpetuated the stereotypical image of a slightly older single male hailing from an ethnic background, and while this profile to this day still encapsulates the most common demographic features of all sheltered homeless people according to the US Department of Housing and Urban Development's 2008 Annual Homeless

Assessment Report, this stereotypical image is wholly inadequate. The plight of homelessness in the United States permeates all demographic lines and reveals one of the most common public misconceptions, it is a situation that can in fact happen to anyone, even those highly educated with a steady job.

**Total Number**

- As many as 3.5 million people experience homelessness in a given year (1% of the entire U.S. population or 10% of its poor), and about 842,000 people in any given week\(^3\) \(^4\) Most were homeless temporarily.

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\(^3\) Department of Housing and Urban Development, last modified 2013, http://www.usich.gov/funding_programs/programs/.
The chronically homeless population (those with repeated episodes or who have been homeless for long periods) fell from 175,914 in 2005 to 123,833 in 2007.5

**Familial composition**6

- 23% are families with children—the fastest growing segment.
- 51.3% are single males.
- 24.7% are single females.
- 5% are minors unaccompanied by adults.

1.37 million (or 39%) of the total homeless population are children under the age of 18.7

**Marital status**8

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• 24% are married.
• 76% are single.
• 67.5% are single males within the single percentage.
• 32.5% are single females within the single percentage.

**Ethnicity**

• 42% are African American (over-represented 3.23x compared to 13% of general population).
• 38% are Caucasian (under-represented 0.53x compared to 72% of general population).
• 20% are Hispanic (over-represented 1.25x compared to 16% of general population).

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• 4% are Native American (over-represented 4x compared to 1% of general population).
• 2% are Asian-American (under-represented 0.4x compared to 5% of general population).

Health-concerns\textsuperscript{10}

• 39% report some form of mental health problems
• 22% are considered to have serious mental illnesses, or are disabled.
• 38% have alcohol abuse problems.
• 26% have other substance abuse problems.
• 3% report having HIV/AIDS.
• 26% report acute health problems other than HIV/AIDS such as tuberculosis, pneumonia, or sexually transmitted infections.
• 46% report chronic health conditions such as high blood pressure, diabetes, or cancer.

\textsuperscript{10} Who is homeless?, http://web.archive.org/web/20070510103756/http:/www.nrc
hmi.samhsa.gov/facts/facts_question_2.asp.
• 55% report having no health insurance (compared to 27% of general population).
• 58% report having trouble getting enough food to eat.

**Education**¹¹

• 38% have less than a High School diploma.
• 34% have a High School diploma or equivalent (G.E.D.).
• 28% have more than a High School education.

**Employment**¹²

• 44% report having worked in the past week.
• 13% have regular jobs.
• 50% receive less than $300 per month as income.

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• 70% work on street corners, pan-handling or prostituting themselves.

Location\textsuperscript{13}

• 71% reside in central cities.
• 21% are in suburbs.
• 9% are in rural areas.

Duration\textsuperscript{14}

• 80% of those who experience homelessness do so for less than 3 weeks. They typically have more personal, social, or economic resources to draw upon.
• 10% are homeless for up to two months. They cite lack of available or affordable housing as responsible for the delay.

10% are so called "chronic" and remain without housing for extended periods of time on a frequent basis. They typically struggle with mental illness, substance abuse, or both.

Causes

There are a myriad of reasons, situations, and circumstances which can render an individual or family to the ranks of the homeless, reasons that are as diverse as the people who become homeless themselves.

- The deinstitutionalization movement from the 1950s onwards in state mental health systems, to shift towards 'community-based' treatment of the mentally ill, as
opposed to long-term commitment in institutions.\textsuperscript{15}

- Redevelopment and gentrification activities instituted by cities across the country through which low-income neighborhoods are declared blighted and demolished to make way for projects that generate higher property taxes and other revenue, creating a shortage of housing affordable to low-income working families, the elderly poor, and the disabled.\textsuperscript{16}

- The failure of urban housing projects to provide safe, secure, and affordable housing to the poor.

