Article

How I became homeless: Stories of homeless shelter residents in El Paso, Texas USA

by

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Abstract

This study explores the stories of 40 homeless residents from a local shelter in El Paso, Texas located in the United States, with an emphasis on the socio-ecological factors (i.e. individual and environmental) leading to their homelessness. A total of 40 adult residents were recruited using purposive sampling between 2016 and 2017 to participate in an in-depth interview and a brief survey. Interview data were analysed using grounded theory method. Survey data were presented in the form of descriptive statistics. Overall, we found that contrary to the typical stereotypes that attribute the difficulties the homeless population faces to personal deficits (e.g. lack of motivation for upward mobility and maladaptive coping), many of our participants struggled with varying personal challenges and social constraints, which created a vulnerability to homelessness. Furthermore, inconsistent with the assumption that Hispanics are less susceptible to the concern of homelessness given their cultural and family orientations, we found that among our participants who were Hispanic, more than half had contact with family or friends and/or had at least one family member who was homeless, thus indicating that Hispanics are not free from the challenge of homelessness. This finding has public policy implications for U.S. cities that are predominantly Hispanic (of which El Paso is one), and cautions about the danger of overgeneralizing the homeless population. We noted five major life domains (legal, relational, economic, physiological, and psychiatric) that triggered the participants' homelessness. Understanding factors leading to homelessness can form the basis for formulating effective intervention programmes that promote well-being, as well as a holistic roadmap that prioritizes strategies for sustainable healthy living.

Keywords

homelessness, shelter residents, homeless shelters, housing, socio-ecological factors

Introduction

Homelessness is a persistent concern with substantial challenges that affect millions worldwide (Chamie, 2017; Hugh & Fox, 2020). In the United States, the homeless constitutes a significant segment of the nation's population, with an estimated prevalence of over 560,000 individuals, of which more than one-third (37%) are unsheltered (National Alliance to End Homelessness, 2020; U.S. Department of Housing and Urban Development, 2020). Previous homeless studies conducted in the U.S. have focused extensively on the White majority and African Americans as the largest racial minority group (Campbell & Lachica, 2013). The bicultural and bilingual setting of the City of El Paso in Texas, located on the U.S.-Mexico border, presents an interesting social context for this study. While racial disparities are prevalent, in which ethnic minority homelessness is over-represented (National Alliance to End Homelessness, 2018), it is unclear how the phenomenon of homelessness plays out in an predominantly Hispanic city with a militarized border and one of the U.S.' highest poverty rates and lowest educational attainment rates (U.S. Census Bureau, n.d.a.). Homelessness, defined as the loss of dwelling and personal space required to meet each individual's basic needs, insufficiently reconciles varying socio-cultural definitions of homelessness and the scientific methodologies used to measure the contributing factors. To assume Hispanic familial connectedness and highly integrated neighbourhoods prevent homelessness is cultural romanticism, which may inadvertently and mistakenly minimize concerns among this community (Campbell & Lachica, 2013). In particular, such unrealistic expectation can take the issue of homelessness for granted in Hispanic-majority communities (of which El Paso is one). However, culture matters, where research shows the experiences and characteristics of the homeless Hispanics and non-Hispanics on the southwest border in the U.S. differ considerably (Tan & Ryan, 2001). As such, to tease out the role that Hispanic ethnicity, context, and setting play, investigating the homelessness in El Paso can add a unique contribution to current homelessness literature.

The social implications resulting from homelessness are pervasive and consequential. More specifically, disparities in morbidity and mortality are common among people facing homelessness. At the micro level, empirical evidence indicates that homeless individuals exhibit a higher predisposition to/prevalence of

communicable diseases (e.g. tuberculosis, HIV, Hepatitis C, and Hepatitis B), physical illness/conditions (e.g. inadequate nutrition and chronic pain), psychiatric disorders (e.g. substance addiction/use and depression), hospitalization, and psychiatric readmission (Beijer, Wolf, & Fazel, 2012; Edidin, Ganim, Hunter, & Karnik, 2012; Hwang et al., 2011; Hwang, Weaver, Aubry, & Hoch, 2011; Laliberté, Stergiopoulos, Jacob, & Kurdyak, 2020; Noska, Belperio, Loomis, O'Toole, & Backus, 2017; Padilla, Frazier, Carree, Luke Shouse, & Fagan, 2020; Seale, Fallaize, & Lovegrove, 2016). At the mezzo level, homelessness increases medical/hospitalization costs, the utilization of emergency/acute health care (in lieu of primary care services), and the subsequent deterioration of life quality (Bielenberg, Futrell, Stover, & Hagopian, 2020; Chambers et al., 2013; Hwang, Weaver, Aubry, & Hoch, 2011; White & Newman, 2015). Moreover, among the macro level disparities, a high homelessness rate is linked to an incurrence of costly public expenses, from the development/implementation of residential treatment programmes to the escalation of public spending on housing, law enforcement, and necessary supportive services (National Alliance to End Homelessness, 2015; USAspending.gov, 2018).

