



**WESTERN
MICHIGAN**
UNIVERSITY

The Journal of Sociology & Social Welfare

Volume 20

Issue 3 September - Special Issue: Focus on
Family Issues

Article 4

September 1993

Homelessness: The Service Providers' Perspective On Blaming the Victim

Elizabeth Tracy

Bowling Green State University

Randy Stoecker

University of Toledo

Follow this and additional works at: <https://scholarworks.wmich.edu/jssw>



Part of the Social Psychology and Interaction Commons, and the Social Work Commons

Recommended Citation

Tracy, Elizabeth and Stoecker, Randy (1993) "Homelessness: The Service Providers' Perspective On Blaming the Victim," *The Journal of Sociology & Social Welfare*: Vol. 20 : Iss. 3 , Article 4.

Available at: <https://scholarworks.wmich.edu/jssw/vol20/iss3/4>

This Article is brought to you by the Western Michigan University School of Social Work. For more information, please contact wmu-scholarworks@wmich.edu.



**WESTERN
MICHIGAN**
UNIVERSITY

Homelessness: The Service Providers' Perspective On Blaming the Victim

Elizabeth Tracy

Bowling Green State University
Department of Sociology

Randy Stoecker

The University of Toledo
Department of Sociology

Service providers who work with the homeless are frequently characterized as victim blamers. Eighteen service providers who work with homeless people were interviewed. The victim-blaming typification oversimplifies service providers' views on homelessness and of the individuals their programs serve. Service providers have a wholistic analysis of homelessness which encompasses both individual and systemic components.

Introduction

A tremendous amount of research in the U.S. has been devoted to defining contemporary homelessness and identifying its causes in order to recommend policies for its solution. Politically active organizations such as Housing Now and the Coalition for the Homeless also work to influence policy. Ultimately, however, it is service providers who interpret policies through implementation of the programs they develop, based upon their perceptions of their clients' situation. Whether their interpretations of homelessness agree with those of the researchers, activists, and policy makers has important implications for both the service providers and the homeless they serve. This paper explores the perceptions of homelessness service providers.

How do they perceive homelessness, and what do they propose as solutions?

Blaming the Victim vs. Blaming the System

When examining why people become homeless, researchers have taken two basic perspectives. The first, an individualistic perspective, focuses on the characteristics of the homeless themselves, resulting in "bad people" and "bad luck"¹ explanations. "Bad people" explanations focus on personal factors which contribute to homelessness, such as illiteracy, substance abuse, and mental illness (Koch, 1987; Wright, 1987; Sullivan and Damrosch, 1987; Redburn and Buss, 1987; Kaufman, 1984; Bassuk, 1984). "Bad luck" explanations show how personal crises such as marital dissolution, physical illness or injury, or unanticipated major expenses can suddenly plunge people into poverty (Redburn and Buss, 1987; Kaufman, 1984; Cooper, 1987; Koch, 1987; Sullivan and Damrosch, 1987).

The advocates of the second, a critical perspective, focus upon the systemic factors—political and economic—which produce homelessness (Marcuse, 1988; Fabricant and Epstein, 1984; Stern, 1984). Economic factors include the transition from a manufacturing to a service economy and the accompanying "urban renewal" (Logan and Molotch, 1985; Fainstein and Fainstein, 1986), and the growing scarcity of low-cost housing due to gentrification (Fainstein and Fainstein, 1986; Adams, 1986; Carliner, 1987). Political factors include reductions in social welfare spending (Redburn and Buss, 1987; Rivlin, 1986; Marcuse, 1988) which exacerbate economic displacement. For example, despite the disappearance of low-cost housing, federal subsidies for new construction of such units have come to a virtual standstill (Community Change, 1989; Wright and Lam, 1987).

Ryan (1976) distinguished between individualistic and systemic perceptions of the causes of social problems. He applied the term "blaming the victim" to the individualistic perspective, which he believed to dominate American health and welfare activities. In victim-blaming the causes of social problems are seen as the result of exceptional circumstances in a generally satisfactory system. Thus, anyone who cannot obtain sufficient

income must suffer from a personal deficiency (a "bad person"), or has experienced an unpredictable calamity ("bad luck").

