

A photograph of two children drawing on asphalt with chalk. One child is kneeling and drawing a family of four figures holding hands, while another child stands nearby. To the left is a drawing of a house with windows, and to the right is a drawing of a tree. The scene is overlaid with a semi-transparent white box containing text.

The Trauma of Homelessness

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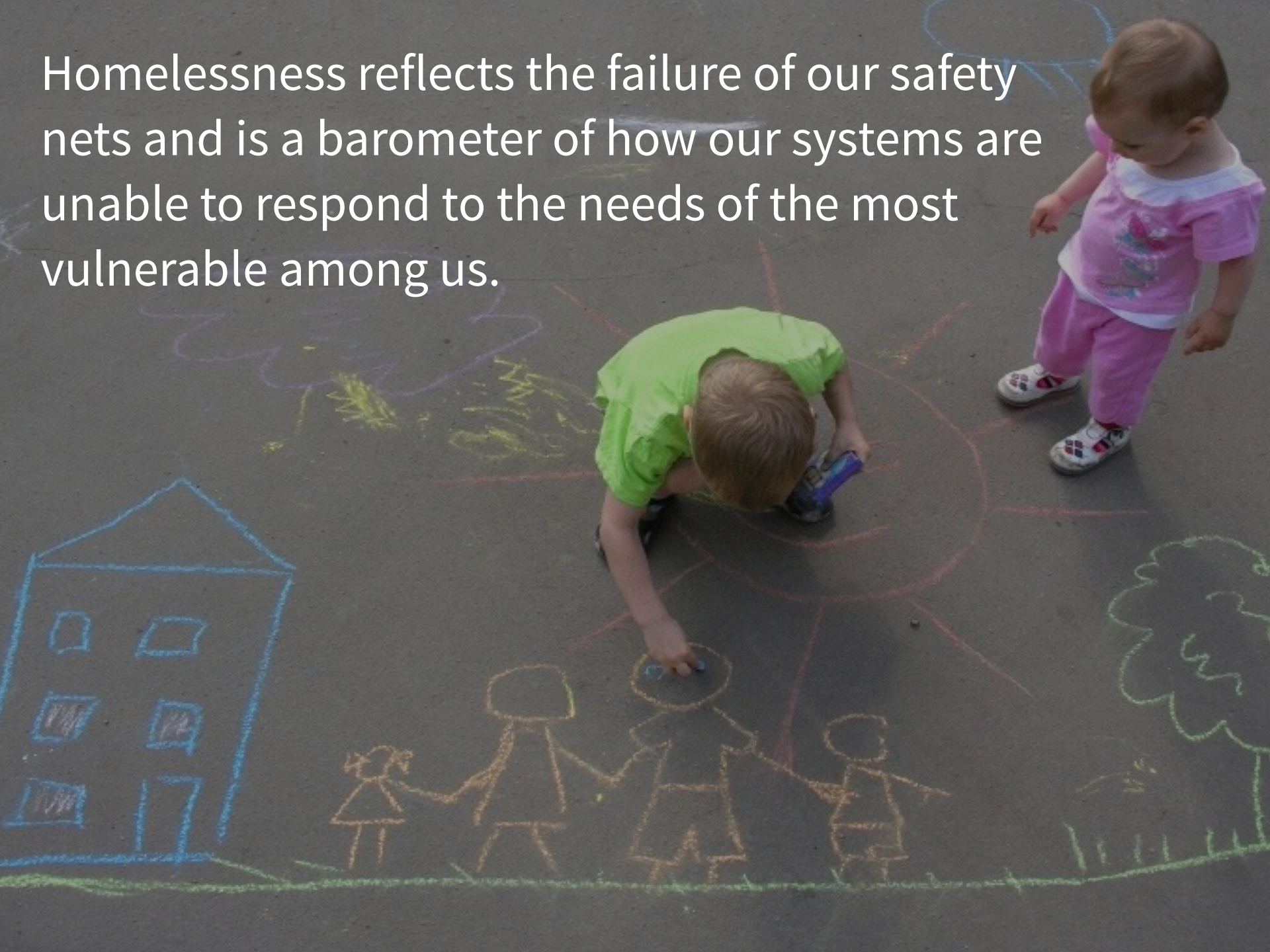
Homelessness is a challenging public health problem with no easy solutions.