Despite the widespread repercussions and magnitude of this entrenched epidemic, the task of disentangling the underlying complexities (origins, causality, and etiology), and structural limitations revolving around homeless individuals remains challenging. Regrettably, the homeless population is marginalized and often ignored in the decision-making process of service delivery and policy formulation (Zufferey, 2017). Drawing insights from the socio-ecological perspective, this exploratory qualitative study elucidates the stories of homeless shelter residents in El Paso. We asked the following research questions: 1) What were the socio-ecological factors (i.e. individual and environmental) leading to the participants' homelessness? and 2) From the comparative perspective, how was homelessness manifested in predominantly Hispanic cities such as El Paso? Understanding the realities of individuals experiencing homelessness in shelters can provide insights into the development of an effective framework to understand resident functioning, formulate a plan of care, facilitate service access, and promote a supportive community.

Research Setting

Situated on the U.S.-Mexico border and adjacent to Ciudad Juárez, one of the most populous cities in Mexico, the City of El Paso has an estimated population close to 700,000 (U.S. Census Bureau, n.d.a.). Contrary to the national estimate, in which Hispanics constitute 18% of the U.S. population (National Alliance to End Homelessness, 2018), 80.9% of El Pasoans are Hispanic. El Paso also experiences a high prevalence of structural poverty, making the city a critical case for this study. In particular, the city has a lower median household income and per capital income, and a higher percentage of persons living in poverty compared to the nation and statewide estimates. Additionally, El Pasoans have a lower high school and college graduation rate (U.S. Census Bureau, n.d.a; n.d.b.; n.d.c.), and a considerably higher unemployment rate than the national unemployment rate (U.S. Bureau of Labor Statistics, 2020a; 2020b).

With some of its demographic profile mirroring those of the tristate Paso del Norte region comprising El Paso County, parts of New Mexico and Ciudad Juárez (commonly known just as Juárez) in Mexico, El Paso (which serves as an important port of entry between the U.S. and Mexico) is known as an attractive destination for migrants and international travelers. In fact, this southwest border region is characterized by high levels of transboundary exchange with neighbouring Mexico, which shares different standards of living (Tan & Ryan, 2001). Yet, despite the economic disparities and political instability in its inextricably linked twin sister city, Juárez (Wolff, 2018), El Paso has been consistently ranked as one of the top 10 safest metro cities in the U.S. for many years owing to its low crime rate (City of El Paso, 2017; El Paso Times, 2019), a phenomenon consistent with the Latino Paradox (i.e. despite lower measures of income, education, and other structural factors, the population seems to have lower rates of poor outcomes compared to acculturated Hispanic and European Americans). With its predominantly Hispanic population, the city comprises multigenerational immigrant families, making it a culturally rich and diverse city.

Homelessness in El Paso remains one of the most socially pressing issues faced by the community. According to the 2019 data collected from the Point-In-Time Count (PIT), approximately 1,500 individuals were homeless on a single night in El Paso

(U.S. Department of Housing and Urban Development, 2019). Some scholars noted that the lack of representativeness of the Hispanic population in the general homeless population may be linked to a phenomenon called the 'Hispanic Homeless Paradox' and methodological bias in data collection, where the difference in prevalence estimates may be attributed to their cultural orientation, which 'shies' away from traditional living settings (Conroy & Heer, 2003) and prefers informal living arrangements (e.g. cramping into a relative's residence or couch-surfing at a friend's place), and therefore not included in official U.S. homeless statistics. While not physically homeless, these 'marginally housed' individuals are undoubtedly homeless due to their lack of a stable personal dwelling (see Eyrich-Garg, O'Leary, & Cottler, 2008).

Considering that many homeless Hispanics reported having family members living in close proximity, they presumably would have been offered a shelter or taken in by family members or relatives (also known as the practice of 'doubling up' or 'tripling up'), though this may not always be the case (Tan & Ryan, 2001; see also Wright, Caspi, Moffitt, & Silva, 1998). Additionally, there are marked differences between homeless Hispanics and non-Hispanics in El Paso, with the homeless Hispanics more likely to be born in Mexico and have resided in El Paso for the last five years (Tan & Ryan, 2001). A systemic study of the socio-ecology of homeless residents, taking into account the heterogeneity of the population in El Paso, is imperative to understand the life experiences, milieu, environmental impact, and interplay of them.

Methods

Data Collection

Using purposive sampling method and a research protocol that facilitated a culturally sensitive recruitment process, a total of 40 adult residents were recruited from a homeless shelter in El Paso, Texas located in the United States between Sept 2016 and April 2017 to explore the socio-ecological factors leading to their homelessness. To be eligible for the study, potential participants had to be homeless residents without a permanent dwelling, and had spent at least one week of overnight stay in the shelter. Upon receiving approval from the university's Institutional Review Board, participants who met the research criteria were informed of the research opportunity by staff members at the homeless shelter or invited by the student research assistant

to participate in an in-depth interview and a short survey (conducted in either English or Spanish), which lasted approximately 60 to 75 minutes. Open-ended and semi-structured interview questions were used to solicit robust information about the participants' personal biographies, histories with homelessness, perceptions of homeless, social networks, potential barriers, life quality, service utilization, physical health/mental health issues, decision-making processes, and socio-demographic factors. The data collection process was conducted with the assistance of a student research assistant (i.e. second on the authors' list) and the lead researcher (i.e. the first author). If the participants showed any signs of distress throughout the interview, they would be referred to the appropriate social and clinical services, with a proper follow-up offered by the research team members.

