



Homeless Families and Trauma

The Prevalence of Trauma in the Lives of Homeless Families

Imagine the trauma of losing your home, community, stability, safety, friends, and everyday routines. Think what it would be like to sleep on the street, in an abandoned building or car, or even in a shelter. Add to this the need to protect your children from the dangers of street life. Chances are the loss of control would leave you feeling extremely vulnerable, hopeless, and overwhelmed.

The stress of homelessness is particularly difficult for children who have fewer coping skills and rely heavily on their caregivers for support. For most, the stress of being homeless is compounded by past traumatic experiences, such as physical and sexual abuse, community violence, abrupt family separations, catastrophic illness, and combat experiences. These experiences are frequent and severe in the lives of homeless mothers and their children.

HOMELESS MOTHERS

- 92% have experienced severe physical or sexual assault at some point in their lives.¹
- 66% of homeless women were violently abused by a childhood caretaker or other adult in their household before reaching age 18.²
- 43% of homeless women were sexually molested as children.³
- 44% lived outside their homes at some point during their childhood. Of these women, 20% were placed in foster care.⁴
- 63% of homeless mothers have been violently abused by an intimate male partner.⁵
- 25% have experienced physical or sexual assault in adulthood by a non-intimate perpetrator.⁶

HOMELESS CHILDREN

- 62% of extremely low-income and formerly homeless children (ages 8 to 17 years old) have been exposed to violence. For children over 12 years, the rate of exposure to violence climbs to 83%.⁷
 - 53% have heard gunshots
 - 17% have seen someone get shot
 - 17% have seen a dead body outside
 - 14% have seen someone stabbed
- 34% of school-aged children who have been homeless have lived apart from their families.⁸

The Impact of Trauma on Homeless Families

Research and practical experience suggest that homeless families have been exposed to on-going trauma beginning in childhood and continuing across the lifespan. Chronic exposure to traumatic stress impacts all areas of people's lives, including physical, cognitive, and emotional functioning; social interactions/relationships; and identity formation.

HOMELESS MOTHERS

- More than half of homeless women who have been abused by an intimate partner were physically injured as a result of the abuse and 27% required medical treatment.⁹
- Abuse often results in serious emotional consequences.¹⁰
 - 47% have had a major depressive disorder, more than twice the rate of the general female population.
 - 39% have experienced Post Traumatic Stress Disorder, a rate three times higher than in the general female population.
 - 33% of homeless women who have experienced violence have attempted suicide at least once.
- 45% of homeless women who have experienced abuse during their lives have struggled with alcohol or drug dependency.¹¹

HOMELESS CHILDREN

- Homeless children are sick four times as often as middle class children and have high rates of acute and chronic illnesses.¹²
- Homeless children suffer from emotional or behavioral problems that interfere with learning at almost three times the rate of other children.¹³
- Homeless children between 6 and 17 years struggle with high rates of mental health problems. For example, 47% have problems such as anxiety, depression, or withdrawal, compared to 18% of other school-age children.¹⁴

Responding to Trauma among Homeless Families

A traumatic experience involves a threat to one's physical or mental well-being, and elicits intense feelings of helplessness, terror, and lack of control.¹⁵ These experiences can leave survivors feeling anxious, unsafe, and sometimes paralyzed. Children and adults who have experienced chronic, complex trauma see themselves as bad, worthless, helpless and unlovable. They view others as insensitive, untrustworthy and unsafe -- significantly impacting how families access services and manage relationships with providers.

Traumatized families often face the following challenges:

- Difficulty trusting others and forming close relationships.
- Constant fear or concern about safety.
- Difficulty managing and expressing feelings.
- Lack of belief in self-worth and capabilities.

As traumatic experiences accumulate, symptoms become more intense and have a greater impact on functioning. Because people who have experienced multiple traumas do not relate to the world in the same way as those who have not been traumatized, they require services and responses that are sensitive to their experiences.

Meeting the needs of trauma survivors requires that programs become “trauma-informed.” A trauma-informed service system is “a human services or health care system whose primary mission is altered by virtue of knowledge about trauma and the impact it has on the lives of consumers receiving services.”¹⁶ This means looking at all aspects of programming through a trauma lens, constantly keeping in mind how traumatic experiences affect consumers. Programs that are informed by an understanding of trauma respond best to consumer needs and avoid re-traumatizing them.

Why Programs Serving Homeless Families Need to be Trauma-Informed

Families who are homeless have significant histories of trauma that impact their current needs and functioning. The multidimensional connections between homelessness and trauma highlight the need for trauma-informed programming.

- **Homeless families have experienced traumatic stress.** Most families experience multiple traumas prior to becoming homeless. Traumatic experiences include childhood abuse and neglect, family separations, violent relationships and witnessing domestic violence¹⁷. In addition, the experience of being homeless is traumatic¹⁸.
- **Responses to traumatic stress are adaptive.** In the face of traumatic experiences, people learn to adapt to keep themselves safe. Responses to traumatic stress may include withdrawing from others; becoming aggressive; “spacing out” or disconnecting from certain thoughts, feelings or memories associated with traumatic experiences; and engaging in self-injurious behaviors such as cutting or abusing substances. While these behaviors may appear to be counterproductive, they should be understood as coping skills which can slowly be replaced.
- **Trauma impacts how people access services.** People who have experienced on-going trauma may view the world as unsafe. Those who have been hurt by others may come to believe that people cannot be trusted. This makes it difficult to ask for help, trust providers, or form relationships.
- **Trauma survivors require specific, tailored interventions.** Survivors require responses and interventions that are often not offered by traditional homeless and mental health systems. “One size fits all” services often fail to consider trauma and its impacts. Tailored programs that meet the unique needs of survivors facilitate healing and recovery.

