

HEALING HANDS



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Single Males: The Homeless Majority

We dedicate this issue of *Healing Hands* to homeless men unaccompanied by children, who comprise two-thirds of surveyed homeless people in the United States.¹ Because of their high visibility on city streets, vagrant men exemplify a common stereotype of homelessness. To elucidate the human realities behind the stereotype, we consulted the recent literature, a formerly homeless man in Nashville, Tennessee, and homeless assistance providers in Baltimore, Maryland; Indianapolis, Indiana; New Orleans, Louisiana; Albuquerque, New Mexico; and Fargo, North Dakota.

In broad profile, here is what is known about the men who experience homelessness from a national survey of homeless service users conducted in 1996:¹

- **AGE** 84% of currently homeless men are single adults ages 25–54, 9% are 55 or older, and 7% are 18–24. (Because youth often avoid homeless services, they may have been underrepresented in this sample.) In general, homeless men are older than homeless women.
- **FAMILY STATUS** Men comprise 77% of single homeless adults, but only 16% of adults in homeless families. Single adults are more likely than homeless families to have experienced multiple homeless episodes, of longer duration.
- **EMPLOYMENT** Among homeless men, 41% receive income from employment, compared to 27% of homeless women, although only half expect their job to last at least three months. A higher proportion of single homeless adults (60%) than of adults in homeless families (45%) has completed at least a high school education. This helps to explain the fact that more homeless men than women are employed, albeit in temporary or low-wage jobs.
- **ETHNICITY** Of single homeless adults (who are predominantly male), 41% are white non-Hispanic, 40% are black non-Hispanic, 10% are Hispanic, and 8% are Native American.
- **VETERANS** Approximately one-third of both homeless men (33%) and of the general male population (31%) are veterans.
- **SUBSTANCE ABUSE & MENTAL HEALTH PROBLEMS** Homeless men report alcohol problems at more than twice the rate reported by



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women (46% versus 22% for women), and other drug problems at a rate half again as high (30% versus 20% for women). The overall incidence of mental health problems is similar in both groups (38% of men versus 43% of women). Of homeless clients reporting alcohol, drug or mental health problems, 73% are male.

- **HABITATION** Because homeless men are more likely to have uncontrolled alcohol or drug problems than their female counterparts, they are more frequently excluded from emergency shelters, which often require abstinence as a condition for admission. This partially explains the fact that far more men than women sleep on the streets.
- **GOVERNMENT BENEFITS** Of surveyed homeless men, 62% lack health insurance, 22% have Medicaid, and 38% receive other government benefits. (In contrast, 40% of homeless women are uninsured, 47% are on Medicaid, and 60% receive other public assistance.)

These data suggest that single homeless men are at increased risk for chronic homelessness. Higher health risks associated with substance abuse, lack of shelter, and limited access to needed health services and other resources partially explain their enhanced vulnerability. These factors exacerbate structural and individual variables that often give rise to residential instability, regardless of gender or family status — lack of affordable housing, insufficient education to meet increasing job skills requirements, residual effects of child abuse or neglect, and functional disabilities or chronic illness impeding resiliency. ■

Between a Rock and a Hard Place

Public attitudes toward homelessness are significantly affected by its perceived causes. The extent to which homelessness is attributed to personal characteristics and choices rather than to social and structural conditions determines whether it is seen as an individual or a public problem, requiring a targeted or a systemic response. Research in the social sciences has demonstrated that culture, gender, ethnicity, education, and political affiliation influence one's causal explanations of homelessness.²

STRUCTURAL VS INDIVIDUAL CAUSES

Americans harbor contradictory attitudes toward homelessness and poverty. On the one hand, most consider *homelessness* to be primarily structural in origin.² One explanation for this presupposition is that significant numbers of people became suddenly homeless during two periods of general economic decline in our nation's history — the Great Depression of the 1930s and the recession of the 1980s. Successful educational efforts of homeless advocates during the past 25 years have also contributed to this perception — for example, by pointing to the lack of affordable housing for low-skilled workers as a proximate cause of homelessness, even in times of plenty.

On the other hand, Americans are more likely to explain *poverty* as a result of individual rather than situational factors. In other words, they tend to blame society for homelessness but individuals for poverty, which is intrinsic to homelessness. Different stereotypes of “the poor” as predominantly black and “the homeless” as including more whites are thought to explain this contradiction.²

Nevertheless, some impoverished people are held more responsible for their plight than others. Discrimination between the “deserving and undeserving poor” in American social policy reflects this discrepancy. For example, poor but able-bodied single adults (but not custodial parents) are expected to rehabilitate themselves without public assistance. Among homeless people, most of these individuals are male.

