Resilience and Psychopathology among Homeless Young Women

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ABSTRACT

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The overall purpose of the present study is to contribute to a better understanding of the experiences of young homeless women residing at Covenant House New York, a youth shelter that provides crisis and long-term residential programs to young adults ages 18 – 21. The main objective was to identify past life events and their contributions to the development of positive traits and psychopathology among three groups. The participants were 162 homeless young women, including childfree women, young mothers enrolled at a transitional living *Rights of Passage* program (12-18 months), and young mothers in crisis enrolled in a 30-day *Mother and Child Crisis* program. Past life experiences were identified via the *Effort to Outcome* (ETO) online software database maintained by Covenant House New York. Rates of psychopathology were measured using the IIP (interpersonal problems), PHQ-9 (depression), GAD-7 (anxiety), PSS (parental stress) while rates of positive traits were measured using the SCS (self-compassion), SCBCS (compassion toward others), and PGIS (motivation to change). The results indicated that all participants, regardless of group affiliation, had similar life experiences, though childfree women were more likely to have a history of abandonment, physical abuse, and previous incidents of homelessness. Additionally, presence of abuse history was positively associated with development of psychopathology. As expected, history of sexual abuse was negatively associated with self-compassion, but it was positively associated with compassion toward others. Mothers at the *Mother and Child Crisis* program had greater rates of self-compassion than mothers at the *Rights of Passage* program, and childfree women were more

likely than the mothers to be compassionate toward others. Mothers at the *Mother and Child Crisis* program were also more likely to be compassionate toward others than mothers at the *Rights of Passage* program. Childfree women, however, were more likely to be depressed than mothers at the *Mother and Child Crisis* program.

TABLE OF CONTENTS

List of Tables iv

Acknowledgments v

Chapter I:

Introduction and Literature Review 1

Pathways to Homelessness 1

Psychopathology 5

Resilience and Posttraumatic Growth 6

Purpose 9

Chapter II:

Method 11

Setting 11

Participants and Procedure 12

Measures 14

Comparative Analyses 17

Data Analysis 18

Chapter III:

Results 21

Demographic Information 21

Personal Characteristics 21

History of Homelessness 26

Legal History 28

Family History 30

History of Negative Life Events 35
Effect of Previous Life Experiences on Positive and Negative Outcomes 41
Motivation to Change 41
Self-Compassion 45
Compassion toward Others 49
Interpersonal Problems 53
Depression 57
Anxiety 61
Parental Stress 65
Comparison of Positive & Negative Outcomes among Childfree & Parenting Women 72
Self-Compassion 72
Compassion toward Others 73
Motivation to Change 74
Interpersonal Problems 74
Depression 74
Anxiety 75
Parental Stress 77
Chapter IV:
Discussion 80
Implications 86
Limitations and Future Research 89
References 91
Appendices 101

Appendix 1: Preliminary Information and Assent 101

Appendix 2: Self-Compassion Scale 103

Appendix 3: Santa Clara Brief Compassion Scale 104

Appendix 4: Personal Growth Initiative Scale 105

Appendix 5: Inventory of Interpersonal Problems 106

Appendix 6: Patient Health Questionnaire 108

Appendix 7: Generalized Anxiety Disorder 109

Appendix 8: Parental Stress Scale 110

LIST OF TABLES

Table 1: Personal Characteristics 24

Table 2: History of Homelessness 27

Table 3: Legal History 29

Table 4: Family History 33

Table 5: History of Negative Life Events 37

Table 6: Demographic Information – Significant Results Only 39

Table 7: Contribution of Historical Factors to Motivation to Change 43

Table 8: Contribution of Historical Factors to Self-Compassion 47

Table 9: Contribution of Historical Factors to Compassion toward Others 51

Table 10: Contribution of Historical Factors to Interpersonal Problems 55

Table 11: Contribution of Historical Factors to Depression 59

Table12: Contribution of Historical Factors to Anxiety 63

Table 13: Contribution of Historical Factors to Parental Stress 66

Table14: Contribution of Historical Factors to Psychopathology and Resilience Variables – Significant Results Only 69

Table 15: Differences in Positive Variables and Psychopathology between All Samples 76

Table 16: Differences in Parental Stress between All Samples 78

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"Whenever one is confronted with an inescapable, unavoidable situation,

whenever one has to face a fate that cannot be changed…

What matters most of all is the attitude we take toward suffering."

- Viktor Frankl

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Chapter I

INTRODUCTION AND LITERATURE REVIEW

Pathways to Homelessness

The sheer number of homeless youth has increased within the last decade (Saulny, 2012). Adolescents and young adults become homeless for various reasons. Though research in this area has been limited some investigators have tried to pinpoint the major causes of homelessness in youth. This is especially pertinent for women under the age of 35 who seem to be at an increased risk for homelessness (Lehmann, Drake, Kass, & Nichols, 2007).

According to Aratani (2009), around one and a half million youth end up being homeless each year. While this age group may be at the highest risk for homelessness, it has been studied the least among the homeless population at large (Toro, Lesperance, & Braciszewski, 2011). The above-referenced number includes those that have spent at least one night away from their home without parental permission, those that were asked to leave their home, and those that are unable to return home due to family conflict or lack of contact with their families (Aratani, 2009). There have been numerous attempts to categorize this population. The most common definition is comprised of four groups: “runaways” – those who left their parental home by choice usually to escape abuse; “throwaways” – those who were ejected from the home by their parents due to familial dysfunction or youth behavior; “street youth” – those who are involved in drug dealing, prostitution, and other risky behaviors; and “systems youth” – those who aged out of foster care and are now homeless (Toro et al., 2011).

Familial violence is one of the major predictors of youth homelessness (Aratani, 2009; Martjin & Sharpe, 2006; van den Bree et al., 2009; Robert, Pauze & Fournier, 2005; Hyde, 2005). According to previous research, there does not seem to be a difference in homelessness

rates based on whether the physical violence occurs between family members or is directed toward the young person specifically (Mallet, 2005; Rachlis, Wood, Zhang, Montaner & Kerr, 2009). Relatedly, Tischler, Rademeyer, and Vostanis (2007) showed that participants who were estranged from their family and friends represented the largest group of homeless young adults. These youngsters commonly related a history of family dysfunction, including child abuse, rejection, and family conflict.

Additionally, studies have shown that parents are the most common perpetrators of physical abuse. Perhaps surprisingly, maternal physical abuse toward the child has been found to be the most common (Mallet, 2009; Aratani, 2009; Hyde, 2005). Most of the adolescents in Mallet's (2009) study also reported that they were subjected to repeated and frequent bouts of physical abuse and that the abuse was the major reason for their homelessness. Tischler et al. (2007) showed that women who were emotionally or sexually abused while growing up are at a greater risk for repeated incidents of homelessness as well as subsequent domestic violence. Though some of the youth left on their own, others were evicted by their parents or guardians. Curiously, abuse and rejection by the mother was experienced by the adolescents as much more traumatic than the same type of abuse perpetrated by the father (Kennedy, LaFa Agbenyiga, Kasiborski & Gladden, 2010).

Moreover, Mallet (2009) found that the experience of being part of a blended family might contribute to increased physical abuse. Young people reported that the stepparents were physically abusive for no other reason than to exert power and control over them. The youth rejected these authoritarian claims as illegitimate and saw their leaving home as the only possible choice (Hughes et al, 2010). Sometimes the young adult would lose respect for their parent when a stepparent mistreated both the child and the parent (Mallet, 2009). Kennedy et al. (2010) found

that many homeless adolescents who lived with their mothers while growing up had the experience of continuously sharing the living space with their mothers' serial boyfriends. While the relationship may be helpful for the mother, current research has shown that children living in the home with a non-related parental figure have significantly higher odds of experiencing physical or sexual abuse (Kennedy et al., 2010).

Another predictor of youth homelessness that currently prevails is adolescent drug use (Martjin & Sharpe, 2006; Robert et al., 2005). Mallett, Rosenthal, and Keys (2005) found that drug use is intimately intertwined with family conflict. The authors found that there are four different pathways that can explain this connection. The expected association occurs when the youngster's drug use leads to family conflict, which leads to homelessness either by an adolescent's choice or by being evicted from his/her home. The second path occurs when the adolescent starts using drugs in response to family conflict, which then leads to homelessness. The third possibility is family conflict contributing to homelessness, which then leads to drug use by the adolescent in order to cope with a difficult situation. The final one occurs when another family member's drug use leads to family conflict, which also leads to youth homelessness because the youngster may see leaving their home as the only viable option (Mallett et al., 2005). Additionally, Mallett et al. (2005) showed that only 20% of their sample indicated that their drug use "was either the first or second link in a chain leading to homelessness" (p. 188). Similarly Aratani (2009) presented that, even though, behavioral problems can predict future homelessness status in children and adolescents, the conduct itself is most likely a reaction to family conflict or familial drug abuse.

Additionally, Martjin and Sharpe (2006) found that family problems that contributed to youth homelessness included not just physical abuse and familial conflict but also social

isolation and lack of support. Poor family relationships reflect a lack of affiliation and an absence of a sense of togetherness between the adolescents and their families (van den Bree et al., 2009). Homeless youth also tend to have unstable or nonexistent social support systems (Aratani, 2009). Children and youth that were part of the foster care system are more likely to be homeless at some point in their lives (Meadows-Oliver, 2006; Aratani, 2009). It is likely that these children were not provided with mentorship or support throughout their time in the system, which possibly contributed to their lack of life skills or access to resources. Cosgrove and Flynn (2005) identified the relationship with a shelter staff member as a useful coping mechanism for homeless adolescents. Homeless youth are also more likely to have less than a high school education, which may contribute to the isolation that they experience (Toro et al., 2011) because they are disengaged from the most developmentally appropriate social space. The educational problems they face include lack of academic aspirations, poor achievement, and behavioral problems in school (van den Bree et al., 2009).

Experiences of trauma and psychological disorders also contribute to youth homelessness (Robert et al., 2005; Aratani, 2009). Some young people reported using drugs in lieu of the medications they should have been taking to treat their psychological conditions. This seemed to be a constant point of conflict with their parents and a contributing factor to their leaving home (Mallett et al., 2005). According to Martjin and Sharpe (2006) two major predictors of homelessness in youth are presence of a mental disorder and experiences of trauma as defined by the criteria for post-traumatic stress disorder. Thirty-three percent of homeless adolescents meet these criteria for a post-traumatic stress disorder (Aratani, 2009). Furthermore, these teens are more vulnerable to suffering trauma in the future, such as physical or sexual abuse (Aratani, 2009). Most of the participants in Martjin and Sharpe's (2006) sample have experienced at least

one traumatic incident, with an average of 2.2 traumas. In other studies 20% of the samples reported a history of childhood sexual abuse and more than half endorsed experiences of physical abuse (van den Bree et al., 2009; Robert et al. 2005).

In conclusion, van den Bree et al. (2009) and Toro et al. (2011) identified a number of risk factors that lead to homelessness in young adults. Such elements as substance use, delinquency, low self-esteem, mood-related problems, perpetration of violence, and low quality and safety of the neighborhood may not be directly related to homelessness, but they share common causes such as poor family functioning, problems in school, and experiences of abuse and victimization (van den Bree et al., 2009). Protective factors include having a group of friends that engages in positive behaviors, attending school, and living in a two-parent household (Toro et al., 2011; Thompson, Bender, Lewis, & Watkins, 2008).

Psychopathology

As would be expected homeless youth experience a multitude of negative life events, which contribute to psychological distress. They suffer from higher rates of stress, aggressive and violent interactions, and depression (Kennedy et al., 2010). Moreover, having an episode of homelessness increases the likelihood of future homelessness and negative life events (Haber & Toro, 2009).

Mood and anxiety disorders have been found to be the most common types of mental illness among the homeless youth (Cauce et al., 2000; Whitbeck, Johnson, Hoyt, & Cauce, 2004). Homeless young adults are more likely to suffer from depression than adolescents in the general population (Cauce et al., 2000; Hodgson, Shelton, van den Bree, & Los, 2013). The rates of suicidality are also higher among the homeless youth than their housed counterparts. They are at an increased risk for suicidal ideation, plans, attempts, and completed suicides (Kamienieki,

2001; Milburn, Rotheram-Borus, Rice, Mallet & Rosenthal, 2006) as well as self-harm behaviors (Hodgson et al., 2013). Specifically, use of drugs and alcohol and social withdrawal have positively predicted rates of suicidal ideation and attempts (Kidd & Carroll, 2007).

As mentioned previously homeless adolescents are also more likely to experience post-traumatic stress disorder (Hodgson et al., 2013). The likelihood of a post-traumatic stress disorder is even higher for those who experience chronic homelessness (Whitbeck, 2009; Hodgson et al., 2013). Homeless youth are also more likely than young adults in the general population to have used substances (Milburn et al., 2006; Thompson, McManus, & Voss, 2006). According to Thompson et al. (2006) high rates of trauma and substance use are the norm, not the exception, among the homeless youth. The likelihood of alcohol and drug use and abuse increases with the length of time an individual is homeless (Milburn et al., 2006).

In conclusion, Hodgson et al. (2013) suggested that there is a strong link between homelessness and psychopathology among young adults that it is a reciprocal relationship. Specifically, adolescents with psychological disorders are at greater risk for homelessness. However, once homeless, the psychopathology may worsen and may prevent the individual from moving forward and becoming more independent and self-sufficient. Nevertheless, service providers should acknowledge that psychological problems might not always be the cause, but a consequence, of homelessness (Crawford, Trotter, Hartshorn, & Witbeck, 2011).

Resilience and Posttraumatic Growth

Traditionally, research in the field of clinical psychology has focused on pathology and treatment interventions. However, a trend to study positive psychology has recently emerged (Linley & Joseph, 2004). Much of the research in this area has focused on the concepts of resilience and posttraumatic growth. Resilience is defined as a capacity to “maintain a stable

equilibrium" (Bonanno, 2004, p. 20), whereas posttraumatic growth refers to positive psychological changes that may occur after a potentially traumatic event (Tedeschi & Calhoun, 1995; Tedeschi & Calhoun, 2004).

While negative life events are expected to contribute to impaired functioning, recent research has suggested that most individuals are resilient and may even flourish in the face of adversity. Findings with a variety of populations provide evidence for existence of the resilience phenomenon and stress-related growth (Park, 2004). Peterson and his colleagues reported that there are multiple attributes in different areas of functioning, such as interpersonal, cognitive, fortitude, transcendence, and temperance that contribute to resilience (Peterson, Park, Pole, D'Andrea, & Seligman, 2008). Woodward and Joseph (2003) explored potential vehicles for change in people who have experienced posttraumatic growth. They found that among the participants who have experienced early trauma, such as emotional, physical, or sexual abuse, the inner drive was a major contributor to the posttraumatic growth phenomenon.

Research on posttraumatic growth has suggested that stressful and dangerous events create an opportunity for a positive transformation (Peterson et al., 2008). Posttraumatic growth can impact a variety of emotions and domains, leading to a deepening of interpersonal relationships, a greater sense of gratitude, enhanced perseverance, and an increased level of spirituality or existential meaning (Tedeschi & Calhoun, 2004). The idea of posttraumatic growth does not seek to deny the negative impact of traumatic events. In fact, it is critical to acknowledge the risk that exposure to highly distressing events can cause, particularly as related to negative psychiatric outcomes (Rubonis & Bickman, 1991). However, since not all survivors of potentially traumatic events develop psychopathology, the concepts of resilience and posttraumatic growth can explain the presence of other types of responses to such circumstances

(Bonanno, 2004; Cordova, Cunningham, Carlson, & Andrykowski, 2001).

Park and Hegelson (2006) reviewed how stressful life events might create an opportunity for flourishing. For example, in a study of breast cancer patients, Cordova et al. (2001) found that breast cancer survivors were more likely than healthy controls to report greater personal growth, both in relationships and in appreciation of life. In this way, research literature has introduced and supported the idea of growth as a response to and a result of adversity. Unlike a deficit model, posttraumatic growth takes a strength-based approach to better understand the process of development (Damon, 2004).

The concepts of resilience and posttraumatic growth brought to a developmental context might inform a positive evolution for youth in crisis. A study of posttraumatic growth in adolescents found that its occurrence in younger populations is more common than was once assumed (Milam, Ritt-Olson, & Unger, 2004). A youth development perspective, described by Damon (2004) as one that “emphasizes the manifest potentialities rather than the supposed incapacities of young people – including young people from the most disadvantaged backgrounds and those with the most troubled histories” (p. 17), is particularly relevant to an assets-based understanding of homeless young adults.

Hyde (2005) observed that homeless adolescents described a sense of agency and autonomy in their decision to leave abusive or neglectful home environments. These findings may defy societal expectations, but they illustrate the importance of engaging with the direct experience in order to better understand the collective outlook of this population. This view of youth development identifies the positive attributes and abilities that allow the young adults to succeed across multiple domains (Benson, Scales, Hamilton, & Semsa Jr., 2006). It is critical to

acknowledge the relationship between difficult experiences, resilience, and the potential for growth.

Rew and Horner (2003) determined that resilience was possible in the vulnerable population of homeless adolescents and they viewed the concept as multidimensional or a continuum of behaviors. With risk comes opportunity for growth. Finding meaning in one's struggles and negative experiences is one of the ways to bring about flourishing rather than developing pathology (Seligman & Csikszentmihalyi, 2000). Ability to bounce back from stress has been shown to be associated with multiple health-related factors (Smith, Tooley, Christopher, & Kay, 2010). Specifically, homeless adolescents reported feeling less lonely and less hopeless if they perceived themselves to be resilient (Rew, Taylor-Seehafer, Thomas, & Yockey, 2001).