A "blame the victim" tendency has been observed in current attempts to deal with the homeless. Marcuse (1988) notes that "specialism"—searching for special characteristics in the homeless population and developing programs for each—separates the overall problem from its systemic causes. Attributing homelessness to deinstitutionalization of the mentally ill is a prime example of specialism which obscures the real causes which are the lack of low-cost housing and inadequate incomes (Snow et al., 1986, 1988; Marcuse, 1988). Huttman (1990) adds that service providers also have a stake in homelessness: their own livelihoods. Having been trained to diagnose and treat individual problems, their jobs are dependent upon having clients who require such services. Huttman suggests that, to protect their interests, service providers interpret the needs of the homeless as individual problems requiring the specialized treatment they are equipped to provide.

According to Ryan, social problems cannot be solved by individualized approaches because they do not attack root causes. He advocates a systemic, or "universalistic", approach which argues that individual problems are the outcome, and not the cause, of social problems. Those who approach homelessness from this perspective believe that homelessness must be attacked at its social-economic roots through programs designed to eliminate poverty. Carliner (1987) stresses the need to provide adequate low-income housing through entitlement and regulatory reform. Marcuse (1988) calls for public control of the distribution of housing and of economic development. Roberts and Keefe (1986) suggest establishing guaranteed adequate income, work projects, and wage supplements for employers who hire the indigent, and recommend the creation of urban "safe places" to meet transient people's basic needs with minimal restrictions. Furthermore, they believe that efforts by homeless people to establish self-governed communities should be encouraged and supported at all levels.

The critics of victim blaming are correct in emphasizing a systemic perspective. But they minimize the fact that people

often do require individual services. Physical or mental illness, chemical dependency, illiteracy, and the feeling of powerlessness that accompanies such problems will not vanish if housing, jobs, and incomes alone are provided. Milburn (1990:63) argues that "Homelessness is a circumstance . . . that reflects both an individual's inability to meet his or her needs and society's failure to provide suitable mechanisms that enable all citizens to meet their needs." And while social workers may identify systemic causes of social problems as more important than individual attributes (Reeser and Epstein, 1990), they also realize that resources are limited to providing individual services (Parker-Redmond and Brackman, 1990).

This study attempts to learn the extent to which homelessness service providers adopt a victim-blaming or system-blaming perspective. It explores their perceptions of the causes of homelessness, their solutions to the problem, and their thoughts on the victim-system dichotomy.

The Research Design

The research was conducted in Toledo, Ohio, a city with a developing network of homelessness services, some dating to the early part of the century. Toledo homeless agencies are not the huge, warehouse-style facilities so often portrayed in the media, but attempt to provide a secure environment, with as much privacy and personal attention as possible. They link their clients to a variety of existing services, including income entitlements, education and informational programs, job training and placement services, and health care. The agencies concentrate on providing services not available elsewhere: case management; assistance with emergency needs that might otherwise lead to homelessness; and residential programs.

A Private Industry Council list identified the five shelters and four transitional housing programs serving Toledo in 1990. In all, eighteen interviews were conducted with representatives from eight of the agencies. Two support staff, five counselors, nine administrators, and two board members were interviewed. A number of service providers, especially administrators, perform multiple roles. The interviews do not reveal differences

in perceptions between these groups, though administrators and board members are most familiar with funding issues and are the most involved in political activities on behalf of the homeless.

Service Providers' Perceptions of Homelessness

What do service providers believe causes homelessness and what do they believe might solve the problem? Do they blame homelessness on the homeless, on the system, or on both? How do they perceive the victim-system dichotomy?

The Causes of Homelessness

Service providers were asked what they believe causes homelessness, and to rank order multiple causes. While most see both systemic and individual causes of homelessness, thirteen of the eighteen informants cite systemic factors as the top causes. The lack of affordable housing was listed most frequently as the primary cause. A social worker asserted that:

. . . the number one outstanding feature is the lack of adequate low-income housing. That's number one. . . . [T]he urban renewal that they're doing—it's not for low-income housing, it goes for condominiums. Or if they're any houses that are decayed or anything. . . . [I]f there's fires they tear those buildings down when really, they could modify them somehow and make them into low-income housing, which they're not doing.

