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Families Experiencing Domestic Violence Related Homelessness

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2025

Abstract

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MA, University of Arizona Global Campus, 2021

BS, Walden University, 2013

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Human Services

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Abstract

Homelessness in the United States remains a persistent issue despite legislative efforts to address it. Single parents navigating homelessness encounter unique challenges in accessing stable housing and essential services, with domestic violence often serving as a significant contributory factor. The purpose of this qualitative study was to explore the perceptions of practitioners regarding the needs of single parents navigating domestic violence-related homelessness. The empowerment theory provided the framework for this study, and data were obtained from focus groups with leaders and administrators who work in the areas of homelessness, economic security, and family violence. The study's findings revealed significant gaps in current interventions and emphasized the need for more trauma-informed, collaborative approaches across the systems serving this population. Based on these findings, the study recommended the creation of a countywide task force composed of victim-survivors, human service practitioners, housing experts, legal advocates, and public health officials to establish guidelines and actionable solutions for improving service delivery. This task force would prioritize trauma-responsive, survivor-centered, and community-based approaches that address systemic barriers to safety and stability. These recommendations have the potential for positive social change by enhancing interagency collaboration, strengthening funding, and promoting strengths-based interventions that improve long-term outcomes for single parents navigating domestic violence-related homelessness in Maricopa County, Arizona.

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Dedication

This work is dedicated to my mother, who taught me empathy, resilience, the true meaning of perseverance, and the value of education. Her example has been a guiding force throughout my life. To my husband, Aaron, thank you for your emotional support and for consistently reminding me why I pursued this degree, especially during the most difficult times. I also dedicate this work to Dr. Smith, my chair, whose guidance and encouragement helped me grow as a critical thinker in ways I never imagined. Finally, this work is dedicated to individuals whose lives I intend for it to positively impact. May it serve as a resource on the path to healing, growth, and living a fulfilling life. It is also dedicated to the practitioners who work tirelessly to support and uplift those facing hardship. Your efforts to break cycles of distress and suffering are a vital part of creating lasting change and moving our community forward.

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I would again like to thank my mother; husband; extended family members; committee, including my second committee member, Dr. Benoliel; and all of the professors who have helped and inspired me throughout this journey.

Table of Contents

List of Tables

Section 1: Introduction to the Problem

Background of the Human Services Program

Homelessness is a multifaceted social issue with widespread implications, extending beyond individual circumstances as it impacts communities, public health systems, and the environment. The conditions associated with homelessness contribute to environmental challenges by increasing litter in encampments, contaminating natural water sources, and threatening wildlife (Passaretti Willis, 2023). Additionally, homelessness affects public health domains, posing risks related to exposure to sexual or domestic violence, food insecurity, and the spread of disease (Meehan et al., 2024). Policymakers, institutions, and communities continue to struggle to find equilibrium to address homelessness, leading to recurrent discourse on potential solutions (Eisenmann & Origanti, 2021). This confluence of environmental and public health concerns highlights the urgency for a comprehensive approach in mitigating homelessness by addressing both the systemic factors and the immediate needs of individuals experiencing homelessness.

Homelessness is perpetuated by complex trends and contributing factors that disproportionately affect specific populations, including women, minorities, and older adults, among others (Richards & Kuhn, 2023). Over time, the understanding of homelessness, defined as lacking a permanent home (Sleet & Francescutti, 2021), has evolved, revealing systemic factors including economic inequality, housing affordability, underfunded programs, and structural racism, as well as individual vulnerabilities such as preexisting health conditions, economic instability (U.S. Interagency Council on Homelessness, n.d.), and domestic violence (Meehan et al., 2024). The American Bar

Association (2024) reported that 38% of domestic violence victim-survivors experienced homelessness at some point in their lives, further highlighting the association between domestic violence, economic insecurity, and housing instability. These findings emphasize the need for targeted interventions that address systemic and individual factors contributing to homelessness.

Domestic violence is a prevalent social issue that significantly contributes to homelessness, particularly among women. Although individuals of all genders experience domestic violence, women are disproportionately affected and often face homelessness as a result (Huecker et al., 2023). Domestic violence refers to the violent dynamics present in intimate, domestic, or family relationships (McLeod et al., 2024). While men can also be victims, social stigma and negative experiences with the criminal justice system contribute to the underreporting of male victimization (McLeod et al., 2024). National data indicate that almost 80% of mothers with children experiencing homelessness have a history of domestic violence (Institute for Children, Poverty, and Homelessness, 2023). Barriers such as unstable accommodations, a lack of social support, and limited affordable housing options often result in victim-survivors returning to their abusers (Stulz et al., 2024). The intersection of domestic violence, homelessness, and economic insecurity highlights the urgent need for legal protections, targeted interventions, and systemic policy changes to prevent cycles of revictimization and homelessness (Shah et al., 2023).

Social Problem

Homelessness remains a significant social issue in the United States, affecting millions of individuals across the country. Over half a million people experience homelessness at any given time (Borum et al., 2021), with aggravating factors such as unmanaged mental illness, substance abuse, and economic instability contributing to its persistence. Among these factors, domestic violence is particularly significant, as victim-survivors face numerous barriers to obtaining safe and stable housing, including financial abuse and discrimination (Velasco Adams & Gibson, 2024). Domestic violence is also recognized as a public health emergency, given its widespread impact. Huff et al. (2023) highlighted the societal and systemic consequences for victim-survivors, including mental and physical health problems, increased healthcare costs, and greater use of social services, in addition to added strain on the criminal justice system. These findings highlight the urgent need for comprehensive support services that address the specific needs of victim-survivors in reducing their risk of homelessness.

Domestic violence often perpetuates through generations, manifesting in various forms, including intimate partner violence (IPV), and is a key contributor to housing insecurity and homelessness among victim-survivors (Benioff Homelessness and Housing Initiative, 2024). Research indicates that individuals who experience domestic violence, particularly within intergenerational dynamics, are at a higher risk of perpetuating cycles of abuse, which exacerbates housing instability and limits access to resources needed for a safe and stable living environment (Shakoor et al., 2022). Victim-survivors frequently encounter barriers when attempting to leave abusive environments,

such as financial dependence, lack of support, or fear of retaliation. Perpetrators may also exploit children as a method of coercive control, further complicating the ability to escape (Hargrave et al., 2024). Addressing the housing needs of victim-survivors is critical to disrupting these cycles and preventing further homelessness.

Escaping domestic violence involves overcoming complex barriers, including economic abuse, and emphasizes the need for long-term support to secure stable housing. Economic abuse often prevents victim-survivors from achieving financial independence, making it difficult to secure stable housing and employment (Byrt et al., 2023). The challenges associated with leaving an unsafe environment also include mental health struggles and emotional bonds to the perpetrator (Lahav, 2023). Further, Lahav (2023) emphasized that leaving an abusive situation does not guarantee access to stable housing, highlighting the ongoing risk of homelessness even after separation. Victim-survivors who are women experience housing instability at four times the rate of women who are not victimized (Adams et al., 2021). Additionally, children exposed to domestic violence or homelessness due to domestic violence face significant developmental challenges, mental health issues, and an increased likelihood of continuing the cycle of abuse and homelessness into adulthood (U.S. Department of Health & Human Services, 2021). These lasting consequences of domestic violence reinforce the necessity of targeted interventions and subsequent solutions that provide immediate safety and long-term support systems to help disrupt the cycle of domestic violence and homelessness.

Local Problem

Domestic violence and housing instability are closely associated in Arizona, where domestic violence remains a leading cause of homelessness. The state of Arizona ranks among the highest in the nation for domestic violence fatalities, with over 1,500 deaths recorded between 2009 and 2023, 76% of which involved a firearm (Arizona Coalition to End Sexual and Domestic Violence, 2023). Arizona's ongoing housing crisis, characterized by high eviction rates and a lack of affordable housing, further exacerbates this issue. In 2023, more than 14,000 individuals experienced homelessness in the state, including over 1,100 who identified as victim-survivors of domestic violence (Arizona Research Center for Housing Equity and Sustainability, 2023). These data highlight the need for further research to better understand how domestic violence and housing instability intersect.

Victim-survivors of domestic violence encounter a range of complex challenges that significantly impact their ability to regain stability, particularly in securing stable housing. Women, in particular, encounter barriers such as trauma from the abuse, economic insecurity, safety concerns, and a shortage of affordable housing, which heighten their vulnerability (Arizona Coalition to End Sexual and Domestic Violence, 2023). These interconnected challenges highlight the need for targeted interventions that provide both immediate assistance and long-term housing solutions.

The economic and housing instability resulting from domestic violence has significant consequences for children. In Arizona, domestic violence is the primary reason for child removal by the Department of Child Safety, with a child being removed

every 44 minutes (Maricopa Association of Governors, 2022). Due to the trauma endured, and lack of critical support, children who are removed from their homes, and particularly those who ultimately age out of the foster care system are at an increased risk of experiencing homelessness (Nunez et al., 2022). Many of these children experience homelessness within 2 years of aging out (Maricopa Association of Governors, 2022). These disruptions to a stable environment highlight how domestic violence not only places children in immediate danger but also hinders their ability to develop into emotionally healthy adults.

Arizona offers an array of resources aimed at supporting single-parent homeless families. These resources are both state-run and private organizations that address homelessness through several program initiatives, including rapid rehousing, emergency shelter placement, and homelessness prevention (Arizona Department of Economic Security, 2024). The Arizona Department of Economic Security also engages in interagency collaborative efforts to ensure that these families receive comprehensive support services that lead to housing stability. Similarly, Maricopa County Homeless Services receives federal funding for services that support transitional housing, rental assistance, and heat relief shelters (Maricopa County, 2024). Together, these programs from state and local agencies provide families with a comprehensive support system that addresses their immediate and long-term needs.

Several well-known private organizations in Arizona assist individuals facing homelessness. One such organization is the Phoenix Rescue Mission, which provides support to individuals and families experiencing homelessness by addressing food

insecurity, addiction, and trauma (Phoenix Rescue Mission, 2024). The Bridge to Hope provides holistic care to single mothers by offering physical, spiritual, and emotional support (The Bridge to Hope, 2023). There is also A New Leaf, which offers various services, including domestic violence support, financial support, and housing programs (A New Leaf, 2024). Central Arizona Shelter Services (CASS) supports individuals through legal assistance, mental health services, and housing services (CASS, 2024). UMOM New Day Centers provide emergency and permanent housing solutions, employment assistance, and referrals for fathers with children (UMOM New Day Centers, 2023). Despite the services offered by these organizations, gaps remain in comprehensively meeting the needs of single-parent homeless families in this county, most notably due to high eviction rates and a lack of affordable housing options.

Purpose of the Study

The purpose of this qualitative study was to explore the perceptions of human service practitioners regarding the needs of single-parent families navigating domestic violence-related homelessness in Maricopa County, Arizona. Given the associated factors such as domestic violence, economic insecurity, and systemic factors that perpetuate homelessness among this population, this study aimed to assist in identifying gaps in service delivery. The findings from this study may help human service practitioners and policymakers develop more targeted interventions to better support this population.

Research Question

What are the perceptions of human service practitioners regarding the needs of families experiencing domestic violence-related homelessness in Maricopa County, Arizona, and how can these clients be empowered to exercise self-efficacy?

Theoretical Framework

The key concepts in the empowerment theory (Rappaport, 1981) were integrated into the focus groups protocol for participants to discuss strategies for empowering their service users. This theory establishes that practitioners should go beyond merely meeting the needs of their service users. Instead, practitioners should empower their service users by encouraging them to leverage their strengths to identify solutions to challenges. A central component of the empowerment theory is that practitioners should enhance their service users' self-sufficiency and ability to meet their needs by relinquishing control.

This framework also encourages practitioners to explore contradictions in their work, such as balancing control over the service user's case versus encouraging their service user to exercise self-sufficiency, navigating systemic barriers versus supporting the service user's individual freedom, and focusing on the service user's problems instead of on their strengths (Rappaport, 1981). Further, this theory will also assist practitioners better understand a social phenomenon. By enhancing practitioners' understanding of a social phenomenon, practitioners are better equipped to help foster a sense of agency within their service users (Rappaport, 1981). The goal of using this framework for this study was to inform practice and address gaps in service delivery for single-parent

families navigating domestic violence-related homelessness in Maricopa County, Arizona.

Nature of the Study

To identify gaps in service delivery, I used a program evaluation to conduct a needs assessment by gathering insights from practitioners who worked directly with this population. This evaluation assisted me in answering the research question, "What are the perceptions of human service practitioners regarding the needs of families experiencing domestic violence-related homelessness in Maricopa County, Arizona, and how can these clients be empowered to exercise self-efficacy?" A program evaluation is an in-depth review of a program's operations to assess its effectiveness in achieving its intended outcomes (U.S. Centers for Disease Control and Prevention, 2024). There are two types of evaluations: formative and summative. For this study, I used a formative evaluation to explore existing programs and determine their effectiveness. In contrast, a summative evaluation explores a program's outcomes after completion to measure its effectiveness (University of San Diego, 2024).

A formative evaluation was suitable for this study because the needs assessment assisted me in gaining a more profound understanding of the factors contributing to gaps in service delivery for this population, and the insights gained assisted in guiding the formative evaluation process. The use of snowball sampling was particularly effective for this study, as it allowed me to center the perspectives of practitioners who work closely with single families navigating domestic violence-related homelessness in Maricopa County, Arizona. By leveraging the knowledge and perspectives of practitioners who

have direct experience working with this population, I gained more profound insights into the unique challenges experienced by these families rather than relying on broad generalizations. This approach helped to ensure that the findings were meaningful and trustworthy, and provided a detailed understanding of the social problem.