- The economic crises and "stagflation" of the 1970s, which caused high unemployment.\textsuperscript{17}

\textsuperscript{17} Causes of Homelessness, last modified March 1, 2006, http://www.bsos.umd.edu/socy/vanneman/socy498/causes.html
The failure of the U.S. Department of Veterans Affairs to provide effective mental health care and meaningful job training for many homeless veterans, particularly those of the Vietnam War.\textsuperscript{18}

Deprived of normal childhoods, nearly half of foster children in the United States become homeless when they are released from foster care at age 18.\textsuperscript{19} \textsuperscript{20}

Natural disasters that destroy homes: hurricanes, floods, earthquakes, etc. Places of employment are often destroyed too, causing unemployment and transience.\textsuperscript{21}

People who have served time in prison, have abused drugs and alcohol, or have a history

of mental illness find it difficult to impossible to find employment for years at a time.\textsuperscript{22}

- According to the Institution of Housing in 2005, the U.S. Government has focused 42\% more on foreign countries rather than homeless Americans, including homeless veterans.\textsuperscript{23}
- People who are hiding in order to evade law enforcement.\textsuperscript{24}
- Women and children who flee domestic violence.\textsuperscript{25}
- Teenagers who flee or are thrown out by parents who disapprove of their child's sexual orientation. A 2010 study by the

Center for American Progress shows that a disproportionately high number of homeless youth (between 20–40%) identify as LGBTQ.26

- Overly complex building code that makes it difficult for most people to build. Traditional huts, cars, and tents are illegal, classified as substandard and may be removed by government, even though the occupant may own the land. Land owner cannot live on the land cheaply, and so sells the land and becomes homeless.27

- Foreclosures of homes (properties)28
- Evictions from apartments29

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- Lack of support from friends or family
- Lack of resources in place in the communities to help aid in prevention of homelessness before it becomes a crisis.

While these are only a representation of some of the most often cited reasons for homelessness, the increase in homelessness that has been seen over the past 20-25 years is largely a result of two overarching socioeconomic trends: the increasing lack of affordable housing and the concurrent increase in poverty. In conjunction these two trends have mushroomed as the wage gap continues to widen at an alarming rate,

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manifesting in significant increases in
foreclosures, wage declines, due a steep drop in
the number and bargaining power of unionized
workers; erosion in the value of the minimum
wage; a decline in manufacturing jobs and the
corresponding expansion of lower-paying
service-sector employment; globalization; and
increased nonstandard work, such as temporary
and part-time employment. These factors all put
affordable housing out of reach for many
Americans. Also, the policy shift in August 1996
when The Personal Responsibility and Work
Opportunity, a federal welfare reform law, phased
out the Aid to Families with Dependent Children
(AFDC) program to a block grant program called
Temporary Assistance to Needy Families
(TANF)$^{32}$ has reduced one of the most substantial sources of aid to the lower socioeconomic classes.

The Continuum of Care

In the mid-1990s, when the federal government was overhauling a myriad of social service programs, the US Department of Housing and Urban Development (HUD) began to require communities to submit a single application to be considered for the federal funding coming from the McKinney-Vento Homeless Assistance Grants in an effort to streamline the funding application process to engender coordination of

$^{32}$http://www.nationalhomeless.org/factsheets/why.html
housing and service providers on the local level and promote the development of Continuums of Care (CoCs).³³

A CoC is “a regional or local planning body that coordinates housing and services funding for homeless families and individuals. In 2007, 461 CoCs submitted application for federal homeless assistance funds in all 50 states, plus DC, Puerto Rico, and Guam. CoCs represent communities of all kinds, including major cities, suburbs and rural areas.”³⁴ According to HUD, a CoC must include action steps to end homelessness and prevent a

return to homelessness while meeting four essential criteria of the continuum:

- Outreach, intake, and assessment in order to identify service and housing needs and provide a link to the appropriate level of both;
- Emergency shelter to provide an immediate and safe alternative to sleeping on the streets, especially for homeless families with children;
- Transitional housing with supportive services to allow for the development of skills that will be needed once permanently housed; and
Permanent and permanent supportive housing to provide individuals and families with an affordable place to live with services if needed.35

Homelessness in Cleveland

The history of the homeless in Cleveland reflects national trends in the numbers of homeless and the community's response to the homeless problem. Cleveland's economy was seasonal and subject to the national economic cycles. In the decades prior to Cleveland's emergence as an industrial center, sailors and dock workers were unemployed when the port

closed in the winter, as were the canal and railroad workers. Men gathered in the city to await the opening of the shipping season.\textsuperscript{36} These were some of the first homeless in Cleveland.\textsuperscript{37} Over the past century, Cleveland suffered through the nation's economic cycles: the depression of 1873, the Panic of 1896, the depressions of 1915 and the post-World War I years, the Great Depression, and the economic depression of the 1980s. Each period witnessed an increase in the homeless of Cleveland. The Office of Homeless of the Cuyahoga County Department of Development was established in

\begin{footnotesize}
\begin{enumerate}
\item[\textsuperscript{36}] Homeless, Vagrants, and Tramps - The Encyclopedia of Cleveland History, last modified January 2010, http://ech.case.edu/cgi/article.pl?id=HVAT.
\item[\textsuperscript{37}] Homeless, Vagrants, and Tramps - The Encyclopedia of Cleveland History, last modified January 2010, http://ech.case.edu/cgi/article.pl?id=HVAT.
\end{enumerate}
\end{footnotesize}
1993 to coordinate services for the homeless.\textsuperscript{38}

