



Examining Risk Factors for Homeless Men: Gender Role Conflict, Help-Seeking Behaviors, Substance Abuse and Violence

Despite drastic and severe fiscal cuts in services to the homeless, their need continues to remain very high. Men are a particularly vulnerable group among the homeless and continue to struggle with substance abuse, mental illness, and physical health issues. When faced with these struggles, men are often reluctant to ask for help. The results indicate that the men surveyed are not likely to seek help for their physical and psychological struggles. We examined other risk factors to homeless men including amount of alcohol and drug use, length of homelessness, gender role conflict and susceptibility to committing a violent act. Limitations to the study are presented and discussed as well.

Keywords: homelessness, men, help-seeking behavior, gender role conflict, violence

Homeless men and women are often visible on the street corners and benches in most large urban cities and rural communities. Many are recognizable by their unkempt appearance, displays of unusual behavior, or which actions lead the observer to believe the person to be intoxicated or under the influence of drugs.

Homelessness continues to be one of the most relentless and pervasive social issues facing our society. According to Liu, Stinson, Hernandez, Shepard, and Haag (2009) homeless people are “understudied and underserved by psychological professionals” (p. 131). In an era of fiscal restraint and financial cutbacks, the homeless are losing valuable resources even though they remain some of the neediest people in our society.

Jencks (1994) states that homelessness became a political issue when the population began to explode in the early 1980’s and politicians and legislators pressured homeless advocates and federal agencies to count or estimate the number. In 1984, the Department of Housing and Urban Development (HUD) was charged by the Reagan Administration to produce numbers on the homeless. HUD contacted informants in cities

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across the country and gave its first estimate of the number of homeless in the United States at 250,000-350,000.

Since that time, there has been significant controversy among homeless advocates, service providers and the federal government on a definition of homelessness and which enumeration methodology best ensures an accurate count and description of those who are effected by homelessness. This on-going debate significantly impacts the development of good research designs and forces difficult methodological decisions that sometimes compromise homeless research endeavors (Dail, 2000).

In order to provide clarity on the question of who is homeless, the federal government in the Stewart B. McKinney Act, 42 U.S.C. 11301, has stated that a person is designated as homeless who “lacks a fixed, regular and adequate night-time residence; and ... has primary night time residency that is: (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations.... (B) an institution that provides a temporary residence for individuals intended to be institutionalized or (C) a public or private place not designated for, or ordinarily used as a regular sleeping accommodation for human beings.”

In spite of the clarification provided by this definition, it does not accurately provide for the homeless who may live under different circumstances. Shelters are accessible to the homeless in many cities however, someone experiencing homelessness in a rural setting where shelters are not nearby are more likely to live with relatives in overcrowded or substandard housing (National Coalition for the Homeless, 2010a).

Who is defined as homeless clearly impacts the number of homeless in any census or estimation of the national count. Additionally, the methodology used to generate the number also affects the homeless count. The two methods used to count homeless are point-in-time surveys and a count of the number of individuals, children and families who experience homelessness over time. A point in time survey is conducted by homeless providers who count the number on a given day. This yields useful information about those who access shelters, use soup kitchens or live on the streets. However, it can lead to a serious underestimation due to those who are uncounted because shelters lacked capacity to accommodate all comers or shelters were not available (National Coalition for the Homeless, 2010a).

The United States Department of Housing and Urban Development (HUD) in the most recent point-in-time estimate available of homeless persons, reports 664,414 people were sheltered and unsheltered on a single night in January of 2008, (HUD, 2009). In addition to the point-in-time findings published in the HUD Annual Homeless Assessment Report to Congress (AHAR), HUD estimates about 1.6 million persons used an emergency shelter or transitional housing program during the 12 month period of October 1, 2007 through September 30, 2008 (HUD, 2009).

Although there may be numerous reasons for an individual or family to become homeless, poverty is seen by many to be a primary cause (Dail, 2000, HUD, 2009, National Coalition for the Homeless, 2010c). In 2008, 13.2 percent of the U.S. population or 39.8 million people lived in poverty (U.S. Bureau of the Census, 2008). People who are poor often have difficulty meeting basic needs including the cost of housing, food,

medical expenses and housing usually consumes the highest percentage of income. Families and individuals living at or below the poverty level are often one illness, accident or paycheck away from homelessness (Dail, 2000; National Coalition for the Homeless, 2010a).