Data Analytical Approach

Interview data were transcribed verbatim prior to being analysed using Nvivo, a qualitative data analysis software programme. Our coding method was informed by the grounded theory method. Specifically, interview transcripts were repeatedly examined line by line to uncover consistency, identify outliers, and establish a coding scheme. Using established coding guidelines developed from an iterative inspection of data, data were sorted and grouped based on their similarities, differences, contexts, meanings, recurring themes or patterns, and clusters of themes to develop a preliminary understanding of our phenomenon of interest, and establish connections between emerged concepts (i.e. core categories and subcategories). Discrepancies in data coding, coding scheme, and interpretation were resolved, with input from the entire research team, until consensus was reached (see Bazeley & Jackson, 2013; Charmaz, 2006; Corbin & Strauss, 2007). Survey data were presented in the form of descriptive statistics (i.e. percentages) based on available valid data. To protect the participants' privacy, they are identified using pseudonyms in this article.

Characteristics of the Participants

Approximately six in 10 participants were male. The average age of the participants was 47 years old (range: 20-77 years), with 45% of them falling under the age bracket of 51-60 years. The breakdown of their racial classification is as followed: 45% were of Hispanic/Mexican descent, 30% were White, 7.5% were Indian/Native

American, 5% were Black/African American, 10% were Biracial/Multiracial, and 2.5% were not classified. In terms of nativity, a majority of them (72.5%) were born in the U.S. The majority of the participants (77.5%) had children who did not live with them in the shelter. Only 15% of them claimed to be married/engaged at the time of the interview. Approximately 22.5% of them received no social or financial support, while 35% had no economic means to support themselves. More than three-fourths (77.5%) had an arrest or incarceration history, 80% had a mental illness diagnosis, and 85% had some type of medical or health issue. With respect to their background of homelessness, half of them (50%) had a family member who was homeless, and slightly over one-third (35%) reported having been homeless growing up.

Findings

Contrary to the common stereotypes that portray homeless community as lazy, unmotivated, 'alcoholics,' and criminals (Leibowitz, & Krueger, 2005; Shier, Jones, & Graham, 2010), our study shows that homelessness represents a complex social phenomenon that is collectively triggered by impactful underlying structural limitations, social forces, life circumstances, and personal factors. These factors uniquely interacted to shape the prevalence, persistence, and patterns of homelessness for each participant. In what follows, we identify mechanisms that facilitated risks and highlight five major life domains (legal, relational, economic, physiological, and psychiatric) that emerged from the participants' stories. The findings are presented in categories, sub-categories, themes, and illustrative texts of our interviews (see Table 1).

Table 1: Categories, subcategories, and themes or illustrative text

Categories	Subcategories	Themes or illustrative text
Legal	Change of legal status; legal issues leading to the loss of livelihood; legal dilemmas that became threats to household sustenance	▪ Facing an unwanted divorce or marital separation ▪ Had a court trial or order ▪ Legal status as registered sex offenders and ex-convicts ▪ 'I am a registered sex offender…So it is very hard for me to find a job' ▪ 'I just got out of prison…that's why I'm homeless' ▪ Lost IDs and legal documents ▪ Undocumented/did not have a legal permit to work
Relational	Conflicts with family and authority figures; lack of social support	▪ Loss of family ties and friendships ▪ 'I'm tired of them judging what they don't know…I don't wanna [*sic*] live there!' ▪ Divorce, separation, and spousal abandonment ▪ Family disputes and betrayals ▪ Intimate partner violence ▪ '[My husband] was abusive. I…left him, and went to a battered women shelter' ▪ Challenges fitting in with others
Economic	Lack of employment opportunities/stability; poverty; no access to reliable transportation; housing issues	▪ '[I] got laid off cause [*sic*] I was taking the bus and…showed up late' ▪ 'I don't have a job. I have no type of income coming in' ▪ Struggled to attain self-sufficiency ▪ Stigma, stereotypes, and job discrimination ▪ Lack of job qualification (e.g. no computer skills or low educational attainment) ▪ Not given any job opportunities ▪ Couldn't pay rent
Physiological	Health-related issues; poor health	▪ Stroke, diabetes, back pain, injuries, hospitalization ▪ 'I have a lot of health issues…I was unable…to work' ▪ Poor health and disabilities ▪ In the process of applying for SSI[1] (Supplemental Security Income) ▪ Workplaces did not have suitable duties
Psychiatric	Mental illness; poor mental health; substance use/abuse	▪ Mental health diagnoses/co-occurring disorders ▪ 'Depression has gotten me down' ▪ Alcohol and drug addiction ▪ 'I was doing drugs…I got caught dirty' ▪ 'I couldn't handle no [*sic*] more…my drug of choice was crack cocaine'

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[1] SSI is a public assistance programme that provides monthly income to individuals who are disabled, blind, or age 65 or older and have low income or limited resources in the U.S. (Social Security Administration, n.d.).

Legal Factors

Legal reasons were the primary antecedent of homelessness for approximately one-fourth of our study participants, of which many had minimal or no prior experience with homelessness, but were dependent on the shelter to survive. Becoming homeless for the first time, Jennifer (22-year-old, Hispanic) reported staying temporarily in El Paso without a dwelling for the last two months during the interview, while facing an impending court hearing. Initially planning only to stay overnight in El Paso, where she and her fiancé were traveling to the west for a family visit, Jennifer explained how she got into trouble with the law:

> Well…they (the police) picked my fiancé up on charges…on…warrants he had in a different county and…I turned to the police and I started questioning them like you know…I have a right to…have my freedom of speech so I started asking them why they were arresting him, and then just out of nowhere a policewoman came up from behind me, slammed me into the cop car and started punching my face.