The economy, jobs, and/or wages were also frequently mentioned at the top of the list of causes. one board member described the problem this way:

The biggest cause of homelessness, really, is financial. People do not have enough money to buy or rent housing. Of course, you can look at it from a different angle and say we don't have enough affordable housing available. But it comes down to financial regardless of what way you look at it.

The remaining systemic factors given as causing homelessness are governmental policies and funding cuts. Of all causes cited by the eighteen informants, these three systemic causes—

housing, economy, government policy—were cited a total of 13, 10, and 6 times, respectively.

Two service providers listed only individual causes of homelessness: eviction, disasters, and drugs and alcohol. Their feelings about the problems were considerably different, however. One of these two, a support worker, saw drug abuse as something that overpowers people.

Drug abuse is just a terrible thing. You know, it's more epidemic now, than even. . . . It just tears families down, causes divisions, sometimes permanent divisions, amongst family and friends, and it will take you even to your grave. . . . I live in the inner city and I see so much of it—how it just rips a person and prevents them from getting ahead, and really getting a handle on life, keeps them off track all the time.

The second, a social worker, was the only informant to place the responsibility for homelessness squarely upon the individual.

This may be kind of a rash statement, but people . . . become homeless, for the most part, because they screwed up their lives in some way. Whether it's due to chemical dependency, whether it's due to lack of budgeting, whatever, it's something that they've created. Unfortunately, I can't take away that pain. So, I guess in essence, it's their dance . . . it really is. . . .

Interestingly, both of these informants were emphatic about the solution to homelessness—affordable housing.

The most common perception of the causes of homelessness, regardless of the top ranked cause, included both systemic and individual factors. Fourteen informants gave such responses. Some service providers explicitly connected individual problems and systemic causes, as this outreach worker did.

Personally, I feel that homelessness has been created. Created by, I'll say the system, because homelessness exists in places other than Toledo to the numbers that it is now. . . . Drugs play a big role in homelessness. . . . There are a lot of homes that you find in the inner city that you find boarded up, not because the person wasn't able to pay the rent, necessarily. But they were boarded up because unemployed people or underemployed people, in order to survive, were selling drugs out of their house.

Overall then, service providers perceive homelessness as having both systemic and individual causes. They see many clients as having individual problems, such as chemical dependency and inadequate education, leading to financial difficulties which make securing and retaining adequate housing problematic. Nevertheless, most see homelessness as the result primarily of systemic factors: lack of affordable housing, the economy, government policy. As Milburn (1990) describes, they tend to view homelessness as the result of an interaction between individuals and a faulty social system.

Ideal Solutions

How would service providers solve homelessness if they had unlimited funds and complete authority to implement their plans? Given that most cited both individual and systemic causes of homelessness, it is not surprising that most included both components in their solutions. All eighteen informants, even those who listed only individual causes, cited systemic components in their ideal plans to end homelessness.

Fifteen of the informants included building and/or rehabilitating to provide safe, affordable housing in their ideal plans. For some, this was the first and foremost issue. A social worker explained that affordable housing is increasingly scarce as she set forth her solutions to homelessness.

Housing. Housing with a capital H. . . . When I began this job 5 years ago I had landlords calling me daily—they had an apartment here, they had a house there, did I have anyone to fill their home? . . . Those days are gone, they're gone.

Job training and development is a solution mentioned by eight informants. The need for updating job skills was emphasized by one counselor: "The world is more technical. The technicians of today are the laborers of tomorrow. Now if the laborers of today don't have skills, they're going to be pushed aside." Creating public awareness to stimulate involvement was mentioned by four informants. One social worker would give an object lesson to legislators: "I suppose if I had some real power I'd get on the policy makers—that'd be a good start right there. Bring a couple of them down here, let them live in an abandoned building. . . ."

Three informants cited economic measures such as raising the minimum wage or establishing income equity. Two informants stated that welfare should be reformed to grant higher benefits and stop the practice of cutting benefits as soon as a client is employed. A director/counselor stated:

I have not seen a person come into this office yet, and I've been here going on eight years, that has come in here and said 'I want to be on Welfare'. They want to get off. If they get a job making . . . minimum wage, they're gonna be basically penalized for it. They'll start taking away the Food Stamps that don't last anyhow. When you get a job, it costs to go to work. . . you've got to get clothes. And if you've got kids . . . you've got a babysitter to worry about.