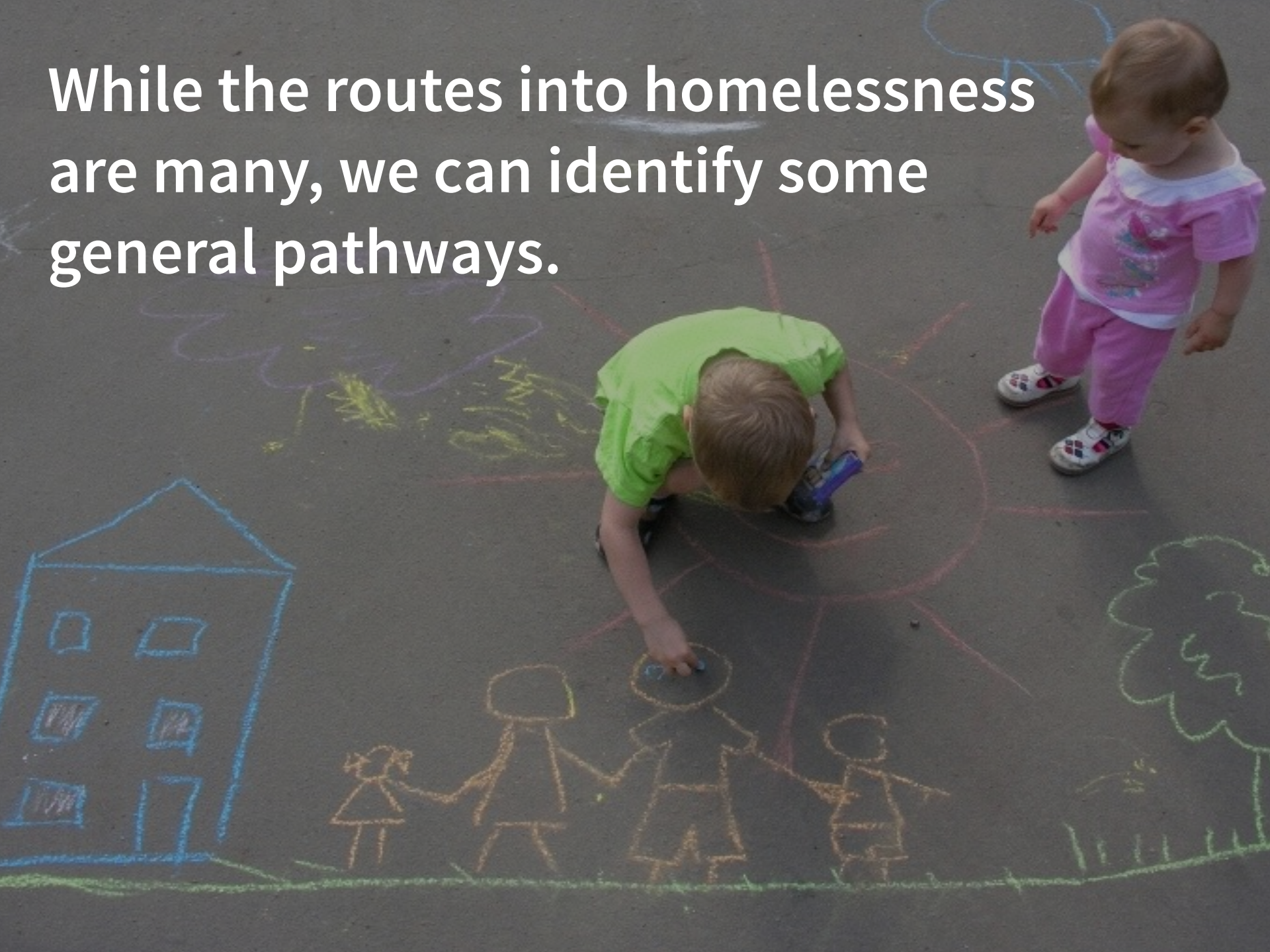
It is traumatic and represents disconnection from daily routines, friends, family, and community.