Kennedy et al. (2010) reported that the developmental period of adolescence marked a transition for a lot of youngsters, who became more assertive and were able to actively fight back with abusive parents or guardians. While this period of time in an adolescent’s life can be challenging, especially for youth from low-income neighborhoods and from dysfunctional families, it is also a time of restructuring, a time when protective resources can be brought to the fore and the expected life trajectory can be redirected (Kennedy et al., 2010). Unfortunately, service providers working with homeless adolescents often overlook the young people’s resiliency and the desire to create new positive experiences in the face of adversity (Hyde, 2005). Rather than viewing homeless youth as dysfunctional, it would be more useful to recognize that these young adults have internal resources and have had experiences that allow them to survive and to thrive (Lindsey, Kurtz, Jarvis, Nackerud, & Williams, 2000).

Purpose

The purpose of the present study is to contribute to a greater understanding of this vulnerable and disadvantaged population of homeless youth. Specifically, historical factors, rates of psychopathology, and positive characteristics within each sample (childfree young women, young mothers in crisis, and young mothers in a long-term residential program) were identified. Furthermore, the contributions of each of the historical factors to presence of psychopathology and of positive traits within each group were also calculated. Finally, the differences in psychopathology and positive characteristics between four groups (childfree young women, young mothers in crisis, young mothers in a long-term residential program, and matched samples) were analyzed.

Chapter II

METHOD

Setting

This study utilized data from the *Youth Rising* (YR) program, which is a collaborative project between the Clinical Psychology Program at Teachers College, Columbia University and Covenant House New York. Covenant House is an international, non-profit organization that provides shelter, food, and educational and vocational services to homeless youth in crisis and those needing long-term care. The *Youth Rising* program was created to provide additional mental health services for young adults sheltered in both *Crisis* and the *Rights of Passage* programs. The *Crisis* program is a 30-day program that provides immediate assistance to juveniles in need and focuses on finding long-term residences where they could be placed at the end of their time at the shelter. All residents are required to provide basic demographic information and undergo a comprehensive intake that includes a biopsychosocial history. The *Mother and Child Crisis* program provides services to homeless pregnant women and mothers with children. It has a nursery for infants and toddlers on site, which allows the mothers to attend school, participate in vocational training, or work. The *Rights of Passage* program, which is an 18-month transitional living program designed to prepare homeless youth for independent living, is one possible residential option for participants completing the *Crisis* program. Therefore, a small percentage of youngsters in the *Crisis* program are accepted into the *Rights of Passage* program after completing an application and an interview. Similar to the *Crisis* program all new residents are required to undergo a comprehensive intake. The residents are eligible for different types of services including legal counseling, educational and vocational training, medical and

mental health services, and case management. This study will focus on the young women in both the *Crisis* and the *Rights of Passage* programs.

Participants and Procedure

At the *Mother and Child Crisis* program, participants were 96 young women ranging in age from 18-20 years (M = 19.05, SD = 0.80). The majority of participants were African American (59.4%); others were Hispanic/Latino (35.4%) and Caucasian (4.2%), and one participant's (1.0%) ethnicity was unknown. All participants were mothers residing with their children at a homeless shelter. Participants completed a packet of self-report questionnaires by paper and pencil in advance of their first group session. Additionally, a chart review was conducted in order to gain background information for all of the participants.

Participants attended a weekly psychotherapy group with rolling membership at a crisis shelter for homeless young mothers in a heavily populated urban area. Two doctoral students facilitated the weekly group sessions. The crisis shelter provided housing for homeless adolescent mothers for an average of 30 days. As a result of this, the population at the shelter was relatively transient and while some participants returned to the group several times, others attended only one session. Participants attended anywhere from 1 to 7 sessions. On average, 2.05 sessions were attended (SD = 1.54). Initially, group attendance was optional. However, in accordance with shelter regulations, the group was deemed mandatory for those who were able to attend (i.e., neither working nor attending school during the time the group was offered). Due to the mandatory nature of the group, participants were asked to complete a feedback form after each session to ensure that the principle of nonmaleficence was followed. The participants answered two questions using a Likert-type scale from 1 to 7: "How much did you like group today?" (Q1) and "Would you come back to group on your own?" (Q2). A total of 81 responses

were received, with Q1 receiving a mean of 5.85 (SD = 1.36) and Q2 receiving a mean of 5.54 (SD = 1.66). Therefore, the group was deemed not harmful.

Before completing the questionnaire all participants provided informed consent and signed a participant's rights form. Participants were treated in accordance with APA ethics and institutional review board approval (American Psychological Association, 2002). The group facilitators explained the informed consent form and answered any questions that participants had about consent, their rights as study participants, or specific questions in the measures packet.

At the long-term *Rights of Passage* program participants were 117 young adults ranging from 18-23 years (M = 20.89, SD = 1.05). Sixty-six of the participants were women (56.4%) and 51 were men (43.6%). Twenty-two were mothers living at the shelter with their children (18.8%), 18 were fathers (15.4%), and the rest did not have children (65.8%). Of these 44 were childfree women (37.6%) and 33 were childfree men (28.2%). The majority of participants were African American (79.5%); others included Hispanic/Latino (0.9%), Caucasian (17.9%), Asian (0.9%), and Hawaiian/Pacific Islander (0.9%). Only childfree women and mothers residing at the *Rights of Passage* program are the focus of present study.

Participation in the assessment was open to all residents of the program residing at Covenant House New York. The *Rights of Passage* program is open to young adults who previously resided at the short-term *Crisis* shelter, also maintained by Covenant House New York. Interested residents must submit an application, successfully complete an interview, and document stable employment at the time of admission. Prospective applicants demonstrating intensive ancillary service needs, including medical, mental health, or legal services, may be excluded from participation and referred to other appropriate service programs. At the time of the assessment, the *Rights of Passage* program housed roughly 150 young adults in total with

approximately 50 residing on each residential floor (men, women, and mothers).

Before completing the assessment packets all participants provided informed consent and signed a participant's rights form. Participants were treated in accordance with APA ethics and institutional review board (IRB) approval (American Psychological Association, 2002). Master's level research assistants were trained on the appropriate data collection protocol for the study prior to meeting with the participants. Recruitment stations were set up in common areas on each floor (men, women, and mothers) of the residence where participants could sign up and complete assessment packets during scheduled times. The research assistants explained the informed consent form and answered any questions that participants had about consent, their rights as study participants, or specific questions in the measures packet. Residents who completed the assessments were paid a total of $25 for completion.

Measures

Demographic and historical variables for both samples were collected via access to participants' comprehensive intake assessment administered to each resident immediately preceding their admission into the program. Assessment information was stored electronically via the *Efforts to Outcome* (ETO) online software database maintained by Covenant House New York. Doctoral and masters level research assistants reviewed the electronic chart for each participant. Salient demographic and historical variables collected for participants included the following: gender, age, race/ethnicity, sexual orientation, marital status, parental status, education level, runaway history, push-out history, homeless history, reasons for homelessness, history of foster care placement, history of prostitution, abandonment history, history of school bullying, history of domestic violence, arrest history, conviction history, injuries incurred during a fight either to self or other, public assistance utilization, history of mental health diagnosis

and/or treatment, and abuse history (physical, emotional, sexual). Furthermore the youth were required to provide information about their legal guardian, number of siblings, desire for family reunification, experiencing death of a loved one, type of childhood discipline, family mental health history, substance abuse history (cigarettes, alcohol, marijuana), family history of substance abuse.

Self-Compassion Scale – Short Form (Neff, 2011) is a 12-item self-administered scale, which was edited from the original scale that was created in 2003. It is scored on a five-point Likert-type scale (1 = almost never - 5 = almost always). It includes statements such as "When I fail at something important to me, I become consumed by feelings of inadequacy," and "When I am going through a very hard time, I give myself the caring and tenderness I need." The Self-Compassion Scale – Short Form (Raes, Pommier, Neff, & Van Gucht, 2011) has shown to have strong internal consistency (Cronbach's $\alpha = .86$) and a near perfect correlation with the original long form scale ($r = .98$).

Santa Clara Brief Compassion Scale (Hwang, Plante, Lackey, 2008) is a five-item self-administered scale, which measures an individual's compassion toward others. It is scored on a seven-point Likert-type scale (1 = not at all true of me - 7 = very true of me). Sample items include "When I hear about someone (a stranger) going through a difficult time, I feel a great deal of compassion for him or her" and "One of the activities that provide me with the most meaning to my life is helping others in the world when they need help." The Santa Clara Brief Compassion Scale has shown to have excellent internal validity (Cronbach's $\alpha = .90$) and strong split-half reliabilities ($r = .80$ & $r = .83$).

The Personal Growth Initiative Scale (Robitschek, 1998) is a self-report instrument that yields a childfree scale score for personal growth initiative. Personal growth initiative is a

person's active and intentional involvement in changing and developing as a person. The scale consists of nine items that are rated on a six-point Likert-type scale (1 = strongly disagree - 6 = strongly agree). It includes statements such as "I know how to change specific things that I want to change in my life" and "I know what my unique contribution to the world might be." Prior validation studies (Robitschek, 1998; Robitschek, 1999) have shown that the Personal Growth Initiative Scale has excellent internal validity (Cronbach's α = .89 – .90) and strong test-retest reliability (r = .78 – .88).

The Inventory of Interpersonal Problems (Barkham, Hardy, & Startup, 1996) is a self-administered 32-item measure of difficulties experienced in personal relationships. The items elicit answers about how distressed a given problem makes a participant, on a 5-point Likert-type scale (0 = not at all - 4 = extremely) with higher scores indicating more problems. Sample items include "It is hard for me to feel close to other people" and "I argue with other people too much." The Inventory of Interpersonal Problems has shown to have strong internal consistency (Cronbach's α = .90) and moderate test-retest reliability (r = .70).

The Parental Stress Scale (Berry & Jones, 1995) was used to assess mothers' parenting stress. The scale is an 18-item self-administered measure, which is scored on a five-point Likert-type scale (1 = strongly disagree - 5 = strongly agree). Sample items include "I feel overwhelmed by the responsibility of being a parent" and "Caring for my children sometimes takes more time and energy than I have to give." The Parental Stress Scale has demonstrated strong internal consistency (Cronbach's α = .83) and excellent test-retest reliability (r = .81).

The Patient Health Questionnaire (Spitzer, Kroenke, & Williams, 1999) is a subscale of the Primary Care Evaluation of Mental Disorders, which a diagnostic tool containing modules on 12 different mental disorders. The Patient Health Questionnaire is a nine-item measure scored on

a four-point Likert-type scale (0 = not at all - 3 = nearly every day), which assesses depressive symptoms in accordance with the diagnostic criteria of the DSM-IV. Sample items include "Over the last two weeks, how often have you been bothered by any of the following problems? Feeling down, depressed, or hopeless? Feeling bad about yourself – or that you are a failure or have let yourself or your family down?" The Patient Health Questionnaire has shown strong internal consistency (Cronbach's $\alpha = .89$) and test-retest reliability ($r = .84$) and has been widely utilized in research and clinical settings (Kroenke, Spitzer, & Williams, 2001).

The Generalized Anxiety Disorder scale (Spitzer, Kroenke, Williams, & Löwe, 2006) is a subscale of the Primary Care Evaluation of Mental Disorders, which a diagnostic tool containing modules on 12 different mental disorders. It is a seven-item measure scored on a four-point Likert-type scale (0 = not at all - 3 = nearly every day), which assesses anxiety symptoms in accordance with the diagnostic criteria of the DSM-IV. Sample items include "Over the last two weeks, how often have you been bothered by any of the following problems? Feeling nervous, anxious, or on edge? Feeling afraid as if something awful might happen?" The Generalized Anxiety Disorder scale has demonstrated robust psychometric properties, including excellent internal consistency (Cronbach's $\alpha = .92$) and strong test-retest reliability ($r = .83$). It has also been successfully utilized as a screener for social anxiety, panic disorder, and post-traumatic stress disorder (Kroenke, Spitzer, Williams, Monahan, & Lowe, 2007).

Comparative Analyses

All results obtained on the provided scales were compared to similar populations either in age or motherhood status found in previously published studies. All of the samples presented below utilized the same scales as the current study.

Self-compassion was compared to the results obtained by Raes at al. (2011) who looked

at 415 undergraduate students (66% female) that were the same age as the current sample. Compassion toward others was compared with 223 same-aged undergraduate students (75% female) in Hwang, Plante, and Lackey's study (2008).

Parental stress was compared with 60 biological middle-class mothers who were 35.9 years old on average (Shapiro & Stewart, 2011), because a sample of a younger population utilizing that scale was not available. Interpersonal problems were compared with a sample of 90 same-aged undergraduate students (Stout & Mintz, 1996).

Motivation to change was compared with 93 same-aged female undergraduate students (Robitschek, 1999). Depression and anxiety were compared with a sample of 343 same-aged female undergraduate students (Fielder, Carey, & Carey, 2012).

Data Analysis

The overarching aim of the study was to understand the background history and to identify psychopathology and resilience in young childfree women and young mothers residing in short-term and long-term shelters for young adults.

The specific aims of the study are:

Study Aim 1. In order to better understand the background history of young homeless women multiple analyses were conducted. Descriptive statistics and frequencies were obtained for the historical factors of each group: childfree women, young mothers at the *Mother and Child Crisis* shelter, and mothers at the *Rights of Passage* program. The historical factors include demographic information (marital status, sexual orientation, level of education, history of public assistance, cigarette use, alcohol use, marijuana use, and history of mental health treatment), homelessness (push-out history, runaway history, history of homelessness, and reasons for homelessness), legal history (history of prostitution, number of arrests, number of convictions,

injuries to self due to a physical fight, and injuries to other due to a physical fight), and history of negative life events (death of a loved one, history of abandonment, history of school bullying, history of domestic violence, and history of emotional, physical, and sexual abuse). One-way Analysis of Variance (ANOVA) was used to assess the differences in background history between three groups (childfree women, mothers in crisis, and mothers residing at the long-term shelter). Furthermore, for significant results produced by the ANOVA, post hoc analyses were conducted.

Research Question 1: What life experiences did homeless young women have prior to arriving at the shelter?

Research Question 2: Did the participants (childfree women, mothers in crisis, and mothers residing at the long-term shelter) have different types of life experiences prior to arriving at the shelter?

Hypothesis 1a: Rates of abuse (physical, emotional, and sexual) will be higher among the childfree women than among the parenting women.

Hypothesis 1b: Childfree women will have higher rates of homelessness than parenting women.

Study Aim 2. In order to identify which historical variables may contribute to rates of psychopathology and resilience linear regression analyses were conducted for all of the historical factors for each group separately (childfree women, mothers in crisis, and mothers residing at the long-term shelter).

Research Question 3: What types of previous experiences contribute to the development of psychopathology and positive traits in homeless young women?

Hypothesis 2a: Rates of abuse (physical, emotional, and sexual) will be positively associated with rates of psychopathology.

Hypothesis 2b: Rates of abuse (physical, emotional, and sexual) will be negatively associated with development of positive characteristics.

Study Aim 3. One-way Analysis of Variance (ANOVA) was used to assess the differences in means across measures of pathology and measures of resilience between four groups (childfree women, mothers in crisis, mothers residing at the long-term shelter, and a matched sample). Furthermore, for significant results produced by the ANOVA, post hoc analyses were conducted.

Hypothesis 3a: Young mothers in crisis will have higher rates of personal strengths than childfree women, mothers in the long-term residential program, and matched samples.

Hypothesis 3b: Young mothers in crisis will have lower rates of psychopathology than childfree women, mothers in the long-term residential program, and matched samples.

Chapter III

RESULTS

Demographic Information

An extensive background history was collected for all of the participants. It included personal information, homelessness history, legal history, family history, and history of negative life events. The demographic information was collected for all of the three groups including childfree women and mothers at the *Rights of Passage* program and mothers at the *Mother and Child Crisis* program. One-way Analysis of Variance (ANOVA) was used to assess the differences in background history between three groups (childfree women, mothers in crisis, and mothers residing at the long-term shelter). Furthermore, for significant results produced by the ANOVA, post hoc analyses were conducted.

Personal Characteristics

The mothers at the *Mother and Child Crisis* program represented the youngest group with an average age of 19.05 years (SD = .80). The childfree women at the *Rights of Passage* program had an average age of 20.50 (SD = 1.12) and the mothers at that program were 21.52 years old on average (SD = .81). The differences in age were significant between the three groups ($p < .001$).

All of the members at the *Rights of Passage* program were single and never married. Two of the women (2.8%) at the *Mother and Child Crisis* program were married at the time the data was collected. Most of the participants identified themselves as heterosexual. Among the childfree women 84.2% reported being heterosexual, 10.5% homosexual, and 5.3% as bisexual. Of the women at the *Mother and Child Crisis* program 93.9% reported being heterosexual, 2.4%

homosexual, and 3.7% identified as bisexual. The mothers at the *Rights of Passage* program reported 93.8% being heterosexual and 6.3% as bisexual.

In terms of education a large portion of the participants have either attended 12th grade or received a high school diploma. Among the childfree women, 4.5% received a General Education Diploma, 2.3% received a high school diploma, 54.5% attended the 12th grade but did not graduate, 18.2% attended the 11th grade, 6.8% attended the 10th grade, 9.1% attended the 9th grade, and 4.5% attended either the 7th or the 8th grade. A little over a quarter of the mothers at the *Mother and Child Crisis* program received a high school diploma (26.7%) and 5.6% received a General Education Diploma. Among the rest of the women 11% attended the 12th grade but did not graduate, 32.2% attended the 11th grade, 15.6% attended the 10th grade, 7.8% attended the 9th grade and 1.1% attended either the 7th or the 8th grade. Almost one half of the mothers at the *Rights of Passage* program attended the 12th grade (45.5%), 27.3% received a high school diploma, 4.5% attended the 11th grade, 4.5% attended the 10th grade, and 13.6% attended the 9th grade. Finally, 4.5% of these women reported that they did not receive any formal education.

Almost one third of the childfree women (29.7%) received public assistance at some point in their lives as did 46.3% of the mothers at the *Mother and Child Crisis* program, and 57.9% of the mothers at the *Rights of Passage* program. The number of childfree women who received public assistance was significantly lower than the number of mothers at the *Rights of Passage* program who received it ($p < .05$). The number of women at the *Mother and Child Crisis* program approached significance ($p < .10$).