There are presently over 40 agencies providing emergency, transitional, and temporary shelter, medical care, transportation, job training, and counseling for the homeless, funded by private donations, foundations, and federal and state programs.\textsuperscript{39}

The West Side Catholic Center

Founded in 1977 by a group of several area churches who saw a dire need to address

\textsuperscript{38} Homeless, Vagrants, and Tramps - The Encyclopedia of Cleveland History, last modified January 2010, http://ech.case.edu/cgi/article.pl?id=HVAT.

\textsuperscript{39} Homeless, Vagrants, and Tramps - The Encyclopedia of Cleveland History, last modified January 2010, http://ech.case.edu/cgi/article.pl?id=HVAT.
the extreme poverty they saw consuming the city around them, the West Side Catholic Center is one of the many resources Cleveland and the greater Cuyahoga County area have to combat homelessness.\textsuperscript{40} Grounded in the Catholic faith it is a private nonprofit organization that seeks to redress the societal inequities through an approach, “Grounded in faith, hope, love and respect for those we serve, the West Side Catholic Center assists all who come in need of food, clothing, shelter, advocacy and a path to self-sufficiency.”\textsuperscript{41} The West Side Catholic Center carries out its mission through a five pronged which includes: extensive Arts programming

\textsuperscript{40} Programs, last modified 2013, http://www.wscccenter.org/.
\textsuperscript{41} Programs, last modified 2013, http://www.wsccenter.org/.
geared towards specifically tackling the consequences of trauma, maintaining a network of collaborators, which include food and emergency services, faith based organizations, and corporations, running a women and children’s shelter, maintaining a drop-in center, and the Zacchaeus Housing Solutions assists homeless individuals and families in securing and maintaining housing.\textsuperscript{42}

\textsuperscript{42} Programs, last modified 2013, http://www.wsccenter.org/.
Divella Green

With an infectious smile and a personality that can only be described as tailor made for interacting with people, it is hard to overlook Ms. Divella Green as she electrifies the singularly quiet atmosphere of the kitchen and dining area of the Woman and Children’s Shelter. She is a self proclaimed “open book with nothing to hide.” Divella has much more than an omnipresent past characterized by negligence and abuse, which the faded scars on her face and arms can only hint at, she possesses a superhuman ability, strength of character that
permeates her actions and speech; she possesses the power of forgiveness.

At the age of 31 Divella came to the West Side Catholic Center on February 12, 2013, ready to face her horrific past and herself for five reasons: Demarious (15), Keysean (14), Mercede (11), Jamavian (10), and Mahaisia (8). Although she is under the impression that her kids thinks she’s mean and too hard on them, it is a trade off she is more than willing to take, because as she puts it, “I want my kids to see I love them, and see how much I love them. I don’t want them to feel like she don’t love us or she don’t care about us enough, because it hurts. I now it hurts…it’s only because I’ve never had
anybody to be hard on me, and sometimes I feel like maybe if I had somebody that cared, I wouldn’t be in the predicament that I’m in. I’m not blaming it on anybody because I had a mind of my own and I know what’s right and what’s wrong. I chose to do what Divella chose to do.”

Physically abused and molested by her father at a young age, Divella and her eight siblings were ushered from relative to relative, with the one constant in her life being alcoholism and abuse. After being shuffled through an aunt’s house and a grandma’s house, Divella and her siblings were returned to their mother once she remarried, however her mother, with a two decade affair with crack, hardly qualified as a
parental figure and the already extremely strained relationship between Divella and her quickly devolved

As the trauma and toxicity of her situation escalated, Divella began perpetually skipping school, fighting, and stealing, the latter would see her to a juvenile detention center for 28 months. Two weeks after turning 16 Divella got pregnant with her first son and the imminent arrival of her second would prove to be the irreparable rift between her mother and her that would cause Divella to move out of her house with her young child. Almost four years later, Divella was reunited with her mother in Alabama, however, at the age of 20 when she got pregnant
with her third child, her first girl Mercede, her and her mother’s habitual hostility would rear its ugly head once again and send Divella packing to Cincinnati, “I moved to Cincinnati and that’s where all my problems started. I had problems before that, but everything when downhill.”