Denying being a violent person, she exclaimed, 'I was really distraught…They're (the police) supposed to protect and serve.' Following her release from jail, Jennifer had lost her personal belongings, including her identification card left in the motel, leaving her with nothing except her truck that she stayed in for a short duration prior to seeking help from the homeless shelter. Jennifer's effort to end her homelessness with her job search was faced with additional challenges:

> Basically [clears throat], I'll go around and I'll talk to people…tell them, you know, I'm homeless, looking for a job. I need, you know, a little bit of help, and I'll leave my name and my number, and I will never receive any call back. It's not like I smell or anything, I mean I have showers…I guess…not many people are willing to…lend a hand when it comes to jobs.

Post-prison experience also increased the likelihood of homelessness. Formerly incarcerated, James (52-year-old, White) attributed his unemployment to his current legal status as a registered sex offender and his inability to converse fluently in Spanish in a city where over 80% of the residents are Hispanic (U.S. Census Bureau, n.d.a.). To keep his depressive tendencies under control, James stayed active with his volunteer work at the shelter, and donated plasma for petty cash. He told the story of his homelessness: 'I got out of prison, and not from Texas, not having family here, it was hard.' Similarly, Luke (47-year-old, Biracial), who is a registered sex offender and had been homeless for a month (at the time of the interview) after serving 15 years in the prison, explained what pushed him into homelessness, 'My homelessness came from the fact [that] I just did time in prison…And then I turned

around…everybody that I loved and cared for had died while I was locked up in prison so…there was nowhere to go.'

Relational Factors

Conflict-ridden relationships (with family and authority figures) and poor social-emotional adjustment were reported factors for approximately 20% of the participants, who cited relational issues as the primary reason leading to their homelessness. In fact, approximately 21.6% of the participants denied having good interpersonal and communication skills. For example, family conflict was the primary cause of homelessness for Mason (56-year-old, White), who found himself in a pattern of intermittent homelessness after he and his wife separated due to irreconcilable differences. Not only did the couple have stark differences in educational attainment, but also in income and standards of living. Currently awaiting a possible reconciliation prior to making any long-term plans, Mason elaborated, '[My wife] came from a background…an atmosphere that was something entirely different from where I came from…and the two clashed hard and bad…I had to get out of that lifestyle…Our worlds just collided.' He explained how the conflict in his marriage began:

> There was more than I can handle…taking care of the house. Yes, I'm retired…She said, 'You stay home…you take care of the house, take care of the kids, the vehicles, the yard'…all of that…and it was more than one person could handle!

He further explained his ordeal:

> And she got [sighs] two of the laziest kids I've ever seen in my life!…I told her I said, 'I'm not here to pick up after you or these kids or anybody else.' Well the conflict kinda [*sic*] started there…it just kept growing and growing…I said, 'I can't do this by myself.'… She didn't wanna [*sic*] hear it, ok fine.

Intimate partner violence was also another contributing factor to homelessness, especially for female participants who lacked social support or were socially isolated. Though she once had a good job and a home, Vanessa (51-year-old, Multiracial), who had just recovered from alcoholism, had been homeless twice. She related both incidents to her abusive relationships with men struggling with substance use issues. Having to move from one shelter to another, she recounted, 'Ok…[exhales] well…The first time was when I was with my ex-husband. He was abusive and then I…left him, and went to a battered women shelter…and…the second time, I got involved with a guy and…I didn't know it, but he was also abusive…He was also a

stalker and every battered women shelter I was in, he found me.' Despite her unstable past, Vanessa was optimistic about a future filled with a passion for animals and a vision to own a 'pet hotel' (animal boarding business) someday.

Economic Factors

Economic challenges (e.g. lack of employment opportunities/stability, dependable transportation, and affordable housing) were key factors for approximately one-fourth of the participants in this study. Approximately 66.7% of the participants admitted to having financial difficulties that had hindered their ability to secure a permanent living space; 56.8% of them had trouble getting a job, whereas 32.4% had challenges keeping a job. Additionally, approximately 47.2% of them denied having good money management skills. Dylan (31-year-old, Mexican descent), who was trying to adjust to life after prison, shared how he lost his job due to his lack of reliable transportation:

> I was working at this peanut company on the west side, and got laid off cause [*sic*] I was taking the bus and…showed up late. Even though I would call ahead of time telling them …the bus broke down, the bus took off too early, or my bus was leaving late from downtown to the west side…but then three weeks [later], I got fired because of the bus…I was a machine operator there for a good month, and I didn't even get paid.

After losing his own place and staying with his mother for a while, Dylan had no choice but to seek refuge from a shelter. He illustrated the series of hurdles he confronted as an ex-convict:

> My mom stayed in…government housing, and nobody that has a felony is allowed to stay at the apartments. And…one of the tenants told…that I was staying there…I was not included in the agreement (lease) of the apartment…That got my mom kicked out of the apartment. And that's why I moved out, but still…I got fired from my job…pretty much ended up being homeless.

To attain the goal of self-sufficiency, Dylan articulated a series of steps that he needed to follow, 'Um taking my [vocational certification] test…pass it, get a job, save for a car…After I save enough money, after I buy my car insurance, and then look for an apartment or [a] house…probably just an apartment.'