There was minimal variability in regard to nicotine use. Seventy-three percent of the childfree women reported that they do not smoke at all, 24.3% smoke somewhere between five and ten cigarettes per day, and 5.6% smoke twenty cigarettes per day. The women at the *Mother*

and Child Crisis program reported that 85.3% of them do not smoke at all, and 14.7% smoke between five and ten cigarettes per day and none of the mothers at *Rights of Passage* program reported smoking at all. Childfree women smoke significantly more than the mothers at the *Rights of Passage* program ($p < .05$). Childfree women are also more likely to smoke than the mothers at the *Mother and Child Crisis* program ($p < .10$) and the mothers at the *Mother and Child Crisis* program are more likely to smoke than the mothers at the *Rights of Passage* program ($p < .10$).

A little over three quarters of the childfree women denied using alcohol (77.8%), 16.7% reported drinking once a month, and 5.6% reported drinking about three or four times a month. Among the mothers at the *Mother and Child Crisis* program, 85.3% denied using alcohol and 14.7% reported drinking once or twice a month. Similarly, 81.3% of the mothers at the *Rights of Passage* program denied alcohol use, 12.5% reported drinking once or twice a month, and 6.3% three or four times a month.

Most women in all of the groups denied using marijuana. Specifically 83.3% of the childfree women denied use, 11.1% reported using it once or twice a month, 2.8% stated that they use it three or four times a month, and 2.8% once or twice a week. Of the mothers at the *Mother and Child Crisis* program, 93.7% denied using marijuana, 2.1% reported using it once or twice a month, 2.1% three or four times a month, and 2.1% once or twice a week. All of the mothers at the *Rights of Passage* program completely denied using marijuana (100%).

Most of the women in each group have not had any experience with psychotherapy. The childfree women reported that 76.7% of them never had psychotherapy, 60.7% of the mothers at the *Mother and Child Crisis* program, and 71.4% of the mothers at the *Rights of Passage* program also never received psychotherapy.

Table 1. Personal Characteristics

	Childfree Women at RoP	Mothers in Crisis	Mothers at RoP
Age A*** B*** C***	**Mean (SD)**	**Mean (SD)**	**Mean (SD)**
	20.50 (1.12)	19.05 (0.80)	21.52 (0.81)
	Frequency (n)	**Frequency (n)**	**Frequency (n)**
Marital Status			
Childfree/Never Married	100.0 (31)	97.2 (70)	100.0 (14)
Married	0.0 (0)	2.8 (2)	0.0 (0)
Total	100.0 (31)	100.0 (72)	100.0 (14)
Sexual Orientation			
Heterosexual	84.2 (32)	93.9 (77)	93.8 (15)
Lesbian/Gay	10.5 (4)	2.4 (2)	0.0 (0)
Bisexual	5.3 (2)	3.7 (3)	6.3 (1)
Total	100 (38)	100.0 (82)	100.0 (16)
Level of Education			
None	0 (0)	0.0 (0)	4.5 (1)
7th or 8th Grade	4.5 (2)	1.1 (1)	0.0 (0)
9th Grade	9.1 (4)	7.8 (7)	13.6 (3)
10th Grade	6.8 (3)	15.6 (14)	4.5 (1)
11th Grade	18.2 (8)	32.2 (29)	4.5 (1)
12th Grade	54.5 (24)	11.1 (10)	45.5 (10)
High School Diploma	2.3 (1)	26.7 (24)	27.3 (6)
GED	4.5 (2)	5.6 (5)	0.0 (0)
Total	100.0 (44)	100.0 (90)	100.0 (22)
History of Public Assistance A† B*			
Yes	29.7 (11)	46.3 (44)	57.9 (11)
No	70.3 (26)	53.7 (51)	42.1 (8)
Total	100.0 (37)	100.0 (95)	100.0 (19)
Daily Nicotine Use A† B* C†			
None	73 (27)	85.3 (81)	100.0 (17)
5-10 Cigarettes	24.3 (9)	14.7 (14)	0.0 (0)
20 Cigarettes	2.7 (1)	0.0 (0)	0.0 (0)
Total	100.0 (37)	100.0 (95)	100.0 (17)
Alcohol Use			
Not at All	77.8 (28)	85.3 (81)	81.3 (13)
Once or Twice a Month	16.7 (6)	14.7 (14)	12.5 (2)
Three or Four Times a Month	5.6 (2)	0.0 (0)	6.3 (1)
Total	100.0 (36)	100.0 (95)	100.0 (16)
Marijuana Use			
Not at All	83.3 (30)	93.7 (89)	100.0 (16)
Once or Twice a Month	11.1 (4)	2.1 (2)	0.0 (0)
Three or Four Times a Month	2.8 (1)	2.1 (2)	0.0 (0)
Once or Twice a Week	2.8 (1)	2.1 (2)	0.0 (0)
Total	100.0 (36)	100.0 (95)	100.0 (16)

Mental Health Therapy			
Yes	23.3 (10)	39.3 (35)	28.6 (6)
No	76.7 (33)	60.7 (54)	71.4 (15)
Total	100.0 (43)	100.0 (89)	100.0 (21)

Note. A=Difference between Childfree Women at RoP and Mothers in Crisis; B= Difference between Childfree Women at RoP and Mothers at RoP; C= Difference between Mothers in Crisis and Mothers at RoP

Note. * = $p<0.05$, ** = $p<0.01$, *** = $p<0.001$, † = $p<0.10$

History of Homelessness

In terms of homelessness, 64.9% of the childfree women, 70.6% of the mothers at the *Mother and Child Crisis* program, and 73.7% of the mothers at the *Rights of Passage* program denied having any history of running away from home. Almost three quarters of the childfree women (64.9%), 68.4% of the mothers at the *Mother and Child Crisis* program, and 63.2% of the mothers at the *Rights of Passage* program denied any push-out history. However, 86.5% of the childfree women, 55.8% of the mothers at the *Mother and Child Crisis* program, and 57.9% of the mothers at the *Rights of Passage* program reported a history of homelessness. The childfree women were more likely to report a history of homelessness than the mothers at the *Mother and Child Crisis* program ($p < .001$) and the mothers at the *Rights of* Passage program ($p < .05$).

Table 2. History of Homelessness

	Childfree Women at RoP	Mothers in Crisis	Mothers at RoP
	Frequency (n)	**Frequency (n)**	**Frequency (n)**
Runaway History			
Yes	35.1 (13)	29.4 (25)	26.3 (5)
No	64.9 (24)	70.6 (60)	73.7 (14)
Total	100.0 (37)	100.0 (85)	100.0 (19)
Push-Out History			
Yes	35.1 (13)	31.6 (30)	36.8 (7)
No	64.9 (24)	68.4 (65)	63.2 (12)
Total	100.0 (37)	100.0 (95)	100.0 (19)
Homeless History A*** B*			
Yes	86.5 (32)	55.8 (53)	57.9 (11)
No	13.5 (5)	44.2 (42)	42.1 (8)
Total	100.0 (37)	100.0 (95)	100.0 (19)

Note. A=Difference between Childfree Women at RoP and Mothers in Crisis; B= Difference between Childfree Women at RoP and Mothers at RoP; C= Difference between Mothers in Crisis and Mothers at RoP

Note. * = $p<0.05$, ** = $p<0.01$, *** = $p<0.001$, † = $p<0.10$

Legal History

Most of the women in all of the groups denied any history of prostitution. Only 2.7% of the childfree women and 3.2% of the mothers at the *Mother and Child Crisis* program confirmed past experiences of prostitution. No mothers at the *Rights of Passage* program reported a history of prostitution. About two thirds of the women in each group also denied any arrest history (68.2% of the childfree women, 69.3% of mothers at the *Mother and Child Crisis* program, and 66.7% of the mothers at the *Rights of Passage* program.). Almost all of the childfree women (97.1%) also denied any history of convictions as did 69.5% of the mothers at the *Mother and Child Crisis* program and 88.2% of the mothers at the *Rights of Passage* program.

Some of the women also reported either sustaining or inflicting injuries on another person during a fight. About one fifth of the childfree women (16.2%), 10.5% of the mothers at the *Mother and Child Crisis* program, and 11.1% of the mothers at the *Rights of* Passage program reported sustaining an injury during a fight. Furthermore, 27% of the childfree women, 25.3% of the mothers at the *Mother and Child Crisis* program, and 22.2% of the mothers at the *Rights of Passage* program endorsed injuring another person during a fight.

Table 3. Legal History

	Childfree Women at RoP	Mothers in Crisis	Mothers at RoP
	Frequency (n)	**Frequency (n)**	**Frequency (n)**
Prostitution			
Yes	2.7 (1)	3.2 (3)	0.0 (0)
No	97.3 (36)	96.8 (92)	100.0 (19)
Total	100.0 (37)	100.0 (95)	100.0 (19)
History of Arrests			
Yes	31.8 (14)	30.7 (27)	33.3 (7)
No	68.2 (30)	69.3 (61)	66.7 (14)
Total	100.0 (44)	100.0 (88)	100.0 (21)
History of Convictions			
Yes	2.9 (1)	30.5 (5)	11.8 (2)
No	97.1 (34)	69.5 (90)	88.2 (15)
Total	100.0 (35)	100.0 (95)	100.0 (17)
Fight – Injured Self			
Yes	16.2 (6)	10.5 (10)	11.1 (2)
No	83.8 (31)	89.5 (85)	88.9 (16)
Total	100.0 (37)	100.0 (95)	100.0 (18)
Fight – Injured Other			
Yes	27.0 (10)	25.3 (24)	22.2 (4)
No	73.0 (27)	74.7 (71)	77.8 (14)
Total	100.0 (37)	100.0 (95)	100.0 (18)

Note. A=Difference between Childfree Women at RoP and Mothers in Crisis; B= Difference between Childfree Women at RoP and Mothers at RoP; C= Difference between Mothers in Crisis and Mothers at RoP

Note. * = $p<0.05$, ** = $p<0.01$, *** = $p<0.001$, † = $p<0.10$

Family History

Most of the women denied a history of foster care. Specifically, 65.1% of the childfree women, 78.3% of the mothers at the *Mother and Child Crisis* program, and 81.8% of the mothers at the *Rights of Passage* program did not report any experiences with foster care. Among the childfree women 83.8% reported that their mothers are alive, as did 78.9% of the mothers at the *Mother and Child Crisis* program and 89.5% of the mothers at the *Rights of Passage* program. In regard to their fathers 64.9% of the childfree women reported that their fathers are alive as did 69.5% of the mothers at the *Mother and Child Crisis* program and 72.2% of the mothers at the *Rights of Passage* program.

Most of the women reported having some type of a legal guardian. The childfree women reported that 67.6% of them have a biological parent as a legal guardian, whereas 11.8% have a foster parent, 2.9% named a family member, 5.9% a grandparent, 8.8% named themselves as their own guardian, and for 2.9% of the women the legal guardian is unknown. Similarly, 76.7% of the mothers at the *Mother and Child Crisis* program reported their biological parent as a legal guardian, 9.6% a foster parent, 4.1% a family member, 1.4% a grandparent, and 2.7% a sibling. Finally, 2.7% of these women named themselves as a legal guardian, and the legal guardian is unknown for 2.7% of them. Almost two thirds of the mothers at the *Rights of Passage* program (62.5%) reported their biological parent as a legal guardian, 12.5% a family member, 18.8% named themselves as legal guardians, and for 6.3% of the women the legal guardian is unknown. Mothers at the *Mother and Child Crisis* program were significantly more likely to name their biological parent as a legal guardian than the mothers at the *Rights of Passage* program ($p < .05$).

The number of siblings in this population ranges from none to 16. However, most have one, two, or three siblings. Some of the childfree women reported having no siblings (5.6%),

13.9% reported having one sibling, 19.4% two siblings, 22.2% three siblings, 11.1% four siblings, 8.3% five siblings, 5.6% six siblings, 8.3% seven siblings, 2.8% eight siblings, and 2.8% twelve siblings. Of the mothers at the *Mother and Child Crisis* program, 12.6% reported not having a siblings, 8.4% one sibling, 16.8% two siblings, 13.7% three siblings, 11.6% four siblings, 9.5% five siblings, 9.5% six siblings, 5.3% seven siblings, 4.2% eight siblings, 2.1% nine siblings, 2.1% ten siblings, and 4.4% reported having either twelve, thirteen, fourteen, or sixteen siblings. Among the mothers at the *Rights of Passage* program, 26.3% reported having one sibling, 10.5% two siblings, 15.8% three siblings, 10.5% four siblings, 5.3% five siblings, 5.3% six siblings, 15.8% seven siblings, 5.3% nine siblings, and 5.3% had twelve siblings.

One quarter of the mothers at the *Rights of* Passage program (25%) reported a desire to reunify with their families, as did 32.4% of the childfree women, and 13.7% of the mothers at the *Mother and Child Crisis* program. Furthermore, childfree women were significantly more likely to desire family reunification than the mothers at the *Mother and Child Crisis* program ($p < .05$).

One third of the childfree women (33.3%) reported that a family member has a mental disorder. Similarly, 25.3% of the mothers at the *Mother and Child Crisis* program and 27.8% of the mothers at the *Rights of Passage* program endorsed a family member with psychological difficulties. Furthermore, 18.9% of the childfree women reported having a family member who uses substances, as did 30.5% of the mothers at the *Mother and Child Crisis* program and 31.3% of the mothers at the *Rights of Passage* program.

All of the childfree women (100%) and all of the mothers at the *Rights of Passage* program (100%) reported that they were not disciplined during their childhood. Mothers at the *Mother and Child Crisis* program reported that 26.6% of them were also not disciplined, but for 4.3% the discipline was physical, for 7.4% verbal, 8.5% were disciplined by having their

privileges removed, 5.3% experienced physical discipline and removal of privileges, 4.3% experienced verbal discipline and removal of privileges, for 12.8% the discipline was physical and verbal, 27.7% were disciplined physically, verbally, and by having their privileges were removed, and 3.3% reported another type of discipline.

Table 4. Family History

	Childfree Women at RoP	Mothers in Crisis	Mothers at RoP
	Frequency (n)	**Frequency (n)**	**Frequency (n)**
Foster Care History			
Yes	34.9 (15)	21.7 (20)	18.2 (4)
No	65.1 (28)	78.3 (72)	81.8 (18)
Total	100.0 (43)	100.0 (92)	100.0 (22)
Legal Guardian C*			
Biological Parent	67.6 (23)	76.7 (56)	62.5 (10)
Foster Parent	11.8 (4)	9.6 (7)	0.0 (0)
Family Member	2.9 (1)	4.1 (3)	12.5 (2)
Grandparent	5.9 (2)	1.4 (1)	0.0 (0)
Sibling	0.0 (0)	2.7 (2)	0.0 (0)
Other	2.9 (1)	2.7 (2)	6.3 (1)
Self	8.8 (3)	2.7 (2)	18.8 (3)
Total	100.0 (34)	100.0 (73)	100.0 (16)
Mother Living?			
Yes	83.8 (31)	78.9 (75)	89.5 (17)
No	13.5 (5)	18.9 (18)	10.5 (2)
Don’t Know	2.7 (1)	2.1 (2)	0.0 (0)
Total	100.0 (37)	100.0 (95)	100.0 (19)
Father Living?			
Yes	64.9 (24)	69.5 (66)	72.2 (13)
No	16.2 (6)	20.0 (19)	11.1 (2)
Don’t Know	18.9 (7)	10.5 (10)	16.7 (3)
Total	100.0 (37)	100.0 (95)	100.0 (18)
Number of Siblings			
0	5.6 (2)	12.6 (12)	0.0 (0)
1	13.9 (5)	8.4 (8)	26.3 (5)
2	19.4 (7)	16.8 (16)	10.5 (2)
3	22.2 (8)	13.7 (13)	15.8 (3)
4	11.1 (4)	11.6 (11)	10.5 (2)
5	8.3 (3)	9.5 (9)	5.3 (1)
6	5.6 (2)	9.5 (9)	5.3 (1)
7	8.3 (3)	5.3 (5)	15.8 (3)
8	2.8 (1)	4.2 (4)	0.0 (0)
9	0.0 (0)	2.1 (2)	5.3 (1)
10	0.0 (0)	2.1 (2)	0.0 (0)
11	0.0 (0)	0.0 (0)	0.0 (0)
12	2.8 (1)	1.1 (1)	5.3 (1)
13	0.0 (0)	1.1 (1)	0.0 (0)
14	0.0 (0)	1.1 (1)	0.0 (0)
15	0.0 (0)	0.0 (0)	0.0 (0)
16	0.0 (0)	1.1 (1)	0.0 (0)

Total	100.0 (36)	100.0 (95)	100.0 (19)
Desire for Family Reunification A*			
Yes	32.4 (11)	13.7 (13)	25.0 (4)
No	67.6 (23)	86.3 (82)	75.0 (12)
Total	100.0 (34)	100.0 (95)	100.0 (16)
Family Mental Health			
Yes	33.3 (12)	25.3 (24)	27.8 (5)
No	66.7 (24)	74.7 (71)	72.2 (13)
Total	100.0 (36)	100.0 (95)	100.0 (18)
Family Substance Use			
Yes	18.9 (7)	30.5 (29)	31.3 (5)
No	81.1 (30)	69.5 (66)	68.8 (11)
Total	100.0 (37)	100.0 (95)	100.0 (16)
Discipline at Home A*** C***			
Not Disciplined	100.0 (37)	26.6 (25)	100.0 (19)
Physical	0.0 (0)	4.3 (4)	0.0 (0)
Verbal	0.0 (0)	7.4 (7)	0.0 (0)
Removal of Privileges	0.0 (0)	8.5 (8)	0.0 (0)
Other	0.0 (0)	1.1 (1)	0.0 (0)
Physical & Removal of	0.0 (0)	5.3 (5)	0.0 (0)
Privileges	0.0 (0)	4.3 (4)	0.0 (0)
Verbal & Removal of Privileges	0.0 (0)	12.8 (12)	0.0 (0)
Physical & Verbal	0.0 (0)	27.7 (26)	0.0 (0)
Physical, Verbal, Removal of	0.0 (0)	1.1 (1)	0.0 (0)
Privileges	0.0 (0)	1.1 (1)	0.0 (0)
Removal of Privileges, Not	100.0 (37)	100.0 (94)	100.0 (19)
Disciplined			
Physical Other			
Total			

Note. A=Difference between Childfree Women at RoP and Mothers in Crisis; B= Difference between Childfree Women at RoP and Mothers at RoP; C= Difference between Mothers in Crisis and Mothers at RoP

Note. * = p<0.05, ** = p<0.01, *** = p<0.001, † = p<0.10

History of Negative Life Events

Slightly more than half of the mothers at the *Mother and Child Crisis* program (57.9%) reported losing a loved one at some point in their lives. More that three quarters of the childfree women (81.1%) and 68.4% of the mothers at the *Rights of Passage* program also endorsed losing a loved one. Childfree women were significantly more likely than the mothers at the *Mother and Child Crisis* program to lose a loved one ($p < .05$). Half of all of the childfree women also reported a history of school bullying (50%). Similarly, 30.5% of the mothers at the *Mother and Child Crisis* program and 36.8% of the mothers at the *Rights of Passage* program endorsed being bullied at school.