In Cincinnati, Divella and her children lived in a house for seven years; however she also lived with two very potent addictions to ecstasy and alcohol. As she fell deeper into the abyss of addiction, “It got to the point where I was like ‘ok I don’t care I’m just gonna get high, I’m just gonna get drunk’”. However, one day it went too far, while Divella was getting high her young daughter burned all of her hair off while
playing with fire. Divella lost custody of her children for six years.

After regaining custody of her kids, Divella’s life would once again take a turn for the worse. On June 25, 2011, Divella was raped by a serial rapist. Days before her birthday, that summer, she was informed that her rapist had been HIV positive. Largely engendered by the enormous stresses of the trial and the potential of being HIV positive, Divella lapsed back into alcoholism. While fortunately her HIV tests came back negative, her alcoholism began to consume her, “When I would wake up in the morning I had to be drunk. I went to sleep at night and had to be drunk. I didn’t want to dream, I didn’t want
thoughts in my head, I just did not want to think. Period. I just wanted to wake up the next day and get my next drink.”

In December of 2011, at her lowest point, Divella struck one of her children with an object and served 44 days in the county jail and also served a sentence for an unrelated crime in Kentucky. During her time in jail, Divella lost her house and almost her kids for a third time. She decided she had lost enough and vowed to stop abusing substances.

In 2012, Divella moved back to Cleveland with a man, the two shared an apartment until their breakup. Afterwards Divella and her children moved into an apartment, where
the complex was run by her sister’s mother, which created a negligent situation that ended up putting Divella in the hospital with pneumonia, where she simultaneously discovered that she has the same blood disorder that her father died from. She continues to receive treatment to this day.

Diagnosed with PTSD, mood disorder, bipolar disorder, and dissociative behavior, Divella has spent her time in the shelter working on confronting herself. She found the strength to forgive both of her parents and was able to lay her toxic relationship with her father to rest hours before his passing, and she is continuing to work on her relationship with her mother. With the
feeling of perpetually being left or alone, Divella has always defined her life as a struggle for what she and her kids need. Through her time at the shelter, she has been fighting everyday to express herself differently and, “my mind-frame has changed a lot. I think I grew up a lot over the past year. My mother say I have, and coming from her that’s a big deal.”

Of her progress she says, “I’m getting better. I want to get better. I’m trying to get better.” With a housing voucher from Eden secured and plans to go back to school upon leaving the shelter, it is evident that Divella is finally getting the better of her life.
Erica Jones

“If I didn’t have kids I would probably be on drugs, or be dead, or in jail because I didn’t care. When I had Brianna I was done with all that. I live for my children” Hailing from a life of unrelenting physical, verbal, and sexual abuse, Ms. Erica Jones is possessed of a quiet unrelenting strength that keeps her going, a zealous need to do better for her children than was done for her.

Living in California until she was six, Erica’s childhood was relentless. She was molested form the age of four, and has only recently discovered that her father who was away in the Navy at the time was unaware of the abuse at the time. Sexual abuse gave way to verbal and
physical abuse at the hands of her overly frustrated parents who were reacting to Erica’s out of control behavior engendered by an undiagnosed learning disability. At the age of 15 Erica learned to read, however by then deeply discouraged, school became a social forum that was casually and sporadically attended.

As a teenager, Erica was raped. During the assault her younger sister walked in, but couldn’t understand what she was witnessing and therefore didn’t tell anyone what she saw. From that point, “sex was like my drug…I think because I’d been molested for so long, that’s all I knew” Erica had her first of three abortions at the age of 15 at the insistence of her mother, the
second one coming after she was raped, and a 
the third not until after her youngest child Noah 
was born. Erica had the first of her four children 
at the age of 18.

On and off for 11 years with the father of 
her children, Erica’s history of abuse would be 
resurrected, however she stayed for her kids. 
Disrespected, worn down by her toxic 
relationship, and pushed to her limits 
singlehandedly trying to run her household, Erica 
was more than ready to give in, “It got to the 
point where I wanted to give up, but I couldn’t. I 
have my children to live for.”

In August 2012, Erica found herself and 
her children homeless for a second time,
because the father of her children stalked her and broke into her house on three different occasions. Pregnant and on the defensive, Erica sought solace at Laura’s place, but quickly left because the hectic and stressful atmosphere. In December of 2012, Erica has a miscarriage. Shortly after she came to the West Side Catholic Center because, “I already lost my daughter, I didn’t bond with her that much, but still she was my child. And if I lost any of my other kids, I don’t know what I’d do. So I have to change. But I’ll be alright.”