Homelessness reflects the failure of our safety nets and is a barometer of how our systems are unable to respond to the needs of the most vulnerable among us.

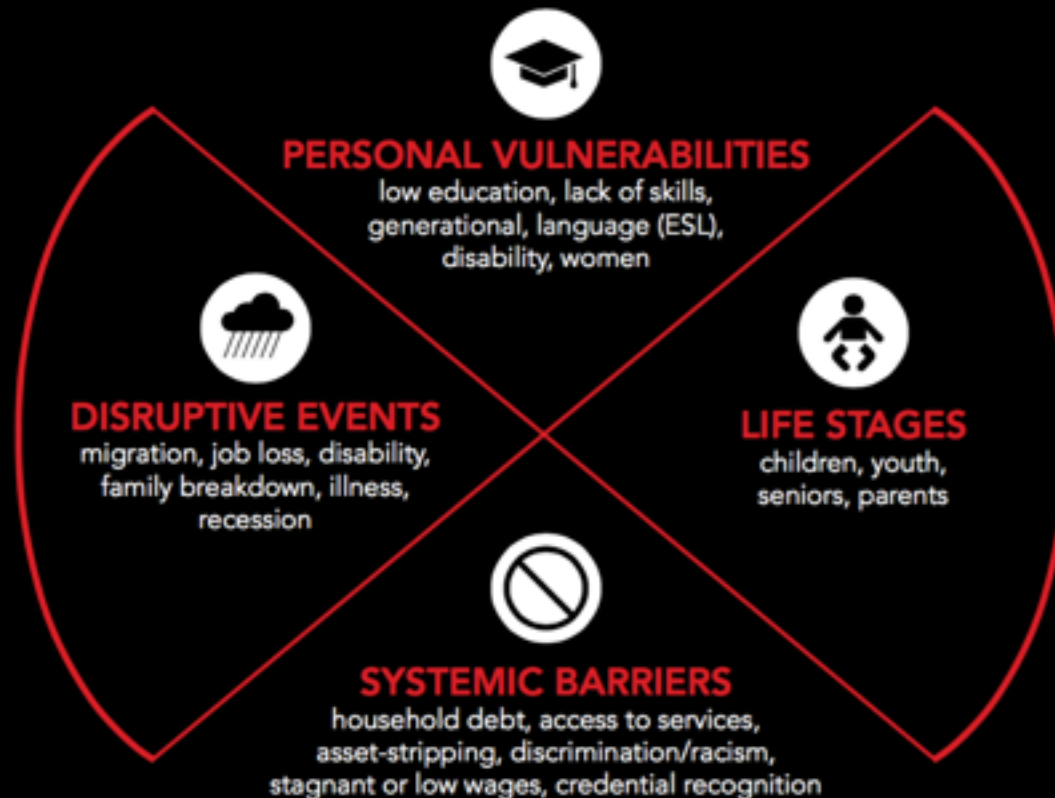


While the routes into homelessness are many, we can identify some general pathways.



ROOT CAUSES OF POVERTY

Sources of Vulnerability*



Behavioral Health

People experiencing homelessness include single adults, families, and youth.

Many have behavioral health conditions.

Mental health, substance use disorders, and co-occurring disorders are often accompanied by chronic medical conditions.



Mental Health

As many as **one-quarter of the overall homeless population have a mental illness**, with higher rates among adult individual women and people experiencing chronic homelessness (North et al., 2004; Bassuk et al., 2015).