Defined Terms

Annual point-in-time (PIT) surveys: A tool used to count the number of sheltered and unsheltered individuals experiencing homelessness (U.S. Department of Housing and Urban Development, 2024).

Chronic homelessness: Refers to individuals who have been continuously homeless for 1 year or have experienced at least four episodes of homelessness within a 3-year period (U.S. Department of Housing and Urban Development, 2024).

Coordinated entry systems (CES): A system used by the U.S. Department of Housing and Urban Development to assist providers in prioritizing the most vulnerable individuals experiencing homelessness, particularly those at heightened risk of illness, disability, harassment, and mortality if left unsheltered (Pruitt & Barile, 2022).

Continuums of care (COC): A program that promotes interagency collaboration in ensuring that care for individuals navigating homelessness is swift and effective (U.S. Department of Housing and Urban Development, 2023).

Decriminalization: In the context of homelessness, the act of eliminating fines and penalties that unfairly targets people experiencing homelessness (Eisenmann & Origanti, 2021).

Domestic family violence (DFV): Any pattern of abusive behavior within a family or intimate relationship meant to control the victim or cause harm, or where the potential for harm exists (Warren et al., 2023).

Domestic violence: Violence and manipulation in a romantic relationship in which the violence extends beyond physical violence. Domestic violence also encompasses an unequal power dynamic where one partner is the perpetrator and the other the victim (U.S. Department of Justice, 2023).

Economic insecurity: Characterized as having a low income or experiencing income inequality, described as an unequal distribution of income and an inability to access affordable housing (O'Regan et al., 2021).

Episodic homelessness: Individuals experiencing episodic homelessness navigate cycles of intermittent homelessness, where they briefly achieve stability before becoming homeless again (Richards et al., 2023).

Homelessness: Characterized by an individual who lacks a permanent home or lives in continuous poverty, or who moves frequently, even for brief periods of time, before identifying shelter, and who has lost their home due to social, personal, or environmental circumstances (Sleet, & Francescutti, 2021).

Housing Choice Vouchers: A federal program through the Housing and Urban Development Department of the United States that provides low-income or disabled individuals and families with the ability to identify their own low-income housing (Housing and Urban Development, n.d.).

Housing insecurity: Lack of housing affordability, stability, safety, quality, neighborhood safety, quality, possible homelessness, and/or poverty (Cox et al., 2019).

Intimate partner violence (IPV): Violence that occurs within an intimate relationship and involves a combination of physical, emotional, and/or sexual abuse (Burnett et al., 2022).

Permanent Supportive Housing (PSH): A program that provides long-term housing for individuals experiencing homelessness and wraparound services that promote resiliency (Cronley et al., 2020).

Significance of the Study

Significance of the Study for Community or Organization

This study is significant as it may assist in identifying the interventions needed to address the needs of single parents navigating domestic violence-related homelessness in Maricopa County, Arizona. These data acquired from this study will allow human service practitioners in Maricopa County, Arizona, to discharge their responsibilities more effectively. This study has implications for social change as the results may improve support services offered to this population who are experiencing domestic violence-related homelessness. Additionally, the implications for social change could extend beyond Arizona and allow service users to advocate for their needs more effectively on a national scale.

Significance of the Study for Human Services

Despite the efforts made at the local, state, and federal levels, homelessness persists, and systemic factors continue to contribute to gaps in service delivery. The

results of this study will assist human service practitioners improve service delivery by identifying gaps and adjusting services to better meet the needs of this population. Finally, the findings from this study will empower practitioners to advocate for their service users by encouraging them to advocate for themselves. The service user's ability to advocate for themselves will contribute to positive social change in the human services field, particularly within organizations that support individuals navigating domestic violence-related homelessness.

Literature Review

To identify literature on the needs of single parents navigating domestic violence-related homelessness, I began by reviewing national data to better understand the forces perpetuating homelessness. The existing literature then prompted me to shift to reviewing homelessness from multiple micro perspectives, focusing on the social problem in the state, county, and local community. After further reviewing data from both perspectives, I identified themes related to the contributing factors of homelessness. Some of these themes included, but were not limited to, substance abuse, economic insecurity, mental illness, domestic violence, systemic factors, and stringent policy initiatives.

To further explore these themes, I searched for peer reviewed articles between the years of 2019–2025 in the following Walden University Library databases: APA PsycInfo, Education Source, Social Work, and Human Services, Public Policy and Administration, Political Science Complete & Business Source Complete Combined Search. The key terms searched included *domestic violence and homelessness + United States or America or USA or U.S; Homelessness and Family Violence + united states or*

America or USA or U.S; family violence + homelessness; Arizona + covid + homelessness; Homelessness in Arizona; United States; increase, covid homeless; United States, Parenting while homeless; not "youth", programs and homeless; parents, parenting while homeless, programs for homeless; parents or caregivers or mother or father or parent, and The Systems Theory; predictors of homelessness; homelessness; program evaluation + homelessness or homeless persons or houseless or housing; unsheltered homelessness; *homelessness + economic hardship + domestic violence; economic insecurity + homelessness; Social determinants of health + homelessness; The McKinney-Vento Homeless Assistance Act; The Homeless Eligibility Clarification Act: The Homeless Housing Act + united states or America or USA or U.S.; Job loss and the Coronavirus pandemic + United States; Social Support and COVID-19 + homelessness; homelessness and racism; racism and homelessness; homelessness + stress; domestic violence and homelessness + United States or America or USA or U.S.; Food insecurity + child health; substance abuse + homelessness; Homelessness, food insecurity, and stress; major depressive disorder or mdd or major depression + homeless women; homeless women + trauma*; *Industrial Revolution + homelessness; deinstitutionalization; homelessness + the Great Depression; The Great Depression; implications of homelessness for children; Action Research + homeless programs; BIPOC + homelessness; homeless + action research; homeless services providers + action research; participatory research + homeless providers; adverse childhood experiences or aces + homelessness; housing insecurity and families; homelessness and low income + parents; low income and family violence; homeless women in the United States; homeless*

children and health outcomes; purposive sampling; Validity in Qualitative research; Child victims of domestic violence; revanchism + homelessness; stress + homelessness; Social factors of homelessness + United States; snowball sampling.

I also used Google to identify relevant data for the literature review. The following search terms were used: *three largest cities in Maricopa County Arizona; homelessness count United States 2022; homelessness stats US 2022; homeless individuals US 2022; the Census Bureau's Population Estimates Program (Population and Housing Unit Estimates data tables); Continuums of Care (CoCs); Housing Inventory Count; homelessness stats US 2022; homeless individuals US 2022; USA homelessness statistics gender 2019; national sex violence resource center and homelessness 2019; USA homelessness statistics gender 2019; national sex violence resource center and homelessness 2019; homeless policy United States; history of homeless legislature in the United States; US Homeless Housing Act; Arizona Legislature Homelessness; Arizona Senate Bill 1024 homelessness; Arizona Department of Housing; The Department of Economic Security + Homelessness + Arizona; Social Distancing + CDC; focus groups + homeless practitioners; Industrial Revolution + homelessness; deinstitutionalization; homelessness + the Great Depression; The Great Depression; What is a continuum of care?; Health impacts on homeless women versus homeless men; health disparities between homeless men and women 2019–2023; Braun and Clarke 6 Step Data Analysis; Economic Abuse and Homelessness; Economic impacts of domestic violence on victims; economic insecurity + domestic violence + homelessness 2021–2024; Empowerment Theory; Empowerment theory and domestic violence 2021–2024;*

revanchism and homelessness; stress and homelessness; housing instability and food insecurity; homelessness and food insecurity.

Theoretical Framework

The key concepts in the empowerment theory (Rappaport, 1981) were integrated into the focus groups protocol with practitioners to discuss strategies for empowering their service users. The empowerment theory suggests that due to the complex nature of the human services and psychology fields, it is essential for practitioners to consider diverse perspectives and strategies beyond those conventional to their field of expertise. Rather than simply meeting the needs of service users, the empowerment theory emphasizes that practitioners should strive to empower their clients to overcome challenges, exercise their rights, and leverage their strengths to meet their own needs. By fostering a sense of self-efficacy and resiliency, individuals are better prepared to navigate current challenges and overcome future ones which will ultimately contribute to their success, and the success of their community (Perkins & Zimmerman, 1995).

The empowerment theory was helpful in informing the questions for the focus groups. Its key concepts emphasize motivational engagement to encourage service users to leverage their strengths and capabilities to identify solutions to their challenges. This theory emphasizes the importance of promoting a sense of agency within individuals by empowering them to take steps toward achieving self-sufficiency. By focusing on the individual's strengths instead of their deficiencies, the author of the empowerment theory emphasized a change in practice. This change encourages practitioners to support their

service users in regaining control of their lives by helping them to build resilience in navigating the systemic factors perpetuating their circumstance.

The research question aligns with empowerment theory as it focuses on how human service practitioners can support single-parent families navigating domestic violence-related homelessness in Maricopa County, Arizona, by exploring their needs through discussion. Additionally, the empowerment theory aligns with the research question, as both emphasize the importance of preparing practitioners to recognize their service user's strengths. In recognizing their clients' strengths, practitioners can motivate their clients to regain control of their lives, leading to self-sufficiency, particularly when overcoming challenges related to domestic violence and homelessness.

Themes and Subthemes of Literature Related to Human Services Problem

Homelessness impacts individuals across diverse backgrounds; however, due to systemic disparities, specific populations are disproportionately vulnerable. Homelessness is an overly stigmatized and persistent social issue that is often wrought with negative assumptions and misconceptions that further marginalize the individuals experiencing it (Cronley et al., 2020). However, literature focusing on homelessness indicates that individuals, within certain demographics experience homelessness more than others. For example, Black Americans are four times more likely to experience homelessness in their lifetime than their white counterparts (Willison et al., 2023). Additionally, in 2022, the U.S. Department of Housing and Urban Development reported that Black individuals with children made up 50% of the more than 582,000 people experiencing homelessness on a given night. Therefore, understanding the disparities

present within the helping profession is crucial to developing targeted policies and interventions that better support overrepresented communities.

The surge in homelessness across the United States is evident in the increasing number of people without stable housing. The U.S. Department of Housing and Urban Development (2022) reported that over 582,462 individuals were homeless on a given night in January of that year. This totals approximately 18 of every 10,000 people (National Alliance to End Homelessness, 2023). In 2024, the U.S. Department of Housing and Urban Development reported that more than 771,000 individuals experienced homelessness on a single night. These data included nearly 150,000 children and represented a 33% increase from these data reported in 2023. Further, over 140,000 were adults between the ages of 55 and 64, with over 42,000 over the age of 64. This increase in numbers, particularly among children and older adults, demonstrates the urgency in identifying solutions that address the diverse needs of those experiencing homelessness.

Homelessness remains a persistent social challenge in the United States, with specific populations experiencing its effects at a disproportionately higher rate. Black individuals are disproportionately affected, as these individuals represent 32% of the homeless population despite making up 12% of the U.S. population. Further, the U.S. Department of Housing and Urban Development (2024) reported that approximately one-third of the individuals experiencing homelessness, which equated to over 150,000, experienced chronic homelessness. These data highlight the increasing scale of

homelessness in the United States and emphasizes the need for targeted and diverse interventions to support these individuals.

Homelessness in Arizona

The state of Arizona has faced significant challenges in addressing homelessness within the state. The U.S. Department of Housing and Urban Development's annual report to Congress in December 2022 estimated that in Arizona, 13,553 individuals experienced unsheltered homelessness, representing a 59.2% increase from the 12,547 reported in 2020 (Arizona Department of Economic Security, 2020). This increase highlights Arizona's challenge in managing a growing homeless population (U.S. Department of Housing and Urban Development, 2022). Additionally, the 2024 Point-in-Time (PIT) count reported that 9,435 individuals experienced homelessness on a single night, with 4,076 experiencing unsheltered homelessness and 5,359 sleeping in shelters. These data represented a 17% decrease in unsheltered homelessness from 2023, highlighting a shift toward greater shelter use (Maricopa Association of Governments, 2025). While the recent decrease in unsheltered homelessness signifies progress in addressing shelter accessibility, the overall trends highlight the need for the continued development of targeted interventions.

Homelessness in Arizona is influenced by a complex interplay of economic, social, and policy-related factors that exacerbate housing insecurity. According to the Arizona Department of Economic Security (2022), a convergence of factors further perpetuates homelessness and housing insecurity, most prominently, a shortage of affordable housing. However, additional widespread challenges that contribute to

homelessness exist, including factors associated with mental illness, substance abuse, IPV, and poverty (Mitchell et al., 2023). In addition to the predictors of homelessness previously outlined, there are a variety of other contributing factors that perpetuate far-reaching complications. Effectively addressing homelessness in Arizona requires a multifaceted approach that prioritizes affordable housing and incorporates comprehensive support services to mitigate the complex and interconnected factors contributing to housing instability.