Currently at the shelter, Erica is fighting to control her anger and temper, both unwelcome consequences of her past, “I’m trying to deal with
my anger for my children.” In an ardent effort to provide her children with a better childhood than she had, Erica is desperately trying to break the cycle of repeating the traumas of her own childhood, and she devotes herself to and is strengthened by her four children: Brianna (10), Jania (7), Nakia (4), and Noah (3). There are times when her residual anger and depression get the best of her and she lashes out at her children. However, Erica’s tormented childhood is never far from consciousness, “I remember everything that my parents did and said to me, and that can affect a child because it’s been affecting me for years,” so in a tremendous act of strength and progress Erica will wake her children up in the middle of the night to hold them
and apologize and ensure that they know how much she loves them, “I tell them all the time ‘I want you to play football, dance, be whatever you want to be. Don’t settle for less at all, I’m not having it…I’m still going to love you no matter what you do, but be better than me, and your father. Take all you can get if you can get it.”

Erica still carries anger and hurt, that she is unsure will ever be able to be fully resolved towards her mother, because she gave up on her children. However, through her time at the shelter Erica is realizing for the first time in her life that she is not alone. Erica has become extremely close with two of the women, Divella Green and Kellie Booker, and still remains very close with
her siblings, whom she credits with helping her survive, “we made it together, that’s why we’re so close.”

Although secrets form her past continue to haunt Erica through perpetual nightmares, with housing secured on March 21\textsuperscript{st} from Eden, Erica’s life is no longer defined by a fight to survive another day, “what I went through became who I was. I didn’t care about anything, anybody, and I hurt a lot of people because I felt like they were either gonna hurt me, or they did hurt me.” However, today Erica, with no more than her children’s happiness to keep her going at times, just “wants to help.” While she fights to keep her anger at bay, her deeply seeded anger
has been replaced by a heartfelt calling to
helping children who have been victims of abuse.
Kellie Booker

A veteran, the holder of an associate’s degree, and a proud mother of six, Ms. Kellie Booker is a force to be reckoned with and turns any pervasive societal stereotypes about homeless women living in shelters on their heads.

On December 28, 2012 Kellie made the courageous decision to regain control of her life. At 8:30 in the morning clad, in her pajamas, Kellie took her three young children, Charles, Charlice, and Vivian, who still live at home, and left her children’s father who she had been involved with for 12 years.
For the past five years of the relationship, Kellie has been emotionally removed as a response of years of verbal abuse and mistreatment by her boyfriend. However, when she removed herself emotionally from her relationship, she removed herself emotionally from life. Kellie sought strength and guidance from God and today says, “I never stop praising God every single day and every single night, I thank him for giving me the strength to walk through that door.”

After ten years of therapy, Kellie has found the strength to make peace with her past. Kellie’s birth mother was an alcoholic who had two girls; however she could not afford to and
was not fit to care for both, so Kellie’s biological mother put her up for adoption. Kellie’s mother’s best friend adopted her; however she too was an alcoholic and left Kellie with her parents when she was only a year old. Kellie was raised by her grandparents, and to this day her appreciation and love for her grandparents’ willingness to step up and raise a child who had no blood relation has not diminished.

Kellie maintains to this day that her adoption was the greatest blessing her biological mother could have ever given her, because she was raised “well in a loving home.” With an attitude of forgiveness and understanding, Kellie has been able to reconcile with both of her
mothers over the years. The greatest legacy of Kellie’s childhood is her willingness and belief today to help anybody in need, regardless if they are a blood relative or not, because she herself was rescued by two individuals who selflessly gave their compassion, time, and energy to her. It was when Kellie remembered her grandparents and her own worth that she found the courage to leave an intensely venomous relationship and become the student and mother she knew she could be.

While her ex, Charles, still calls her on a daily basis in the shelter begging her to return, Kellie is steadfastly holding to her freedom she acquired when she voluntarily left her home.
Kellie is unashamed of her situation and living in a shelter, and brushes off any criticism or judgment she receives for her choice to leave with a characteristic grin and a shrug of her shoulders, because Kellie, self possessed and confident believes unwaveringly in her own potential. Of her time in the shelter Kellie describes it as, “no matter how long I’m here, I was in that relationship for 12 years. I won’t be here 12 years. So this situation here, this is just but a memory to me.” While she is biding her time to secure her own housing, Kellie’s fundamental self respect and self confidence radiates from her as she strives to ensure that every women she comes across knows “their worth is way more than anything any man could
give and that no women has to stay in a bad situation, the strength to leave will come.”


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