Other reasons or causes of homelessness cited in the literature include employment issues which include low-wages, seasonal work, a decline in manufacturing jobs, declining support from public assistance, lack of affordable housing, lack of health care benefits, mental illness, domestic violence and substance abuse (Dail, 2000; HUD, 2009; National Coalition for the Homeless, 2010c)

Numerous shelters throughout the United States try to alleviate homelessness by providing temporary housing for both the urban and rural homeless, but this measure is only temporary and doesn't always address the causes and contributors of homelessness. The lack of affordable housing has been one of the biggest factors attributed to homelessness, but changes in public policy have not solved the problem either as housing prices remain out of reach for a great deal of homeless people. The National Coalition for the Homeless (2010c) list other factors which include increases in foreclosures, poverty, eroding work opportunities and declines in public assistance. In addition to the causes of homelessness, mental illness, substance abuse and domestic violence prevent or limit people from moving out of homeless situations and back into a stable living environment (National Coalition for the Homeless, 2010b; HUD, 2009; U.S. Conference of Mayors, 2009).

Homeless men make up the greatest number of homeless people in the United States and can number as high 75 percent of the total homeless population (U.S. Conference on Mayors, 2007). According to the City of Boston's Annual Census of the Homeless in 2008-09, men accounted for 74 percent of those in homeless shelters (City Shelter Commission, 2009). Homeless men are particularly susceptible to alcohol and drug abuse, mental illness, suicide, violent and property crime, unemployment, and discrimination (Barak, Cohen, & Aizenberg, 2004; Caton et al., 2005; Kim, Ford, Howard, & Bradford, 2010; Lichtblau, 2010; National Coalition for the Homeless, 2010c; Stein & Gelberg, 1997; Stein & Gelberg, 1995; Stein, Nyamathi, & Dixon, 2008; Wong, 2000).

Research indicates that men do not seek assistance for physical or psychological difficulties and homeless men are not an exception (Addis & Mahalik, 2003; Boman & Walker, 2010; Groeschel, Wester, & Sedivy, 2010; Mansfield, Addis, & Mahalik, 2003; Smith, Tran, & Thompson, 2008). This may be, in part, due to constructs of masculinity and prescribed gender roles which consciously and unconsciously resonate with men. Men are taught to be self-sufficient and to solve problems on their own rather than endure the perceived shame of having to ask for help (Addis & Mahalik, 2003; Boman & Walker, 2010; Groeschel, et al., 2010; Mahalik, Cournoyer, DeFranc, Cherry, & Napolitano, 1998; Mansfield, Addis, & Mahalik, 2003; Steinfeldt, England, Steinfeldt, & Speight, 2009). Boman and Walker (2010, p. 121) note "barriers to health care arise for men out of a conflict between masculinity and the help seeking process". Men are more likely to engage in "maladaptive coping behaviors" rather than seek help for psychological problems like alcoholism (Groeschel et al., 2010, p. 133).

Gender role conflict theory has attempted to explain the distress men may experience when they receive a variety of mixed messages pertaining to what they are supposed to do. O'Neil, Good, and Holmes, (1995) define gender role conflict theory (GRC) as:

Gender role conflict is a psychological state in which socialized gender roles have negative consequences on the person or others. Gender role conflict occurs when rigid, sexist, or restrictive gender roles result in personal restriction, devaluation, or violation of others or self. The ultimate outcome of this kind of conflict is a restriction of the human potential of the person experiencing the conflict or a restriction of another's potential. (pp. 166-167)

O'Neil (1990) suggests that men who experience higher levels of gender role conflict may also be susceptible to maladaptive behaviors as well. These behaviors include, but are not limited to addictive behaviors and violence against women.

Few studies have explored gender role conflict among homeless populations of men. Liu et al. (2009) have examined masculinity, homelessness and social class. The authors conducted a qualitative study which interviewed 15 men who were homeless. They discovered that "many of the men did not believe that their masculinity changed (i.e., diminished) as a result of their homelessness" (p. 142).