DO MEN CHOOSE TO BE HOMELESS?

A common assumption is that many homeless men “choose” homelessness as a lifestyle preference. To discover whether and to what extent this is true, we asked experienced homeless service providers if any of their male clients had chosen to be homeless.

AMERICA

it is cold at night
but worst at dawn
that dawn's early light
when the flag is
still there
waving in the faces of americans
sleeping
in the streets
cold
hungry
forgotten by their government
ignored by mankind
but living
in
america the beautiful.

g.c. plebe

San Francisco, California³

Jeff Singer, MSW, President and CEO of Health Care for the Homeless, Inc., Baltimore, Maryland, responded to this question by explaining and shattering the stereotype. Of 10,000 homeless clients with whom he has worked, he has “never met anyone who said that he prefers to live on the street, be cold and dirty, and have difficulty finding food and shelter,” reflects Singer. Nevertheless, there are homeless people who value their freedom very highly, he says. “Because of limited options, they may choose not to stay in a mission where they have to pray in order to eat, or live in transitional housing where their urine is tested daily for drugs.”

Because homeless people don't have good alternatives, they can't be said to have genuine choice in the matter of their homelessness, explains Singer. “We need to respect their choice of freedom. But negative freedom not to go to a place with unreasonable

rules is one thing. Positive freedom — having the capacity and the resources to realize their full human potential — is another. This country has always valued the negative concept of freedom, but has often denied the positive sort — particularly to African American males, who have the most limited choices and opportunities.”

Recently a client with psychiatric problems has been living outside the Baltimore HCH clinic in his wheelchair. Kind and gentle, but somewhat delusional, this man is an alcoholic with an organic brain disorder, who resists living in a nursing home because he values his freedom, says Singer. “The levels of complexity of his situation — his physical, psychiatric and social problems intertwined — are what condemn him to living on the street.”

Eddie Bonin, FNP, provides health care to homeless youth, ages 18–24, at the Tulane Drop-In Health Services in New Orleans, Louisiana. Most of his clients are male. A history of child abuse is an impetus for many of these youth to leave home, he says. Once they are living on the street, they often get involved in “survival sex” with either gender, regardless of sexual orientation, just to get money, food and a place to stay. “If they aren't off the street by age 24, their risks for chronic homelessness are greatly increased,” says Bonin. “Risk factors include duration of time lived on the street, addiction and no way to get off drugs, and turning to crime to feed a drug habit.”

A number of Bonin's younger clients have chosen to travel for a year after high school, he says, but they soon tire of transience and want to go home. If given reasonable alternatives, the large majority of homeless youth prefer not to be homeless, he says. In fact, they don't even think of themselves as homeless, which is a main reason why there are separate facilities for adolescents, who would never seek regular services where the “home bums” hang out. Many of these young people don't realize they are heading in that direction themselves.

Single homeless men served by the Family Health Care Center in Fargo, North Dakota, tend to fall into three categories, says HCH project director **Dave Williams, LSW**: newly, intermittently, and chronically homeless. In the first group are 18–25 year olds who were kicked out of their parents' home, lost their job because of substance abuse, or left a girlfriend. "On the cuff but not yet over the edge, these young people seem to surface and then disappear." New arrivals come in spring and summer by train ("the hot rails crowd"), traveling in violent, gang-like groups. They lead a hobo lifestyle in camps on the outskirts of the city and avoid the clinic when possible, to keep from sharing information about themselves.

A second group of men are stuck in a cycle of intermittent homelessness — shelter, detox, treatment, jail, temporary housing, and back again. Many of these individuals are Native Americans, who comprise 3% of the general population in Fargo but 33% of HCH clinic users. These people are very family oriented, says Williams. "They believe in an open door policy to relatives, until the party begins and violence results."

Chronically homeless men comprise the third and smallest group. "Tired of barriers and of being rejected, they believe they have chosen homelessness." Many of these men can't get into a shelter because they are still drinking, so they sleep outdoors — in subzero temperatures during winter. Having burned many of their bridges with the community, there are few service options available to them.