Sometimes, the participants' inability to secure or maintain employment resulted from a myriad of various factors, including their physical attributes (e.g. old age) and educational qualification. For example, Silas (61-year-old, Hispanic), who lived alone, explained how he became homeless at an earlier time point, 'I was laid off…It was [in] construction…and the job is [*sic*] finished here in El Paso…I didn't have any kind

of income, so I lost my apartment.' He recalled another episode of homelessness, 'I was gone for about seven months…went to Fort Worth. I started working over there, got me a place, but the job was uh finished. I was working as a laborer at a construction site…I injured myself, and I came back to El Paso.' While hoping to improve himself by taking a computer class someday, Silas explained the reality he must face in locating a job with just a GED[2] (General Education Development) certificate, 'What's stopping me? My age right now…getting ready to retire and…out there they don't want somebody my age no more. They want somebody young, which is alright. They want somebody with computer knowledge which I don't have, and…those are obstacles for me.'

Physiological Factors

While many participants had health related issues (such as stroke, diabetes, and injuries), a number identified poor health as the primary reason they became homeless. Indeed, approximately 51.4% of the participants had health issues that hindered their ability to secure a permanent living space. Jayden (54-year-old, White), who had been homeless for the last two years, spoke of his experience, 'Personally, this is the first time that I've been homeless and…I've always been self-sufficient.' Relocating to El Paso with his estranged wife, but injured in his job as a forklift operator, Jayden told his story:

> When my parents passed away, she (my wife) wanted to move here to be closer to her father…He was ill so, I said, 'That's fine, we'll move out here.'…I had a job, and I got injured…it was through a temp agency…There wasn't [*sic*]…[any] health benefits or anything like that. So, without working, there was no income…I wasn't working for quite a while…What I had saved had disintegrated…My wife ended up leaving me, and I literally just found this place (homeless shelter) in the phone book.

Jayden disclosed a list of his health issues, 'I had…a problem with my foot…and…I have [a medical condition]…I was developing neuropathy…It started…[as] an ulcer on my foot…and it just started getting worse and worse.' Although he was able to end homelessness temporarily after securing a new job and an apartment, the infection in his foot and the subsequent wound care regimen impeded him from keeping up with his employment, as he related:

> [On] the same foot…I had to have an operation where they amputated…an under portion of my foot…My job didn't have light duty work…It was just a mutual

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[2] GED is a high school equivalency certificate in the U.S. for those who have not earned a high school diploma (GED Testing Service, n.d.).

> agreement that I wouldn't be working there anymore…When I…lost the job, I didn't wanna [*sic*] come back here (homeless shelter) because I was trying so hard to get out of here, so it was very difficult for me to accept that I needed to come back.

Like Jayden, Laura (52-year-old, White) was in the process of applying for SSI. But unlike Jayden, a homeless shelter staff member reached out to her to offer help, as Laura recounted the last episode of her homelessness:

> I lived on the streets for a year in my truck…I was like bouncing from house to house… My friends would let me take a shower or something…I went to the hospital with [a respiratory infection], and then the hospital told me, 'There's this place. We know where to send you.' And then that's [*sic*] when…somebody from the [homeless shelter] went to visit me…at the hospital.

She had been staying in the homeless shelter since her recovery from the infection.

Psychiatric Factors

Mental illness and substance use/abuse were among many other reasons that kept participants out of a permanent dwelling. At the time of the interview, 43.2% of the participants acknowledged having mental health issues, and a quarter of them had substance abuse issues. Furthermore, more than half (54.1%) of the participants claimed to be depressed about their current living condition; 64.9% of them were worried, 24.3% were hopeless, and 63.9% felt worthless. Sebastian (53-year-old, Hispanic) had been homeless periodically after 'falling into a deep depression' following his divorce five years ago. Though he previously worked as a medical lab assistant, Sebastian recalled how everything fell apart, 'I let go of my job. I used to work at [a local hospital]. I had a great job and everything…Depression has gotten me down.' He recalled how having a poor mental state affected him: 'I was feeling bad, I didn't care. I…was living for six months in…a motel…but then I ran out of money, and I came here (to the homeless shelter).' To mask his pain, he turned to drugs and was sent to a rehabilitation centre by his workplace. Nevertheless, his sobriety was short-lived, as he was caught red-handed more than once. Sebastian told the interviewer of his story: 'Word got around, and I got busted again for drugs.' Even though he was able to end homelessness three times with a job offer, Sebastian continued to struggle with substance use and resisting a red flag (i.e. temptation) until this day.

Suffering from depression like Sebastian, Damian (44-year-old, Hispanic) attempted suicide a year ago by jumping off an overpass. As he was recovering from the injuries, Damian related his life story:

> I had problems. I missed my family…They're all in [another state]…I have a daughter. She's gonna [*sic*] be 15 and my mom raised her. She adopted her…Every time I go to [another state], I have to meet my mom somewhere because I can't go to my stepdad's house. For me, it was hard. And I came home, got drunk every day...I got tired of all that, so I tried to commit a suicide. I jumped over a highway bridge, into a highway. I didn't get hit.

Damian's suicide attempt seriously injured his leg and pelvis, he was hospitalized for four months. A decision meant to end his life and his thinking to end his suffering created a prolonged condition of homelessness, a factor that instead exacerbated his depressive moods.