Half of all of the childfree women (50%) reported a history of abandonment, as did 25.3% of the mothers at the *Mother and Child Crisis* program and 36.8% of the mothers at the *Rights of Passage* program. Childfree women were significantly more likely to have experienced abandonment at some point in their lives than the mothers at the *Mother and Child Crisis* program ($p < .01$). A few of the childfree women (8.1%) reported being victims or witnesses of domestic violence. Comparably 15.8% of the mothers at the *Mother and Child Crisis* program and 5.3% of the mothers at the *Rights of Passage* program endorsed being a victim or a witness of domestic violence.

About half of the mothers at the *Mother and Child Crisis* program (51.1%) reported a history of emotional abuse. Similarly, 59.1% of the childfree women and 63.6% of the mothers at the *Rights of Passage* program endorsed experiencing emotional abuse at some point in their lives. More than one half of the childfree women (59.1%) reported a history of physical abuse. More than one third of the mothers at the *Rights of Passage* program (40.9%) and 37.4% of the mothers at the *Mother and Child Crisis* program endorsed a history of physical abuse. Childfree

women were significantly more likely that the mothers at the *Mother and Child Crisis* program to have been physically abused in the past ($p < .05$). One quarter of the childfree women (25%) also reported a history of sexual abuse, as did 20% of the mothers at the *Mother and Child Crisis* program, and 27.3% of the mothers at the *Rights of Passage* program.

Table 5. History of Negative Life Events

	Childfree Women at RoP	Mothers in Crisis	Mothers at RoP
	Frequency (n)	**Frequency (n)**	**Frequency (n)**
Death of a Loved One A*			
Yes	81.1 (30)	57.9 (55)	68.4 (13)
No	18.9 (7)	42.1 (40)	31.6 (6)
Total	100.0 (37)	100.0 (95)	100.0 (19)
Abandonment History A**			
Yes	50.0 (18)	25.3 (24)	36.8 (7)
No	50.0 (18)	74.7 (71)	63.2 (12)
Total	100.0 (36)	100.0 (95)	100.0 (19)
School Bullying			
Yes	50.0 (18)	30.5 (29)	36.8 (7)
No	50.0 (18)	69.5 (66)	63.2 (12)
Total	100.0 (36)	100.0 (95)	100.0 (19)
Emotional Abuse			
Yes	59.1 (26)	51.1 (47)	63.6 (14)
No	40.9 (18)	48.9 (45)	36.4 (8)
Total	100.0 (44)	100.0 (92)	100.0 (22)
Physical Abuse A*			
Yes	59.1 (26)	37.4 (34)	40.9 (9)
No	40.9 (18)	62.6 (57)	59.1 (13)
Total	100.0 (44)	100.0 (91)	100.0 (22)
Sexual Abuse			
Yes	25.0 (11)	20.0 (18)	27.3 (6)
No	75.0 (33)	80.0 (72)	72.7 (16)
Total	100.0 (44)	100.0 (90)	100.0 (22)
Domestic Violence			
Yes	8.1 (3)	15.8 (15)	5.3 (1)
No	91.9 (34)	84.2 (80)	94.7 (18)
Total	100.0 (37)	100.0 (95)	100.0 (19)

Note. A=Difference between Childfree Women at RoP and Mothers in Crisis; B= Difference between Childfree Women at RoP and Mothers at RoP; C= Difference between Mothers in Crisis and Mothers at RoP

Note. * = $p<0.05$, ** = $p<0.01$, *** = $p<0.001$, † = $p<0.10$

In conclusion, all three groups (childfree women, mothers at the *Mother and Child Crisis* program, and mothers at the *Rights of Passage* program) had similar life experiences. Almost all of the women were childfree and heterosexual, and most reported minimal nicotine, alcohol, and marijuana use. Additionally, most of the women do not have any legal history and have had limited experience with the mental health system. Most of the differences in life experiences among the three groups related to history of receiving of public assistance, history of homelessness, and negative life events. Childfree women were more likely to have a history of abandonment and physical abuse and to have lost a loved one. Childfree women were also more likely to have a history of homelessness.

Table 6. Demographic Information – Significant Results Only

	Childfree Women at RoP	Mothers in Crisis	Mothers at RoP
	Frequency (n)	**Frequency (n)**	**Frequency (n)**
History of Public Assistance A† B*			
Yes	29.7 (11)	46.3 (44)	57.9 (11)
No	70.3 (26)	53.7 (51)	42.1 (8)
Total	100.0 (37)	100.0 (95)	100.0 (19)
Daily Nicotine Use A† B* C†			
None	73.0 (27)	85.3 (81)	100.0 (17)
5-10 Cigarettes	24.3.0 (9)	14.7 (14)	0.0 (0)
20 Cigarettes	2.7 (1)	0.0 (0)	0.0 (0)
Total	100.0 (37)	100.0 (95)	100.0 (17)
Homeless History A*** B*			
Yes	86.5 (32)	29.4 (53)	57.9 (11)
No	13.5 (5)	44.2 (42)	42.1 (8)
Total	100.0 (37)	100.0 (95)	100.0 (19)
Legal Guardian C*			
Biological Parent	67.6 (23)	76.7 (56)	62.5 (10)
Foster Parent	11.8 (4)	9.6 (7)	0.0 (0)
Family Member	2.9 (1)	4.1 (3)	12.5 (2)
Grandparent	5.9 (2)	1.4 (1)	0.0 (0)
Sibling	0.0 (0)	2.7 (2)	0.0 (0)
Other	2.9 (1)	2.7 (2)	6.3 (1)
Self	8.8 (3)	2.7 (2)	18.8 (3)
Total	100.0 (34)	100.0 (73)	100.0 (16)
Desire for Family Reunification A*			
Yes	32.4 (11)	13.7 (13)	25.0 (4)
No	67.6 (23)	86.3 (82)	75.0 (12)
Total	100.0 (34)	100.0 (95)	100.0 (16)
Discipline at Home A*** C***			
Not Disciplined	100.0 (37)	26.6 (25)	100.0 (19)
Physical	0.0 (0)	4.3 (4)	0.0 (0)
Verbal	0.0 (0)	7.4 (7)	0.0 (0)
Removal of Privileges	0.0 (0)	8.5 (8)	0.0 (0)
Other	0.0 (0)	1.1 (1)	0.0 (0)
Physical & Removal of Privileges	0.0 (0)	5.3 (5)	0.0 (0)
Verbal & Removal of Privileges	0.0 (0)	4.3 (4)	0.0 (0)
Physical & Verbal	0.0 (0)	12.8 (12)	0.0 (0)
Physical, Verbal, Removal of	0.0 (0)	27.7 (26)	0.0 (0)
Privileges	0.0 (0)	1.1 (1)	0.0 (0)
Removal of Privileges, Not	0.0 (0)	1.1 (1)	0.0 (0)
Disciplined	100.0 (37)	100.0 (94)	100.0 (19)
Physical Other			
Total			

Death of a Loved One A*			
Yes	81.1 (30)	57.9 (55)	68.4 (13)
No	18.9 (7)	42.1 (40)	31.6 (6)
Total	100.0 (37)	100.0 (95)	100.0 (19)
Abandonment History A**			
Yes	50.0 (18)	25.3 (24)	36.8 (7)
No	50.0 (18)	74.7 (71)	63.2 (12)
Total	100.0 (36)	100.0 (95)	100.0 (19)
Physical Abuse A*			
Yes	59.1 (26)	37.4 (34)	40.9 (9)
No	40.9 (18)	62.6 (57)	59.1 (13)
Total	100.0 (44)	100.0 (91)	100.0 (22)

Note. A=Difference between Childfree Women at RoP and Mothers in Crisis; B= Difference between Childfree Women at RoP and Mothers at RoP; C= Difference between Mothers in Crisis and Mothers at RoP

Note. * = $p<0.05$, ** = $p<0.01$, *** = $p<0.001$, † = $p<0.10$

Effect of Previous Life Experiences on Positive and Negative Outcomes

Regression analyses were completed in order to assess which demographic variables described above contributed to positive outcome variables, including motivation to change, self-compassion, and compassion toward others and negative outcome variables, including interpersonal problems, depression, anxiety, and parental stress. Specifically, each demographic variable, such as education level, history of physical abuse, homelessness, etc., was used independently to predict its contribution to each outcome variable separately.

Motivation to Change

In regard to motivation to change sexual orientation, history of public assistance, nicotine, alcohol, and marijuana use, push-out history, history of homelessness, history of prostitution, history of arrests and convictions, history of injury to self or others during a fight, foster care history, presence and type of a legal guardian, desire for family reunification, history of family mental health problems and of family substance use, history of abandonment, bullying, domestic violence, and emotional, physical, and sexual abuse did not have a significant relationship in either of the groups.

For childfree women, marital status, level of education, history of psychotherapy use, living status of mother and father, childhood discipline, and death of a loved one also did not contribute to a significant relationship with motivation to change. However, the number of siblings significantly predicted motivation to change ($F\ (1, 34) = 6.02$, $p < .05$), with an R^2 of .15 and was inversely associated ($\beta = -.388$). Runaway history for childfree women approached significance ($F\ (1, 35) = 3.55$, $p < .10$), with an R^2 of .09 and also had an inverse relationship ($\beta = -.303$). No significant results were obtained for the mothers at the *Rights of Passage* program in regard to motivation to change.

For mothers at the *Mother and Child Crisis* program runaway history was not associated with motivation to change. Level of education, however, significantly predicted motivation to change (F (1, 63) = 5.80, $p < .05$) with an R^2 of .08 and had a direct relationship ($\beta = .290$). Marital status was also associated with motivation to change (F (1, 50) = 4.13, $p < .05$) with an R^2 of .08, and had an inverse relationship ($\beta = -.276$). Additionally, the living status of the mother was also a significant predictor (F (1, 65) = 6.81, $p < .05$) with an R^2 of .10 and had a direct relationship ($\beta = .308$) as did the living status of the father (F (1, 65) = 5.67, $p < .05$) with an R^2 of .08, and also had a direct relationship ($\beta = .283$). The number of siblings was also significantly associated with motivation to change (F (1, 65) = 5.95, $p = .05$) with an R^2 of .08 and had a direct relationship ($\beta = .290$) as did childhood discipline (F (1, 65) = 5.39, $p < .05$) with an R^2 of .08 and had a direct relationship ($\beta = .277$). Experiencing death of a loved one significantly contributed to motivation to change in mothers at the *Mother and Child Crisis* program (F (1, 65) = 7.28, $p < .01$) with an R^2 of .10 and had a direct relationship ($\beta = .317$). History of therapy as a contributor to motivation to change approached significance (F (1, 62) = 3.09, $p < .10$) with an R^2 of .05 and was inversely associated ($\beta = -.218$).

Table 7. Contribution of Historical Factors to Motivation to Change

	Childfree Women at RoP			Mothers in Crisis			Mothers at RoP		
Variable	*B*	*SE B*	*β*	*B*	*SE B*	*β*	*B*	*SE B*	*β*
Marital Status	-	-	-	-11.020	5.422	-.276*	-	-	-
Sexual Orientation	-1.041	1.788	-.097	3.588	3.187	.151	2.017	3.972	.134
Level of Education	-.093	.641	-.022	1.745	.724	.290*	-.563	.715	-.174
Public Assistance	-3.304	2.046	-.263	2.313	2.288	.124	-.312	3.509	-.022
Nicotine Use	-.569	1.888	-.051	1.893	3.210	.073	-	-	-
Alcohol Use	-2.723	1.722	-.262	4.157	3.499	.146	4.025	3.310	.309
Marijuana Use	-1.492	1.535	-.164	.849	1.976	.053	-	-	-
Therapy History	-2.252	2.034	-.170	-3.968	2.259	-.218†	-2.533	3.350	-.171
Runaway History	-3.644	1.935	-.303†	-.494	2.091	-.031	-1.400	3.921	-.086
Push-Out History	.151	2.030	.013	2.560	2.616	.120	1.375	3.577	.093
Homeless History	-3.013	2.789	-.180	4.838	2.216	.261	4.114	3.365	.284
Prostitution	2.472	5.963	.070	-4.152	9.444	-.054	-	-	-
History of Arrests	-1.838	1.810	-.155	1.648	2.449	.086	.536	3.259	.038
Conviction History	4.529	6.099	.128	4.010	4.336	.114	-.300	5.885	-.013
Fight – Injured Self	-2.898	2.584	-.186	2.298	4.832	.059	.781	5.726	.034
Fight – Injured Other	-2.185	2.151	-.169	2.891	2.728	.130	1.214	4.320	.070

Foster Care History	.981	1.823	.084	1.365	2.603	.065	2.222	3.838	.128
Legal Guardian	.165	.529	.055	-.676	.605	-.156	.211	.823	.068
Mother Living?	-2.447	2.465	-.165	6.967	2.669	.308*	.147	5.646	.006
Father Living?	2.267	1.592	.234	4.857	2.041	.283*	.646	3.431	.047
Number of Siblings	-.878	.358	-.388*	.794	.325	.290*	.403	.560	.172
Family Reunification	1.514	2.196	.121	-.953	3.535	-.033	6.542	4.192	.385
Family Mental Health	-2.458	2.070	-.200	1.946	2.741	.088	3.177	3.940	.198
Family Substances	-1.438	2.463	-.098	1.369	2.500	.068	4.155	4.148	.259
Discipline at Home	-	-	-	.757	.326	.277*	-	-	-
Death Loved One	1.790	2.456	.122	5.981	2.217	.317**	-1.391	3.713	-.090
Abandonment	.611	1.931	.054	.486	2.750	.022	2.732	3.531	.184
Bullying	-1.389	1.919	-.123	-1.662	2.743	-.075	4.542	3.419	.307
Emotional Abuse	-.444	1.734	-.040	-.998	2.184	-.057	-2.857	3.036	-.206
Physical Abuse	-.444	1.734	-.040	-2.678	2.198	-.151	.868	3.029	.064
Sexual Abuse	.545	1.969	.043	3.491	2.668	.164	4.219	3.216	.281
Domestic Violence	-3.549	3.500	-.169	-.489	3.362	-.018	4.083	7.697	.128

Note. * = p<0.05, ** = p<0.01, *** = p<0.001, † = p<0.10

Self-Compassion

In regard to self-compassion marital status, sexual orientation, history of public assistance, nicotine, alcohol, and marijuana use, runaway history, history of prostitution, history of arrests and convictions, injury to self or other during a fight, foster care history, presence and type of a legal guardian, living status of the mother and father, desire for family reunification, history of family mental health problems and substance use, childhood discipline, death of a loved one, history of abandonment, and emotional and physical abuse were not associated with self-compassion.

For childfree women, level of education, history of psychotherapy use, history of bullying, homeless history, and the number of siblings also did not contribute to a significant relationship with self-compassion. Push-out history, however, was significantly associated with self-compassion ($F(1, 34) = 4.83$, $p < .05$) with an R^2 of .12 and had a direct relationship ($\beta = .353$), as was history of sexual abuse ($F(1, 41) = 8.63$, $p < .01$) with an R^2 of .17 and an inverse relationship ($\beta = -.417$). Domestic violence approached significance as a predictor of self-compassion in childfree women ($F(1, 34) = 2.96$, $p < .10$) with an R^2 of .08 and an inverse relationship ($\beta = -.283$).

For mothers at the *Mother and Child Crisis* program, push-out history, homelessness history, and history of sexual abuse and domestic violence did not contribute to an association with presence of self-compassion. Level of education approached significance $F(1, 56) = 3.51$, $p < .10$) with an R^2 of .06 and a direct relationship ($\beta = .243$), as did history of psychotherapy use $F(1, 56) = 3.47$, $p < .10$) with an R^2 of .06 and an inverse relationship ($\beta = -.242$) and history of bullying $F(1, 61) = 3.15$, $p < .10$) with an R^2 of .05 and an inverse relationship ($\beta = -.221$).

For mothers at the *Rights of Passage* program, level of education, history of

psychotherapy use, push-out history, history of bullying, sexual abuse, and domestic violence did not contribute to the relationship with self-compassion. History of homelessness approached significance ($F(1, 17) = 3.53$, $p < .10$) with an R^2 of .17 and a direct relationship ($\beta = .415$), as did the number of siblings ($F(1, 17) = 3.05$, $p < .10$) with an R^2 of .15 and an inverse relationship ($\beta = -.390$).

