

NO PLACE TO BELONG

SOCIAL DETERMINANTS OF TEEN
PREGNANCY AND HOMELESSNESS

THANA HICKMAN

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Prologue

I never imagined I’d be standing in front of a group of scared, uncertain teenagers—many with no home to return to—wondering how I could ease even a little of the burden they carried. Yet here I am, the founder of Viola’s House, a maternity program for homeless, pregnant teens.

Over the years, I’ve seen the heartbreak up close—a 17-year-old forced onto the streets after a family fight, a girl missing months of school because she has nowhere safe to sleep, another numbing her fear and hunger with pills just to make it through the day. Walking alongside these young mothers has been both heartbreaking and hopeful. It’s challenged everything I thought I knew about teenage pregnancy, homelessness, and the strength of a supportive community.

When I first opened Viola’s House, I thought a safe place to sleep and some basic resources would be enough. But I quickly realized that was only part of the solution. A roof over her head keeps a girl from sleeping at a bus station, but what about the dangers she faces when she steps outside? What about the judgment she endures at the clinic or the school where she struggles to focus because of anxiety and trauma? How does she prepare for motherhood when the very people who should support her have turned away?

These are the challenges we face every day. And while the road is not easy, I’ve seen the power of kindness, understanding, and a community that refuses to give up on these young moms.

This book is my way of sharing the full reality of working with homeless, pregnant teens—not just the deep struggles they face, but also their incredible strength. You’ll meet Ebony, who arrived suffering from severe anxiety, convinced she wasn’t cut out to be a mother. You’ll get to know Jasmine, bright and determined but unable to stay in school because she had nowhere stable to sleep. You’ll see how one painful night can push a girl like Nina into the hands of someone who exploits her, or how a pile of overdue bills can force a young mother to trade sex for rent money.

I don’t share these stories for shock value. I share them because they are real. And if we ignore them, we fail these girls.

Each chapter explores a core struggle: lack of healthcare, poverty, unemployment, substance abuse, mental health challenges, stigma, and more. But these issues aren’t separate—they’re tangled together. Missing a doctor’s appointment can spiral into a crisis if a girl doesn’t have bus fare. Facing judgment at school can make her drop out, leading to unemployment, which pushes her toward desperate ways to survive. When you’re pregnant, scared, and broke, the domino effect can be devastating.

That’s why community matters. When these girls walk through our doors, they’re usually exhausted, hungry, and terrified about what’s next. Our job isn’t just to offer a bed—it’s to provide a real support system: people who understand the importance of mental health care, job training, and emotional validation. I’ve seen how something as simple as a volunteer saying, “I believe in you,” can give a girl the strength to stay in school or leave an abusive relationship. I’ve also seen how one dismissive social worker or judgmental doctor can push her right back into despair.

Throughout this book, you’ll notice a guiding belief: “Love them hard and hold them loosely.” I learned this after the heartbreak of seeing girls I’d grown close to leave the program or fall back into old patterns. We can offer unconditional love and every resource possible, but ultimately, these young mothers have to choose their own path. Sometimes, fear and trauma pull them back. But we keep our doors open, ready for the day they decide to try again.

I hope that by reading this, you’ll gain a deeper understanding of what these teens are up against. They’re not lazy or irresponsible—they’re young women who often come from poverty, abuse, or broken homes, now carrying the weight of protecting a child. If there’s one thing I want you to take away, it’s this: No pregnant teen should have to trade her body for food or skip prenatal care because she’s too ashamed to face judgment. She deserves compassion, real solutions, and a chance to break the cycles that have held her back for too long.

In the pages ahead, you’ll meet young mothers who have overcome incredible hardships—and others who, for now, are still struggling to find their way. You’ll see why real change requires more than just shelter; it takes access to healthcare, counseling, education, and job training. And above all, you’ll see that homeless, pregnant teens are not a lost cause. With the right support, their futures can be reclaimed.

I invite you to read these stories with an open heart and mind. Imagine being seventeen, pregnant, and completely alone—then realize that each of us has the power to offer a lifeline. Whether through volunteering, donating, advocating for policy change, or simply rethinking the way we view teenage mothers, we can all make a difference. Behind every statistic is a real girl—one who longs for safety, a chance to learn, and a future free from the shadows of her past.