Service providers also included individualized services in their ideal solutions, as they believe that the failure to address individual problems perpetuates homelessness. They firmly advocated programs with education and substance abuse treatment components. A program director/counselor said:

I would make it a condition upon their getting the housing that 'I want you actively involved in education. . . . Those who can go into job training, I want you to go into job training. . . . You have an alcohol problem, get the alcohol problem addressed. You've a drug problem, you get that addressed. You have a psychiatric problem, get that addressed.' And you work to support them. Because if you don't do that, if I just give them housing, I'm not solving the problem. Because guess who I'm going to have to find housing for in 10 years? Your children.

Five informants mentioned a need for training in daily living skills. They stated that they often have clients who were evicted for failing to maintain a property and then are difficult to place in permanent housing. A social worker explained: "When I do get a landlord that is willing to work with our clientele, it doesn't seem to last very long. . . . With some of our population, if you provide a home for them. . . and they get into that apartment and demolish it, that's a problem. . . ." Educational measures aimed at instilling values in youth were mentioned by four informants as a long-range solution. Four informants

also explicitly mentioned rebuilding self-esteem as part of their ideal solution. A social worker explained why.

This is a generation that has really suffered from a lack of self-worth, self-esteem. So I'd be out there in the neighborhoods running groups to help them realize what their gifts and talents are. Once they began to believe they could do something, then offer job training and jobs they could go into. You can't tell me that people don't want to work. The majority of them really do, but they've been knocked down so often it takes so much to go out and try again, try again. So it has to be a wholistic approach.

Three informants included treatment for chemical dependency. However, they are concerned that the approach to drug treatment not follow the current trend. A board member/shelter director expressed this concern: "[A]ddiction itself is a disease. And we need to come, as a society, to terms with that fact, and we need to address it. . . because right now we're treating it too much as. . . a crime." Two service providers would include more appropriate mental health services in their plans to end homelessness. Half of the informants also say that centralization and/or coordination of all services is important to meeting the needs of the homeless.

Service providers do see systemic change as necessary to ending homelessness. Sixteen of the 18 informants combine systemic and individual solutions, and two focus exclusively on systemic solutions. The changes they recommend, however, are reform-oriented, not aimed at the radical social restructuring advocated by the critical perspective.

Discussion of the Victim-System Dichotomy

What do the service providers themselves think of the victim-system dichotomy? Fifteen indicated that individual and systemic approaches are complementary and that both are necessary to eliminate homelessness, reflected in this statement by a shelter director.

You're talking about changing the individual or changing the system. I think we're going to have to work at coming up with a way of doing it together. I think we're going to have to work

hand-in-hand, again, to change the individual, and to change the individual you have to change the system.

The three remaining service providers said that systemic approaches are most important because the primary causes of homelessness are systemic. Yet, they also argued that the individual cannot be neglected while the system remains unchanged. One stated:

As a social worker I would say that I don't disagree that we have to address the problem of homelessness from a broader sociological perspective. . . . I know the argument that by the fact that we put Band-aids on people that we pacify them so that they're not rioting in the streets. But my concern is that if we don't put Band-aids on them, they'll be dead and they won't be able to riot in the streets.

There is also a strong belief among service providers that the homeless need and want more than housing alone. They also believe that failure to address individual needs, regardless of any systemic factors which generated them, will only perpetuate poverty and homelessness. However, none say that homelessness can be solved by individualized approaches alone.

When asked about their agency's approach to homelessness, the majority of service providers indicate their agency focuses on the individual, and that systemic approaches are outside their agency's capacity. One social worker described their limits.

When I talk about system, I'm talking about Welfare, and I'm talking about policy makers. Again it goes back to that. And I'm talking about entitlement programs, and I'm talking about housing—all those are systems. And so far, I think, a failure. I think the whole system needs to be changed. [This agency doesn't] have the power to change all that. I mean we grope with it every day as far as the system goes. You might be able to bend a rule once in a while. . . . [S]till, the small loopholes, even if you put them all together, it doesn't make that drastic of a change. . . . We service clients as best we can with what we can work with, and then our hands are tied, and it goes back to the system.