Table 8. Contribution of Historical Factors to Self-Compassion

	Childfree Women at RoP			Mothers in Crisis			Mothers at RoP		
Variable	*B*	*SE B*	*β*	*B*	*SE B*	*β*	*B*	*SE B*	*β*
Marital Status	-	-	-	-.714	.430	-.235	-	-	-
Sexual Orientation	-.024	.162	-.025	.370	.252	.201	-.094	.333	-.076
Level of Education	-.068	.056	-.186	.105	.056	.243†	-.006	.060	-.024
Public Assistance	-.192	.185	-.175	-.018	.157	-.015	-.013	.276	-.012
Nicotine Use	-.006	.167	-.006	-.150	.214	-.089	-	-	-
Alcohol Use	-.106	.157	-.116	.182	.235	.099	-.388	.252	-.380
Marijuana Use	.066	.137	.083	-.016	.148	-.014	-	-	-
Therapy History	-.167	.182	-.144	-.310	.167	-.242†	-.339	.272	-.274
Runaway History	-.071	.180	-.067	-.292	.188	-.211	.118	.309	.092
Push-Out History	.371	.169	.353*	-.122	.173	-.090	-.247	.277	-.212
Homeless History	.028	.251	.020	-.042	.157	-.034	.473	.252	.415†
Prostitution	.712	.513	.232	-.738	.621	-.150	-	-	-
History of Arrests	.103	.163	.098	.112	.185	.081	-.274	.262	-.233
Conviction History	.265	.529	.088	.092	.322	.037	-.664	.433	-.368
Fight – Injured Self	-.003	.233	-.002	-.153	.321	-.061	-.089	.455	-.049
Fight – Injured Other	.162	.191	.144	.111	.193	.073	-.048	.344	-.035

Foster Care History	.205	.163	.195	-.042	.203	-.027	-.130	.318	-.091
Legal Guardian	-.059	.048	-.217	-.059	.053	-.159	-.041	.063	-.172
Mother Living?	-.078	.220	-.061	.176	.187	.119	-.032	.445	-.017
Father Living?	.041	.144	.048	-.015	.154	-.012	-.370	.257	-.338
Number of Siblings	-.037	.035	-.182	-.001	.022	-.007	-.072	.041	-.390†
Family Reunification	-.277	.185	-.260	-.283	.233	-.154	.257	.339	.199
Family Mental Health	-.090	.187	-.084	.119	.184	.083	.145	.318	.113
Family Substances	.032	.219	.025	-.155	.165	-.119	-.355	.328	-.278
Discipline at Home	-	-	-	.002	.023	.012	-	-	-
Death Loved One	.072	.219	.056	-.100	.160	-.080	-.001	.294	-.001
Abandonment	.245	.168	.243	-.156	.193	-.103	.469	.259	.402
Bullying	.042	.173	.041	-.319	.180	-.221†	-.115	.282	-.099
Emotional Abuse	-.127	.156	-.126	-.189	.161	-.152	.068	.255	.060
Physical Abuse	-.196	.153	-.196	-.153	.167	-.121	-.140	.248	-.125
Sexual Abuse	-.471	.160	-.417**	.014	.208	.009	-.146	.274	-.118
Domestic Violence	-.518	.301	-.283†	-.176	.235	-.095	-.454	.601	-.180

Note. * = p<0.05, ** = p<0.01, *** = p<0.001, † = p<0.10

Compassion toward Others

Marital status, level of education, alcohol and marijuana use, history of therapy use, runaway and push-out history, history of homelessness, history of prostitution, history of arrests and convictions, injury to self or other during a fight, foster care history, presence and type of a legal guardian, father's living status, number of siblings, family mental health problems and substance use, childhood discipline, death of a loved one, history of abandonment, bullying, emotional abuse, and domestic violence were not associated with compassion toward others.

For childfree women, sexual orientation, nicotine use, domestic violence, and mother's living status also did not contribute to an association with compassion toward others. However, history of public assistance was significantly associated with compassion toward others ($F(1, 35) = 5.1$, $p < .05$) with an R^2 of .14 and a direct relationship ($\beta = .369$) as was history of physical abuse ($F(1, 42) = 4.36$, $p < .05$) with an R^2 of .10 and a direct relationship ($\beta = .307$). Desire for family reunification approached significance as a contributor to compassion toward others ($F(1, 32) = 3.07$, $p < .10$) with an R^2 of .09 and a direct relationship ($\beta = .296$) as did death of a loved one ($F(1, 35) = 3.93$, $p < .10$) with an R^2 of .08 and a direct relationship ($\beta = .318$) and history of sexual abuse ($F(1, 42) = 3.31$, $p < .10$) with an R^2 of .07 and a direct relationship ($\beta = .270$).

For mothers at the *Mother and Child Crisis* program, sexual orientation, history of public assistance, desire for family reunification, death of a loved one, history of physical abuse, and mother's living status did not contribute to a relationship with compassion toward others. However, nicotine use was significantly associated with compassion toward others ($F(1, 69) = 6.63$, $p < .05$) with an R^2 of .09 and an inverse relationship ($\beta = -.296$) as was history of sexual abuse ($F(1, 65) = 4.00$, $p < .05$) with an R^2 of .06 and a direct relationship ($\beta = .240$). Domestic

violence approached significance as a predictor of compassion toward others ($F (1, 69) = 3.23$, $p < .10$) with an R^2 of .05 and an inverse relationship ($\beta = -.211$).

For mothers at the *Rights of Passage* program, public assistance, nicotine use, family reunification, death of a loved one, history of physical and sexual abuse, and domestic violence did not contribute to compassion toward others. However, sexual orientation predicted an association with compassion toward others ($F (1, 14) = 6.00$, $p < .05$) with an R^2 of .30 and an inverse relationship ($\beta = -.548$). Mother's living status approached significance as a predictor ($F (1, 17) = 4.26$, $p < .10$) with an R^2 of .20 and a direct relationship ($\beta = .448$).

Table 9. Contribution of Historical Factors to Compassion toward Others

	Childfree Women at RoP			Mothers in Crisis			Mothers at RoP		
Variable	*B*	*SE B*	*β*	*B*	*SE B*	*β*	*B*	*SE B*	*β*
Marital Status	-	-	-	.469	1.127	.056	-	-	-
Sexual Orientation	.167	.282	.098	-.315	.665	-.062	-1.673	.683	-.548*
Level of Education	-.144	.105	-.208	.099	.129	.095	.072	.160	.100
Public Assistance	.715	.305	.369*	-.380	.366	-.124	-.175	.704	-.060
Nicotine Use	.260	.289	.150	-1.300	.505	-.296*	-	-	-
Alcohol Use	-.209	.274	-.130	.353	.551	.077	-.800	.694	-.294
Marijuana Use	.078	.240	.056	-.086	.304	-.034	-	-	-
Therapy History	.113	.344	.051	-.141	.407	-.043	.253	.764	.076
Runaway History	-.363	.308	-.196	.252	.452	.072	-.209	.789	-.064
Push-Out History	.040	.314	.021	-.295	.407	-.087	1.150	.666	.387
Homeless History	-.350	.434	-.135	.132	.368	.043	.948	.667	.326
Prostitution	1.339	.896	.245	1.484	1.550	.115	-	-	-
History of Arrests	.405	.299	.204	.667	.423	.193	-.329	.731	-.103
Conviction History	1.347	.911	.249	.111	.718	.019	1.153	1.174	.246
Fight – Injured Self	-.116	.406	-.048	-.586	.657	-.107	1.125	1.135	.241
Fight – Injured Other	.196	.336	.098	-.170	.462	-.044	.707	.866	.200

Foster Care History	.021	.306	.011	.430	.455	.115	.656	.844	.171
Legal Guardian	.091	.078	.202	-.154	.133	-.157	.098	.162	.159
Mother Living?	-.505	.377	-.221	-.008	.462	-.002	2.094	1.014	.448†
Father Living?	.039	.253	.026	-.131	.354	-.045	.546	.688	.195
Number of Siblings	.013	.059	.037	.003	.055	.006	-.023	.114	-.048
Family Reunification	.557	.317	.296†	-.577	.577	-.119	.800	.920	.226
Family Mental Health	.058	.320	.031	.066	.440	.018	-.360	.816	-.110
Family Substances	.620	.368	.274	-.035	.393	-.011	.353	.887	.106
Discipline at Home	-	-	-	.076	.054	.166	-	-	-
Death Loved One	.719	.363	.318†	.069	.372	.022	-.282	.746	-.091
Abandonment	.322	.302	.180	-.461	.447	-.123	.200	.720	.067
Bullying	-.456	.297	-.255	.435	.447	.116	.969	.682	.326
Emotional Abuse	.331	.285	.176	.267	.377	.086	-.882	.658	-.287
Physical Abuse	.575	.275	.307*	.422	.389	.132	.720	.652	.239
Sexual Abuse	.576	.316	.270†	.932	.467	.240*	.967	.710	.291
Domestic Violence	.257	.547	.079	-.971	.540	-.211†	1.400	1.521	.218

Note. * = p<0.05, ** = p<0.01, *** = p<0.001, † = p<0.10

Interpersonal Problems

Sexual orientation, level of education, nicotine, alcohol, and marijuana use, push-out history, homeless history, history of prostitution, history of convictions, history of injury to other during a fight, foster care history, presence and type of a legal guardian, father's living status, history of family substance use, childhood discipline, death of a loved one, and history of sexual abuse were not significant predictors of interpersonal problems for any of the groups.

For childfree women, marital status, history of arrests, history of injury to self during a fight, desire for family reunification, history of family mental health problems, mother's living status, history of abandonment, bullying, and domestic violence, also did not have a significant relationship with interpersonal problems. However, history of physical abuse significantly predicted interpersonal problems (F (1, 42) = 6.42, $p < .05$) with an R^2 of .13 and had a direct relationship ($\beta = .364$) while emotional abuse approached significance (F (1, 42) = 3.07, $p < .10$, $R^2 = .07$) also with a direct relationship ($\beta = .261$). History of psychotherapy use also significantly predicted presence of interpersonal problems (F (1, 41) = 4.54, $p < .05$, $R^2 = .08$) and had a direct relationship ($\beta = .316$), as did the number of siblings (F (1, 34) = 7.69, $p < .01$, $R^2 = .18$) with a direct relationship ($\beta = .429$). Runaway history approached significance in predicting interpersonal problems (F (1, 35) = 3.61, $p < .10$, $R^2 = .09$) with a direct relationship ($\beta = .306$), as did history of public assistance (F (1, 35) = 2.94, $p < .10$, $R^2 = .08$) also with a direct relationship ($\beta = .278$).

For mothers at the *Mother and Child Crisis* program, history of public assistance, runaway history, and number of siblings did not contribute to presence of interpersonal problems. Similarly to childfree women both emotional and physical abuse contributed significantly (F (1, 59) = 4.55, $p < .05$) with an R^2 of .07 and (F (1, 59) = 5.86, $p < .05$) with an

R^2 of .09). Both types of abuse had a direct relationship with interpersonal problems (β = .267) and (β = .300) respectively. History of psychotherapy use also significantly contributed to the association with interpersonal problems (F (1, 57) = 5.73, $p < .05$, R^2 = .09) and had a direct relationship (β = .302), as did marital status (F (1, 47) = 4.47, $p < .05$, R^2 = .09) also with a direct relationship (β = .294). Desire for family reunification was also significantly associated with interpersonal problems (F (1, 61) = 4.43, $p < .05$, R^2 = .07) and had a direct relationship (β = .260), as did abandonment (F (1, 61) = 7.33, $p < .01$) with an R^2 of .11 and a direct relationship (β = .328) and history of bullying (F (1, 61) = 6.42, $p < .05$, R^2 = .10, β = .309). Arrest history approached significance as a predictor of interpersonal problems (F (1, 56) = 3.31, $p < .10$, R^2 = .06) and had an inverse relationship (β = -.236), as did history of domestic violence (F (1, 61) = .09, $p < .10$, R^2 = .05), which had a direct relationship (β = .219). History of family mental health problems was also a significant predictor of interpersonal problems (F (1, 61) = 12.49, $p < .01$, R^2 = .17) and had a direct relationship (β = .412); as did history of self-injury during a fight (F (1, 61) = 4.44, $p < .05$, R^2 = .07; β = .260).

For mothers at the *Rights of Passage* program, marital status, public assistance, history of psychotherapy use, runaway history, history of arrests, history of injury to self during a fight, number of siblings, desire for family reunification, history of family mental health problems, history of abandonment, bullying, domestic violence, and physical and emotional abuse did not present a significant relationship. Mother's living status, however, contributed to presence of interpersonal problems (F (1, 17) = 4.44, $p < .05$, R^2 = .21) and had an inverse relationship (β = -.455).

Table 10. Contribution of Historical Factors to Interpersonal Problems

	Childfree Women at RoP			Mothers in Crisis			Mothers at RoP		
Variable	*B*	*SE B*	*β*	*B*	*SE B*	*β*	*B*	*SE B*	*β*
Marital Status	-	-	-	1.046	.496	.294*	-	-	-
Sexual Orientation	.090	.207	.072	-.095	.299	-.044	.201	.280	.189
Level of Education	.117	.074	.237	-.056	.055	-.134	-.073	.052	-.297
Public Assistance	.406	.237	.278†	-.051	.172	-.032	-.233	.228	-.240
Nicotine Use	-.134	.219	-.103	.039	.258	.019	-	-	-
Alcohol Use	.130	.203	.109	.048	.317	.019	.284	.229	.315
Marijuana Use	-.015	.178	-.014	-.138	.143	-.123	-	-	-
Therapy History	.496	.233	.316*	.414	.173	.302*	.111	.259	.098
Runaway History	.427	.225	.306†	.199	.207	.129	-.275	.255	-.253
Push-Out History	.179	.234	.128	.191	.188	.129	-.218	.235	-.219
Homeless History	.305	.326	.157	.138	.171	.103	-.125	.233	-.129
Prostitution	-1.126	.669	-.274	.165	.686	.031	-	-	-
History of Arrests	.158	.217	.112	-.341	.188	-.236†	.065	.249	.060
Conviction History	-.200	.690	-.051	-.061	.317	-.025	.056	.400	.036
Fight – Injured Self	.222	.304	.123	.645	.306	.260*	-.080	.388	-.052
Fight – Injured Other	-.032	.254	-.021	.071	.206	.044	-.393	.277	-.334

Foster Care History	-.324	.212	-.233	-.165	.217	-.098	.065	.291	.050
Legal Guardian	.044	.056	.139	-.007	.068	-.015	.022	.048	.122
Mother Living?	.007	.291	.004	.023	.226	.013	-.710	.337	-.455*
Father Living?	-.169	.188	-.150	-.170	.168	-.129	-.153	.230	-.165
Number of Siblings	.117	.042	.429**	.013	.025	.068	.040	.037	.255
Family Reunification	.356	.242	.251	.555	.264	.260*	-.315	.282	-.286
Family Mental Health	.284	.232	.206	.648	.183	.412**	-.211	.268	-.193
Family Substances	.086	.288	.051	.195	.183	.135	-.301	.276	-.279
Discipline at Home	-	-	-	.029	.025	.146	-	-	-
Death Loved One	.250	.285	.147	.019	.177	.014	.191	.245	.186
Abandonment	-.135	.226	-.102	.528	.195	.328**	-.338	.226	-.340
Bullying	.069	.227	.052	.511	.202	.309*	-.218	.235	-.219
Emotional Abuse	.349	.199	.261†	.356	.167	.267*	-.133	.232	-.127
Physical Abuse	.488	.192	.364*	.409	.169	.300*	.165	.226	.161
Sexual Abuse	.280	.231	.184	.084	.219	.051	.012	.253	.011
Domestic Violence	.474	.405	.194	.441	.251	.219†	-.616	.498	-.288

Note. * = p<0.05, ** = p<0.01, *** = p<0.001, † = p<0.10

Depression

Sexual orientation, history of public assistance, nicotine and marijuana use, runaway history, push-out history, homeless history, history of arrests, history of injury to other during a fight, foster care history, presence and type of a legal guardian, father's living status, history of family mental health problems and substance use, childhood discipline, death of a loved one, history of bullying, and emotional and sexual abuse were not associated with depression.

For childfree women, marital status, history of psychotherapy use, history of prostitution, history of convictions, mother's living status, and history of physical abuse and abandonment also did not predict depression. Number of siblings, however, was significantly associated with depression ($F (1, 33) = 7.82$, $p < .01$, $R^2 = .19$) and had a direct relationship ($\beta = .438$). Level of education approached significance ($F (1, 41) = 3.180$, $p < .10$, $R^2 = .07$) and had a direct relationship ($\beta = .268$) with depression, as did desire for family reunification ($F (1, 31) = 3.1$, $p < .10$, $R^2 = .09$) and also had a direct relationship ($\beta = .304$). History of alcohol use ($F (1, 33) = 3.79$, $p < .10$, $R^2 = .10$; $\beta = .321$), history of domestic violence ($F (1, 34) = 3.16$, $p < .10$, $R^2 = .09$; $\beta = .291$), and history of self-injury during a fight ($F (1, 34) = 3.26$, $p < .10$, $R^2 = .09$; $\beta = .296$) also approached significance and had direct relationships with depression.

Level of education, history of alcohol use, history of injury to self during a fight, number of siblings, desire for family reunification, mother's living status, and history of abandonment did not contribute to depression in mothers at the *Mother and Child Crisis* program. Current marital status was significantly associated with depression $F (1, 48) = 4.70$, $p < .05$, $R^2 = .09$) and had a direct relationship ($\beta = .299$). History of psychotherapy use also had a significant relationship with depression ($F (1, 56) = 4.74$, $p < .05$, $R^2 = .08$) and had a direct relationship ($\beta = .279$). History of physical abuse ($F (1, 58) = 5.45$, $p < .05$, $R^2 = .09$; $\beta = .293$) and history of domestic violence ($F (1, 61) = 7.99$, $p < .01$, $R^2 = .12$; $\beta = .340$) were also significantly

associated with presence of depression. Both history of prostitution (F (1, 61) = 3.63, $p < .10$, $R^2 = .06$; $\beta = .237$) and conviction history (F (1, 61) = 3.51, $p = .10$, $R^2 = .05$; $\beta = .233$) approached significance.

For mothers at the *Rights of Passage* program, marital status, level of education, history of therapy use, history of prostitution, conviction history, injury to self during a fight, number of siblings, desire for family reunification, and history of physical abuse and domestic violence did not contribute to presence of depression. History of abandonment was significantly associated with depression (F (1, 16) = 10.38, $p < .01$, $R^2 = .39$) with an inverse relationship ($\beta = -.627$). History of alcohol use (F (1, 14) = 3.17, $p < .10$, $R^2 = .19$; $\beta = .430$) and mother's living status (F (1, 16) = 3.34, $p < .10$, $R^2 = .17$; $\beta = -.416$) approached significance as predictors of depression.