Thank you for joining me on this journey—one that is deeply personal to me, as I, too, was a pregnant teen at seventeen. I believe that by shining a light on these realities, we can create change—ensuring that no young mother ever feels abandoned in a world that so often judges before it helps.

Thana Hickman
Founder
Viola’s House, Inc.

I

CHAPTER 1:

Lack Of Access to Healthcare

Opening Reflection

I never imagined that “access to healthcare” would become such a heartbreaking priority at Viola’s House—certainly not to the point where I would have to bury two precious babies in a single year. But that is the painful reality I’ve come to face.

When I founded Viola’s House, my mission was to support young, pregnant women in desperate situations. I knew they needed shelter, guidance, and care—but I never expected that a lack of medical access would leave my team and me planning funerals instead of celebrating new life.

When I started Viola’s House, my vision was simple: provide homeless, pregnant teens with safe housing and a supportive path to motherhood. In those early days, my main concerns were making sure they had shelter, food, and encouragement to carry their babies to term. But over time, I realized something heartbreaking. Without proper medical care, what should be a hopeful journey can quickly turn into a devastating ordeal.

Recently, as I reflected on the struggles of opening our new clinic partnership in South Dallas, I found myself asking, “Why am I fighting so hard for healthcare?” Securing a location was difficult, and funding was even harder. Negotiating leases, buying property, and managing renovations were never part of my original plan. But when we kept meeting women in their eighth or ninth month of pregnancy who had never seen a doctor, I knew we had no choice. As I told someone not long ago, I see the consequences of a lack of healthcare every single day. One young mother-to-be, Joy, arrived at seven months pregnant. We rushed her to a doctor for a long-overdue checkup, only to learn her baby had severe genetic complications and might not survive birth. She had gone nearly her entire pregnancy without knowing. In an instant, our focus shifted from simply offering her a safe place to live to helping her navigate a high-risk pregnancy. My staff provided round-the-clock support, but we couldn’t undo the months of missed care. That kind of heartbreak doesn’t just affect the mother. It weighs on the nurses, volunteers, and case managers who pour their hearts into hoping and praying for a different outcome.

This was our second baby funeral in a single year. “No one ever wants to talk about losing a child or having to add a line item in their budget for funerals,” I often say with a heavy heart. I remember sitting at one service, aching for the mother who had spent months praying for a miracle. She had openly shared her pregnancy journey with us and even stood on stage at a fundraiser, offering hope to donors and supporters. Three days later, I had to write an email announcing that her baby had passed. That moment still haunts me.

“Can you imagine what that does to us mentally?” I ask whenever people wonder why mental healthcare is such a priority here. My staff, who walk alongside these mothers every day, grieve alongside them too. When a mother loses her baby, especially after a traumatic or late-term discovery, the pain is felt by everyone on our team. We’ve

learned that mental health support isn’t just important—it’s as essential as prenatal vitamins.

But it’s not just the emotional toll we carry. The statistics paint a sobering picture. I’ve read the reports on Black maternal mortality in Dallas County, where we operate. Studies show a 57% rise in maternal death rates since certain legislative changes, highlighting just how dire the situation is for low-income, high-risk mothers. In an area with few clinics and limited public transportation, most women are forced to travel long distances to Parkland Hospital, often with no money for bus fare. When they arrive late in pregnancy—or never arrive at all—our worst fears become reality.

Opening a clinic was never part of the original mission, at least not on paper. But after witnessing how a lack of accessible prenatal care leads to late diagnoses, untreated infections, and high-risk pregnancies, there was no other choice. I told myself, “Give me 60 days, and I’ll find a way to open a clinic right here in 75215.” And that’s exactly what I did. To some, it might seem like an enormous leap—purchasing property, and coordinating with healthcare providers—but seeing mothers walk into that clinic for routine care made every hurdle worth it.