Previously diagnosed with a number of mental illnesses and exhibiting conditions described as 'Stockholm syndrome', 59-year-old Julia spoke of her mental health state, 'I'm borderline…schizophrenic, and bipolar.' Julia explained how her mental illnesses restricted her interactions with others, 'I stay within the confines of the wall…except to go to the clinic which is right next door…Unless I go to the…pain center but…other than that, I…don't go anywhere because…I'm afraid to.' Prior to coming to the shelter, Julia described the abuse she sustained from her daughter:

> I wasn't allowed to sit at the dining room table and eat with…my grandkids or the family. I wasn't allowed to go into the living room to watch TV…I was confined to that room…My daughter…wanted all of my food stamps[3] which was 200 dollars…I said no, enough was enough.

On the other hand, participants like Jonathan (42-year-old, Biracial), who had a long history of struggles with substance addiction, explained his anguish before losing his family, 'With alcohol and drugs…I thought I could beat it and I could cover it up and…made sure my family and my daughter didn't know what I was doing. I lived a double life.' Jonathan continued, '[It] just hit rock bottom. I couldn't handle no more…My drug of choice was crack cocaine, and I couldn't catch up with it. I was doing it…here on the streets, outside in the open [area].' After his fifth time becoming

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[3] Food Stamps, sometimes used interchangeably with SNAP (Supplemental Nutrition Assistance Program), is a nutrition programme that offers food assistance in the U.S. (USAGov, n.d.).

homeless, Jonathan talked about his battle with substance addiction as he was finishing his probation, 'Everything is coming alive. Since I'm 42…the body craves for it, the mind craves for it, especially when the…body is aching and getting sick, but I fight it. I fight it every day…' These stories of mental illness and substance use were both antecedents and ongoing intrusions to stability, leading to homelessness. Unlike factors which may be resolved with employment or family support, our study shows that untreated mental illnesses and substance addictions destabilized employment, relationships, resilience, and access to care.

Discussion and Conclusion

Homelessness can have severe repercussions on a nation's development and progression, as empirical evidence has suggested that the homeless population confronts challenges associated with a higher prevalence of physical illness, psychiatric symptoms (e.g. anxiety, alcohol use disorder, and suicide attempts), substance abuse, maltreatment, and lack of access to medical/community-based care (Hubley Russell, Palepu, & Hwang,, 2014; Padilla, Frazier, Carree, Luke Shouse, & Fagan, 2020; Shelton Taylor, Bonner, & van den Bree, 2009; Smith & Sederer, 2009). In the city of El Paso, homelessness remains a growing crisis that requires urgent attention (see U.S. Department of Housing and Urban Development, 2020). This study explores the stories of 40 homeless residents from a local shelter in El Paso, Texas located in the United States, with an emphasis on the socio-ecological factors (i.e. individual and environmental) leading to their homelessness. Although findings from qualitative studies using nonprobability sampling are typically not generalizable, we were able to capture rich data on the reality of our homeless participants, in particular, the Hispanic population and their experience, by oversampling this population to mitigate the differences in findings from the national population.

Overall, we found that contrary to the typical stereotypes that attribute the difficulties homeless individuals face to personal deficits (e.g. lack of motivation for upward mobility and maladaptive coping), many struggled with different personal challenges and social constraints. Despite more than half (i.e. 54.3%) claiming they would have no place to go if they left the homeless shelter, and 36.1% feeling vulnerable if they left the shelter, approximately 81.1% expressed a strong will to end homelessness.

Inconsistent with the assumption that Hispanics are less susceptible to the concern of homelessness given their cultural and family orientations (i.e. family can take care of each other without intervention from outsiders), and the Latino Paradox that Hispanics are underrepresented in the homeless population (see Conroy & Heer, 2003), we found that Hispanics (just like other racial groups) are not 'immune' from the risk of homelessness. Specifically, more than half (i.e. 57.9%) of our participants that self-identified as Hispanic received family or social support (but not in the form of accommodation), and 84.2% kept in touch with their family or friends while residing in the shelter, indicating that their families were not able to offer housing assistance to them despite their continuing contact. Additionally, 21.1% of the Hispanic participants revealed having a family member who was formerly homeless, or was homeless at the time of the interview, indicating that homelessness is not a rare phenomenon among the Hispanic population. Although most participants (Hispanic or non-Hispanic) in our study pointed out the negative connotations that the homeless population carries (e.g. dirty, grimy, lazy, worthless, drug addicts, and troublemakers), some shared how their experiences of being homeless altered their perceptions about the homeless population in general. As one participant put forth, 'There're all sorts of people here (in the shelter)…I always thought that it was like…the lowest of the low, but you have people that are former graduates…or in the military, just all different walks of life.' He added, 'I thought it was people that didn't care anymore, given up on life. That's not necessarily true, just people…for whatever different reasons wind up here.' This finding has public policy implications for U.S. cities that are predominantly Hispanic (of which El Paso is one) and other racially diverse communities. Given that our study did not find stark differences in terms of Hispanic and non-Hispanics' susceptibility to homelessness, our study cautions about the danger of overgeneralizing the phenomenon of homelessness based on an individual's racial/ethnic classification.