Table 11. Contribution of Historical Factors to Depression

	Childfree Women at RoP			Mothers in Crisis			Mothers at RoP		
Variable	*B*	*SE B*	*β*	*B*	*SE B*	*β*	*B*	*SE B*	*β*
Marital Status	-	-	-	11.796	5.440	.299*	-	-	-
Sexual Orientation	.885	3.230	.046	-1.305	2.474	-.073	1.464	2.750	.146
Level of Education	1.778	.997	.268†	-.503	.496	-.134	-.205	.612	-.077
Public Assistance	-.485	3.135	-.027	1.676	1.419	.150	-2.725	2.427	-.270
Nicotine Use	1.247	2.767	.077	2.074	2.031	.130	-	-	-
Alcohol Use	4.693	2.411	.321†	-1.782	2.140	-.106	3.750	2.105	.430†
Marijuana Use	3.006	2.107	.241	.008	1.508	.001	-	-	-
Therapy History	2.273	3.180	.112	3.241	1.489	.279*	-1.690	2.818	-.140
Runaway History	2.375	2.952	.137	1.825	1.712	.145	-1.538	2.770	-.138
Push-Out History	-.500	2.978	-.029	-.680	1.612	-.054	4.083	2.453	.384
Homeless History	-.290	4.061	-.012	.297	1.434	.026	2.225	2.458	.221
Prostitution	-1.800	8.541	-.036	10.613	5.570	.237†	-	-	-
History of Arrests	2.759	2.769	.154	.935	1.652	.076	1.516	2.742	.129
Conviction History	-6.333	8.563	-.130	4.828	2.578	.233†	3.643	3.818	.247
Fight – Injured Self	6.500	3.600	.296†	-1.535	2.433	-.081	4.000	3.809	.262
Fight – Injured Other	1.222	3.237	.065	-.622	1.722	-.046	-3.231	2.879	-.278

Foster Care History	-.143	2.785	-.008	1.403	1.751	.105	4.941	3.083	.345
Legal Guardian	-.075	.734	-.018	-.303	.530	-.083	.132	.578	.063
Mother Living?	-4.500	3.491	-.216	-1.681	1.812	-.118	-6.625	3.625	-.416†
Father Living?	-.366	2.339	-.027	-.209	1.380	-.019	-.095	2.358	-.010
Number of Siblings	1.440	.515	.438**	-.071	.207	-.044	.283	.395	.176
Family Reunification	5.565	3.135	.304†	1.044	2.438	.055	-2.750	3.470	-.215
Family Mental Health	-1.549	3.063	-.088	1.633	1.669	.124	-2.367	2.723	-.219
Family Substances	1.700	3.758	.077	2.238	1.493	.189	.500	2.940	.047
Discipline at Home	-	-	-	-.157	.212	-.095	-	-	-
Death Loved One	-.842	3.546	-.041	.601	1.486	.052	-2.062	2.748	-.184
Abandonment	-.173	2.856	-.011	2.500	1.694	.186	-6.667	2.069	-.627**
Bullying	2.690	2.817	.164	1.458	1.672	.111	.833	2.649	.078
Emotional Abuse	-.687	2.606	-.041	1.418	1.446	.128	-1.714	2.708	-.144
Physical Abuse	2.371	2.582	.142	3.306	1.416	.293*	-.389	2.605	-.034
Sexual Abuse	2.518	3.021	.129	-.952	1.786	-.071	2.100	2.815	.169
Domestic Violence	8.636	4.861	.291†	5.444	1.926	.340**	5.176	5.312	.237

Note. * = p<0.05, ** = p<0.01, *** = p<0.001, † = p<0.10

Anxiety

Marital status, sexual orientation, level of education, history of public assistance, nicotine and marijuana use, runaway and homeless history, history of arrests, history of injury to self or other during a fight, history of foster care involvement, presence and type of a legal guardian, mother's and father's living status, desire for family reunification, family mental health problems and substance use, childhood discipline, and history of sexual abuse were not significantly associated with anxiety.

For childfree women, history of psychotherapy use, history of prostitution, history of convictions, death of a loved one, number of siblings, history of bullying, emotional and physical abuse, domestic violence, and abandonment did not contribute to presence of current anxiety. Alcohol use was significantly associated with anxiety $F (1, 33) = 5.71$, $p < .05$, $R^2 = .15$) and had a direct relationship ($\beta = .384$). Push-out history approached significance ($F (1, 34) = 3.21$, $p < .10$, $R^2 = .09$) with an inverse relationship ($\beta = -.294$).

For mothers at the *Mother and Child Crisis* program, alcohol use, number of siblings, and push-out and abandonment history did not contribute to anxiety. History of psychotherapy use was significantly associated with anxiety ($F (1, 52) = 10.45$, $p < .01$, $R^2 = .17$) and had a direct relationship ($\beta = .409$). History of prostitution ($F (1, 55) = 5.12$, $p < .05$, $R^2 = .09$; $\beta = .292$), conviction history ($F (1, 55) = 5.95$, $p < .05$, $R^2 = .10$; $\beta = 312$), and history of bullying ($F (1, 55) = 8.06$, $p < .01$, $R^2 = .13$; $\beta = .358$) also contributed to presence of anxiety. Emotional abuse was significantly associated with anxiety ($F (1, 53) = 4.04$, $p < .05$, $R^2 = .07$) and had a direct relationship ($\beta = .266$), as did physical abuse ($F (1, 53) = 13.43$, $p < .01$, $R^2 = .20$; $\beta = .450$). Both history of domestic violence ($F (1, 55) = 3.33$, $p < .10$, $R^2 = .06$; $\beta = .239$) and death of loved one ($F (1, 55) = 3.79$, $p < .10$, $R^2 = .06$; $\beta = .254$) approached significance.

For mothers at the *Rights of Passage* program, alcohol use, push-out history, history of psychotherapy use, history of prostitution, conviction history, death of a loved one, history of bullying, emotional and physical abuse, and domestic violence did not contribute to anxiety. Number of siblings approached significance (F (1, 17) = 4.35, $p < .10$, $R^2 = .20$; $\beta = .451$) in its association with anxiety as did history of abandonment F (1, 17) = 3.81, $p < .10$, $R^2 = .18$; $\beta = -.428$).

Table12. Contribution of Historical Factors to Anxiety

	Childfree Women at RoP			Mothers in Crisis			Mothers at RoP		
Variable	*B*	*SE B*	*β*	*B*	*SE B*	*β*	*B*	*SE B*	*β*
Marital Status	-	-	-	4.186	4.140	.152	-	-	-
Sexual Orientation	.665	2.767	.041	1.597	2.583	.090	.967	2.757	.093
Level of Education	.919	.858	.165	-.378	.531	-.099	.270	.496	.121
Public Assistance	2.685	2.597	.175	2.181	1.455	.198	-2.466	2.256	-.256
Nicotine Use	1.669	2.317	.123	2.606	2.231	.156	-	-	-
Alcohol Use	4.655	1.947	.384*	-1.140	2.253	-.068	2.750	1.939	.354
Marijuana Use	1.889	1.769	.183	-1.259	1.174	-.143	-	-	-
Therapy History	-1.566	2.676	-.092	4.684	1.449	.409**	1.733	2.290	.171
Runaway History	-.417	2.505	-.029	3.156	1.793	.246†	1.429	2.594	.132
Push-Out History	-4.292	2.396	-.294†	.244	1.594	.021	.988	2.377	.100
Homeless History	-.510	3.415	-.026	1.567	1.479	.142	-.739	2.327	-.077
Prostitution	-3.457	7.164	-.082	12.214	5.400	.292*	-	-	-
History of Arrests	3.144	2.302	.209	1.677	1.726	.135	1.714	2.163	.179
Conviction History	-2.667	7.322	-.064	6.772	2.756	.312*	5.633	3.456	.388
Fight – Injured Self	4.167	3.088	.225	-2.631	2.596	-.135	1.438	3.747	.095
Fight – Injured Other	2.481	2.695	.156	1.583	1.805	.117	-2.536	2.774	-.223

Foster Care History	-1.286	2.330	-.087	2.000	1.885	.144	1.694	2.637	.142
Legal Guardian	-.106	.660	-.029	.688	.685	.155	.796	.462	.418
Mother Living?	-3.340	2.952	-.190	.528	2.031	.035	-3.412	3.663	-.220
Father Living?	-.490	1.966	-.043	.586	1.425	.055	-.449	2.255	-.050
Number of Siblings	.695	.465	.252	-.108	.213	-.068	.703	.337	.451†
Family Reunification	2.430	2.756	.156	1.466	2.249	.088	-4.000	2.664	-.372
Family Mental Health	-.625	2.613	-.042	1.610	1.708	.126	1.077	2.628	.102
Family Substances	-1.233	3.163	-.067	1.341	1.610	.112	1.036	2.179	.101
Discipline at Home	-	-	-	.330	.214	.204	-	-	-
Death Loved One	-2.212	2.961	-.127	2.843	1.461	.254†	-.564	2.475	-.055
Abandonment	.317	2.403	.023	1.583	1.805	.117	-4.214	2.159	-.428†
Bullying	3.458	2.327	.250	4.684	1.650	.358**	.083	2.389	.008
Emotional Abuse	-2.876	2.145	-.205	2.951	1.469	.266*	.571	2.132	.060
Physical Abuse	-.678	2.189	-.048	5.091	1.389	.450**	.231	2.089	.025
Sexual Abuse	.933	2.555	.057	.751	1.947	.054	1.333	2.288	.129
Domestic Violence	2.879	4.246	.116	3.781	2.072	.239†	4.278	5.055	.201

Note. * = p<0.05, ** = p<0.01, *** = p<0.001, † = p<0.10

Parental Stress

Marital status, sexual orientation, history of public assistance, alcohol and marijuana use, runaway and push-out history, history of prostitution, history of arrests and convictions, injury to self or other during a fight, history of foster care involvement, presence and type of a legal guardian, mother's and father's living status, family mental health and substance use history, childhood discipline, history of abandonment, emotional and sexual abuse, and domestic violence were not significantly associated with parental stress.

For mothers at the *Mother and Child Crisis* program, history of psychotherapy use, homeless history, number of siblings, and desire for family reunification also did not contribute to presence of parental stress. History of nicotine use had a significant association with parental stress ($F(1, 67) = 5.70$, $p < .05$, $R^2 = .08$; $\beta = .280$) as did death of loved one ($F(1, 67) = 4.08$, $p < .05$, $R^2 = .06$; $\beta = -.239$). History of physical abuse ($F(1, 63) = 3.79$, $p < .10$, $R^2 = .06$; $\beta = .238$), history of bullying ($F(1, 67) = 3.48$, $p < .10$, $R^2 = .05$; $\beta = .222$), and level of education ($F(1, 62) = 3.20$, $p < .10$, $R^2 = .05$; $\beta = -.222$) approached significance as predictors.

Level of education, nicotine use, death of a loved one, and history of bullying did not contribute to parental stress in mothers from the *Rights of Passage* program. Number of siblings had a significant association with parental stress ($F(1, 17) = 5.20$, $p < .05$, $R^2 = .23$) with a direct relationship ($\beta = .484$), as did history of psychotherapy use ($F(1, 19) = 5.29$, $p < .05$, $R^2 = .22$; $\beta = .467$). Homeless history ($F(1, 17) = 6.57$, $p < .05$, $R^2 = .28$; $\beta = -.528$) and history of physical abuse ($F(1, 20) = 4.49$, $p < .05$, $R^2 = .18$; $\beta = .428$) also had a significant relationship with parental stress. Desire for family reunification ($F(1, 14) = 3.73$, $p < .10$, $R^2 = .21$; $\beta = -.458$) approached significance as a predictor of parental stress.

Table 13. Contribution of Historical Factors to Parental Stress

	Mothers in Crisis			Mothers at RoP		
Variable	*B*	*SE B*	*β*	*B*	*SE B*	*β*
Marital Status	-8.585	9.455	-.125	-	-	-
Sexual Orientation	-1.886	3.940	-.064	-1.733	4.824	-.096
Level of Education	-1.463	.818	-.222†	1.444	.922	.331
Public Assistance	2.526	2.273	.135	-4.545	4.331	-.247
Nicotine Use	6.873	2.880	.280*	-	-	-
Alcohol Use	3.619	3.200	.137	-1.350	4.307	-.083
Marijuana Use	2.513	1.830	.165	-	-	-
Therapy History	.868	2.413	.046	9.267	4.028	.467*
Runaway History	2.238	2.549	.115	-1.314	5.00	-.064
Push-Out History	-1.487	2.500	-.072	1.905	4.551	.101
Homeless History	.046	2.274	.002	-9.727	3.795	-.528*
Prostitution	-.412	9.514	-.005	-	-	-
History of Arrests	-2.678	2.514	-.135	-.429	4.308	-.023
Conviction History	.641	4.385	.018	-1.233	6.870	-.046
Fight – Injured Self	-2.452	4.024	-.074	4.063	7.175	.140
Fight – Injured Other	3.523	2.794	.152	.786	5.475	.036
Foster Care History	4.176	2.649	.193	-4.667	5.105	-.200
Legal Guardian	.128	.806	.022	.033	1.053	.008
Mother Living?	-.456	2.665	-.021	-2.941	7.154	-.099
Father Living?	2.290	2.038	.136	.022	4.345	.001
Number of Siblings	-.546	.331	-.198	1.444	.634	.484*
Family Reunification	.044	3.376	.002	-9.250	4.793	-.458†
Family Mental Health	4.067	2.592	.188	2.369	5.050	.116

Family Substances	-.348	2.412	-.018	-3.927	4.916	-.209
Discipline at Home	-.109	.335	-.040	-	-	-
Death Loved One	-4.566	2.262	-.239*	1.756	4.728	.090
Abandonment	1.262	2.690	.057	-5.333	4.387	-.283
Bullying	4.712	2.525	.222†	-2.393	4.537	-.127
Emotional Abuse	1.857	2.252	.103	1.286	4.168	.069
Physical Abuse	4.364	2.241	.238†	7.829	3.694	.428*
Sexual Abuse	-.082	2.744	-.004	.021	4.513	.001
Domestic Violence	1.631	3.224	.062	-4.611	9.817	-.113

Note. * = $p<0.05$, ** = $p<0.01$, *** = $p<0.001$, † = $p<0.10$

In conclusion, factors such as history of emotional, physical, and sexual abuse, history of domestic violence, and number of siblings contributed to the development of both psychopathology and positive characteristics. Variables such as level of education, death of a loved one, and history of receiving public assistance contributed to the development of positive outcomes whereas desire for family reunification, history of abandonment and bullying, current alcohol use, and history of prostitution and criminal convictions contributed to the development of psychopathology.

Additionally, presence of abuse history was positively associated with the development of psychopathology. Specifically, past emotional and physical abuse contributed to interpersonal problems, depression, anxiety, and parental stress. Sexual abuse was negatively associated with self-compassion but positively associated with compassion toward others.

Table14. Contribution of Historical Factors to Psychopathology and Resilience Variables – Significant Results Only

	Childfree Women			Mothers in Crisis			Mothers at RoP		
Variable	*B*	*SE B*	*β*	*B*	*SE B*	*β*	*B*	*SE B*	*β*
Motivation to Change									
Marital Status	-	-	-	-11.020	5.422	-.276*	-	-	-
Level of Education	-	-	-	1.745	.724	.290*	-	-	-
Mother Living?	-	-	-	6.967	2.669	.308*	-	-	-
Father Living?	-	-	-	4.857	2.041	.283*	-	-	-
Number of Siblings	-.878	.358	-.388*	.794	.325	.290*	-	-	-
Discipline at Home	-	-	-	.757	.326	.277*	-	-	-
Death Loved One	-	-	-	5.981	2.217	.317**	-	-	-
Self-Compassion									
Push-Out History	.371	.169	.353*	-	-	-	-	-	-
Sexual Abuse	-.471	.160	-.417**	-	-	-	-	-	-
Compassion Toward Others									
Sexual Orientation	-	-	-	-	-	-	-1.673	.683	-.548*
Public Assistance	.715	.305	.369*	-	-	-	-	-	-
Nicotine Use	-	-	-	-1.300	.505	-.296*	-	-	-

Physical Abuse	.575	.275	.307*	-	-	-	-	-	-
Sexual Abuse				.932	.467	.240*	-	-	-
Interpersonal Problems									
Marital Status	-	-	-	1.046	.496	.294*	-	-	-
Therapy History	.496	.233	.316*	.414	.173	.302*	-	-	-
Fight – Injured Self	-	-	-	.645	.306	.260*			
Mother Living?	-	-	-	-	-	-	-.710	.337	-.455*
Number of Siblings	.117	.042	.429**	-	-	-	-	-	-
Family Reunification	-	-	-	.555	.264	.260*	-	-	-
Family Mental Health	-	-	-	.648	.183	.412**	-	-	-
Abandonment	-	-	-	.528	.195	.328**	-	-	-
Bullying	-	-	-	.511	.202	.309*	-	-	-
Emotional Abuse				.356	.167	.267*	-	-	-
Physical Abuse	.488	.192	.364*	.409	.169	.300*	-	-	-
Depression									
Marital Status	-	-	-	11.796	5.440	.299*	-	-	-
Therapy History	-	-	-	3.241	1.489	.279*	-	-	-
Number of Siblings	1.440	.515	.438**	-	-	-	-	-	-
Abandonment	-	-	-	-	-	-	-6.667	2.069	-.627**

Physical Abuse	-	-	-	3.306	1.416	.293*	-	-	-
Domestic Violence	-	-	-	5.444	1.926	.340**	-	-	-
Anxiety									
Alcohol Use	4.655	1.947	.384*	-	-	-	-	-	-
Therapy History	-	-	-	4.684	1.449	.409**	-	-	-
Prostitution	-	-	-	12.214	5.400	.292*	-	-	-
Conviction History	-	-	-	6.772	2.756	.312*	-	-	-
Bullying	-	-	-	4.684	1.650	.358**	-	-	-
Emotional Abuse	-	-	-	2.951	1.469	.266*	-	-	-
Physical Abuse	-	-	-	5.091	1.389	.450***	-	-	-
Parental Stress									
Nicotine Use	-	-	-	6.873	2.880	.280*	-	-	-
Therapy History	-	-	-	-	-	-	9.267	4.028	.467*
Homeless History	-	-	-	-	-	-	-9.727	3.795	-.528*
Number of Siblings	-	-	-	-	-	-	1.444	.634	.484*
Death Loved One	-	-	-	-4.566	2.262	-.239	-	-	-
Physical Abuse	-	-	-	-	-	-	7.829	3.694	.428*

Note. * = p<0.05, ** = p<0.01, *** = p<0.001

Comparison of Positive and Negative Outcomes among Childfree and Parenting Women

One-way analysis of variance (ANOVA) was used to assess the differences in means across measures of positive outcome variables, including motivation to change, self-compassion, and compassion toward others, and negative outcome variables, including interpersonal problems, depression, anxiety, and parental stress, among three groups (childfree women, mothers at the *Mother and Child Crisis* program, and mothers at the *Rights of Passage* program). Furthermore, Tukey's HSD test was conducted for post-hoc analyses. One sample t-tests were completed to compare the three groups named above and a matched sample. For the matched samples college students were used to compare motivation to change, self-compassion, compassion toward others, interpersonal problems, depression, and anxiety. A sample of middle-class mothers was used to compare the levels of parental stress.