This chapter reveals the harsh reality of what happens when vulnerable pregnant teens don’t have steady, reliable healthcare. A treatable condition in the first trimester can spiral into a heartbreaking funeral by the third. I hope that by reading these stories—by feeling the sorrow and frustration of burying two babies in a single year—you will understand why I am so determined to ensure no pregnant teen has to struggle alone. Healthcare access is not a privilege. It is a necessity, the foundation of a healthy life.

If there is one takeaway from this chapter, let it be this: No mother should have to rely on emergency room visits as her only source of prenatal care. There is a better way. We can expand community clinics, partner with local hospitals, and support nonprofits that help with transportation and insurance barriers. When these measures are in

place, tragedies like Joy's might be prevented—or at the very least, addressed earlier and with dignity.

Behind every statistic are real mothers and real babies—the ones we've held, prayed for, and, in some cases, had to say goodbye to. Their heartbreak and the urgency of their stories drive me to keep fighting for better healthcare options where our young moms need them most. I hope that as you continue reading, you'll feel that same resolve to challenge the status quo, so no more mothers have to bury the child they never had the chance to know.

Why is Healthcare Access Essential?

Healthcare is more than just doctor visits. It is a lifeline that can prevent serious complications during pregnancy. Robertson and Toro (1999) emphasize that without regular check-ups, pregnant teens miss out on essential nutritional guidance, screenings for conditions like gestational diabetes, and early detection of potential risks. For those experiencing homelessness, who may already face malnutrition and unsafe living conditions, the lack of prenatal care can have devastating consequences. It increases the risk of low birth weight, premature birth, and higher infant mortality, putting both mother and baby in danger.

Mental health care is often overlooked in discussions about healthcare services. Moore et al. (2018) found that pregnant teens who lack mental health support are more likely to experience postpartum depression and heightened anxiety. Adding the stress of unstable housing and financial insecurity only worsens these challenges. It becomes clear that mental health services are just as essential as medical check-ups for overall well-being.

Safe Housing and Healthcare Go Hand in Hand

Housing and healthcare might seem like separate issues, but they are deeply connected. Research shows that stable, affordable housing significantly improves health outcomes for homeless pregnant teens. For instance, housing instability among pregnant teens and young mothers has been linked to lower infant birth weight, suggesting that policies aimed at providing affordable housing can improve maternal and infant health outcomes (Fertig & Reingold, 2007). It makes sense—when someone is constantly worried about eviction or the dangers of sleeping in a car, keeping up with a pregnancy regimen can feel impossible.

Finding secure housing is a significant challenge. Barman-Adhikari et al. (2019) report that many homeless teens face discrimination, financial barriers, and a shortage of shelter options. As a result, they are often forced into unsafe environments where health risks, such as exposure to violence and unsanitary conditions, can severely impact both maternal and child well-being.

The Ripple Effect on Maternal and Child Health

When teens lack safe housing and steady healthcare, the consequences extend far beyond their own well-being. Pregnant teens facing housing and insurance struggles are at higher risk for complications such as preterm labor, low birth weight, and hypertension. Culhane et al. (2018) emphasize that children born into homelessness are more likely to experience developmental delays, frequent hospital visits, and food insecurity.

In other words, inadequate prenatal care doesn't just affect the mother—it also puts her newborn on a difficult path from the very start. This cycle of poor health outcomes can be hard to break. Many teens become

discouraged and disengage from the healthcare system entirely, missing crucial follow-up care that could address early warning signs before they become serious problems.

Barriers to Getting Help

Why do these teens struggle so much to find help? The first and most obvious barrier is a financial burden—without insurance, out-of-pocket costs are impossible for a homeless teen to afford. Transportation is another major challenge. If the nearest free clinic requires a long bus ride with multiple transfers, and money for food is already scarce, getting to an appointment can feel out of reach.

Stigma is another powerful deterrent. Costa Barros and Moreira (2020) found that many homeless pregnant teens feel judged or unwelcome in medical settings, with some even reporting outright disrespect. Negative experiences like these discourage them from seeking care when they need it most. Language and cultural barriers add yet another layer of difficulty, particularly for teens from minority communities. Cuesta et al. (2019) found that Spanish-speaking pregnant teens often lacked access to interpretation services, preventing them from receiving vital health information.