In sum, we noted five major life domains (legal, relational, economic, physiological, and psychiatric) that triggered the participants' homelessness. Understanding the process leading to homelessness can form the basis for formulating effective interventions that promote well-being, and a holistic roadmap that prioritizes strategies for sustainable healthy living. Our study shows how these factors work interactively to develop different processes leading to homelessness. Financial and

psychological stability were among compelling factors to reducing homelessness. When the participants' employment opportunities were negatively impacted due to the added liabilities of being the target of prejudice and/or discrimination, their likelihood of homelessness increased. Stressors of unemployment in anticipation of the likelihood of homelessness could create family disruption, including separation. The participants' ability to cope with these compounding stressors required significant emotional and psychological resources. When they struggled with a mental illness or chose substance use as a coping mechanism, they lost long-term resilience that prevented homelessness. As in the case of our study, the issues of criminal or/and other legal stressors hindered the participants' capacity to maintain stability. The length of their homeless experience varied; some were event-driven, episodic, cyclical, temporary, transitional or chronic depending on the participants' struggles to overcome personal and environmental barriers. As such, these factors were not linear in how pathways could be determined. They could interact and exacerbate other factors, as the stressors piled up to disrupt the participants and their family functioning, leading to homelessness (see Figure 1).
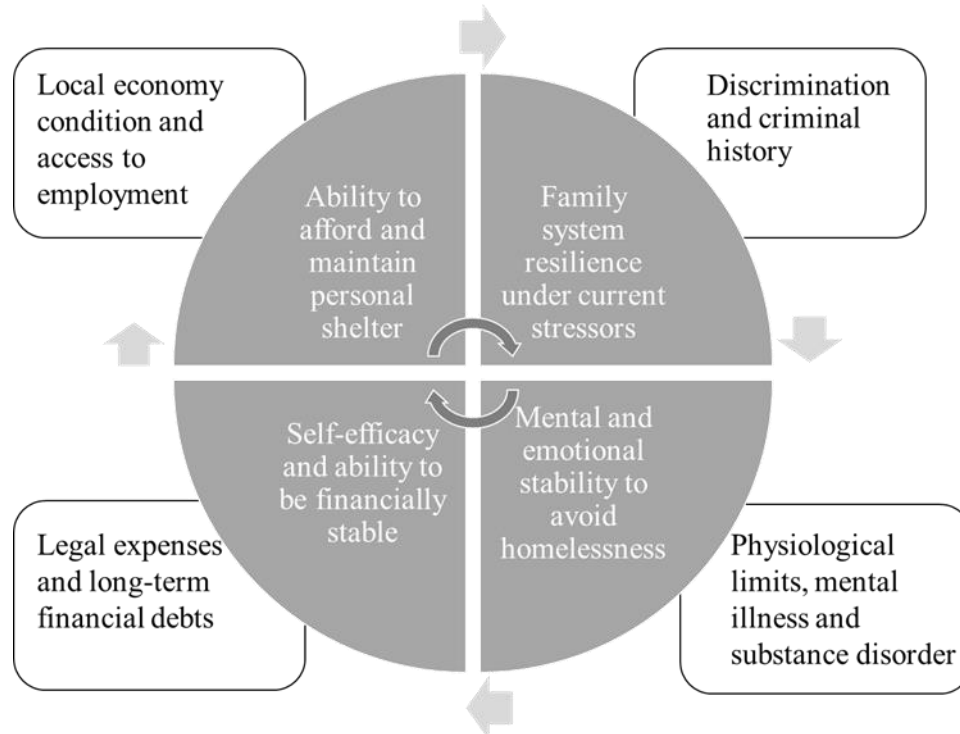
Figure 1: Interactive process leading to homelessness

The homeless population frequently suffers from various spectrums of personal concerns and social dilemmas; we therefore urge that health care and social service provision integrate different divisions of specializing services that support the aforementioned five major life domains of the homeless population, and a well-rounded holistic approach of case management system that is personalized to each individual's needs (see Figure 2), rather than a model that is over-generalized to a racial or ethnic group.
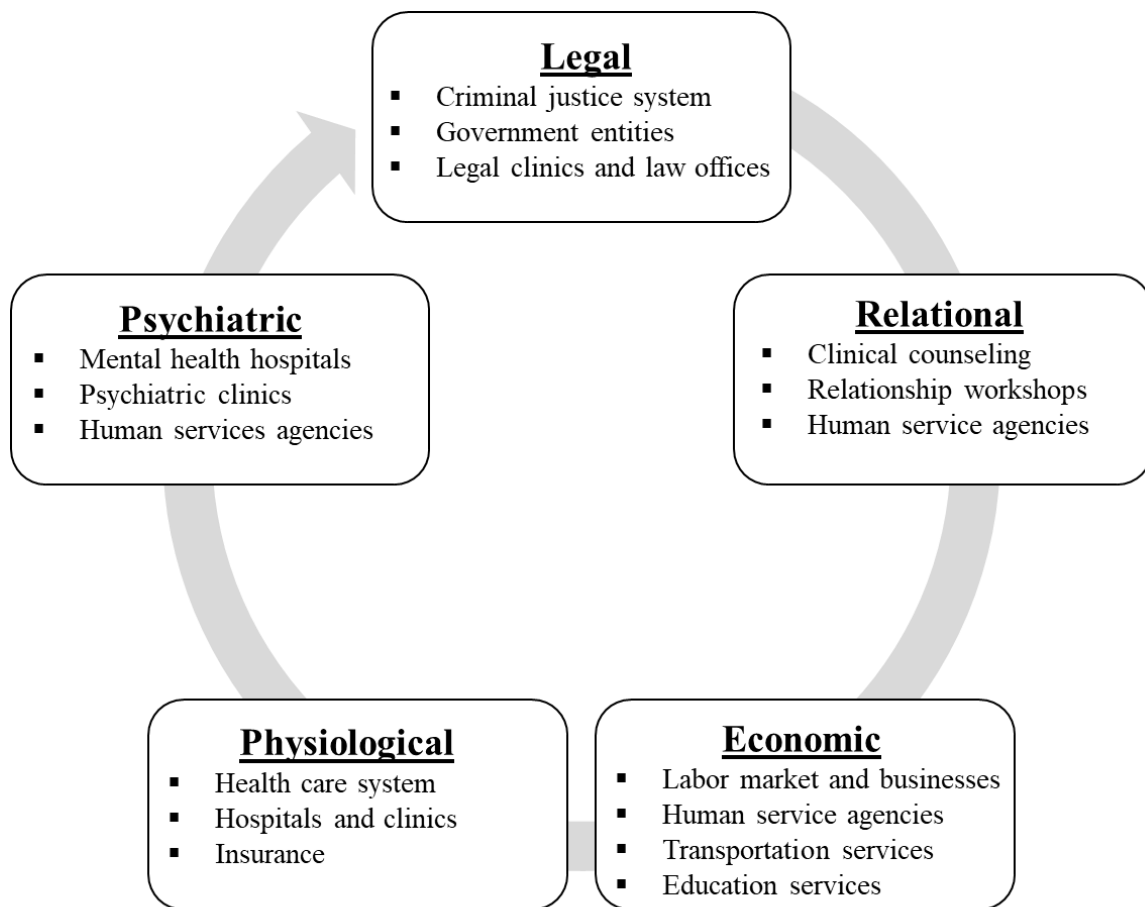