Homelessness in Arizona is influenced by a combination of economic, social, and policy-driven factors, with some legislative measures further marginalizing those affected rather than providing them with meaningful support. According to the Arizona Department of Economic Security (2022), rising housing costs, growing urban migration, as well as rising mental illness and substance abuse use rates have collectively contributed to the state's heightened homelessness rates. In recent years, particularly since the 1980s and continuing into the 2000s, research has indicated an increase in anti-homelessness rhetoric and efforts to pass laws that make homelessness illegal. As a result, many U.S. cities sought to adopt revanchist strategies to reduce the visibility of homelessness. These strategies have included aggressive arrest practices, the destruction of homeless encampments, and the installation of furniture and architecture that make it uncomfortable to sit or sleep (Hennigan & Speer, 2019). Additionally, Orr et al. (2024) stated that local governments often enforce restrictive policies in addressing homelessness, which further contributes to the marginalization of individuals experiencing homelessness, making it more challenging for these individuals to access

essential supportive services. In addressing homelessness, the restrictive and anti-homeless measures suggest a need for reformed, comprehensive, and compassionate solutions to address this social problem.

Sheltered Versus Unsheltered Homelessness

Homelessness in the U.S. presents in various forms with individuals either living in shelters or living in unsheltered environments unsuitable for human habitation. The National Alliance to End Homelessness (2023) reported that on any given night, the systems in place to serve the homeless population ensure accommodations for 348,630 people. Nevertheless, 40% of those experiencing homelessness still live in unsheltered environments, thus enhancing a greater susceptibility to physical and mental illness, trauma, substance use disorders, and death (Koh et al., 2022). Additionally, unsheltered homelessness largely manifests in metropolitan areas rather than rural areas, as the geographical distribution of services is more accessible (Shin, 2023). The persistence of unsheltered homelessness, particularly in urban areas, highlights the critical need for expanded services to address the complex needs of this vulnerable population.

Chronic homelessness refers to individuals or families experiencing extended periods of housing instability. Individuals are categorized as chronically homeless if they have been continuously homeless for one year or have experienced at least four episodes of homelessness within a three-year period (U.S. Department of Housing and Urban Development, 2024). As of January 2024, the U.S. Department of Housing and Urban Development reported that nearly 153,000 individuals were cataloged as chronically homeless, which was reported as the highest number recorded since the data collection

began. About two-thirds of these individuals lived in unsheltered settings, such as on the streets or in vehicles. Simultaneously, one-third of these individuals resided in emergency shelters. Additionally, chronic homelessness applies to families when the head of household has a disability (U.S. Department of Housing and Urban Development, 2024).

Further, chronic homelessness has contributed to 30% of the homeless population nationwide, with urban areas reporting the highest rates. However, significant increases in chronic homelessness have occurred in rural and suburban areas, particularly among unsheltered individuals (U.S. Department of Housing and Urban Development, 2024). Chronic homelessness has steadily increased, with data indicating a 27% increase since 2007 and 38% increase since the Coronavirus pandemic in 2020. Although temporary measures during the Coronavirus pandemic reduced some instances of homelessness, chronic homelessness has persisted and has grown as shelters have resumed full capacity (U.S. Department of Housing and Urban Development, 2024). Addressing chronic homelessness requires a comprehensive approach that focuses not only on immediate solutions, but long-term solutions as well.

While chronic homelessness describes persistent housing instability among individuals and families over an extended period, another significant pattern of homelessness is episodic homelessness. Individuals experiencing episodic homelessness navigate cycles of intermittent homelessness, where these individuals briefly achieve stability before becoming homeless again (Richards et al., 2023). These cycles between temporary stability and homelessness usually occur at least three times within a year (Olah, 2023). The cyclical patterns of chronic and episodic homelessness highlight the

need for targeted interventions that address both, particularly as their distinct dynamics contribute to the growing complexity of housing instability nationwide.

Causes of Homelessness

Homelessness can result from a combination of social, economic, and mental and physical health issues, which may each contribute to the cycle of homelessness. According to Walden University (2025), social determinants of health defined as environmental factors that influence an individual's well-being are categorized into five domains: economic stability; education access and quality; health care access and its quality; the neighborhood in which one lives, works, and plays; and social support. When absent or insufficient, these determinants exacerbate and perpetuate homelessness, particularly as a lack of stable and secure housing aligns with the social determinant of health framework (Garcia et al., 2024). Addressing homelessness requires a focus on enhancing the individual's social determinants of health, as their absence directly contributes to the persistence of housing instability and the cycle of homelessness.

When social determinants of health are absent or insufficient, this absence worsens and perpetuates homelessness. Domestic and family violence (DFV) is a significant contributor to homelessness, particularly for women and children. Domestic and family violence negatively impacts multiple aspects of the victim-survivor's life, including their mental and physical health, economic stability, employment, and ability to obtain stable housing (Rempel et al., 2024). Victim-survivors of DFV are disproportionately represented among the homeless population due to the immediate and lasting consequences of abuse endured (Hargrave et al., 2025). Effectively addressing

domestic and family violence within the social determinant of health framework is essential in reducing homelessness among victim-survivors and ensures their access to services that support long-term stability.

Individuals escaping their unsafe environments are often confronted with difficult decisions. In seeking to escape their unsafe environments, these individuals may prioritize their safety over securing stable housing, which results in their immediate homelessness (Benioff Homelessness and Housing Initiative, 2024). Additionally, the economic control and isolation that is often executed as coercive control by abusers leave victim-survivors with limited or no financial resources or social support, which makes them significantly more vulnerable to homelessness compared to those who have not experienced DFV (Rempel et al., 2024). Therefore, the lack of financial resources, in combination with a lack of social support, further compounds their vulnerability.

Housing instability significantly impacts an individual's overall health and well-being and creates barriers to healthcare access, thus exacerbating existing health conditions. A lack of housing stability is a critical factor in the cycle of health challenges and directly aligns with the social determinants of health framework (Garcia et al., 2024). Housing instability disrupts an individual's ability to maintain social connections, negatively impacts their health and well-being, and contributes to adverse health outcomes (U.S. Department of Health and Human Services, n.d.). Individuals experiencing homelessness are at an increased risk of developing chronic illnesses or exacerbating existing conditions due to delayed medical treatment and limited access to healthcare services, which further compound their health challenges (Gaeta Gazzola et

al., 2023). Without access to social determinants of health that promote an individual's overall well-being, individuals are more susceptible to experiencing homelessness. Therefore, the need to address the broader factors contributing to housing instability is urgent.

Homelessness not only affects an individual's ability to maintain stable housing, but it also weakens their physical and mental health, particularly within family units. These health challenges also extend to family dynamics, as the stress associated with homelessness weakens the family unit, negatively impacts parental health, and hinders children's ability to meet developmental milestones (Lucke, 2022). Chronic or persistent stress from housing instability can also exacerbate physical health conditions, including hypertension and myocardial infarction (Bensken, 2021), as well as asthma, liver disease, and chronic lung disease (Sutherland et al., 2020). Additionally, chronic pain, often associated with psychiatric illness and substance use disorders, can further complicate the health outcomes of those experiencing homelessness (Vogel et al., 2021). The combination between stress, health issues, and the disruption to the family unit emphasizes the need for comprehensive support services that mitigate the long-term implications of homelessness.

Homelessness is often the result of a combination of social, economic, and health-related factors, which together contribute to homelessness. Food insecurity, housing instability, and homelessness are interrelated, as they typically originate from similar socioeconomic factors. These factors include unstable employment, immigration status, difficulty accessing resources, pet exclusion policies, low income, and a large family size.

Larger families face a higher risk of food insecurity and are more likely to experience housing instability or homelessness (Jackson et al., 2025). Clinical factors, such as mental illness, which include depression, anxiety, and post-traumatic stress disorder, also contribute to food insecurity, homelessness, and housing instability (Jackson et al., 2025). Further, Jackson et al. (2025) also found that 57% of individuals who were experiencing food insecurity were also facing housing insecurity or homelessness, with 63% being homeless and 51% experiencing housing instability. These findings highlight the need for integrated approaches that address the socioeconomic, and clinical factors that contribute to food insecurity, housing instability, and homelessness.

Homelessness Gender Demographics

As of December 2024, the demographic composition of people experiencing homelessness, particularly those in families with children, reflected notable gender-based disparities. Among families experiencing homelessness, the U.S. Department of Urban Housing and Development (2024) reported that women and girls made up 57.5% of the total population, with a slightly higher proportion sheltered (57.7%) compared to unsheltered (54.7%). Men and boys accounted for 42.2% of individuals in these families, with 42% sheltered and 44.2% unsheltered. Though a small percentage of individuals identified as transgender, with 112 individuals (0.0%) in total, the sheltered rate was higher for transgender individuals (80.4%), though their rate of unsheltered homelessness was 19.6%. Individuals who identified as gender questioning represented 0.0% of the population, with 27 individuals recorded in the point-in-time count. These gender-based

disparities highlight the need for equity in the tailored interventions that seek to address the specific needs of women, girls, and transgender individuals.

Gender disparities within families experiencing homelessness are notable. Nonbinary individuals in families represented a slightly higher share at 0.1%, with 211 total individuals, of whom 84% were sheltered, while 16% faced unsheltered homelessness. When focusing on families experiencing homelessness with veteran parents, the gender breakdown shows that male veterans made up the majority of parents experiencing homelessness, with 88.8% represented in the overall homeless population and 86.2% unsheltered. Female veterans represented 10.1% of the total, with 12% being unsheltered. Transgender, gender-questioning, and nonbinary veterans experienced homelessness at significantly lower rates, with transgender veterans making up 0.1%, nonbinary veterans at 0.0%, and gender-questioning veterans at less than 0.1% (U.S. Department of Housing and Urban Development, 2024). Inclusive, and targeted policies, in addition to strong systems of support, are crucial in effectively assisting these families.

Homelessness Racial/Ethnic Demographics

The history of homelessness highlights the association between racial inequalities as it exposes the systemic factors faced by people of color and their families when navigating homelessness. These systemic factors include discriminatory police practices, civil rights violations, and barriers to socioeconomic opportunities that Black families face, each of which contributes to the disproportionate rate of homelessness within this community (Rhee & Rosenheck, 2021). The Tempe Community Council (2020) reported

that nationally, Black individuals are five times more likely, and Indigenous individuals are four times more likely than their white counterparts to experience homelessness.

Racial disparities in homelessness highlight systemic inequalities that disproportionately affect Black individuals and families. The U.S. Department of Housing and Urban Development (2022) also cited that though Black individuals comprise only 12% of the population, they comprise 37% of the entire U.S. homeless population and 50% of the homeless population with children. Further, Black persons who are homeless are reported to be younger, less likely to be married, and more likely to have not completed a high school diploma compared to their white counterparts (Rhee & Rosenheck, 2021). These racial disparities emphasize the need for policies that address systemic inequalities to provide targeted support to communities of color to reduce their overrepresentation within the homeless population.

Families and Homelessness

Parents navigating homelessness are confronted with a myriad of challenges that not only affect their own well-being but hinder their ability to discharge their parenting duties effectively. Many parents who are navigating homelessness believe that being homeless and their inability to provide stable housing for their children makes them inadequate as caregivers (Carpenter, 2019). Andrade et al. (2020) highlighted that parents significantly influence their children's lives by shaping their ability to express affection, gain independence, and develop positive socialization skills, which are also formed through access to healthcare and education. However, the stress associated with homelessness, further compounded by limited social support and other systemic barriers,

can disrupt these developmental areas and hinder the child's overall well-being (Lucke, 2022). The needs of families experiencing homelessness are complex, mainly due to the coexisting risks to the family unit, such as substance abuse, mental illness, or domestic violence, all of which negatively interact with homelessness and adversely impact an individual's overall well-being, making parenting more challenging (Lery et al., 2020). Addressing the multifaceted challenges of homelessness is crucial when supporting parents, as the health and well-being of their children is contingent upon that of the parents'.

The increasing number of families with children experiencing homelessness in the United States reflects a worsening crisis that requires urgent intervention. In 2024, families with children under the age of 18 comprised 56% of the total homeless population in the United States (U.S. Department of Housing and Urban Development, 2024). These data highlight a significant increase, as homelessness among people in families with children increased by 39% between 2023 and 2024, which emphasizes the growing crisis within this population. Nearly 150,000 children experienced homelessness on a single night in 2024, which represents a 33% increase from the previous year, making children the age group with the most significant increase in homelessness during this period. Families with children experiencing unsheltered homelessness were more likely to have an adult aged 45 or older in the household compared to those in sheltered accommodations. All age groups experienced increases in family homelessness between 2023 and 2024. However, the most prominent increases were among adults aged 25 to 34, who experienced a 52% increase, and adults aged 35 to 55, who saw a 48% increase

(U.S. Department of Health and Human Services, 2024). The significant increase in family homelessness highlights the need for comprehensive systems of support that also address the underlying factors contributing to this data and lead to housing stability for this population.

A lack of stable childcare can also exacerbate housing instability for low-income families, as securing and maintaining childcare often requires significant financial and logistical planning. Many families experience interruptions to their childcare arrangements, which can be planned and unplanned (Pilarz et al., 2022). Additionally, these parents are often confronted with subsidy-related problems or provider issues, making it more challenging to maintain consistent childcare. These challenges are further compounded when families are required to navigate childcare and housing instability, as the inability to secure stable childcare can force parents into working reduced hours or resigning from their jobs, further threatening their housing stability. Further, for parents who are already navigating economic challenges and lack reliable and affordable childcare, the family's ability to maintain employment and housing stability becomes significantly challenged and can potentially lead to homelessness (Pilarz et al., 2022). Having access to reliable childcare assists parents in maintaining employment and housing stability. Therefore, addressing childcare instability is crucial to preventing homelessness among family units.