Jeff Olivet, MA, Family Case Manager at Albuquerque Health Care for the Homeless, Inc., Albuquerque, New Mexico, says he has rarely heard anyone say that he has chosen to be homeless. If offered an apartment they could afford, his clients would jump at the chance. When living on the street, they might say otherwise, but this is just "saving face." Olivet often asks his clients, "When was the last time you were housed in the same place for at least one year?" A 21-year-old recently responded, "Never." This is not unusual among the clients he sees. Many sin-

gle homeless men were in and out of foster care, group homes and institutions as kids. "The majority have experienced some kind of trauma in childhood," he says. "A few with mental illness came from good homes and educated parents but may have started self-medicating with addictive substances. Most grew up in poverty, in an unstable home without good role models."

Society judges homeless men more harshly than women, says Olivet, even though both may be victims of abuse and neglect. This puts lots of responsibility on individual males without considering their personal history, and makes them feel that they have failed. There aren't many programs designed to help homeless men get back on their feet. Most don't have mental illness severe enough to obtain access to case management or housing; priority is given to women and children. Lack of support and the expectation that they should be able to get a job and 'pull themselves up by the bootstraps' adds insult to injury.

Many homeless men work regularly and pay for a motel when they can, but they can't seem to break out of the cycle. Others have given up and are in "survival mode." They feel there is no support for them out there. In many communities, on-the-street homelessness is preferable to the shelter system.

To understand single homeless men, you have to look at the root causes of their problems, advises Olivet. "Go all the way back to their childhood. They are often reluctant to talk about this. They don't want to admit they were victimized along the way by a family member, in prison, or in war. That would be to admit failure or weakness. More often they say, 'I could get housed if I wanted to; I just decided to hit the road.' You can't take such comments at face value," he warns. Just not wanting to work is too simplistic an explanation of their homelessness. "The free spirit without mental illness or substance abuse problems is very rare among homeless people."

Karl Smithson is a formerly homeless man in

his early 50's who lived in shelters and on the streets of Nashville, Tennessee, for over six months in the mid-1990s. Prior to becoming homeless, he lived with his parents in a small town outside Nashville, and spent some time in the state mental hospital. His father helped him apply for SSI. Since then, he has qualified for disability assistance, and now lives in a publicly subsidized apartment. Recently, he returned to Tullahoma to spend Mothers' Day with his 80-year-old mother.

For many homeless men, life in shelters and on the street is a last resort after family problems force them to leave home," says Smithson. For the chronically homeless, the street is their home. One reason they are homeless is because they don't trust anyone, often for legitimate reasons. "When you end up on the streets, you have usually alienated everybody. Relatives don't want you there full time."

THE FIRST NIGHT

The first night
of the first time I was homeless,
I learned everything that was important
for me to know about it.

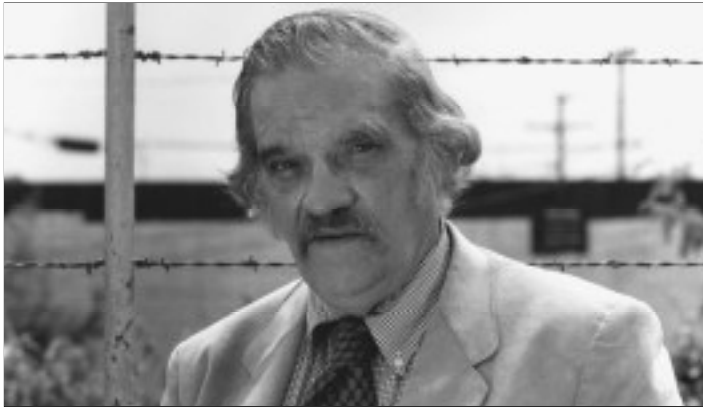
Perhaps, when Human Being is included
with the views, postures, attitudes,
ignoring, avoiding, categorizing,
quoting, statistical referencing,
perhaps then, the wellspring
that is our lives
will flow beyond nuisance level.

*Robert Pavel, Homeless, Only
San Francisco, California³*

"Homeless people want the same things other people do — a family, a home, a job, a future," says Smithson. "Some are on the streets by choice; they made a rational choice within the limited choices that were available to them. But if you give people different, viable choices, very few would choose not to get off the streets." ■

Preventing & Ending Chronic Homelessness

Homelessness is not a steady state for most people who experience it; but the longer it persists, the higher their risk of becoming chronically rather than episodically homeless. What are the impediments to ending homelessness that single males experience, how can they be overcome, and what challenges do these men face in moving toward residential stability? According to experienced service providers, answers to these questions depend on the age of the homeless individual, the etiology of homelessness, and where along the continuum of homelessness intervention begins.