This research surveyed guests of the Pine Street Inn over the course of four weeks at three locations in 2006. It was our hope to determine which factors pose the greatest risk for this homeless population of men and if men of the Pine Street Inn struggle with gender role conflict. The Pine Street Inn is a homeless shelter which addresses the needs of the homeless by providing services for more than 1,300 individuals every night.

Established in 1969, Pine Street Inn's scope of services include; emergency shelter, transitional programs, substance abuse services, outreach services, training programs, and more than 450 units of permanent housing. Like most homeless providers, the vast majority of guests seen by Pine Street Inn are men. Approximately 80% of those seeking emergency shelter at Pine Street Inn on any given night are men.

METHOD

Participant Demographic Data

Participants included 189 men who were guests at the Pine Street Inn. They ranged in age from 19 to 71 ($M = 45$, $SD = 10.2$). Approximately 44% had graduated from high school or obtained a GED while nearly 15 percent did not finish high school. On the other end of the educational spectrum, nearly 38% either attended some college or graduated with an Associates, Bachelors or Graduate degree.

Racially, most men identified as white or Caucasian (49.7%). African American/Black men constituted 29.6 percent, Latino/Hispanic men 10.7 percent. The remaining 20 percent identified as Asian/Pacific Islander, American Indian, Cape Verdian, Bi-Racial and "Other."

RESULTS

Risk Factors

Reasons for homelessness. More than one third of the respondents (34%) attributed alcohol as being the “cause” for their homelessness. Participants reported job loss as a cause of their homelessness at 9 percent while 6 percent attributed family issues to their homeless status. The remainder of respondents attributed their homelessness to a variety of causes including, mental illness, crime, disability and a combination of factors.

Alcohol and drug consumption. Approximately 50 percent of the respondents reported alcohol use, while 35% reported using drugs. Respondents were asked how much alcohol they consumed per day. The responses were divided into three categories; mild, moderate, and heavy. Twenty-eight percent of the respondents reported mild alcohol use, while 10 percent reported that they were moderate drinkers. Approximately 48% reported that they were heavy drinkers. Drug users preferred to use cocaine/crack (28%) followed by heroin (16%), a combination of drugs (14%), and marijuana (10%). The remainder of respondents did not indicate a preference of drugs.

Length of homelessness. Most men reported being homeless for 24 months. The reported range of homelessness was between three months and 420 months (35 years). The mean length of homelessness was 44 months.

Help-seeking behaviors. Respondents were asked six questions pertaining to help seeking and feelings associated with help seeking. The six questions comprised a subscale of the Conformity to Masculine Norms Inventory (CMNI) (Mahalik, Locke, Ludlow, Diemer, Scott, Gottfried, & Freitas, 2003) and is labeled “self-reliance”. Approximately 66 percent of the respondents hated asking for help while 63 percent ask for help only when they need it. Nearly 70 percent were ashamed to ask for help and approximately 50 percent felt that it bothered them to have to ask for help.

PII violence. The Prison Inmate Inventory, Violence subscale was used to measure violence in this study. Homeless men are prone to violent attacks (Lichblau, 2010), but they may also be perpetrators of violence as well (Amato, 2006). The PII Violence subscale was developed by Herman Lindemann (1990) and is used extensively in U.S. prisons (Risk & Needs Assessment, Inc., 2004). The violence subscale is one of ten subscales and is designed to “measure the tendency of an inmate to use physical force to injure, damage or destroy, and identifies inmates who are dangerous to self and others” (Davignon, 1998, p.8). We believed that the PII Violence subscale would be a good measure of violence in this population.

Gender role conflict. In the two-step equation, a hierarchical multiple regression analysis was conducted to examine the Gender Role Conflict scale as the criterion score

with race/ethnicity, religious affiliation, age, months homeless and drug use as predictor scores. In the second step of the analysis, the PII Violence subscale score was added as a predictor variable. Results indicated that the variables in the first step accounted for 6 percent of the variance ($p < .05$) with drug use ($b = .24, p < .001$) as a predictor. Homeless men who reported using drugs had higher scores on the Gender Role Conflict Scale. When the PII Violence subscale score was entered into the second step of the regression, age ($b = .18, p < .05$), and drug use ($b = .17, p < .05$) were significant predictors along with PII Violence ($b = .38, p < .001$) and accounted for significant and unique variances in predicting Gender Role Conflict scores ($p < .001, R^2 = .13$). Older homeless men who reported drug use with higher levels of PII Violence scores had higher levels of Gender Role Conflict measured by the Gender Role Conflict Scale (see Table 1).