However, five informants believe their agencies take both approaches by including advocacy in their goals. An administrator said:

We need to go for the bigger picture. . . . The system has to have things in place for a person to utilize when they're ready to go out into the community. . . . We also need those who can help clients to prepare to work within the system. . . . This agency's approach is a combination. It forces the system to change by demanding that money be put where the needs are.

One outreach worker sees his agency's goal as systemic change.

Homelessness is profitable—not for the homeless, but for other individuals. . . . But all the focus is on those that are down already. I see people who work at this agency and at others like it as trying to get the focus back to the source of the problem, not on the downtrodden.

All service providers say that systemic change is needed to resolve homelessness, and most believe systemic and individual programs must be combined. They also believe that systemic reform requires change at the policy and public opinion levels. Yet most believe that their agencies are confined to individualized treatment with only a minor capacity to influence public opinion or policy. Hence, they focus on assisting their clients within the existing social system.

Working Within the System

Generally stated, the goal of the Toledo homeless agencies studied is to reintegrate the individual into society. Service providers implement programs aimed toward helping people acquire skills to increase their chances for a stable life in the existing system, however flawed it may be. A director/counselor summarizes this point of view.

You know, I'm not all that happy with society the way it is. . . . But, like it or not, you do have to live in this society or find another one. And since you've got to live in it, you've got to learn how to use the tools that are there to your advantage.

Essentially, service providers have adopted a pragmatic approach to taking care of the symptoms of a larger social problem. The larger problem is seen as society's lack of concern that allows the conditions leading to homelessness to arise and persist.

This public unresponsiveness is daunting. Informants involved in political action for the homeless note that trying to influence legislation is frustrating, making it hard to sustain momentum. One board member explained that "As long as you keep people stretched out, burned out, you not only have a client population that is disempowered, you have a helping population that . . . doesn't have the energy to do anything beyond what they do everyday." An administrator/counselor lamented that: ". . . I see how things get started with the government, and then things get cut, and I wouldn't want to depend on that. I mean, it'd be good to have their support. But as far as depending on it financially, I wouldn't want to." And funding can be misappropriated. In one agency director's opinion, "Until community spirit is in place, there won't really be a change no matter how much federal money there is—someone will rake it off the top."

Sixteen out of the eighteen service providers are involved in additional activities to benefit the homeless. However, consistent with Reeser and Epstein's (1990) findings, these activities are predominantly within institutionalized means and are non-conflictual. They either extend services to the homeless directly, or raise awareness of the problem in a non-political context. Service providers use their group affiliations to raise consciousness and, they hope, increase public desire to eliminate homelessness. Change in public attitudes and values was seen by most informants as the necessary precursor to genuine systemic change.

Discussion

Service providers have a complex understanding of the causes of homelessness and its solutions which acknowledges the impact of the social system upon individuals. Their approach, however, assumes the possibility of reintegrating the homeless into the existing society. They propose moderate social and economic reform and social services rather than the radical structural changes advocated by those who take the critical approach. Yet, given external constraints which force their activities to focus on the individual, it is perhaps remarkable that service providers maintain any systemic perspective at all, much less a critical perspective.

One significant constraint is the structure of program funding, which reinforces an individualistic approach to working with the homeless. Agencies must continually look for sources of funding, and all but a few of these sources entail restrictions precluding systemic change activities. Religious organizations and voluntary associations provide basic services, such as food, shelter, and clothing to individuals on an emergency basis. In the 1980s and 1990s, however, as federal spending cuts compounded the effects of economic restructuring, religious and voluntary agencies have been stretched beyond their capacity (Cooper, 1987).

There are some federal monies available to assist the homeless, but only for individual-focused services. For example, the Emergency Food and Shelter National Board Program is designed to meet short-term needs and immediate emergencies (Cooper, 1987). Another Federal program which could help, Section 8 rent vouchers, is hindered by high quality standards that are difficult to find in low-cost housing (Carliner, 1987).

Funding through private foundations is also targeted to specific types of services, and awarded based upon the ability to meet predetermined criteria. The Johnson-Pew grant, for instance, was offered to create demonstration health care programs for the homeless. Besides the many requirements on program design, selection was also determined by city size and potential to generate enough funds to sustain the program after the grant expired (Wright, 1987). Since most foundation grants are time-limited, the search for funding is continuous (Cooper, 1987).