Substance Use Disorders

- The prevalence of SUD is elevated compared to the general population.
- 35% of single adults in shelters misused substances (HUD, 2015).
- Lifetime prevalence of SUD among homeless mothers is approximately 40% (Zerger, 2002).
- Greater severity of substance use is associated with co-occurring mental health conditions that lead to greater morbidity and mortality, poorer outcomes, and higher treatment costs (Watkins et al., 2009).



Trauma

High rates of traumatic stress among people experiencing homelessness result in adverse long-term impacts.

In systems serving low-income populations, **traumatic stress is nearly universal** (Hayes et al., 2013).



Adverse Childhood Experiences

- Elevated rates of post-traumatic stress responses
- People with multiple ACEs have high rates of medical and behavioral problems as adults.
- Relationship between childhood adversity and likelihood of lifetime homelessness.
- Both Axis I and Axis II disorders mediate this relationship.

(Roos et al., 2013)



Trauma

Almost all (97%) homeless women with serious mental illness have experienced severe physical and sexual abuse (Goodman et al., 2005).

Mueser et al. (2004) reported trauma exposure among 90% of public mental health clients.



Suicide Risk

Rates of suicidal ideation, plans, and attempts among people experiencing homelessness are high.

Suicide risk may be associated with ACEs, especially maltreatment, physical/sexual abuse, and neglect.



SUBGROUPS:

Individuals

Families

Youth



Chronic Homelessness

Among the most vulnerable subgroups in the homeless population.

Defined as:

1. An unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more.

OR

2. An individual with a disabling condition who has had at least four episodes of homelessness in the past three years (HUD, 2015).



Chronic Homelessness

The vast majority (75% – 80%) are men, non-white, unemployed, with high rates of incarceration, and fragmented social networks (HUD, 2015).

Compared to the overall homeless population, they are older, with higher rates of COD and ACEs.

An estimated 67% of chronically homeless individuals have mental health disorders, and 60% have substance use disorders (Perl & Bagalman, 2015).

Many have been exposed to multiple traumatic stresses—particularly violent victimization that has led to PTSD.



Families

High rates of exposure to traumatic stress and its mental health consequences as children and now as adults.

Complicated by the use of substances to medicate their distress.

Mothers have disproportionate rates of depression, PTSD, and SUD that adversely affect their ability to parent and lead to poor child outcomes.

Domestic violence is a major route onto the streets.



Trauma Among Homeless Mothers

More than 90% of homeless mothers have been exposed to at least one severe traumatic stress.

The majority have been sexually and physically assaulted during childhood.

As adults, more than 2/3 of homeless mothers have been victims of domestic violence, with many of their children witnessing the assaults.

(Hayes et al., 2013; Bassuk et al., 1996; Weinreb et al., 2006)



Youth

High risk for physical and sexual exploitation, engagement in illicit activities, violent victimization, and death.

Risky activities for survival, which contribute to victimization, adverse health outcomes, and incarceration.

20% to 40% of homeless youth are LGBT—3x rates of general population.

Transgender youth are also overrepresented—7% of homeless youth.

(Yoder et al., 2014; Ferguson et al., 2011; Whitbeck et al., 2004)



Racism and Homelessness

> 40% of people experiencing homelessness are African American, compared to 14% of the general population.

Racism and discrimination persist in housing, employment, criminal justice, education, and healthcare.

Institutional racism creates pathways into homelessness and makes exit from homelessness difficult for people of color.

(HUD, 2015; Carter, 2011; US Census Bureau, 2013)



Solutions

1. Permanent housing (i.e., deep housing subsidies)
2. Education and employment opportunities
3. Integrated medical and behavioral healthcare
4. Trauma-informed care



Organizational Trauma-Informed Care

- 1) Build trauma-informed knowledge and skills
- 2) Establish trusting relationships
- 3) Respect service users
- 4) Foster trauma-informed service delivery
- 5) Promote trauma-informed procedures and policies.

(Center for Social Innovation, 2015)



Advocacy > Political Will



QUESTIONS





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