DISCUSSION

This research supports some of the previous findings pertaining to contributors and causes of homelessness, primarily the use of drugs and alcohol (Kim et al., 2010; Stein & Gelberg, 1997; Stein & Gelberg 1995; Stein, et al., 2008). Drug and alcohol use for the participants in this research study is two and a half times to three times the national average (American Psychiatric Association, 2000; Sadock & Sadock, 2007).

Table 1
Summary of Hierarchical Regression Analysis for Variables Predicting Gender Role Conflict in a Homeless Sample (N = 189)

Predictor	B	SE B	b
<i>Step 1</i>			
Race	-.21	4.57	-.01
Religious affiliation	1.74	5.86	.02
Age	.32	.23	.10
Months homeless	-2.309E-02	.04	-.05
Drug use	15.83	4.86	.24***
<i>Step 2</i>			
Race	-1.43	4.26	-.023
Religious affiliation	1.06	5.45	.013
Age	.56	.22	.18*
Months homeless	-2.983-02	.03	-.06
Drug use	10.93	4.61	.17*
PII Violence	2.25	.42	.38***

Note. $R^2 = .06$ for Step 1, $R^2 = .13$ for Step 2.

* $p < .05$, *** $p < .001$.

Nearly two thirds of the participants reported difficulty or inability to ask for help when needed. Once again, this finding coincides with previous research associated with help seeking behaviors among men (Addis & Mahalik, 2003; Mansfield, Addis, & Mahalik, 2003; Steinfeldt et al., 2009). The high rate of substance abuse and lack of help seeking behaviors in this population presents a very dangerous situation. The homeless men in this research find it difficult to ask for help for their psychological problems (i.e., substance abuse) which could account for reports of lengthy homeless status evidenced by a mean of 44 months living on the streets. By living on the streets for extended periods of time, the men in this study are susceptible to a variety of dangers including untreated mental illness, suicide, violence, physical ailments and harsh weather conditions associated with New England winters.

One of the more interesting and newer findings examined Gender Role Conflict as a criterion variable. Predictor variables included race, religious affiliation, age, months homeless, drug use and violence. The regression model discovered that age, drug use, and violence were statistically significant predictors of Gender Role Conflict in this homeless population.

Like other men, homeless men are susceptible to ideals of masculinity and societal expectations of what “should be” and how men “should act.” Therefore, men are also prone to gender role conflict and conformity to masculine norms (Mahalik et al., 2003; Mahalik et al., 1998; O’Neil et al., 1995). We believe that drug use is a predictor of violence because a drug addiction can enhance and even distort a man’s view of himself. Drug addicts may be trying to self-medicate their pain and given that they live on the edge of life and death, their view of themselves as men can lead to internal struggles and enhance their gender role conflict and their desire to be more masculine.

The strongest predictor of gender role conflict was violence, measured by the PII violence subscale (Risk & Needs Assessment, 2004). Violent men tend to be more aggressive and may view violence as a method of survival especially while living on the streets. In this study, violence may be adaptive given the participant’s lifestyle compared to a man who does not live on the streets. Street life may enhance the gender role conflict which already exists and elevate men’s violent tendencies.

This research has several limitations beginning with the sampled population. The homeless are very difficult to survey. Participants didn’t always understand the questions and often asked for clarification while others opted out of the study because they were illiterate or weren’t able to read and write in English. Some men had limited education and didn’t respond to a variety of questions. Other men felt that they didn’t need to answer all the questions on the questionnaire. We further questioned the reliability of the answers in this study. Social desirability may have been a factor as well as distortions to the answers given drug and alcohol use among the participants. We believe that this still remains important research given that this marginalized population of men continue to struggle with substance abuse, poor living conditions, lowered health standards and massive cutbacks in funding programs which were previously designed to help the homeless regain a lost lifestyle which included a home and gainful employment. Human service professionals who work with the homeless can obtain

valuable information from this research and learn about homeless men, gender role conflict, and the inability to ask for assistance or help when they are in dire need.

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