Risk Factors and Predictors of Homelessness

Homelessness is a complex social issue influenced by multiple direct or underlying factors, including those arising from personal decisions and circumstances

beyond the individual's control. The presence of domestic violence, mental illness, and substance abuse, a lack of community resources including a lack of affordable housing, a lack of employment, low educational attainment as well as a lack of social support makes homelessness more likely to occur. Domestic violence is often a significant predictor of homelessness, particularly for women and families, as women and children are disproportionately the victims of this crime when perpetrated by a male (Stulz et al., 2024). In their pursuit of safety, many victim-survivors of domestic and intimate partner violence find themselves homeless as they are unable to secure stable housing due to the trauma and systemic barriers involved with escaping their dangerous environment (Adams et al., 2021). Effectively addressing homelessness requires a comprehensive approach that recognizes individual circumstances and systemic barriers, particularly for those affected by domestic violence and other risk factors.

Mental illness, substance abuse, and homelessness are interconnected, and together they create a complex cycle that can be difficult to break. The intersection between mental illness, substance abuse, and homelessness is bidirectional, as each of these conditions can affect one another by either contributing to or sustaining the other (Padgett, 2020). When unmanaged, mental illness and substance abuse can hinder an individual's ability to meet their socioeconomic needs (Saldua, 2023). Additionally, financial hardships and chronic stress can exacerbate mental health issues such as anxiety and depression and increase the likelihood of substance use, further elevating the risk of homelessness. Furthermore, barriers to accessing quality healthcare, whether due to logistical challenges or avoidance of seeking services due to provider bias, may also

contribute to housing instability due to a lack of support (Saldua, 2023). Therefore, addressing the implications of these three social issues requires comprehensive access to adequate health care, including preventative services and services that support housing stability.

Community factors also influence the rate of homelessness. Housing market dynamics, income inequality, and access to public assistance strongly predict homelessness (Arizona Department of Economic Security, 2024). Higher median rents are associated with higher rates of homelessness as individuals and families in poverty struggle to secure affordable housing. Similarly, higher unemployment rates are also associated with homelessness, as job loss and employment instability contribute to housing instability (Arizona Department of Economic Security, 2024). Further, public assistance programs, particularly those providing cash assistance, such as the Temporary Assistance for Needy Families program (TANF), have been associated with lower homelessness rates, suggesting that having adequate financial support can mitigate housing instability (Richard & Rule, 2024). Alternatively, income inequality also exacerbates homelessness by increasing competition for housing among low-income residents, which can push those already vulnerable into homelessness (Richard & Rule, 2024). Hence, addressing community-level factors that contribute to homelessness, such as housing affordability, employment opportunities, and economic support, is essential in positively influencing the rates of homelessness by leading to housing stability.

A lack of employment and low educational attainment are also risk factors for homelessness. Individuals already navigating homelessness are disproportionately

underemployed or unemployed, and due to their circumstances of being housing insecure, obtaining and maintaining employment is challenging (Saldua, 2023). Low educational attainment is a significant risk factor for homelessness. Individuals who did not graduate high school nor earn a GED are at a 346% higher risk of experiencing housing instability (Youth.gov, n.d.). Addressing the barriers to education and employment is crucial in interrupting this pattern and providing at-risk youth with the stability needed for their long-term success.

A strong social support system plays a crucial role in reducing an individual's risk of homelessness by providing stability in areas such as economic security, mental health, and substance use. This support extends beyond formal services to include interpersonal relationships, which are essential for maintaining housing stability. Meaningful connections with family, friends, and the broader community are key to preventing homelessness (Jackson, 2023). Garcia et al. (2024) noted that disruptions to social networks, such as forced displacements or transitions between institutions, can increase the risk of homelessness by severing emotional and material support. Access to social support is associated with greater distress tolerance, as it helps individuals better manage their stress and reduces the likelihood of mental health issues like depression and post-traumatic stress disorder (PTSD) (Sleet & Francescutti, 2021). For the reasons mentioned previously, strengthening social support systems is crucial for reducing homelessness and promoting long-term stability and individual well-being.

Intimate Partner Violence (IPV) and Homelessness

Intimate partner violence encompasses a wide range of abusive behaviors that extend beyond physical violence and involve various coercive and controlling behaviors used by the abuser to exert power over a partner or family member. These behaviors include economic, sexual, emotional, and psychological abuse, all of which can have lasting impacts on individuals across different age groups, including children, adults, and elders (Huecker et al., 2023). Family violence is a broader category of abuse that includes domestic and family violence (DFV) as well as child and elder abuse (Warren et al., 2023). DFV, like IPV, involves multiple forms of abuse that affect individuals within familial or household relationships. These abusive behaviors, whether physical, emotional, psychological, sexual, or economic are associated with long-term consequences for victim-survivors and their families. Similar to intimate partner violence, domestic family violence also encompasses a spectrum of harmful behaviors that weaken the safety and well-being of individuals within a household. Economic abuse, for instance, may involve restricting access to financial resources, while psychological abuse can include manipulation and coercion (Huecker et al., 2023). The implications of intimate partner violence and domestic family violence significantly contribute to homelessness and, therefore, emphasize the need for comprehensive, immediate, and long-term support for victim-survivors.

Intimate partner violence is a significant public health and social issue that affects millions of individuals each year and contributes to housing instability. As of 2021, more than 10,000,000 women and men experience IPV annually (Black et al., 2021). IPV is the

leading indicator of homelessness for women in the United States. IPV is associated with an increased probability of homelessness among the victim-survivor, as well as an increased risk of psychological distress (Goodsmith et al., 2021). Individuals exposed to IPV often experience poorer physical health, reduced quality of life, and a decrease in the victim-survivor's productivity (Huecker et al., 2023). The widespread implications of IPV emphasize the urgent need for comprehensive systems of support to prevent homelessness and mitigate the long-term impact on victim-survivors.

When discussing IPV, it is important to recognize the vital role of organizations that support IPV survivors. These groups, including advocacy organizations and counseling services, provide victim-survivors with resources and support to help them overcome the effects of abuse regardless of their background, gender, age, or other characteristics. In doing so, they assist the victim-survivors in escaping abusive situations, healing from the trauma of abuse, and ultimately rebuilding their lives (Huecker et al., 2023). While these organizations serve a diverse array of victim-survivors without discrimination, research still indicates that women are disproportionately affected by IPV. One in three women will experience IPV, compared to one in ten men, highlighting this gender disparity in IPV victimization (Huecker et al., 2023). This disparity demonstrates the need for supportive services, including advocacy that addresses the unique challenges faced by female victim-survivors of IPV.

Research indicates that many IPV victim-survivors also belong to a low socioeconomic status; therefore, families facing economic insecurity due to unemployment are more susceptible to domestic abuse. Women, in particular, who

experience economic abuse are significantly more likely to report financial vulnerability including food insecurity, difficulty raising emergency funds, and a reliance on external financial support. These financial vulnerabilities are often exacerbated by low income, defined as less than $100,000 annually, and heighten susceptibility to IPV, particularly when employment and financial independence are limited (Mellar et al., 2024). Evidence also shows that during economic downturns, calls made to the National Domestic Violence Hotline increase (Huecker et al., 2023). The association between economic insecurity and IPV highlights the need for victim-survivors to have access to financial resources, which may also be a critical factor in their decision to leave their unsafe environments.

Economic Insecurity and Homelessness

Individuals navigating economic insecurity characterized by being low-income, having inconsistent employment, and limited access to affordable housing are more vulnerable to homelessness. Economic insecurity is a significant predictor of homelessness, as it demonstrates the impact economic factors may have on the likelihood of an individual experiencing homelessness. Further, research has indicated that homelessness may be more imminent when confronted with sudden financial challenges (Pellegrini, 2022). The association between economic insecurity and homelessness highlights the need for interventions that provide both stable employment opportunities and housing.

In exploring the barriers individuals face when navigating housing insecurity and or homelessness, some may assume that resources are abundant and easily accessible.

Accessing social services like the Supplemental Nutrition Assistance Program (SNAP) is not always streamlined. Brady and Parolin (2020) noted that while programs like SNAP are crucial in reducing poverty, they still have limitations, particularly regarding accessibility and sufficiency. Although SNAP has effectively alleviated extreme poverty, individuals must still meet stringent eligibility requirements and navigate a complicated application process. Therefore, even when someone qualifies for these benefits, the support they receive may not always be comprehensive (Brady & Parolin, 2020). These data highlight the importance of the need for services to be reformed so they are more accessible and adequately meet the needs of individuals facing housing insecurity.

Social Support

As discussed in the section on risk factors and predictors of homelessness, a lack of social support increases an individual's vulnerability by exacerbating economic insecurity, mental health issues, and substance abuse, all of which can contribute to homelessness. Adequate social support can stabilize these areas and help prevent homelessness (Jackson, 2023). As a key social determinant of health, the absence of a social support network can exacerbate housing instability (Walden University, 2025). Therefore, in strengthening social support systems, vulnerable individuals can gain prolonged access to housing stability.

Strong interpersonal relationships are crucial in preventing homelessness as they provide emotional and material support. When these relationships become disrupted due to forced displacement, the lack of support increases the risk of homelessness (Garcia et al., 2024). Limited social support is especially harmful to children, as it negatively

impacts the child's development and well-being (Lucke, 2022). Additionally, social support contributes to an individual's resiliency as it enhances their stress tolerance and reduces the risk of depression and post-traumatic stress syndrome (PTSD) (Sleet & Francescutti, 2021). Sleet and Francescutti (2021) also found that in strengthening systems of social support, individuals can better manage their distress tolerance and better manage psychiatric disorders such as depression and post-traumatic stress syndrome (PTSD). As a result, by strengthening an individual's social support network, they can build resilience and reduce their risk of homelessness.

COVID-19 and Homelessness

The COVID-19 pandemic highlighted the preexisting causes of homelessness while identifying new ones. This global health crisis revealed the challenges different cohorts faced, including the gaps in the abundance, availability, and quality of programs that serve people experiencing homelessness. Pixley et al. (2021) stated that cumulative factors contribute to the housing availability crisis during and after disasters. In the context of the COVID-19 pandemic, these factors included social distancing, economic instability, employment loss, and social support network lapses. Therefore, addressing these challenges requires a comprehensive approach that strengthens support systems, and improves access to resources ensuring stability particularly during times of crisis.

The COVID-19 pandemic not only disrupted the U.S. labor market but also contributed to increased housing insecurity, particularly for those in marginalized populations. Many individuals within these communities were often employed in service, construction, commerce, and agriculture industries and faced job losses and financial

instability at higher rates than their more advantaged counterparts (Moyer et al., 2022). Simultaneously, social distancing mandates were implemented by the Centers for Disease Control and Prevention (2023), reducing shelter capacity and further limiting options for those experiencing homelessness. The combination of job loss and a reduction in shelter capacity highlights the need for targeted interventions for marginalized populations during times of crisis.

The compounded effects of economic hardship and reduced shelter availability increased the vulnerability among at-risk populations, leading to more significant challenges for those already struggling to meet their needs prior to the pandemic. The effects of the pandemic were widespread, with marginalized populations in the service, construction, commerce, and agricultural industries experiencing the most significant economic hardship due to job losses and instability (Moyer et al., 2022). These industries experienced significant disruptions, and many low-wage workers who were unable to work remotely endured prolonged unemployment (Moyer et al., 2022). In 2020, the United States economy shrank by 3.43%, and although recovery efforts followed, economic growth remained below prepandemic projections (Moyer et al., 2022). Additionally, poverty increased as millions of individuals faced financial hardship, especially those with little savings and limited access to social safety programs (Moyer et al., 2022). This situation emphasizes the need for ongoing comprehensive economic support and community resources to assist at-risk individuals gain stability.

Throughout the COVID-19 pandemic, many individuals experienced employment loss, were underemployed, over-employed, or feared job loss. As per Kim and Kim

(2022), economic insecurity contributes to feelings of uncertainty and vulnerability and can exacerbate mental health challenges. A sudden change in income of those already struggling to maintain shelter also made doing so more challenging (Kim & Kim, 2022). The economic disruptions caused by the pandemic exacerbated financial strain, and mental health challenges particularly for those already vulnerable.

Implications of Homelessness

The implications of homelessness are significant, as it severely impacts one's ability to achieve self-actualization. Homelessness impedes an individual's ability to gain a sense of self-sufficiency, safety, and dignity. Those experiencing homelessness tend to experience a range of health conditions compared to their housed counterparts (Mitchell et al., 2023). Individuals experiencing homelessness are more likely to experience frequent hospital visits, have higher rates of emergency readmissions, and have an increased risk of mortality with a notably younger median age at death.

The COVID-19 pandemic highlighted the severe health risks and systemic inequalities faced by individuals experiencing homelessness. During the peak of the COVID-19 pandemic, those experiencing recent homelessness were found to be 10 times more likely to require intensive care and over five times more likely to die within 21 days of their first positive test result compared to the general population (Mitchell et al., 2023). Homelessness, contributes to systemic inequalities, as it affects the mental and physical health of those impacted, and is often stigmatized by more privileged groups (Padgett, 2020). The evidence detailing the heightened health risks, systemic inequalities, and the compounded effects of homelessness, particularly during the COVID-19 pandemic,

highlights the urgent need for targeted interventions to address both the physical and mental health challenges faced by individuals experiencing homelessness.