Figure 2: Holistic approach of a case management system

Our interview data revealed the potential benefits of developing a practice model guided by a socio-ecological framework to mobilize resources and improve service provision (e.g. community-based intervention) aimed at enhancing homeless residents' adaptive functioning, reducing barriers, and facilitating personal growth. For example, the Housing First project called *Casas Primeiro,* which utilized the ecological approach in Portugal, has shown promise by increasing the social

participation of homeless individuals with mental illness, thereby improving their community integration and sense of belonging (Ornelas, Martins, Zilhão, & Duarte, 2014). To curtail the concerns that this population faces, and based on our participants' experiences, several forms of partnership (through the cooperation and coordination of agencies, groups, and institutions) are encouraged among shelters and transitional living centres serving the homeless: 1) legal clinics or local legal aid programmes that provide pro bono or low-cost legal assistance to homeless residents in need of legal advice, 2) local business partners that offer employment opportunities to previously incarcerated, yet qualified homeless residents, 3) transit programmes that offer assistance on bus tokens, reliable transportation services, and car-pooling services with the help of ride-hailing phone applications or rider match/ride finder websites (e.g. RideFinders, n.d.) for homeless ex-convicts who are trying to get their driver's licence reinstated and own their personal vehicles, 4) local libraries that offer free computers and GED classes to homeless residents who would like to improve or upgrade their skills to enhance employability, 5) local universities and hospitals that offer professional health workshops, and 6) student organizations from local universities and colleges that engage in service learning/volunteering activities and assist in basic health/psychological (e.g. stress, emotional distress) screening. Moreover, we urge that homeless shelters and social service agencies working with this stigmatized and hidden population help them secure safe, affordable, and adequate housing, as a deficiency in fundamental physiological needs (of which housing is one) can hinder the growth and attainment of a higher level of needs (e.g. sense of safety, health, and financial security) (see Maslow's Hierarchy of Needs in Maslow [1943]). In fact, the homeless community's transient living arrangements may be the root cause of other personal struggles that hinders their development of physical (i.e. participation in community activities) and psychological integration (i.e. sense of community) into their living environment (Cherner, Aubry, & Ecker, 2017). In turn, a low social integration and the need for social connections may adversely affect their mental health functioning and quality of life (Baumgartner & Susser, 2013).

To promote and maintain healthy social ties that bolster social adjustment, several programmes may be beneficial: 1) relational workshops that teach social etiquette and communication skills with a curriculum that educates residents how to maintain

personal-professional boundaries and resolve issues through effective problem-solving and negotiation skills, 2) services that mediate family conflicts/couple disputes, and identify remedies for residents who lost their dwelling due to problem resolution challenges, 3) clinical counseling/workshops, in which intimate partner survivors can be taught how to identify red flags and formulate a safety plan to break the cycle of violence, 4) allocation of economic resources in the forms of monetary or material assistance (through fund-raising activities and private donations from the community), and 5) nutritional and wellness (e.g. yoga or exercise) classes that expand knowledge on healthy food choices and physiological functioning, as well as encourage healthy eating and self-care. Understanding the social processes of homelessness creates the opportunity for advocacy at the mezzo and macro levels, allowing health care social workers to identify system-level interventions that go beyond working with the existing homeless population. Our study highlights the need to address distal and proximal socio-ecological influences, and urgency to enhance the workforce's understanding of ecological concerns when working with homeless residents. As Kilmer, Cook, Crusto, Strater, and Haber (2012) put forth, service systems, providers, and community supports need to 'better attend to their ecologies and the diverse factors that can affect their well-being' (p. 389). Most significantly, the public needs to be compassionate and patient toward the homeless by treating the residents with respect and dignity as they take pro-active steps to overcome their mental illness/substance addiction and/or attain economic self-sufficiency.

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