Corporations consciously use grants to manage social change (Roelofs, 1987). By channeling energy into doing good work whose dimensions they control, corporations assure that reforms benefit the present economic system. At the same time, grant-giving enhances corporate legitimacy. Thus, corporate grants, guided by class interests, may have profound influences on the designers of programs for the homeless.

Service providers are very frank about how funding sources effect the types and form of services provided. A shelter director explained:

Funding generally dictates if I even go for a program or not. . . . A lot of the grants that come through say, "We will fund this type of program. We'll fund homeless family education, we'll fund education for homeless veterans, we'll fund job placement for homeless families".

Thus, service providers develop programs for practical ends. They see that their clients lack skills and services that might enable them to be self-supporting in the existing social system, and that funding is available to provide those skills. They then design programs to take advantage of such funding. As the present social system perpetuates homelessness, they expand services. The range and scope of programs they believe are needed increase their reliance upon government and/or corporate funding. They are unlikely to voice a radical critique of the sources that make their programs, however inadequate, possible.

A second constraint on service providers' ability to adopt and practice a more critical perspective is the prevailing political ideology. To adequately care for the homeless, let alone attack the systemic causes of homelessness, political support is necessary. Yet that support is lacking. Piven and Cloward (1972) argue that governmental social welfare programs expand only during periods of civil unrest, contracting once stability is restored. So long as social stability prevails, relief is made so degrading that those who are capable will accept any form of labor at any wage to avoid the humiliation of receiving relief. Only wide-spread economic displacement stirs sufficient civil disruption to force concessions in relief. Thus, relief acts as a safety valve. Keeping the release mechanism tight requires that relief be unattractive and acceptable only to those who are desperate. Major policy changes, such as Social Security and Unemployment Compensation, are rare.

Despite massive economic displacement, homelessness in the 1980s and 1990s has not generated sufficient civil disorder to wrest major policy concessions. Organizing the homeless to apply political pressure is problematic. Fabricant and Epstein (1984) contend that organizing cannot be limited to small scale advocacy projects. Broad coalitions must be forged between the homeless and service workers to increase financial viability and

political clout. Yet, coalitions restrict the ability to press for systemic solutions, as radical demands and/or disruptive tactics can dissolve alliances with moderates and conservatives (Piven and Cloward, 1977; Schumacher, 1978). Stern (1984) illustrates this problem with the reaction against welfare rights organizing in the 1970s. The changed attitude of the welfare recipients who in the 1970s demanded increased benefits redefined the relationship between themselves and non-recipients. What had been a condition of charity and receipt became one of obligation and rights. The result was a loss of public support for poverty programs and alienation of many former allies. Stern foresees a similar fate for support of homelessness programs should the homeless and their advocates shift the framework of their demands from charity to entitlement.

Service providers who work with the homeless must contend with the limitations on funding and the constraints imposed by the dominant social and political culture. Designing programs within the restrictions of this victim-blaming climate necessarily results in services that imperfectly fit their perceptions of the needs of their clients. Perhaps, the struggle to stem the rising tide of homelessness, one person at a time, within these contours distracts service providers from acquiring a critical analysis of the existing system. The work of repairing the individuals whom that system damages takes priority.

Note

1. Judy Aulette suggested this distinction in her comments on an early draft.

References

- Adams, C. T. 1986. Homelessness in the Postindustrial City: Views from London and Philadelphia. *Urban Affairs Quarterly* 21:527-549.
- Bassuk, E. L. 1984. The Homelessness Problem. *Scientific American*. 251:40-45.
- Carliner, M. 1987. Homelessness: A Housing Problem. Pp. 119-128 in R. Bingham, R. A. Green and S. B. White (eds.) *The Homeless in Contemporary Society*. Beverly Hills: Sage Publications.
- Center for Community Change. 1989 Public Housing Under Siege: A Special Issue *Community Change* Winter/Spring:1-4.
- Cooper, M. A. 1987. The Role of Religious and Nonprofit Organizations in Combating Homelessness. Pp. 134-149 in R. Bingham, R. A. Green and