Children who experience homelessness are at a heightened risk of challenges to their well-being, which may continue into adulthood. Consequently, children who experience homelessness are more susceptible to being bullied, having suicidal ideation, and mental health challenges (McCallops et al., 2021). Additionally, the association between homelessness, substance abuse, and mental health disorders continues into adulthood. According to Ashley et al. (2024), childhood homelessness is linked to Adverse Childhood Experiences (ACEs) and can lead to long-term issues like depression, anxiety, and substance abuse. These effects may not be apparent during childhood but can emerge later in life, influencing an individual's ability to form healthy relationships and cope with stressors (Ashley et al., 2024). Addressing childhood homelessness is critical in mitigating the long-term implications that may arise in adulthood.

Individuals who are navigating homelessness are more susceptible to overdose, particularly opioid-related overdoses. These individuals face an increased risk of overdose due to the use of drugs in secluded locations, where they are afforded some privacy and protection from police harassment. This combination of physical and social factors contributes to environments that significantly elevate the risk of fatal overdoses (Nesoff, 2023). These data emphasize the need for targeted strategies that address both housing instability and substance use and the associated risks of overdose.

Policies Affecting Homelessness

Domestic violence results in wide-ranging implications in the lives of the victim-survivors who experience it. For women and children in particular, these implications affect several domains of their lives, including their mental and physical health, economic stability, employment, and housing stability (Rempel et al., 2024). Further, victim-survivors of DFV experience higher rates of homelessness due to the lasting impact of abuse, including financial dependence and isolation caused by the abuser's control (Hargrave et al., 2024; Rempel et al., 2024). Homelessness resulting from DFV contributes to widespread social and systemic factors in the United States. Many times, the experience of domestic violence prevents individuals from securing safe and stable housing, which, in turn, limits their ability to gain independence. Despite government efforts to reduce homelessness, it remains a persistent issue (Cronley et al., 2020), and the lack of economic resources and support systems makes victim-survivors more vulnerable to homelessness, demonstrating a clear connection between DFV and housing instability and homelessness.

Homelessness has long been an issue in the United States; however, it became a widely recognized social crisis in the 1980s, particularly in urban areas. As the visibility of homelessness increased, the allocation of resources to address this social issue changed, notably through significant changes in the Section 8 housing program. Under President Reagan, systems that had previously supported low-income individuals were deregulated. Tax incentives for private landlords, encouraging them to rent to low-income tenants, were also eliminated (U.S. Department of Housing and Urban Development,

n.d.). These policy shifts resulted in reduced affordable housing options, disproportionately affected low-income individuals, and contributed to the growing homelessness crisis.

The Reagan administration policies signified a significant shift in the availability of housing and supportive services, perpetuating long-lasting effects that negatively impacted low-income individuals. The Reagan administration was responsible for reducing funding for public housing tax reimbursements, limiting federally supported housing availability, and decreasing funding for other programs that benefited low-income individuals (U.S. Department of Housing and Urban Development, n.d.). This shift toward fiscal conservatism and market-driven solutions further exacerbated the homelessness crisis by leaving fewer affordable housing options for low-income individuals. The dissolution of these social support systems highlighted a pivotal shift as housing resources transitioned from public programs and more toward privatized programs, which in turn exacerbated the problem of homelessness in the U.S. (Kaspraw, 2023). These shifts in policies not only reduced essential support for low-income individuals but also further entrenched individuals into the cycle of homelessness.

Following a reduction in public housing resources and a shift toward privatized solutions, many individuals, including those with severe mental health issues, were left without a comprehensive support system. These individuals, who had historically relied on public housing and care programs (Scull, 2021), faced reduced resource availability. Due to funding cuts and economic challenges, access to these resources, including access to stable housing, became increasingly difficult. The deinstitutionalization of psychiatric

hospitals also contributed to the crisis. Although the intent was to facilitate the transition of individuals into long-term care facilities, many of these facilities failed to provide adequate transitional care. Without the promised support, these individuals were left to navigate their circumstances alone, which significantly exacerbated the growing homelessness crisis, particularly among those with severe mental health conditions (Scull, 2021). The failure of these institutions to oversee transitional care for individuals in these vulnerable populations worsened the homelessness crisis and left many without the resources they needed to regain stability.

Federal efforts to address homelessness in the 1980s led to the introduction of key policies aimed at providing relief and supporting individuals experiencing homelessness. In 1986, the federal government introduced the Homeless Persons' Survival Act (HPSA) and the Homeless Eligibility Clarification Act. The HPSA focused on emergency relief, health services, job training, and support for homeless families and children, whereas the Homeless Eligibility Clarification Act provided immediate relief and clarified housing assistance eligibility for individuals navigating homelessness (Congress.gov, 1986).

Federal policies have been instrumental in influencing modern efforts to address homelessness and expand housing support. The HPSA later influenced the McKinney-Vento Homeless Assistance Act, which universally defined homelessness, coordinated federal efforts, and established guidelines for emergency food, shelter, transitional housing, and employment resources (Understanding the McKinney-Vento Homeless Assistance Act, 2020). These policies established the foundation for expanding housing access and strengthening support systems for individuals experiencing homelessness

(William & Mary School of Education, n.d.) and were crucial in establishing the foundation for future efforts that would go on to address homelessness and improve access to housing for vulnerable populations. These legislative efforts established the foundation for future policies that continue to influence how homelessness and housing instability are addressed in the present.

The Homeless Eligibility Clarification Act of 1986 improved access to assistance programs by removing barriers that previously prevented individuals experiencing homelessness from qualifying for aid. The act expanded eligibility for programs such as Supplemental Security Income, aid to families with dependent children, Veterans benefits, food stamps, and Medicaid (Project Hope Virginia, 2025). It also allowed nutrition benefits such as SNAP to be used for prepared meals and increased access to federal job training programs. Additionally, the Homeless Eligibility Clarification Act required the Social Security Administration (SSA) and other federal agencies to establish methods for determining eligibility and delivering aid to individuals who were without permanent addresses. To further improve access, the SSA representatives were also required to conduct regular visits to facilities that served individuals experiencing homelessness to ensure they were assisting their service users with their applications for benefits (National Institutes of Health, 1988). These changes assisted in ensuring that individuals experiencing homelessness had greater access to critical support services.

The COVID-19 pandemic exacerbated the housing affordability crisis, as millions of renters and homeowners fell behind on their payments, particularly those in communities of color. The American Rescue Plan Act of 2021 was enacted to address

immediate and long-term housing stability. This Act provided critical housing relief, which included over $21.5 billion in emergency rental assistance and $10 billion to support homeowners facing foreclosure (U.S. Department of Housing and Urban Development, 2021). The legislation also allocated $5 billion for emergency housing vouchers, funding for homelessness assistance programs, and targeted support for Native American communities and rural areas (U.S. Department of Housing and Urban Development, 2021). Overall, these provisions helped mitigate the pandemic's effects on housing stability and provided essential support for those most at risk of homelessness.

While Arizona has yet to see substantial legislation addressing homelessness at the state level, Senate Bill 1024 exemplifies one such attempt. In the proposed legislation, some legislators sought to criminalize homelessness by advocating for punitive actions against street encampments and their inhabitants. However, Governor Katie Hobbs vetoed the bill, arguing that this approach would fail to address the root causes of homelessness and would instead marginalize individuals experiencing homelessness further (Office of the Governor Katie Hobbs, 2023). Governor Hobb's veto emphasizes the ongoing debate in Arizona over the most effective ways to address homelessness and the need for comprehensive solutions beyond punitive measures.

Despite the lack of state-specific legislation addressing homelessness, public and private entities in Arizona continue to work toward addressing the issue. In January 2023, Governor Katie Hobbs issued an executive order to formally establish the Governor's Interagency and Community Council on Homelessness and Housing. The council was composed of representatives from various sectors such as business, philanthropy, non-

profit organizations, faith-based communities, and the Arizona Department of Education, and was formed to promote interagency collaboration to address homelessness. Its responsibilities involved overseeing efforts to address homelessness by facilitating the effective implementation of related policies. The council's focus also extended to housing authorities, advocacy groups, emergency shelter programs, permanent housing providers, services for homeless youth, and individuals with current or past experiences of homelessness (Office of the Governor Katie Hobbs, 2023). This collaborative effort reflects Governor Hobb's commitment to addressing homelessness through coordinated action across multiple sectors within Arizona.

Summary

Homelessness in the United States remains an ongoing, multifaceted social issue for which a comprehensive and permanent solution has yet to be identified. The complicated historical background and legislative efforts aimed at addressing this problem further emphasize its persistent and complex nature. Though individuals with diverse backgrounds experience homelessness, specific populations, such as Black and Indigenous individuals, are disproportionately affected (U.S. Department of Housing and Urban Development, 2022). The disparities between different groups highlight the need for policies that specifically address the systemic factors of homelessness in marginalized communities.

Families with children often encounter unique challenges that increase their risk of housing instability and economic hardship. This study focused on the vulnerability of families with children, identifying them as particularly vulnerable due to factors such as

low incomes, homelessness resulting from IPV, and parents' unmanaged mental illness (Adams et al., 2021). The existing literature suggests an association between family violence and economic instability, with IPV posing a significant threat to housing stability (Milaney et al., 2019). Understanding the link between family violence and financial insecurity is crucial to developing effective interventions, as research demonstrates that domestic family violence significantly contributes to economic instability and threatens housing stability for affected families.

Section two will introduce the study's design, including discussing the focus groups composed of leaders and administrators who work in the areas of homelessness, economic security, and family violence. In section two, I will also restate the purpose statement, discuss the research design, outline my role as researcher, explain the participant recruitment plan, and detail the sampling strategy. Further, section two will address the protocol, data collection, analysis plan, and ethical considerations guiding the study. Finally, section two will conclude by providing a preview of section three.

Section 2: The Project

Introduction

As outlined in Section one, homelessness remains a persistent social problem in the United States, particularly among single mothers, who represent a significant portion of the homeless population. This social issue is driven by complex and multifaceted factors, including but not limited to domestic violence, economic insecurity, and other systemic factors perpetuating its existence. The results of this study aim to highlight the deficiencies in service delivery for single-parents navigating domestic violence-related homelessness in Maricopa County, Arizona, with the aim of informing and improving practices tailored to this demographic.

Purpose Statement

This qualitative study aimed to explore the perceptions of human service practitioners regarding the needs of single-parent families navigating homelessness in Maricopa County, Arizona. Given the strong association between these factors, this study aimed to identify gaps in service delivery. The findings from this study may help human service practitioners and policymakers develop more targeted interventions to better support this population.

Research Question

What are the perceptions of human service practitioners regarding the needs of families experiencing domestic violence-related homelessness in Maricopa County, Arizona, and how can these clients be empowered to exercise self-efficacy?

Project Design

This study utilized data from two focus groups to engage supervisory leaders and administrators working in the fields of homelessness, economic security, and domestic and family violence. A formative program evaluation was used to guide this research in assessing the adequacy and effectiveness of current services provided by organizations serving this population in Maricopa County. The goal was to rigorously evaluate existing services to identify areas for improvement and inform future interventions.

Methods

Role of the Researcher

In my role as the researcher, I recruited initial participants using digital fliers posted to social media and word of mouth through snowball sampling. Snowball sampling is a sampling methodology that falls under the broader spectrum of referral sampling in which existing participants help to recruit new participants (Manole et al., 2024). Upon completion of the data collection from the focus groups, I analyzed it using Braun and Clarke's six-step data analysis plan (2006). This widely used qualitative research tool helps researchers build a theoretical model of their conclusions. This process includes six phases: familiarizing oneself with the data, creating initial codes, identifying themes, reviewing the themes, naming and defining the themes, and finally, generating the report (Braun & Clarke, 2006). With nearly eight years of experience working in the human services field in various roles, I have observed recurring themes within this population, such as substance abuse, mental illness, typically unmanaged intergenerational childhood trauma, and lower educational attainment. The implications

of these issues often involve criminal justice and court involvement, being lower income, engagement with the Department of Child Safety, substance use, and overall poorer health outcomes. However, these themes may not apply to this cohort universally.

To mitigate potential biases and select relevant participants, this research used snowball sampling, a form of referral sampling where existing study participants refer others who meet the research criteria, creating a chain of referrals to access individuals in populations who may be challenging to connect with (Biernacki & Waldorf, 1981). Snowball sampling helps gain diverse perspectives, which will benefit this study, particularly when facilitating focus groups with practitioners working in homelessness, economic security, and family violence, as it ensures representation of the broader population (Campbell et al., 2020). Additionally, maintaining ethical considerations were paramount throughout this research process. Through informed consent, I ensured that these leaders and administrators did not feel obligated to participate in this study. Further, I ensured that the voices of those who participated were accurately represented.

Participant Recruitment and Sampling Strategy

The participant pool was composed of leaders and administrators who supervise those working in homelessness, economic security, and family violence. I used snowball sampling, which is helpful in recruiting participants whose experiences and perspectives align with the research. I recruited participants based on their leadership and administrative roles within the human services field, specifically targeting those who work directly with single parents, navigating domestic violence-related homelessness. Participants learned about the study from digital fliers posted on social media and

through word of mouth. Finally, I verified the participants' credentials through either those who referred them or from the participants directly.

Each focus group consisted of four practitioners who were leaders and administrators who worked within the domains of homelessness, economic security, and family violence, for a total of eight accounts. I recruited the participants through digital fliers posted on social media and word-of-mouth referrals. Focus group participants did not receive any compensation. This research established the identification of participants by assigning them unique identifiers, including 001A–004A for participants in the first focus group and 001B-004B for participants in the second focus group. I established and maintained contact with participants via secure email channels, in which I was the only individual to have access to the email and password on a personal computer. Though the sample size was not robust, as evidenced by the data acquired from the focus groups, snowball sampling allowed for sufficient saturation to understand the phenomenon better and inform practice.