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BARRIERS TO RESIDENTIAL STABILITY

HCH clinicians agree that the following issues prevent single males from ending homelessness:

- **Limited opportunity to earn a living wage or get public support** Educational and functional disabilities (including substance abuse) prevent most homeless men from getting jobs that pay more than the minimum wage, according to **Jeff Singer**. "In no state can a male get as much as \$300 per month in cash assistance," he says. "Without employment, many homeless men can't afford to pay rent anywhere in the US, even with disability assistance."
- **Lack of access to needed health services and other resources** Minors typically can't obtain Medicaid or SCHIP without parental consent, and single males aren't eligible for health coverage after age 18 unless they are disabled. Lack of insurance is a major barrier to health care — particularly to behavioral health services, say **Eddie Bonin** and **Jeff Olivet**, who see lots of untreated mental illness and substance abuse. When persons with mental illness and/or substance abuse can't get the care they need, many become chronically homeless. Adolescent psychiatric services are very limited in New Mexico, according to Olivet. Youth have to wait for weeks or months to get assessment, treatment and residential assignment. Delayed treatment results in lack of stabilization and development of worse problems.

"Getting uninsured patients on psychotropic medications is virtually impossible in Louisiana," says Bonin. His clients want to get off hero-

in, but he can't get them into medical detoxification, which is required for admission to free "social detox" programs. As a result, they get involved in crime. Once they have a criminal record, it's very hard for these young men to get a job or an apartment, so they stay on the streets and accumulate more arrests. This is far more costly to society than providing early addiction treatment, he remarks.

These problems are compounded by limited access to housing, physical or occupational therapy, and employment training. Even when it is available, behavioral health care is unlikely to help without these services, notes Singer.

- **Criminalization of homelessness** Homeless men are frequently arrested for loitering, sleeping, urinating or drinking in public places — activities that are permissible in the privacy of a home. This results in giving people a criminal record for noncriminal behavior, which prevents them from getting jobs, housing, and needed services. In Maryland, men can be incarcerated for failure to pay child support. A homeless truck driver who lost his license because of a drug problem was thrown in jail when he couldn't make required payments based on his prior work experience, reports Singer. Bills have also been introduced in the state legislature making it a crime to ask someone for a cup of coffee after the sun goes down or to put a plastic bag under a bus bench.

STORMING THE BARRICADES Among the most promising strategies that homeless service providers are using to help prevent and arrest chronic homelessness are the following:

- **Client advocacy** For 50 years, Maryland had a fairly good cash assistance program for both disabled and nondisabled individuals that was abolished in the early 1990s. Advocates fought to get it restored in 1993 at a mere \$100 per month; this year it was raised to \$185 per month. Homeless clients were effective participants in this advocacy. "The best advocates are those experiencing problems who can articulate them well," says Singer.

Karl Smithson is a perfect example. A student of political science with a strong interest in public policy, he made headlines when he ran for Mayor of Nashville in 1995 and participated in candidate debates to articulate the concerns of homeless people. With other advocates' help, he convinced the public library to allow homeless people to check out books, and secured admission to public hearings at the state legislature after being barred by a capitol policeman because he was homeless. He has participated with other health care consumer advocates to monitor the fairness and effectiveness of TennCare, Tennessee's Medicaid managed care program.

- **Wet housing** For chronic substance abusers with no expectation of recovery, the HCH project in Fargo, North Dakota, is planning a permanent supportive housing program. Unlike the traditional

“treatment” model that requires abstinence as a condition for housing, this program will feature “wet housing,” modeled on a program in Minneapolis that boasts an 8% recovery rate (extremely high for chronic users). “The treatment model just wasn’t working for a core group of our clients,” explains **Dave Williams**. “Even if housing doesn’t end substance abuse, it minimizes other problems, including public health risk.” “Harm reduction works,” agrees **Jeff Olivet**. “With wet housing clients are safer and healthier, and may even decrease their use of addictive substances.”

- **Crisis intervention teams** An interagency group of service providers in Fargo that met monthly during the past year to identify gaps in homeless services has initiated a crisis intervention team composed of clinicians from participating agencies. A lead staff member from each agency brings a homeless case to the committee, which identifies problems and develops a plan to address them, with active client input. Managers and directors of these agencies are meeting separately to address policy and program issues.
- **Employment workshops** The Homeless Initiative Program in Indianapolis, Indiana, offers an employment preparation class for homeless males living in a shelter or transitional housing who are no longer actively using addictive substances. **David Richardson** teaches workshop participants to tell success stories from their own work experience in job interviews and resumes. The standard outline includes specifying a job-related problem they worked on, the action they took to solve it, a positive outcome, and a statement expressing pride in their work. Seventy percent of the people who complete his workshop find employment.