Self-Compassion

A one-way between subjects ANOVA was conducted to compare the differences in self-compassion between the childfree women, the mothers at the *Mother and Child Crisis* program, and the mothers at the *Rights of Passage* program. The differences between the three groups approached significance ($F(2, 125) = 2.83$, $p = .06$). Post hoc comparison analyses using Tukey's HSD test indicated that the difference between the mean scores for the mothers at the *Mother and Child Crisis* program ($M = 3.48$, $SD = .62$) and the mothers at the *Rights of Passage* program ($M = 3.15$, $SD = .56$) approached significance. No significant differences were found between the childfree women ($M = 3.34$, $SD = .50$) and the mothers at the *Mothers and Child Crisis* program or between the childfree women and the mothers at the *Rights of Passage* program.

One-sample t-test was conducted in order to compare the three groups discussed above with a matched sample. A significant difference (t (42) = 4.41, *p* < .001) was found between the childfree women (M = 3.34, SD = .50) and the comparison sample (M = 3.00, SD = .61) and between the mothers at the *Mother and Child Crisis* program (M = 3.48, SD = .62) and the comparison sample (t (62) = 6.12, *p* < .001). No significant differences in self-compassion scores were found between the mothers at the *Rights of Passage* program (M = 3.15, SD = .56) and the matched sample (t (21) = 1.23, *p* = .23).

Compassion toward Others

The results of a one-way between subjects ANOVA showed that the differences between the childfree women, the mothers at the *Mother and Child Crisis* program, and the mothers at the *Rights of Passage* program approached significance (F (2, 135) = 2.77, *p* = .07). Post hoc comparison using Tukey's HSD test indicated that the difference between the mean scores of childfree women (M = 5.70, SD = .93) and the women at the *Mother and Child Crisis* program (M = 5.12, SD = 1.53) approached significance. There were no significant differences between the childfree women and the mothers at the *Rights of Passage* program (M = 5.06, SD = 1.51) or between the mothers at the *Mother and Child Crisis* program and the mothers at the *Rights of Passage* program.

A one-sample t-test indicated significant differences (t (43) = 10.99, *p* < .001) between childfree women (M = 5.70, SD = .93) and the matched sample of college students (M = 4.15, SD = 1.19), between mothers at the *Mother and Child Crisis* program (M = 5.12, SD = 1.53) and the college students (t (71) = 5.40, *p* < .001), and between the mothers at the *Rights of Passage* program (M = 5.06, SD = 1.51) and the matched sample (t (21) = 2.83, *p* = .01).

Motivation to Change

The results of a one-way between subjects ANOVA did not show any significant differences (F (2, 131) = 2.18, $p = .12$) between the childfree women (M = 45.68, SD = 5.59), the mothers at the *Mother and Child Crisis* program (M = 43.07, SD = 9.25), and the mothers at the *Rights of Passage* program (M = 41.93, SD = 6.83).

Significant differences were found (t (43) = 14.83, $p < .001$) between childfree women (M = 45.68, SD = 5.59) and the college student sample (M = 33.18, SD = 6.32), between mothers at the *Mother and Child Crisis* program (M = 43.07, SD = 9.25) and college students (t (67) = 8.82, $p < .001$), and between the mothers at the *Rights of Passage* program (M = 41.93, SD = 6.83) and the matched sample (t (21) = 6.01, $p < .001$).

Interpersonal Problems

The results of a one-way between subjects ANOVA did not show any significant differences (F (2, 126) = 1.47, $p = .23$) between the childfree women (M = 1.23, SD = .67), the mothers at the *Mother and Child Crisis* program (M = 1.02, SD = .68), or the mothers at the *Rights of Passage* program (M = 1.20, SD = .53).

The difference found between mothers at the *Mother and Child Crisis* program (M = 1.02, SD = .68) and the college student sample (M = 1.17, SD = .53) approached significance (t (62) = -1.71, $p = .09$). No differences were found between childfree women (M = 1.23, SD = .67) and college students (t (43) = .57, $p = .57$), and between the mothers at the *Rights of Passage* program (M = 1.20, SD = .53) and the college student comparison sample (t (21) = .32, $p = .76$).

Depression

The results of a one-way between subjects ANOVA showed significant differences (F (2, 124) = 3.84, $p = .02$) between the three groups. Specifically, there was a significant difference

between childfree women (M = 7.77, SD = 8.34) and the mothers at the *Mother and Child Crisis* program (M = 4.56, SD = 5.64) as well as between the mothers at the *Mother and Child Crisis* program and the mothers at the *Rights of Passage* program (M = 8.00, SD = 5.76). No significant differences were found between the childfree women and the mothers at the *Rights of Passage* program.

Furthermore, using a one-sample t-test a significant difference (t (20) = 2.12, *p* = .05) was found between the mothers at the *Rights of Passage* program (M = 8.00, SD = 5.76) and the college student sample (M = 5.34, SD = 4.24). The difference between the childfree women (M = 7.77, SD = 8.34) and the college students approached significance (t (42) = 1.91, *p* = .06). There was no significant difference between the mothers at the *Mother and Child Crisis* program (M = 4.56, SD = 5.64) and the matched sample (t (62) = -1.10, *p* = .27).

Anxiety

The results of a one-way between subjects ANOVA did not show any significant differences (F (2, 119) = .82, *p* = .44). There were no differences between the childfree women (M = 6.88, SD = 7.00) and the mothers at the *Mother and Child Crisis* program (M = 6.00, SD = 5.55), between the mothers at the *Mother and Child Crisis* program and the mothers at the *Rights of Passage* program (M = 7.86, SD = 4.70), or between the childfree women and the mothers at the *Rights of Passage* program.

Furthermore, no significant differences were found (t (42) = .62, *p* = .54) between the childfree women (M = 6.88, SD = 7.00) and the college student sample (M = 6.22, SD = 4.48), between the mothers at the *Mother and Child Crisis* program (M = 6.00, SD = 5.55) and the college student comparison group (t (56) = -.30, *p* = .77), or between the mothers at the *Rights of Passage* program (M = 7.86, SD = 4.70) and the comparison sample (t (21) = 1.64, *p* = .12).

Table 15. Differences in Positive Variables and Psychopathology between All Samples

Scales	Childfree Women at RoP M (SD)	Mothers in Crisis M (SD)	Mothers at RoP M (SD)	College Students M (SD)
Self-Compassion C† D*** E***	3.34 (0.50)	3.48 (0.62)	3.15 (0.56)	3.00 (0.61)
Compassion toward Others A† B* C† D*** E*** F***	5.70 (0.93)	5.12 (1.53)	5.06 (1.51)	4.15 (1.19)
Motivation to Change D*** E*** F***	45.68 (5.59)	43.07 (9.25)	41.93 (6.83)	33.18 (6.32)
Interpersonal Problems E†	1.23 (0.67)	1.02 (0.68)	1.20 (0.51)	1.17 (0.53)
Depression A* D† F*	7.77 (8.34)	4.56 (5.64)	8.00 (5.76)	5.34 (4.24)
Anxiety	6.88 (7.00)	6.00 (5.55)	7.86 (4.70)	6.22 (4.48)

Note. A=Difference between Childfree Women at RoP and Mothers in Crisis; B=Difference between Childfree Women at RoP and Mothers at RoP; C=Difference between Mothers in Crisis and Mothers at RoP; D=Difference between Childfree Women at RoP and College Students; E=Difference between Mothers in Crisis and College Students; F=Difference between Mothers at RoP and College Students.

Note. * = p<0.05, ** = p<0.01, *** = p<0.001, † = p<0.10

Parental Stress

The results of the one-way between subjects ANOVA did not show any significant differences ($F(1, 89) = .38$, $p = .54$) between the mothers at the *Mother and Child Crisis* program ($M = 36.41$, $SD = 9.38$) and the mothers at the *Rights of Passage* program ($M = 37.82$, $SD = 9.20$).

However, there was a significant difference ($t(68) = -2.13$, $p = .04$) between mothers at the *Mother and Child Crisis* program and middle-class mothers ($M = 38.81$, $SD = 9.38$). There was no difference between mothers at the *Rights of Passage* program and the comparison sample ($t(21) = -.51$, $p = .62$).

Table 16. Differences in Parental Stress between All Samples

Scales	Mothers in Crisis M (SD)	Mothers at RoP M (SD)	Middle Class Mothers M (SD)
Parental Stress E*	36.41 (9.38)	37.82 (9.20)	38.81 (9.38)

Note. C=Difference between Mothers in Crisis and Mothers at RoP; E=Difference between Mothers in Crisis and Middle Class Mothers; F=Difference between Mothers at RoP and Middle Class Mothers.
Note. * = $p<0.05$, ** = $p<0.01$, *** = $p<0.001$, † = $p<0.10$

In conclusion, mothers in crisis had greater rates of self-compassion than mothers at the long-term residential program and childfree women were more likely than mothers in crisis and mothers in the long-term residential program to be compassionate toward others. Mothers in crisis were also more likely to be compassionate toward others than mothers in the long-term residential program. Childfree women, however, were more likely than mothers in crisis to be depressed.

Overall, there were minor differences in background history between the three groups (childfree women, mothers at the *Mother and Child Crisis* program, and mothers at the *Rights of Passage* program). There were minimal significant findings for the contributions of the historical variables to the rates of psychopathology and factors of resilience. There were also few significant differences found in rates of psychopathology and positive characteristics between the three groups (childfree women, mother at the *Mother and Child Crisis* program, and mothers at the *Rights of Passage* program). However, there were significant differences between the three groups and the matched samples on all measures of psychopathology and resilience other than the presence of interpersonal problems and anxiety.

Chapter IV

DISCUSSION

The overarching aim of this study was to better understand the background, past experiences, and current functioning of homeless young women. Specifically, their upbringing and circumstances were explored, with a focus on history of homelessness, legal history, family history, and history of negative life events. Additionally, levels of psychopathology and resilience were identified in the three groups, including childfree women and mothers residing in short-term and long-term shelters for young adults. Further analyses delineated the contributions of each of the background factors to the presence of psychopathology and positive traits within each group. Finally, the differences in psychopathology and characteristics of resilience between four groups (childfree young women, young mothers in crisis, young mothers in a long-term residential program, and matched samples) were examined. The purpose of this study is to provide information about the young homeless population that would help to develop appropriate intervention and prevention services. Toro, Dworsky, and Fowler (2007) emphasized that past research on homelessness has focused mainly on adults and our knowledge of homeless youth is extremely limited.

The findings supported some of the hypotheses that were initially presented. Specifically, childfree women had higher levels of stressful and challenging experiences, such as history of homelessness, abandonment history, history of physical abuse, and experience of losing a loved one, than their parenting counterparts. In their study of urban teens and trauma Ickovics et al. (2006) stated that more than a quarter of their female participants reported experiencing at least one traumatic event. Unsurprisingly, past research has shown that these types of experiences contribute to development of psychopathology, such as depression, anxiety, and self-harm

behaviors (Nanni, Uher, & Danese, 2000; Gladstone at al., 2004; Paolucci, Genius, & Violato, 2010). Similarly, the current study reinforced these previous findings.

For childfree women history of abuse contributed to the development of interpersonal difficulties and current alcohol use was associated with higher levels of anxiety. While the parenting women had lower levels of negative life experiences than their childfree counterparts they were not immune to developing psychopathology (Breheny & Stephens, 2007a). For mothers residing at the *Mother and Child Crisis* shelter history of abandonment, bullying, and emotional and physical abuse contributed to interpersonal problems. These experiences also contributed to development of anxiety. According to Messman-Moore and Coates (2007) experiencing psychological abuse in childhood contributes to the creation of maladaptive schemas, which affect adult relationships, as well as development of psychopathology, such as depression, anxiety, low self-esteem, posttraumatic symptomatology, and suicidal thoughts and behaviors. The authors also explained that history of psychological abuse increases one's sense of shame, which in turn contributes to increased levels of depression that affect general psychological functioning and interpersonal behaviors (Gilbert & Irons, 2009). Surprisingly, for women who were part of the *Rights of Passage* program history of abandonment actually predicted lower likelihood of developing depression.

Other than history of negative life events there were additional differences found between the three groups. Firstly, there was a significant age difference. The mothers at the *Mother and Child Crisis* program represented the youngest group and the mothers at the *Rights of Passage* program the oldest. It is likely that mothers at the *Rights of* Passage program were older than the other two groups because they have been homeless for a longer period of time since they are residing at a long-term residential facility. However, Toro and his colleagues (2007) also

reported that young adults who reside in homeless shelters are often younger than the ones on the street and are less likely to have a persistent history of homelessness. Mothers at the *Mother and Child Crisis* program were more likely than the mothers at the *Rights of* Passage program to have a biological parent as their legal guardian, which may also be related to their young age. In addition, the findings showed that childfree women were less likely to have received public assistance than mothers at the *Rights of* Passage program. It is possible that childfree women may have an easier time surviving without additional financial support than women who have to take care of themselves as well as their children. Hess, Papas, and Black (2002) reported that most of the mothers that participated in their study received some form of public assistance. Furthermore, the childfree women were more likely to want to reunite with their families than the mothers at the *Mother and Child* program. Toro et al. (2007) mentioned that family reunification is not always the best choice for this population as they may be escaping abuse and neglect when they initially become homeless. In the psychotherapy group sessions the mothers verbalized that they perceive their children to be their families rather than the families of origin. The childfree women were more likely than the mothers at the *Rights of* Passage program to admit that they smoke cigarettes. However, it is also possible that the mothers underreported their nicotine use because they are concerned about how this behavior may reflect back on them as parents.

In regard to their current state of homelessness the women reported that they perceive it as an act of strength and courage. While childfree women were more likely to have a history of homelessness than their mothering counterparts, women in all three groups provided rational explanations for their decisions to leave. While becoming homeless is a trauma in itself the participants often reported that the consequences of the experience have been positive. This

perception is similar to the study conducted by McMillen, Zuravin, and Rideout (1995), which showed that women often report positive effects from their experiences of abuse. Some of the women did not have a choice as they were kicked out of their homes and some were evicted along with their parents. Parenting women were most often kicked out because they got pregnant but some also made a choice to leave because they did not perceive the environment to be a positive space in which to raise their children. Additionally, multiple women reported that they left their homes because conflict with family members has become overwhelming and was affecting their well being (Hanna, 2001), because their parents or other family members were verbally or physically abusive (Toro et al., 2007), because they lost their jobs and were unable to pay rent, or because they aged out of foster care.

While in general all of the women have had difficult life experiences some of these events contributed to development of positive traits, such as motivation to change and compassion toward self and others. According to Shaw, Joseph, and Linley (2005) crises that people experience might contribute to both positive and negative changes. While the majority of previous research has focused on adjustment to unfavorable life events within the last decade concepts of resilience and posttraumatic growth have become areas of interest for researchers (Bonanno & Diminich, 2013). For example, for the mothers at the *Mother and Child Crisis* program death of a loved one contributed to their motivation to change. For the childfree women a history of being pushed out of one's home has contributed to the development of self-compassion and history of physical abuse contributed to development of compassion toward others. While in the past these findings may have been surprising we are now keenly aware of the existence of resilience and posttraumatic growth.

According to Milam et al. (2004) most common challenging life events can contribute to posttraumatic growth. For example, they found that for adolescents death of a close family member had the biggest impact on posttraumatic growth, a finding that was also supported by a study conducted by Wolchik, Coxe, Teim, Sandler, and Ayers in 2009. Even some of the most damaging experiences, such as childhood sexual abuse can lead to positive consequences. In one study a quarter of female participants reported that they perceived their experience of abuse as positive (McMillen et al., 1995). Additionally, the authors were interested in how the participants defined the positive aspects of the experience and they found that these women felt themselves to be stronger and better able to protect their own children from potential abuse.