Protocol

In this formative evaluation study, I explored the needs of single parents who were navigating domestic violence-related homelessness in Maricopa County, Arizona, using data from two focus groups with leaders and administrators who supervise human service practitioners in the fields of homelessness, economic security, and family violence. This study was influenced by the work of Nyamathi et al. (2021), who conducted interviews with service users and focus groups with practitioners to explore the unique challenges individuals navigating homelessness faced in accessing Hepatitis C

treatment. This study's significance lies in highlighting the expertise of practitioners and emphasizing their perspectives as central to guiding service delivery for this population. Further, content validity was established by having leaders and administrators who work within the human services domain review the protocol's content and provide feedback.

Data Collection

Data were collected from two focus groups composed of leaders and administrators who work within the contexts of homelessness, economic security, and family violence. The two focus group sessions, composed of four participants in each, were conducted in one day, each lasting approximately 60 minutes, and were facilitated through Zoom. I facilitated each focus group by following an agenda and asking open-ended questions (see Appendix B). When recruitment attempts resulted in too few participants, I continued utilizing the snowballing method by requesting that current participants refer other practitioners working within the domains of homelessness, economic security, and family violence, and whose perspectives aligned with the study's focus, to participate.

After the focus groups ended, participants were asked whether they had developed any new insight into the perspectives exchanged that may have been overlooked during the discussion. I then thanked the participants for their time and reminded them of how their unique perspectives would be used to inform service delivery.

Data Analysis

Data Analysis Plan

The data analysis was guided by Braun and Clarke's (2006) six-phase framework for thematic analysis. In utilizing this framework, I familiarized myself with the data (Phase 1) and then generated initial codes (Phase 2). Next, I identified themes (Phase 3) and reviewed the themes (Phase 4); following that, the themes were named and defined (Phase 5), and finally, the themes were compiled into a comprehensive report (Phase 6) (Braun & Clarke, 2006). This structured approach ensured that the qualitative data were carefully analyzed and interpreted, with patterns identified through systematic analysis of the data (Ranfagni et al., 2023). Additionally, during the coding process, each extracted meaning from the participants' keywords was assigned a corresponding short phrase, and conflicting phrases that challenged initial assumptions were documented and rationalized as recommended by Coleman (2021).

Ethical Considerations for Data Collection

Ethical research standards require researchers to appropriately inform participants of the benefits, alternatives, and risks of participating in the research (Shah et al., 2023). I upheld my participants' confidentiality by excluding personal identifying information during both data collection and analysis. Additionally, I ensured informed consent by making participants aware of the reason for the study, adequately informing them about the study's risks, benefits, and consequences, and obtaining their explicit permission to participate in the study in a manner free of coercion (Taquette & Borges da Matta Souza,

2022). Further, the participants were also informed of their right to withdraw from the study at any time (Jackson, 2023).

In addition to individual ethical considerations, Institutional Review Boards (IRBs) serve a vital function in ensuring the ethical conduct of research, particularly in safeguarding the welfare of research participants (White, 2020). The IRB oversees the university-affiliated studies' review and approval process at Walden University. Student researchers must obtain explicit approval from the IRB before beginning participant recruitment or any other phase of the research process (Walden University Office of Research and Doctoral Services, 2024).

The approval process begins with the student researcher completing and submitting Form A, also known as the Description of Data Sources. This form initiates requesting IRB guidance throughout the study. It assigns a Research Ethics Support Specialist to assist the researcher in identifying necessary documents related to the study's data sources. Subsequently, the student researcher addresses any initial ethical concerns identified through a process known as Preliminary Ethics Feedback (PEH). During this stage, with guidance from the Research Ethics Support Specialist, the student researcher prepares the required documentation to meet the university's ethical standards. The IRB then provides the student researcher with written feedback, allowing them to resolve ethical challenges before the formal IRB review, which reduces the need for extensive revisions during the final ethics review stage (Walden University, 2025).

Upon obtaining approval of their proposal in *MyDR*, the IRB contacts the student researcher and their chair to determine whether any updates have been made since the

oral defense and whether there is a need for document revisions. Following confirmation that no updates were made or adequately reported and documented, the IRB grants research study approval upon receipt of all necessary documents. This approval allows the student researcher to proceed with participant recruitment and subsequent data collection activities (Walden University Office of Research and Doctoral Services, 2024).

The ethical treatment of research participants is the cornerstone for enhancing and maintaining trust in recruitment and achieving data validity and transferability. One set of ethical guidelines emphasizing the ethical treatment of human subjects is the Belmont Report. The Belmont Report was written in 1979 to guide ethical decision-making by emphasizing the fundamental ethical principles researchers must follow when working with human subjects (U.S. Department of Health and Human Services, 1979). The Belmont Report outlines three foundational ethical principles: respect for persons, beneficence, and justice (Nagai et al., 2022). The guiding principles within the Belmont report continue to influence ethical guidelines and regulatory frameworks, as they serve as the foundation for responsible research practices today.

This study adhered to established ethical guidelines based on the principles outlined in the Belmont Report, including protecting participants' rights and well-being throughout the research process. The proposal was submitted to the Walden University IRB for approval before data collection began. Ethical considerations for the study included ensuring participants clearly understood informed consent, how their confidentiality was to be protected, and that participation was voluntary.

Further, the plan ensured that participants had opportunities to ask clarifying questions about the study. The plan also encouraged participants to openly share their perspectives on the population being studied to acknowledge potential biases. Two pertinent ethical concerns may be related to the perception of power differentials between myself and participants. In addition to informed consent, ethical concerns related to data collection and intervention activities included how data were managed and how to address any adverse reactions from participants. The plan also detailed the secure methods for data storage. It included a clause in the informed consent form highlighting the importance of post-focus group debriefings to address any reactions participants may experience.

The data obtained from this study were treated confidentially, with no personal identifying information linked to participants. Each participant was assigned a unique identifier, such as numbers between 001A and 004A for the first focus group and 001B and 004B for the second. I transcribed the recordings from the Zoom sessions using Otter AI software, and participants were informed that the data would only be shared with individuals directly involved in the study, including myself, my chair my second committee member, the IRB, and the editor.

Summary

This qualitative research study explored the challenges of single parents navigating domestic violence-related homelessness in Maricopa County, Arizona, through two focus groups with supervisors and administrators who oversee programs within the domains of homelessness, economic security, and family violence. This study aimed to

identify deficiencies in service provision for this demographic. The aim of this study was to inform and enhance service delivery practices for practitioners working in the areas of homelessness, economic security, and family violence.

This study used a formative program evaluation methodology to explore how economic hardships, family dynamics, and lack of support affect the homelessness experience among single-parent families. Participant recruitment began with digital flyers posted on social media, followed by identifying subsequent participants through snowball sampling. Ethical considerations such as informed consent and participant confidentiality were prioritized throughout the process. Data were collected through two focus groups and analyzed using the Braun and Clarke six-step method to extract meaningful insights into the challenges faced by single parents navigating homelessness in Maricopa County, Arizona.

Section three will include a restatement of the research question: "What are the perceptions of human service practitioners regarding the needs of families experiencing domestic violence-related homelessness in Maricopa County, Arizona, and how can these clients be empowered to exercise self-efficacy?" It will present the study's results, including thematic findings derived from the data analysis. Additionally, in section three I will discuss how my analysis of these findings aligns with the literature review and theoretical framework.

Section 3: Results of the Study

Introduction

This section presents data acquired from the two focus groups I facilitated. These focus groups were composed of leaders and administrators working in and overseeing programs related to human and social services, homelessness, economic insecurity, as well as family and domestic violence. The importance of gaining insight from those working directly with their populations directly correlates to program effectiveness (Nnawulezi & Hacskaylo, 2022). While scholars and stakeholders can argue that all perspectives, including those of front-line workers and especially those of service users, are valuable, this study highlights the voices of leaders and administrators whose voices are not always centered in research despite their critical role in service delivery.

Research Question

What are the perceptions of human service practitioners regarding the needs of families experiencing domestic violence-related homelessness in Maricopa County, Arizona, and how can these clients be empowered to exercise self-efficacy?

Presentation of the Results

Focus group participants consisted of leaders and administrators working in and overseeing programs related to human and social services, homelessness, economic insecurity, as well as family and domestic violence. The focus groups were conducted on Saturday, June 14, 2025, to allow for flexibility in scheduling. Digital flyers were shared across several social media platforms. The dissemination of the fliers resulted in 8

participants, creating two focus groups of 4 participants each, who were then assigned unique identifiers 001A – 004A and 001B to 004B.

Focus group one ran a total duration of 58 minutes and focus group two ran a total duration of 54 minutes. Participants were asked to keep their cameras off and to refrain from mentioning their names or specifically identifying the specific organization they worked for unless they felt compelled to do so, if it aligned with their responses. I obtained IRB approval, and the study was assigned approval number 05-23-25-0274736, with an expiration date of May 22, 2026. The focus group participants were asked ten questions aimed at uncovering structural and systemic barriers present in service delivery, exploring strength-based approaches to service delivery, limitations present in existing interventions, exploring how economic insecurity influences victim-survivor self-efficacy, exploring strategies to reduce victim blaming, exploring strategies to encourage intrinsic empowerment, and exploring how to interrupt cycles of intergenerational violence, trauma, and poverty. The questions were as follows:

Focus Group Questions

1. What are the primary challenges faced by families experiencing domestic violence related homelessness in Maricopa County, and how do these challenges impact their ability to achieve self-sufficiency?
2. What strengths do you observe among these families, and how can human services practitioners support them in using these strengths to rebuild stability?

3. How do current interventions help or hinder families in gaining independence, securing housing, and achieving economic stability?
4. What role do community resources and service providers play in fostering self-efficacy, and how can these supports be improved to better empower families?
5. How does economic instability affect decision making and autonomy for families experiencing domestic violence-related homelessness?
6. What strategies or programs have been most effective in helping survivors reconstruct their lives, and what supports remain deficient?
7. How can human service systems move away from practices that may contribute to victim blaming and instead center survivor dignity and empowerment?
8. What can be done at the prevention level to reduce the occurrence of domestic violence-related homelessness in the first place?
9. How do generational issues such as poverty, trauma, or learned behaviors contribute to this social problem, and how might services intervene to break these cycles?
10. What feedback have you received from survivors about their sense of control over their progress, and how can services further support their independence and long-term success?

Initial Codes

During data analysis, I identified over 250 initial codes. The initial codes were created using Braun and Clarke's six-step data analysis plan (2006), which includes identifying, reporting, and analyzing themes found in a set of data (Braun & Clarke, 2006). I then reduced the codes to 26 by searching for similar codes that could be grouped into one and those codes which were low in frequency and were not present across each focus group. I gathered data through Zoom audio-recorded focus groups and then transcribed them through Otter AI software. From here, I read through the transcripts for each focus group, noting my initial impressions of the responses and ensuring the audio matched the transcripts.

After familiarizing myself with these data, I then created codes by either inferring the meaning of each participant's response or using direct quotes from the participants. An example of how I created the codes can be seen when participants were asked, "What are the primary challenges faced by families experiencing domestic violence-related homelessness in Maricopa County, and how do these challenges impact their ability to achieve self-sufficiency?" in which one participant responded,

> .... So, one thing I see in regards to your first question, lack of concrete support in terms of emotional and social. If you're more isolated and you have no one to turn to, it's likely that you'll continue on um in the DV relationship, or even if you're homeless and there's no again, concrete emotional or social support, it's a little … proves to be a little more challenging to get a start, and the impact of that, it's difficult, like I said, to get a start beyond a certain status in life without some type

> of strong personal determination, perseverance, resilience. So that's … I hope that answers the question.

In this excerpt, I then highlighted the phrases "lack of concrete support in terms of emotional and social." "... isolated," and "strong personal determination, perseverance, resilience," which assisted me in understanding the overall message the participant was attempting to convey. From here, the codes I derived from this response were "Lack of emotional and social support as a barrier to progress, isolation increases risk of staying in unsafe environment, emotional and social support as a prerequisite for progress, self-sufficiency requires resilience, and resilience requires perseverance and determination."

Once I identified all the latent codes present within these data, I then began to look for patterns across each question and between each focus group. In doing so, this also assisted me in identifying redundancy in responses and further consolidating similar codes. The emerging patterns I identified, which will be herein referred to as themes and which represent a meaningful pattern in participants' responses that relates directly to the research question (Braun and Clarke, 2006) were structural and systemic barriers and gaps in service delivery; resilience, motivation, and identity; trauma-informed care in service delivery; peer support and empowerment; prevention through education; and intergenerational trauma, and family norms.

Subsequent Themes

Table 1, *Structural and Systemic Barriers and Gaps in Service Delivery,* includes data illustrating how victim-survivors are often constrained by rigid systems that fail to accommodate the complexities of domestic violence-related homelessness. The focus

group participants emphasized that structural and systemic barriers, particularly those present in legal, shelter, and social service domains, consistently hinder victim-survivors' efforts to achieve safety, housing stability, and long-term independence. Codes such as "ineffective judicial system response undermines survivor safety" and "short detention times prevent survivor planning" highlight repeated concerns that legal institutions do not provide adequate or timely protection. As one participant stated, "More often than not, the survivors, they do return to the abuser … It's just a 24-hour hold, if sometimes not even that … and that's not even enough time for the survivor to develop a plan."