JOB PERFORMANCE STORY FOR RESUME SAMPLE

“In the winter of ‘95, I worked as a machine operator for a major manufacturing company. A blizzard had hit, causing several employees to call to say that they were snowed in. My Group Leader and Manager were trying to meet a new customer’s production deadline. But having so many people absent was causing a problem.

They asked me if I could stay for the next shift to work two machines for two hours. I agreed immediately. Since I knew how to work nearly all the machines in the factory, it was easy for me to fill in. In fact, I actually ran three machines that evening for five hours.

The result? We met the deadline, and the customer extended the contract and placed even more orders. The Manager and group leader were very pleased by my performance. I was promoted. In addition, I was entrusted with training company employees in machine operation.

I was proud to serve my supervisors and company in this way. Technical skill and flexibility are my strengths I carry with me in any work I do.”

Used by David Richardson, Indianapolis, Indiana, in his pre-employment workshop for homeless persons

- **Client education about civil rights** To combat the criminalization of homelessness, **Jeff Singer** urges HCH projects to work with Legal Services, the ACLU and other homeless advocates to educate clients about their civil rights^{4,5} and where to get help if harassed by the police. He also recommends educating police and public officials about the negative impact of harassment and arrests on the health of homeless people and on the community.

CHALLENGES OF TRANSITION Adapting to stable housing after living on the streets isn’t easy, warns **Karl Smithson**. “People need different survival skills for different environments. Men survive on the streets by being very aggressive, so people will be scared of them and leave them alone. If you are just assertive but not aggressive, as middle class males are taught to be, people will notice you, but won’t be afraid to take advantage of you. When you act aggressively toward a landlord, he will kick you out. The transition between cultures requires a change in attitude.” Here’s what service providers can do to help, from a client’s point of view:

- **Intensive case management** A Continuous Treatment Team (four case managers with only 10 clients apiece) helped Smithson get off the streets. Weekly meetings with his case manager provided incentive to try new things on his own and then report back to her. “Sometimes homeless people feel so disorganized, it’s overwhelming. Even making a telephone call is hard. It helps to set small goals daily, make a list, and check it off. Having someone to share small successes with can be motivating and reinforcing.”
 - **Listen with your heart** Lots of men on the street have a broken heart, observes Smithson, usually from a broken relationship. Emotional support with the grieving process can help. “Creating an environment where people feel in charge makes them feel better about themselves and feel better physically too,” he says. “One of the best means of empowerment is someone who sits down and takes the time to listen to you. For some people, that begins the healing process.”
- “If you really want to help people, you have to suffer with them; that’s what ‘compassion’ means. In the process you make them feel more human, and you become more human yourself. But it’s tough, and most people can’t do it for more than about five years. If they stay longer, their usefulness often diminishes,” warns Smithson. “Chronically homeless people have major problems that won’t go away overnight. Those who do well leave, so you don’t often get reinforcement from the people you have helped. Direct service providers have to become detached to survive in their work over 25–30 years.” Volunteers who used to work in a service system can be effective change agents, he says.
- **Social skills training & mediation** “Homeless people are often the losers in family disputes,” says Smithson. “Mediators might help

people reconnect with their family — find the core of love underneath all of the hurt and anger. Sometimes there's nothing there to salvage, but sometimes there is. Building a personal, caring relationship over time is how long-term, enduring help comes about for homeless individuals."

- **A place for community** "One problem is what to do with your life after you get off the streets. It's particularly hard if you are a loner and not good at making relationships." Smithson says he used to wake up at midnight and write letters to people, which seemed to help. He sold his blood at the plasma center to pay for postage.

Now he goes once a week to The Living Room, a day program he helped start, where he can talk informally with others.

- **Minimize dehumanization** "When you become homeless, you feel anonymous and self-conscious. People won't make eye contact with you, afraid you will ask for money (which you probably will). That is dehumanizing." Getting people off the streets as soon as possible after an initial homeless episode should be the primary objective, advises Smithson, to minimize the dehumanizing effects on homeless persons, and on those who stigmatize them. ■

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