Relatedly, Ickovics et al. (2006) found that pregnancy and motherhood resulted in most posttraumatic growth among the adolescent participants. This finding is supported by the stories that the mothers shared in the psychotherapy groups. Specifically, they reported that having a child moved them onto a different path in life. They became more motivated, they learned how to deal with conflict verbally rather than physically, and they became more compassionate toward other people in their lives (Clemmens, 2003). These results are similar to the findings in the study conducted by Shanok and Miller (2007), which showed that adolescent mothers see pregnancy and motherhood as a transition to maturity. They do not adhere to the current societal expectation that one has to become mature first and have a child second (Breheny & Stephens, 2007b). Shanok & Miller (2007) also reported that, even though, the pregnancies were not planned the mothers tended to view them as an improvement to their lives. Additionally, the desire to have a baby was associated with lower levels of depression. While adolescent motherhood may have unintended negative consequences as reported in multiple studies (Letourneau, Stewart, & Barnfather, 2004; Whitson, Martinez, Ayala, & Kaufman, 2011; Boden,

Fergusson, & Horwood, 2008) it is important to remember that pregnancy is a period of change and transition and oftentimes leads to an improved lifestyle, higher self-esteem, and a better integrated sense of self (Hanna, 2001; Athan & Miller, 2005; Clemmens, 2003).

However, similar to middle-aged mothers the adolescent mothers experience difficulties and parental stress (Breheny & Stephens, 2007b). For mothers at the *Mother and Child Crisis* program, history of nicotine use was related to presence of parental stress whereas experiencing death of a loved one minimized it. It is likely that losing a loved one could be perceived as the worst possible event in one's life, therefore, other stressful circumstances do not seem as difficult to manage. As previously stated experiencing death of a loved one also contributes to motivation to change. Since it has been shown that losing a close member of the family contributes to posttraumatic growth a similar phenomenon could be occurring in this population. For mothers at the *Rights of Passage* program having a large number of siblings and previous use of psychotherapy contributed to experiencing parental stress. Since one of the purposes of psychotherapy is to make the client more aware of one's motivations and behaviors it is likely that the mothers who have attended therapy have become more cognizant of their roles as both an adolescent and a mother and the conflict that may develop within this context.

Compassion seems to play a big role when comparing the three groups with matched samples. Leary, Tate, Adams, Allen, and Hancock (2007) showed that people high in self-compassion respond to negative experiences in more creative ways and do not perceive them to be worse than what other people experience. Both childfree women and mothers residing at the *Mother and Child Crisis* program reported higher levels of self-compassion than college students and the findings also showed that childfree women have higher levels of compassion toward others than mothers at the *Rights of Passage* program. However, all three groups (childfree

women, mothers at the *Mother and Child Crisis* program, and mothers at the *Rights of Passage* program) have higher levels of compassion toward others than college students. This may be because all of the women in this study have had multiple difficult experiences during their lives and are able to extend their understanding and empathy toward others who may also be struggling. Similarly, all three groups have higher levels of motivation to change than their peers in college. All of the women in this study are in the midst of a transition so they have to be motivated in order to find an apartment, a job, a daycare, etc. Childfree women were found to have higher levels of depression than mothers at the *Mother and Child Crisis* program. It is possible that once mothers in the midst of a crisis enter the shelter they are quickly surrounded by other youngsters who understand their situation and by caring adult stuff, which provides needed social support and minimizes depressive symptomatology (Bao, Whitbeck, & Hoyt, 2000). According to Letourneau et al. (2004) social support is a major positive factor in the adolescents' lives. Research has shown that among young adults the perception of being supported by family and friends reduces stress and promotes the development of optimal parent-child relationships (Letourneau at al., 2004). It can reduce the impact of trauma and contribute to better adjustment after a potentially traumatic experience (Bonanno & Diminich, 2013). Social support is also associated with lower levels of depressive symptomatology among adolescent mothers (Whitson at al., 2011). Additionally, it would be worthwhile to remember that the population described in this study is a minority group and according to Hess et al. (2002) minorities have a greater ability to maintain a positive outlook due to more frequent encounters with challenging situations on the social and economic levels. Such a stance may contribute to lower levels of depression, anxiety, and parental stress.

Implications

The current study is the first of its kind to focus on this type of a population of homeless young women, especially the adolescent mothers. Multiple issues need to be addressed in terms of creating a better understanding of their functioning, clinical intervention and prevention programs, and future research.

Numerous research studies have concluded that homelessness is a trauma in and of itself and should be treated as such as it could potentially lead to poor outcomes. Paradise and Cauce (2002) showed that there is a strong association between being homeless as an adolescent and poor adjustment as an adult. Specifically, adults who were previously homeless as adolescents are more likely to have been abused (Toro et al., 2007), to have been involved in the criminal justice system, to have experienced employment difficulties, and social isolation (Paradise and Cauce, 2002). Homeless youth struggle to survive and often have to resort to panhandling, trading sex for food and shelter, and selling drugs (Hagan & McCarthy, 2005). Similarly the women in this study have suffered greatly during their lives. Additionally, these experiences may have led to negative outcomes, such as depression, anxiety, poor adjustment (Updegraff & Taylor, 2000), mood disorders, suicidality, and posttraumatic stress (Toro et al., 2007).

However, recent literature has suggested that more often than not people are able to move past these negative experiences and adjust well because humans are resilient and such events may even contribute to personal growth. There are multiple benefits to being forced to cope with challenging life events. These include a stronger self-concept, improved and stable social network, and reprioritization of values and accomplishment of goals (Updegraff & Taylor, 2000). Positive outcomes are often achieved with homeless youth because they are very resilient (Toro at al., 2011). Personal characteristics that may influence resilience include having a positive coping style, a sense of optimism, perception of control over one's life, and a strong

sense of self (Updegraff & Taylor, 2000) as well as having curiosity and compassion, ability to conceptualize, connect with one's emotions, and attract and use social support, having a life goal, and others. Additionally, research has shown that self-compassion seems to moderate one's reactions to negative life events and lack of self-compassion appears to be involved in the development of depression, anxiety, and other psychological disorders (Leary et al., 2007). While these types of traits may be shaped by early life experiences (Miron, Orcutt, Hannan, & Thompson, 2014) they can also be developed later on.

There are very few interventions available for homeless youth (Slesnick, Prestopnik, Meyers, & Glassman, 2007; Toro at al., 2011) and the ones that are offered often focus on educational and vocational training and parenting classes for young mothers. While these types of interventions are important for survival it is more imperative to focus on increasing one's resilience. According to Toro at al. (2011) targeted interventions can be created for homeless youth based on their personality characteristics, which would include assessing both resilience and vulnerability when faced with negative events in their lives. Additionally, having an interested and caring adult, such as a case manager or a therapist, in one's life can make a real difference in daily functioning of young adults (Paradise & Cauce, 2002).

Besides creating appropriate interventions for homeless youth it is important to remember than many of them have made a conscious decision to leave their homes. Therefore, this sense of agency should be further highlighted by allowing the young adults to participate in the management of their residential programs, requesting their feedback, and providing a platform to express thoughts and ideas in regard to future program development. When discussing interventions Jordan, Mazur, Athan, and Miller (2014, p. 197) stated that "Homeless adolescent mothers may require an individualized therapeutic response due to their embodiment of three

distinct roles: teen, mother, and survivor of trauma." Homeless young adults should be approached with the assumption that they have a traumatic background but also with the anticipation that most of these youngsters are resilient and are able to not only move forward but also to evolve and grow as individuals.

Limitations and Future Research

A major strength of this study was its focus on developing a comprehensive profile of an understudied population of homeless young women. However, multiple limitations in the study design should be noted. All of the participants were pulled from one specific type of a homeless shelter in an urban environment and they self-selected to participate in this study. This may point to possible individual differences between those young women that chose to contribute to the research and those that did not. Additionally, even though the three groups that were studied had similar backgrounds there were significant differences in age with the mothers at the *Mother and Child Crisis* program being the youngest, the mothers at the *Rights of Passage* program being the oldest, and the childfree women placing in the middle. Similarly, there was a large difference between the sizes of the groups. Since the *Mother and Child Crisis* program is short-term it had a rolling membership and more mothers were able to participate whereas the childfree women and the mothers at the *Rights of Passage* are part of a long-term transitional living program. Also all of the data collected from the participants were self-report. Specifically, the researchers handed out the questionnaires and the young women had the time and space to complete them. They also had opportunities to ask questions. Additionally, the personal background information that was collected from the *ETO* system was initially obtained during an intake and was also reported by the participants themselves. All of these limitations may affect the generalizability of the results discussed in this study.

Future research should try to address multiple issues. Mainly it should focus on expanding the sample size to include both unsheltered and sheltered homeless youth in other parts of the country, including suburban and rural populations. Research should consider using such a sample to create of valid typology system (Toro at al., 2011) that can be utilized in future studies. In addition, the scales that were employed in this study, specifically the ones measuring parental stress, self-compassion, compassion toward others, motivation to change, and interpersonal problems have not been previously used with similar populations. It would be advantageous to have these scales employed in future studies and to analyze any differences that may be found among the various samples.

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APPENDICES

Appendix 1. Preliminary Information and Assent

Teachers College, Columbia University

INFORMED CONSENT

DESCRIPTION OF THE RESEARCH: You are invited to participate in a research study that will measure your well-being throughout your involvement in the therapeutic group. The purpose of the study is to assess how helpful the group has been in alleviating your symptoms and improving your quality of life. You will be asked to fill out questionnaires at two different times during the entire course of service treatment. Graduate students in the Department of Clinical Psychology at Teachers College, Columbia University, will conduct the research interviews. The research will be conducted in the group therapy room at Covenant House. You are free to participate in the group without having to participate in the study. If you agree to participate in the study, you are also free to leave at any time thereafter.

RISKS AND BENEFITS: The risks of the study are assumed to be relatively low and are similar to those involved in participation in a therapeutic group session. Self-report measures can be helpful as a clinical tool in building self-awareness around progress and change. At any time during the study if you have concerns related to the material, you may end your participation. The researcher will be happy to speak with you about these concerns and/or to answer any questions that you may have.

PAYMENTS: You will receive $10 every time you fill out a packet of questionnaires/self-reports as payment for your participation. You can participate in the group without being required to complete the questionnaires/self-reports.

DATA STORAGE TO PROTECT CONFIDENTIALITY: In order to ensure confidentiality, participants will be assigned a number, which will be associated with data collected. No names or identifying information will ever be associated with the collected data. Coding and data material will be stored in a locked file cabinet upon completion.

TIME INVOLVEMENT: Your participation will take approximately 40 minutes at each time point. You will be asked to fill out questionnaires two times throughout your participation in the group.

HOW WILL RESULTS BE USED: The results of the study will be anonymous and based only on the results of the group in its' entirety. They will be used for scholarly and educational purposes, including the preparation of academic and professional reports, articles, and/or presentations.

Teachers College, Columbia University

PARTICIPANT'S RIGHTS

Principal Investigator: Lisa Miller, Ph.D.

Research Title: Youth Rising

- I have read and discussed the Research Description with the researcher. I have had the opportunity to ask questions about the purposes and procedures regarding this study.
- My participation in research is voluntary. I may refuse to participate or withdraw from participation at any time without jeopardy to future medical care, employment, student status or other entitlements.
- The researcher may withdraw me from the research at his/her discretion.
- If, during the course of the study, significant new information that has been developed becomes available which may relate to my willingness to continue to participate, the investigator will provide this information to me.
- Any information derived from the research project that personally identifies me will not be voluntarily released or disclosed without my separate consent, except as specifically required by law.
- If at any time I have any questions regarding the research or my participation, I can contact the investigator, who will answer my questions. The investigator's phone number is (212) 678-3267.
- If at any time I have comments or concerns regarding the conduct of the research or questions about my rights as a research subject, I should contact the Teachers College, Columbia University Institutional Review Board /IRB. The phone number for the IRB is (212) 678-4105. Or I can write to the IRB at Teachers College, Columbia University, 525 W. 120th Street, New York, NY, 10027, Box 151.
- I should receive a copy of the Research Description and this Participant's Rights document.
- I agree that all group sessions may be audio- or videotaped and that the tapes will be treated as confidential and used only for training purposes.
- Written materials ( ) may be viewed in an educational setting outside the research ( ) may NOT be viewed in an educational setting outside the research.
- I ( ) allow for my internal Covenant House chart to be reviewed ( ) do NOT allow for my internal Covenant House chart to be reviewed.
- My signature means that I agree to participate in this study.

Participant's signature: ________________________________ Date: ____/____/____

Name: ________________________________

Appendix 2. Self-Compassion Scale (SCS)

Please read each statement carefully before answering and answer each question using the scale below.

Almost Never				Almost always
1	2	3	4	5

1. When I fail at something important to me, I become consumed by feelings of inadequacy.

2. I try to be understanding and patient towards those aspects of my personality I don't like.

3. When something painful happens I try to take a balanced view of the situation.

4. When I'm feeling down, I tend to feel like most other people are probably happier than I am.

5. I try to see my failings as part of the human condition.

6. When I'm going through a very hard time, I give myself the caring and tenderness I need.

7. When something upsets me I try to keep my emotions in balance.

8. When I fail at something that's important to me, I tend to feel alone in my failure.

9. When I'm feeling down I tend to obsess and fixate on everything that's wrong.

10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.

11. I'm disapproving and judgmental about my own flaws and inadequacies.

12. I'm intolerant and impatient towards those aspects of my personality I don't like.

Appendix 3. Santa Clara Brief Compassion Scale (SCBCS)

Please read each statement carefully before answering and use the scale below to rate each question.

1	2	3	4	5	6	7
Not at all true of me						Very true of me

1. When I hear about someone (a stranger) going through a difficult time, I feel a great deal of compassion for him or her.

2. I tend to feel compassion for people, even though I do not know them.

3. One of the activities that provide me with the most meaning to my life is helping others in the world when they need help.

4. I would rather engage in action that help others, even though they are strangers, than engage in actions that would help me.

5. I often have tender feelings toward people (strangers) when they seem to be in need.

Appendix 4. Personal Growth Initiative Scale (PGIS)

Please answer the following questions using the scale below:

1	2	3	4	5	6
Definitely Disagree	Mostly Disagree	Somewhat Disagree	Somewhat Agree	Mostly Agree	Definitely Agree

1. I know how to change specific things that I want to change in my life.

2. I have a good sense of where I am headed in my life.

3. If I want to change something in my life, I initiate the transition process.

4. I can choose the role that I want to have in a group.

5. I know what I need to do to get started toward reaching my goals.

6. I have a specific action plan to help me reach my goals.

7. I take charge of my life.

8. I know what my unique contribution to the world might be.

9. I have a plan for making my life more balanced.

Appendix 5. Inventory of Interpersonal Problems (IIP)

Here is a list of problems that people report in relating to other people. Please read the list below, and for each item, consider whether that problem has been a problem for you with respect to any significant person in your life. Then select the number that describes how distressing that problem has been, and write that number to the left of the item on the line provided.

0	1	2	3	4
Not at all	A little bit	Moderately	Quite a bit	Extremely

1. It is hard for me to trust other people.
2. It is hard for me to join in on groups.
3. It is hard for me to confront people with problems that come up.
4. It is hard for me to be assertive with another person.
5. It is hard for me to let other people know when I am angry.
6. It is hard for me to be aggressive toward other people when the situation calls for it.
7. It is hard for me to socialize with other people.
8. It is hard for me to show affection to people.
9. It is hard for me to understand another person's point of view.
10. It is hard for me to be firm when I need to be.
11. It is hard for me to experience a feeling of love for another person.
12. It is hard for me to feel close to other people.
13. It is hard for me to give a gift to another person.
14. It is hard for me to put somebody else's needs before my own.
15. It is hard for me to stay out of other people's business.
16. It is hard for me to ask other people to get together socially with me.
17. It is hard for me to be assertive without worrying about hurting the other person's feelings.
18. I open up to people too much.

19. I am too aggressive toward other people.
20. I try to please other people too much.
21. I clown around too much.
22. I want to be noticed too much.
23. I trust other people too much.
24. I try to control other people too much.
25. I put other people's needs before my own too much.
26. I am too gullible.
27. I am overly generous to other people.
28. I am too afraid of other people.
29. I am too suspicious of other people.
30. I argue with other people too much.
31. I let other people take advantage of me too much.
32. I want to get revenge against people too much.

Appendix 6. Patient Health Questionnaire (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? Please use the scale below to rate each statement.

0	1	2	3
Not at all	Several days	More than half the days	Nearly every day

1. Little interest or pleasure in doing things.

2. Feeling down, depressed or hopeless.

3. Trouble falling or staying asleep, or sleeping too much.

4. Feeling tired or having little energy.

5. Poor appetite or overeating.

6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.

7. Trouble concentrating on things, such as reading the newspaper or watching television.

8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot, more than usual.

9. Thoughts that you would be better off dead or of hurting yourself in some way.

Appendix 7. Generalized Anxiety Disorder (GAD-7)

Over the last 2 weeks, how often have you been bothered by any of the following problems? Please use the scale below to rate each statement.

0	1	2	3
Not at all	Several days	More than half the days	Nearly every day

1. Feeling nervous, anxious or on edge.
2. Not being able to stop or control worrying.
3. Worrying too much about different things.
4. Trouble relaxing.
5. Being so restless that it's hard to sit still.
6. Becoming easily annoyed or irritable.
7. Feeling afraid as if something awful might happen.

Appendix 8. Parental Stress Scale (PSS)

The following statements describe feelings and perceptions about the experience of being a parent. Think of each of the items in terms of how your relationship with your child or children typically is. Please indicate the degree to which you agree or disagree with the following items.

1	2	3	4	5
Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree

1. I am happy in my role as a parent.
2. There is little or nothing I wouldn't do for my child(ren) if it was necessary.
3. Caring for my child(ren) sometimes takes more time and energy than I have to give.
4. I sometimes worry whether I am doing enough for my child(ren).
5. I feel close to my child(ren).
6. I enjoy spending time with my child(ren).
7. My child(ren) is an important source of affection for me.
8. Having child(ren) gives me a more certain and optimistic view for the future.
9. The major source of stress in my life is my child(ren).
10. Having child(ren) leaves little time and flexibility in my life.
11. Having child(ren) has been a financial burden.
12. It is difficult to balance different responsibilities because of my child(ren).
13. The behavior of my child(ren) is often embarrassing or stressful to me.
14. If I had it to do over again, I might decide not to have child(ren).
15. I feel overwhelmed by the responsibility of being a parent.
16. Having child(ren) has meant having too few choices and too little control over my life.
17. I am satisfied as a parent.
18. I find my child(ren) enjoyable.