Additionally, this theme illustrates how systems that are meant to support recovery often unintentionally penalize the client's progress. The code "progress perceived as punishment," represented by the quote, "As soon as they get that next raise or that greater role of increased hours… that's going to kick them off that program, it's a fear to even strive to improve," illustrates how benefits can disincentivize economic mobility. Victim-survivors are caught in a paradox where striving for self-sufficiency leads to a loss of crucial supports. Similarly, the code "disincentivizing self-sufficiency" appeared frequently, which reinforced that policy structures sometimes undermine survivor resilience rather than promote it.

From a frequency perspective, the high occurrence of codes such as "rigid shelter rules," "lack of trust in support availability," and "ineffective interagency collaboration" indicates a systemic pattern of inflexible, fragmented, and unreliable service delivery. This theme is not influenced by isolated experiences, but rather by a recurring structural misalignment between victim-survivor needs and institutional responses. When legal

systems enable the cycle of abuse and social programs appear to penalize victim-survivors for making progress, it becomes evident that these barriers are embedded in policy, not just practice.

Braun and Clarke (2006) emphasize that qualitative themes should be more than summaries; they must reflect interpretative stories about the data. As such, this theme reveals a comprehensive story of safety and survival being compromised by structural rigidity. The insights gained here suggest that, without meaningful reform, such as trauma-informed care through survivor-centered program designs, victim-survivors will remain imprisoned in cycles of dependence, instability, and revictimization.

Table 1

Theme 1: Structural and Systemic Barriers and Gaps in Service Delivery

Code	Frequency	Source	Discussion
Rigid shelter rules	4	Q1, Q3	Rigid shelter policies create barriers for working mothers, and families with pets.
Lack of trust in support availability	3	Q1, Q4	Fear of disclosure due to system retaliation. Results in poor outcomes.
Ineffective interagency collaboration	2	Q1	Poor interagency collaboration leads to lost benefits and gaps in legal support.
Scarcity of legal support services	2	Q1, Q4	Legal services are underfunded and scarce for survivors.
Staff and casework overload	3	Q4	Staff burnout and overwhelmed caseloads. Reduce the quality of care and increase service gaps.
Lack of personalized case plans	4	Q1, Q3, Q4	Generalized programs dismiss individual needs and hinder service user progress.

Table 2 includes data regarding resilience, motivation, and identity. In these data, participants consistently described victim-survivors as possessing an inherent inner

strength, a drive for personal improvement, and a growing awareness of their self-worth and dignity. Codes such as "survivor identity development (still feel like a victim, not a survivor)" and "gaining confidence through therapeutic interventions" revealed that emotional recovery often begins with an internal readiness and is then nurtured through trauma-informed care and one-on-one support. As one participant detailed, "They still feel like a victim instead of a survivor, but once they … gain the confidence … then we celebrate small, small wins." The transition from victimhood to survivorship emerged as a core pattern across these data and demonstrated the significance of incorportating empowerment within recovery.

The focus group participants also emphasized the importance of "meeting clients where they are" and "celebrating small milestones," thus reinforcing the understanding that individualized, strengths-based approaches are the foundation to building confidence and long-term progress. These strategies of empowerment align with the motivational resilience expressed by victim-survivors themselves through the perspectives of participants. In one example, a participant described a survivor who made the difficult but empowering decision to relocate, stating, "She felt in control by … uprooting and leaving the same state that her abuser lived in," which reflects a broader theme of agency, even under extreme distress.

From a frequency perspective, multiple resilience-centered codes across several questions demonstrate that strength and self-determination are central and necessary to the survivor experience. While barriers remain, the consistent emergence of motivation-related codes suggest that victim-survivors are not passively navigating systems, but

rather, they are actively resisting, adapting, and reclaiming their identities. These frequencies reinforce the idea that recovery efforts should not solely focus on removing obstacles for the victim-survivor but also on amplifying their strength and assisting them in fostering opportunities to reconstruct their identity, build their confidence, and progress towards sustained healing.

Table 2

Theme 2: Resilience, Motivation, and Identity

Code	Frequency	Source	Discussion
Resilience amidst isolation	3	Q2	Families demonstrate resilience and perseverance through hardship.
Trust in practitioner for emotional support	4	Q2	Trust in practitioners provides emotional support and guidance in recovery.
Maintaining social connections	3	Q2	Social ties serve as informal support systems crucial for survival.
Overcoming systemic barriers	2	Q2	Families advocate for themselves and work to overcome systemic obstacles.
Motivation and self-determination as drivers of change	9	Q2, Q3, Q6	Self-motivation and determination are essential in overcoming barriers, rebuilding stability, and making progress towards independence.

Table 3 includes data regarding trauma-informed care in service delivery. The participants emphasized the importance of discharging their service through compassionate, client-centered interventions that prioritize emotional safety and individualized support. Codes such as “supportive patience from providers,” “practitioner understanding of readiness,” and “meeting clients where they are” illustrate how service providers must honor the complex and emotional timelines of victim-survivors. One participant shared, “They still feel like a victim instead of a survivor, but once they

possibly go through counseling, some type of support groups … then we celebrate small, small wins." These data demonstrate that emotional healing is often gradual and influenced by the victim-survivor's pace and level of comfort.

Participants also recognized that leaving an abusive relationship is rarely a linear process. The importance of "autonomy in choosing when to leave" was emphasized as a critical part of empowerment rather than an indicator of failure or resistance. Several responses acknowledged that survivors may return to abusive partners out of hope for change, concern for their children, or unresolved trauma bonds. Codes such as "empathy for the abuser's trauma" and "motivated by family preservation" reflect the emotional and interpersonal complexities that survivors navigate, even when their decisions may appear contradictory to their safety and lack the sense of urgency surrounding their circumstance.

From a frequency perspective, values of trauma-informed consistently emerged across the dataset. Codes such as "gaining confidence through therapeutic interventions" and "survivor identity development" demonstrate that healing is most effectively supported through rapport-building and empathetic approaches rather than rigid, compliance-driven models. The recurrence of these codes across multiple questions and focus groups reflects a widely shared practitioner understanding: effective trauma-informed care is built upon a foundation of nonjudgment, flexibility, and a deep respect for the survivor's voice and lived experience.

Table 3

Theme 3: Trauma-Informed Care in Service Delivery

Code	Frequency	Source	Discussion
Client readiness impedes progress	4	Q3, Q4, Q6	Importance of client readiness for therapeutic interventions to be effective.
Staff burnout and workforce challenges hinder progress	2	Q4, Q7	Burnout reduces empathy and service quality, and impacts victim-survivors negatively.
Bias and professionalism in training delivery	2	Q4, Q7	Bias in training can negatively affect domestic violence education and client trust.
Underuse of group therapy options	2	Q4, Q7	Group therapy could provide a supportive environment that encourages more candid conversation.
Empathetic, client-centered support improves outcomes	7	Q3, Q6, Q7	Client-centered compassionate services are critical to progress and lead to positive outcomes.

Table 4 includes data regarding peer support and empowerment. This theme highlights the influence that survivor-led and peer-based support systems have in assisting individuals affected by domestic violence-related homelessness reclaim stability and build resilience. Codes such as “survivor mentorship,” “peer support empowers,” and “positive perceptions of life after exit” demonstrate how connection with others who have lived through similar experiences can foster a deep sense of validation, hope, and encouragement. As one participant explained, “Once they find stability and they exit the toxic relationship, they do feel a sense of peace and safety."

Peer mentors were frequently cited as an essential source for building trust and demonstrating what recovery can look like. These relationships offer more than emotional support as they serve as a testament that healing and long-term stability are attainable. Additionally, participants described how victim-survivors often “gain

confidence through therapeutic interventions," particularly when those interventions include counseling and support groups that encourage mutual learning, hope, and validation.

This theme also acknowledges that certain forms of awareness, such as "survivor willingness to recognize abusive patterns" and "awareness of ongoing vulnerability," are often cultivated in community with others who have shared experiences. This pattern suggests that formal systems may sometimes be deficient in providing the kind of trust and relatability that only peer-based connections can offer. Peer support builds on shared identity and mutual respect, and is often more impactful than traditional service delivery alone. Victim-survivors appear to find strength from seeing their experiences reflected in others, particularly as this shared resilience becomes a catalyst for both personal growth and collective healing. From a frequency perspective, peer support-related codes consistently appeared throughout the dataset, implying that these survivor-led spaces and relationships are beneficial and essential to healing and prolonged success through empowerment.

Table 4

Theme 4: Peer Support and Empowerment

Code	Frequency	Source	Discussion
Peer mentorship empowers and facilitates transformation	6	Q4, Q7	Mentorship is linked to education, job readiness, and independence, and helps facilitate success by empowering victim-survivors and showing them a way out of their victimhood.
Rebuilding social networks through trusted client–practitioner relationships	4	Q2	Families trust practitioners to help them rebuild social ties and support that contributes to their recovery.
Importance of personalized support relationships	2	Q3, Q4	Personalized support relationships are critical to effective peer support.

Table 5 includes data regarding prevention through education. In these data, participants emphasized the urgent need for early, proactive strategies to prevent domestic violence-related homelessness later in life. Codes such as “early education on healthy relationships,” “teen dating violence prevention through education,” and “breaking intergenerational cycles through education and awareness” reflect a widespread belief that prevention must begin in childhood or adolescence. As one participant explained,

> Say prevention, so education, it starts you know, teen violence, teen domestic violence, if you’re 15, you don’t know better, nobody taught you, then you’re 25, 35, it continues if you don’t know how to break the patterns.

The codes “marriage/family counseling access as preventive measure” and “early relationship intervention” indicate that many practitioners see the significance in strengthening families before violence escalates. As one participant noted, “As far as

preventing it would be nice to have like family counseling, marriage counseling, be able to have easier access to that."

From a frequency perspective, while this theme includes many forward-looking, education-based strategies, it also overlaps with the structural inadequacies of current systems. Codes such as "ineffective judicial system response undermines survivor safety" and "short detention times prevent survivor planning" appeared multiple times across the dataset, reflecting concerns that systemic inadequacies also hinder prevention. One participant cited, "More often than not, the survivors, they do return to the abuser … it's just a 24-hour hold … not even enough time for the survivor to develop a plan," which demonstrates how a lack of meaningful legal consequences can enable repeated harm and undermine prevention efforts.

Table 5

Theme 5: Prevention Through Education

Code	Frequency	Source	Discussion
Early education and modeling of healthy relationships	5	Q8, Q10	Parents should lead by example by modeling healthy relationships for their children.
Teen dating violence prevention through education	2	Q8	Teen dating violence prevention should start in middle and high school.
Breaking intergenerational cycles through awareness	2	Q8. Q9	Generational poverty and trauma is a learned behavior that must be combated through education and self-awareness.
Public education to combat stigma and victim blaming	5	Q7	Teaching compassion through education is crucial to combating stigma.

Table 6 includes data regarding intergenerational trauma and family norms. In these data, participants emphasized how cycles of domestic violence are reinforced through intergenerational trauma, normalized behaviors, and deeply rooted family beliefs. Codes such as “intergenerational trauma and brain chemistry,” “exposure of children to abusive behavior patterns,” and “normalization of violence in upbringing” demonstrate how early life experiences and family modeling shape victim-survivors’ understanding of relationships. As one participant reflected, “So, everything you say, generational and poverty and trauma; it’s ongoing, because your daughter sees, you don’t leave the man. Your daughter sees, maybe you’re homeless, and then you go back to the man. It’s a learned behavior.” This illustrates how the repetition of abuse within the family context can lead to internalized norms that sustain cycles of violence across generations.

Participants also described how harmful beliefs such as “abuse is an act of love” and “hope for change in the abuser” further complicate the victim-survivors’ decisions. These cognitive distortions, often developed in childhood, can make it more challenging for individuals to identify abuse or feel justified in leaving unsafe situations. One participant cited, “Some people believe that, you know, if their partner hits them, then that means that they love them … domestic violence is normal and a healthy way to solve a disagreement.”

Despite these deeply rooted patterns, participants also expressed optimism about the possibility of change. The code “survivor willingness to recognize abusive patterns” highlights a shift in awareness that many victim-survivors begin to experience, and is often supported by intentional, therapeutic interventions. The code “long-term,

individualized therapy (e.g., CBT)" was associated with survivor transformation and healing, in that it acknowledged that trauma recovery often requires extended and tailored mental health care. As one participant explained, "So many studies on this … the effect of generational poverty, trauma changes some chemistry in your brain," emphasizing the complex psychological impacts tied to intergenerational trauma.

From a frequency perspective, codes related to intergenerational trauma and normalized violence appeared consistently across the dataset. This suggests that for many victim-survivors, domestic violence is not experienced as a singular event but as part of a long-standing, internalized belief system. Addressing domestic violence, therefore, requires not only external safety planning and resource access but also deep relational and psychological work to disentangle the messages learned in childhood and passed down through generations.

Table 6

Theme 6: Intergenerational Trauma and Family Norms

Code	Frequency	Source	Discussion
Intergenerational trauma and brain chemistry implications	2	Q1, Q9	Generational trauma perpetuates psychological implications.
Exposure and normalization of abuse in childhood	3	Q9	Abuse is a learned behavior, and some victim-survivors minimize the abuse because they grew up with it and do not recognize it as harmful, thus they repeat the cycle.
Familiarity with dysfunction impedes change	2	Q9	Familiarity with dysfunctional environments can hinder a victim-survivor's ability to recognize the harm and seek help.