- S. B. White (eds.) *The Homeless in Contemporary Society*. Beverly Hills: Sage Publications.
- Fabricant, M., and I. Epstein. 1984. Legal and Welfare Rights Advocacy: Complementary Approaches in Organizing on Behalf of the Homeless. *Urban and Social Change Review* 17:15-26.
- Fainstein, S. S., and N. Fainstein. 1986. Economic Change, National Policy, and the System of Cities. Pp. 1-26 in S. S. Fainstein, N. Fainstein, R. Child Hill, D. Judd, and M. P. Smith (eds.) *Restructuring the City: The Political Economy of Urban Redevelopment*. White Plains, NY: Longman.
- Huttman, E. D. 1990. Homelessness as a Long-Term Housing Problem in America. Pp. 81-94 in J. Momeni (ed.) *Homelessness in the United States*, Volume II: Data and Issues. New York: Greenwood Press.
- Kaufman, N. 1984. Homelessness: A Comprehensive Policy Approach. *Urban and Social Change Review* 17:21-26.
- Koch, J. Q. 1987. The Federal Role in Aiding the Homeless. Pp. 216-230 in R. Bingham, R. A. Green and S. B. White (eds.) *The Homeless in Contemporary Society*. Beverly Hills: Sage Publications.
- Logan, J., and H. Molotch. 1987. *Urban Fortunes*. Berkeley: University of California Press.
- Marcuse, P. 1988. Neutralizing Homelessness. *Socialist Review* 18:69-96.
- Milburn, N. 1990. Drug Abuse Among Homeless People. Pp. 61-80 in J. Momeni (ed.) *Homelessness in the United States*, Volume II: Data and Issues. New York: Greenwood Press.
- Parker Redmond, S., and J. Brackman. 1990. Homeless Children and Their Caretakers. Pp. 123-132 in J. Momeni (ed.) *Homelessness in the United States*, Volume II: Data and Issues. New York: Greenwood Press.
- Piven, F. F. and R. Cloward. 1972. *Regulating the Poor*. New York: Vintage Books.
- . 1977. *Poor People's Movements: Why They Succeed, How They Fail*. New York: Vintage Books.
- Redburn, S. F. and T. Buss. 1987. Beyond Shelter: The Homeless in the U.S.A., *Cities*. 4:63-69.
- Reeser, L. C., and I. Epstein. 1990. *Professionalization and Activism in Social Work: The Sixties, the Eighties, and the Future*. New York: Columbia University Press.
- Rivlin, L. 1986. A New Look at the Homeless. *Social Policy*. 16:3-10.
- Roberts, R. E. and T. Keefe. 1986. Homelessness: Residual, Institutional and Communal Solutions. *Journal of Sociology and Social Welfare* 13:400-417.
- Roelofs, J. 1987. Foundations and Social Change Organizations: The Mask of Pluralism. *The Insurgent Sociologist* 14:31-72.
- Ryan, W. 1976. *Blaming the Victim*. New York: Vintage Books.
- Schumacher, P. D. 1978. The Scope of Political Conflict and the Effectiveness of Constraints in Contemporary Urban Protest. *Sociological Quarterly* 19:168-184.

- Snow, D., S. G. Baker, and L. Anderson. 1986. The Myth of Pervasive Mental Illness Among the Homeless. *Social Problems* 33:407-423.
- . 1988. On the Precariousness of Measuring Insanity in Insane Contexts. *Social Problems* 35:192-196.
- Stern, M. 1984. The Emergence of the Homeless as a Public Problem. *Social Service Review*. June:291-301.
- Sullivan, P. A. and S. Damrosch. 1987. Homeless Women and Children. Pp. 82-98 in R. Bingham, R. A. Green and S. B. White (eds.) *The Homeless in Contemporary Society*. Beverly Hills: Sage Publications.
- Wright, J. D. 1987. The National Health Care for the Homeless Program. Pp. 150-169 in R. Bingham, R. A. Green and S. B. White (eds.) *The Homeless in Contemporary Society*. Beverly Hills: Sage Publications.
- Wright, J. D., and J. A. Lam. 1987. Homelessness and the Low Income Housing Supply. *Social Policy* 17:48-53.

Many thanks to Judy Aulette and Gary Fine for comments on an earlier draft.