On top of all this, a lack of knowledge creates a lot of mess, many teens simply don't know where to turn. Homeless pregnant teens are often unaware of clinics that offer free or reduced-cost services, or they struggle to navigate complex healthcare systems. These information gaps can mean the difference between early intervention and life-threatening complications. Navigating complex requirements for public assistance for housing and other services can lead to feelings of hopelessness, represent a high cognitive burden, and exacerbate mental health challenges (Clark et al., 2019).

Finally, the criminalization of homelessness in some cities adds another layer of complexity. If a teen is arrested or fined for panhandling or sleeping

in public spaces, it can derail her efforts to schedule or attend prenatal appointments, further disrupting her access to consistent healthcare.

Moving Forward: Overcoming Healthcare Barriers

Despite these daunting challenges, there is hope. Comprehensive support programs that provide prenatal care, mental health counseling, substance abuse treatment, and case management have been shown to improve outcomes for pregnant and parenting teens significantly. When teens feel supported and respected, and receive assistance with transportation or navigating insurance, they are more likely to stay engaged with their healthcare plans. For instance, the Nurse-Family Partnership program, which offers regular home visits by registered nurses to low-income, first-time mothers, has positively affected maternal and child health outcomes, including reductions in preterm births and child abuse rates (Goyal et al., 2018).

Addressing housing is equally crucial. Slesnick et al. (2018) argue that stable housing reduces stress and improves mental well-being, making it easier for pregnant teens to follow medical advice, attend appointments, and prepare for the baby's arrival. Additionally, offering culturally sensitive care and language services for non-English speakers can help bridge communication gaps and build trust.

Despite these challenges, there is hope. Comprehensive support programs—including prenatal care, mental health counseling, substance abuse treatment, and case management—can greatly improve outcomes for pregnant and parenting teens. When adolescents feel supported and respected, and receive assistance with transportation or navigating insurance, they are more likely to stay engaged with their healthcare plans. For instance, comprehensive clinic-based programs have been shown to reduce rapid repeat pregnancies among adolescent mothers by providing

integrated health care, counseling, and social support services (Weatherley et al., 1986).

Stable housing is also essential. Slesnick et al. (2018) found that having a secure place to live reduces stress and improves mental well-being, making it easier for pregnant teens to follow medical advice, attend appointments, and prepare for their baby's arrival. Additionally, offering culturally sensitive care and language services for non-English speakers helps bridge communication gaps and build trust.

Summary

The connection between unstable housing and limited healthcare access creates a vicious cycle. Without a safe place to live, it becomes nearly impossible for homeless pregnant teens to attend regular medical appointments. In turn, the lack of care puts both mother and baby at risk for serious complications. By providing stable housing, removing financial and transportation barriers, and ensuring teens know about available resources, we can improve birth outcomes and help set the foundation for healthier families.

Reflection Questions

- How does not having a stable place to live make pregnancy health risks worse?
- How can judgment from doctors and nurses discourage pregnant teens from getting the care they need?
- What are the best ways to help homeless pregnant teens get health-care, like insurance support or safe housing?

Final Thought

Making sure homeless pregnant teens have healthcare isn't just about avoiding emergencies—it's about giving them and their babies a real chance at health, stability, and a hopeful future.

CHAPTER 2 :

Poverty and Lack of Resources

Opening Reflection

I still remember the first time I opened the doors to Viola's House. A young girl—let's call her Monica—stood on the porch, holding a small duffel bag and a growing belly she tried to hide under a too-big sweatshirt. She looked both scared and relieved as if she finally saw a lifeline amidst the chaos of her life. At that moment, I realized that poverty was not just a statistic—it was the weight on her shoulders, the reason she had nowhere else to go. Her story, like so many others, showed me how homelessness and teenage pregnancy are often rooted in a single, devastating truth: a lack of resources.

When I first started Viola's House, I was convinced that giving pregnant teens a place to stay—four walls, a bed, some food—would be enough to help them find their footing. I believed, almost naively, “If they just have safe shelter for six months to a year, they'll become self-sufficient.” But it didn't take long for me to discover a harsher reality: these young women needed far more than an apartment key to break free from their circumstances.