Outliers

It should be noted that during data collection, Focus Group 2 was not asked Question 5, and Focus Group 1 was not asked Questions 6, 8, and 9. I intentionally made these decisions during group facilitation as it became evident that the topics integrated within these questions had already been answered through participants' earlier responses. An example is in Group 1, where issues related to behavioral health, prevention, and long-term trauma recovery were discussed in the other questions, making the need for additional questioning redundant. As such, I decided to omit these questions to maintain the natural flow of discussion and minimize participant fatigue.

While my decision to omit asking specific questions facilitated participant engagement and allowed for more organic conversations, it presented a limitation. My approach may have limited the range of direct cross-group comparisons for those specific questions and reduced the expansion of emerging patterns in those areas. However, I have acknowledged and accounted for this limitation when analyzing and interpreting the findings. These data acquired from the focus groups also revealed infrequent codes across participant responses. Though some of these codes were relevant and contributed to a deeper understanding of domestic violence-related homelessness, they were not consistently represented in cross-group comparisons.

These outliers either occurred only once, were discussed by a single group or individual, or were indicative of underexplored barriers or perspectives. The specific outlying codes I identified were as follows: hope for partner change; empathy for abuser's trauma as justification; practitioner dignity and burnout; lack of support for families with

pets; shelters punish working mothers; and abuse by roommates as trigger. Although these codes did not represent the majority of perspectives, I preserved them in the analysis due to their value in revealing overlooked components of domestic violence-related homelessness.

Summary

This study explored the perspectives of leaders and administrators who oversee programs in human services, homelessness, economic insecurity, and domestic violence across Maricopa County, Arizona. The focus group discussions were centered on understanding the needs of families facing domestic violence-related homelessness and identifying ways to support them through empowerment through self-efficacy. I initially identified over 250 codes from the initial data, which I then reduced to 46 codes, which I then grouped into six core themes: structural and systemic barriers and gaps in service delivery; resilience, motivation, and identity; trauma-informed care in service delivery; peer support and empowerment; prevention through education; and intergenerational trauma and family norms.

In the final chapter, Chapter 4, I will reflect on my growth as a scholar and practitioner. I will share how I have changed throughout this process, the challenges I encountered, and how I worked to overcome said challenges. I will also offer recommendations for advocacy within the human services field before providing a final summary of this experience.

Section 4: Conclusion and Reflections

Introduction

In this final chapter, I will reflect on my growth as a scholar-practitioner. I will share how I have changed throughout this process, the challenges I encountered, and how I worked to overcome said challenges. I will also offer recommendations for advocacy within the human services field before providing a final summary of this experience.

Reflection of Self

At the start of this journey, I struggled with impostor syndrome, a feeling that lingered through the early stages of my coursework and intensified as I moved into more advanced phases of the program. In moments of self-doubt, I reminded myself that I can achieve anything I set my mind to and that this degree is attainable and meant for me. I reaffirmed my worth by recognizing my ability to identify innovative solutions to challenges, remaining committed to my purpose, and remaining focused on the lives I hope to impact through this work.

As I progressed, I gained confidence and strengthened my ability to persevere through every challenge I encountered. This journey has brought about significant personal growth. I now approach questions related to human services with greater assurance and am more proactive in researching areas where I seek a more profound understanding. This journey was not without hardship; however, navigating job transitions, financial pressures, and the loss of loved ones all threatened to derail my progress. However, I remained committed to my goal in each instance, which deepened my resilience and sense of purpose.

Reflection of Scholar-Practitioner

When I began this journey in 2021, I did not have a clear plan as to how I would be using the degree. I knew simply that I wanted to serve my community, particularly those navigating homelessness. Staying focused and understanding my deeper purpose was sometimes challenging without a defined path. However, as I progressed throughout this program, I gained clarity about what I was doing and why it mattered. This understanding allowed me to develop a stronger sense of direction and gradually grow into the scholar-practitioner I am today.

Today, I am confident in my research skills, ability to write with a scholarly tone, and most importantly, in my understanding of the complex and interconnected systems that informed this work. I have learned that it is okay not to have all the answers and that asking questions, even those that may seem rudimentary, is a crucial part of my professional growth. My lack of knowledge, which I once saw as a limitation, has become a source of strength. My search to understand concepts and ideas I am not familiar with affirms my commitment to learning and ensures that my efforts are effective in both academic and professional settings within the field of human services and beyond.

Recommendations for Human Services Organization or Human Services Field Advocacy

The findings of this study identified several important areas where human services practitioners and organizations can enhance their service delivery for victim-survivors experiencing domestic violence-related homelessness. The Maricopa County

Board of Supervisors oversees public service expenditures, including those related to public health, safety, homelessness, and social services (Maricopa County, n.d.). As evidenced by the study's findings, it is recommended that the Maricopa County Board of Supervisors establish a dedicated task force to develop guidelines and practical solutions for enhancing service delivery to families facing domestic violence-related homelessness. This task force should include victim-survivors, human service practitioners, housing experts, legal advocates, and public health officials. It should focus on evidence-based, trauma-informed approaches that are centered on community engagement.

The primary goal of this task force should be to identify and remove structural and systemic barriers that limit a victim-survivor's access to safety and stability. The repeated references to rigid shelter rules, lack of trust in available supports, and poor interagency collaboration highlight the need for flexible, survivor-centered policies that reflect their complex realities. This includes revisiting shelter rules that may inadvertently punish working mothers or families with pets and improving legal and social services that are often inconsistent or difficult to access.

Service delivery should also prioritize more effective interagency collaboration to create streamlined referral pathways and offer more personalized case management. Focus group participants identified key priorities for the task force and human services organizations, including enhancing collaboration and referrals between agencies, securing funding for peer support programs, developing flexible shelter and housing policies centered on survivors, strengthening legal and social services, educating youth and the

broader community about domestic violence, addressing intergenerational trauma, and promoting strengths-based approaches that empower victim-survivors.

These data also highlighted the importance of recognizing and building on victim-survivors' resilience and motivation as key factors for their recovery. Organizations are encouraged to adopt strengths-based approaches that help victim-survivors regain their identity and sense of control, as reflected in frequent references to self-determination and trust in service providers. Meeting victim-survivors where they are and acknowledging small steps towards progress can support their long-term healing.

Peer support programs, including mentorship from victim-survivors, were frequently mentioned as promising ways to incorporate empowerment into service delivery. Investing in these community-based supports could help fill existing gaps. Finally, in considering the effects of intergenerational trauma and the normalization of abuse, case planning should incorporate trauma-informed care models and improve access to therapeutic services like individual and group counseling. At the systemic level, advocating for increased funding and greater availability of comprehensive domestic violence and mental health services is essential to support victim-survivors on their path to recovery and in enhancing their resilience.

Summary

In this final chapter, I reflected on my personal evolution and the evolution as a scholar-practitioner throughout this doctoral journey. I described how I was initially hindered by impostor syndrome and self-doubt, but explained how I gradually developed resilience and confidence, in learning to trust in my capabilities. Despite facing

substantial personal and professional challenges, I remained grounded in my purpose and committed to making a meaningful impact within the field of human services. As my identity as a scholar-practitioner developed, I gained clarity in my goals and refined my research, writing, and critical thinking skills. I recounted that what once felt like uncertainty became a catalyst for my growth, as I transformed my gaps in knowledge into opportunities for more profound learning.

I then discussed my study's findings, and in doing so recommended that the Maricopa Board of Supervisors create a task force composed of victim-survivors, human service practitioners, housing experts, legal advocates, and public health officials who establish guidelines where their activities focus on enhancing collaboration and referrals between agencies, securing funding for peer support programs, developing flexible shelter and housing policies centered on victim-survivors, strengthening legal and social services, educating youth and the broader community about domestic violence, addressing intergenerational trauma, and promoting strengths-based approaches that empower victim-survivors.

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Appendix A: The Project

White Paper

Strengthening Supports for Single-Parent Families Navigating Domestic Violence Related Homelessness

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July 28, 2025

Purpose and Background

The purpose of this white paper is to present key findings from a qualitative study on domestic violence-related homelessness in Maricopa County, Arizona, and to offer recommendations for improving support services for single-parent families. This qualitative study explored the perceptions of human service practitioners regarding the needs of single-parent families navigating domestic violence-related homelessness in Maricopa County, Arizona. Nationally, more than 50% of women navigating homelessness report domestic violence as a direct cause, and 80% of women experiencing domestic violence-related homelessness have children (Berkeley Media Studies Group, 2024). Although Maricopa County lacks specific numerical data correlating domestic violence and homelessness, the Maricopa Association of Governments (2025) acknowledges that domestic violence is a significant contributing factor. According to recent data from the Homeless Management Information System, as of January 2025, more than 9,700 individuals were experiencing homelessness in the county. Between October and December 2024, there was a notable rise in family homelessness, with over 5,200 individuals represented within 1,386 family units (Maricopa Association of Governments, 2024).

Study Design

This study was designed as a needs-based formative assessment using Empowerment Theory as the guiding framework. Two focus groups were conducted with eight human services leaders and administrators who work in the areas of domestic violence, housing insecurity, and family support services. Data were analyzed using Braun and Clarke's

(2006) six-step thematic analysis process to identify recurring patterns, barriers, and opportunities for service improvement.

Key Findings

Several key findings were identified from these data of this study. Most prominently, these data indicated domestic and family violence as a significant contributing factor to homelessness, especially among women and families. Data from this study also highlighted that structural and systemic barriers, including economic insecurity, a lack of affordable housing, and insufficient social supports, were also found to perpetuate homelessness. Focus group participants consistently emphasized that domestic violence is often the event that initiates housing instability among single mothers and their children, who are then typically left without the necessary resources or support systems to regain long-term stability. Additionally, focus group participants described fragmented and overwhelmed service systems, case management overload, and rigid shelter policies that hinder rather than help families seeking safety and housing.

Recommendations

The findings from this study revealed several important areas where human services practitioners and organizations can enhance their support for victim-survivors. The Maricopa County Board of Supervisors oversees public service expenditures, including those related to public health, safety, homelessness, and social services (Maricopa County, n.d.). Based on the study's findings, it is recommended that the Maricopa County Board of Supervisors create a dedicated task force to establish guidelines and actionable solutions for improving service delivery to families experiencing domestic violence-

related homelessness. This task force should be composed of victim-survivors, human service practitioners, housing experts, legal advocates, and public health officials. It should prioritize evidence-based, trauma-responsive, and solutions that are centered on the community. The core mission of this task force should be to identify and remove structural and systemic barriers that limit a victim-survivor's access to safety and stability. Based on the participant feedback, key priority areas for the task force to address include:

- Improving interagency collaboration and referrals
- Securing consistent funding for peer support programs
- Developing flexible, survivor-centered shelter and housing policies
- Strengthening and streamlining legal and other social services
- Educating youth and the broader community about the dynamics and impacts of domestic violence
- Addressing intergenerational trauma and domestic violence
- Promoting strengths-based practices that empower victim-survivors

Implications for Social Change

By establishing a task force focused on domestic violence-related homelessness, Maricopa County has an opportunity to fill in the gaps present within service delivery by implementing solutions that focus on equity, compassion, and client-centered care. Addressing these complex and often overlapping issues improves individual and family outcomes and contributes to larger systems that promote public safety, economic mobility, and health equity.

Task Force Logic Model

Category	Overview
Inputs	- Focus group data from 8 DV leaders/administrators – Use of Empowerment Theory as a framework - Study findings on barriers and gaps - Support from Maricopa County Board of Supervisors - Collaboration from human services, housing, legal, and public health agencies - Funding and staffing for task force
Activities	- Establish an interagency task force - Conduct a policy review of shelter, legal, and domestic violence service systems - Engage victim-survivors in program design - Develop victim-survivor centered policy recommendations - Promote interagency collaboration and referral protocols - Identify funding priorities for peer support and mental health services
Outputs	- Task force established and meets regularly – Collects data, and generates reports – Discusses data - Community presentations and awareness campaigns - Plan for improved case management practices
Short-Term Outcomes (6–12 months)	- Increased awareness of systemic barriers among decision-makers - Stronger interagency collaboration - Identification of policy gaps in shelter and legal systems - Enhanced use of trauma-informed care
Intermediate Outcomes (1–2 years)	- Improved consistency and access in referrals and legal/social services - Pilot programs for peer mentorship and individualized trauma-informed case plans – Reduced reports of victim – survivor's inability to access services
Long-Term Outcomes (3–5 years)	- Reduction in homelessness among domestic violence impacted families - More equitable, survivor-centered systems of care - Sustained collaboration across sectors - Increased safety, empowerment, and stability for survivors

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Appendix B: Focus Group Protocol

Questions for Leaders and Administrators

1. What are the primary challenges faced by families experiencing domestic violence related homelessness in Maricopa County, and how do these challenges impact their ability to achieve self-sufficiency?
2. What strengths do you observe among these families, and how can human services practitioners support them in using these strengths to rebuild stability?
3. How do current interventions help or hinder families in gaining independence, securing housing, and achieving economic stability?
4. What role do community resources and service providers play in fostering self-efficacy, and how can these supports be improved to better empower families?
5. How does economic instability affect decision making and autonomy for families experiencing domestic violence-related homelessness?
6. What strategies or programs have been most effective in helping survivors reconstruct their lives, and what supports remain deficient?
7. How can human service systems move away from practices that may contribute to victim blaming and instead center survivor dignity and empowerment?
8. What can be done at the prevention level to reduce the occurrence of domestic violence-related homelessness in the first place?

9. How do generational issues such as poverty, trauma, or learned behaviors contribute to this social problem, and how might services intervene to break these cycles?
10. What feedback have you received from survivors about their sense of control over their progress, and how can services further support their independence and long term success?