How Do Trauma-Informed Services Help Consumers and Providers

Through a systematic review of research on trauma-informed practices, various themes have emerged that indicate that trauma-informed practices have a positive impact on consumers and providers.

Researchers examining the impact of trauma-informed care have found:

- Trauma-informed services may have a positive effect on housing stability.

- A multi-site study of trauma-informed services for homeless families found that, at 18 months, 88% of participants had remained in Section 8 housing or moved to permanent housing.¹⁹
- An outreach and care coordination program that provided family-focused, trauma-informed services to homeless mothers in Massachusetts found that the families were more stable in housing.²⁰
- Trauma-informed services with trauma-specific services available have better outcomes than “treatment as usual.”²¹
 - Adults experienced a decrease in psychiatric symptoms and substance use; improved daily functioning; and a decrease in trauma symptoms, substance abuse, and mental health symptoms.
 - Children experienced better self-esteem, improved relationships, and increased safety.
- Decreased use of intensive services such as hospitalization and crisis intervention following the implementation of trauma-informed services.²²
- Trauma-informed services appear to be cost-effective.²³
- Providers report positive outcomes including: greater collaboration with consumers, enhanced skills, improved staff morale, fewer negative events, and more effective services.²⁴
- Consumers report an increased sense of safety, better relationships with staff, and having a more meaningful role in their care and treatment.²⁵

¹ Bassuk, E.L., Weinreb, L., Buckner, J. , et al. (1996). The characteristics and needs of sheltered homeless and low-income housed mothers. *Journal of the American Medical Association* 276(8): 640-646.

² Ibid.

³ Ibid.

⁴ Ibid.

⁵ Ibid.

⁶ Ibid.

⁷ Buckner, J., William R. Beardslee and Ellen L. Bassuk. (2004). Exposure to violence and low-income children’s mental health: Direct, moderated, and mediated relations. *American Journal of Orthopsychiatry*. 74(4): 2004.

⁸ Ibid.

⁹ Browne, A. and Bassuk, S. (1997). Intimate Violence in the Lives of Homeless and Poor Housed Women: Prevalence and Patterns in an Ethnically Diverse Sample. *American Journal of Orthopsychiatry* 67 (2): 261-78.

¹⁰ National Center on Family Homelessness. Unpublished data.

¹¹ Ibid.

¹² National Center on Family Homelessness. (1999). *Homeless Children: America’s New Outcasts*. Newton Centre, MA: Author.

¹³ Ibid.

¹⁴ Ibid.

¹⁵ American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (4th ed.). Washington, DC: Author.

¹⁶ Harris, M. (2004). Trauma informed Services. The evolution of a concept. Retrieved from <http://womenandchildren.treatment.org/media/presentations/c-1/Harris.ppt>

¹⁷ Bassuk, E.L., Weinreb, L., Buckner, J. , et al. (1996). The characteristics and needs of sheltered homeless and low-income housed mothers. *Journal of the American Medical Association* 276(8): 640-646.

¹⁸ Goodman, L., Saxe, L., & Harvey, M. (1991). Homelessness as psychological trauma. *American Psychologist*, 46(11), 1219-1225.

¹⁹ Rog, D., Holupka, S., & McCombs-Thornton, K. (1995). Implementation of the Homeless Families Program: 1. Service models and preliminary outcomes. *American Journal of Orthopsychiatry*, 65(4), 502-513.

²⁰ Kammerer, N. et al. (n.d.). *Project RISE Evaluation Report*. Boston, MA: Health and

Addictions Research, Inc., and Institute for Health and Recovery. Unpublished program evaluation report.

²¹ Hopper, E., Bassuk, E., & Olivet, J. (2007). *Shelter from the storm: Creating trauma-informed homeless service systems*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Manuscript submitted for publication.

²² Community Connections. (2002). *Trauma and Abuse in the Lives of Homeless Men and Women*. Online PowerPoint presentation. Washington, D.C.: Authors. Retrieved September 3, 2007, from

http://www.pathprogram.samhsa.gov/ppt/Trauma_and_Homelessness.ppt

²³ Domino, M. E., Morrissey, J. P., Chung, S., Huntington, N., Larson, M. J., & Russell, L.A. (2005). Service use and costs for women with co-occurring mental and substance use disorders and a history of violence. *Psychiatric Services*, 56, 1223-1232.

²⁴ Community Connections. (2002). *Trauma and Abuse in the Lives of Homeless Men and Women*. Online PowerPoint presentation. Washington, D.C.: Authors. Retrieved September 3, 2007, from

http://www.pathprogram.samhsa.gov/ppt/Trauma_and_Homelessness.ppt

²⁵ Jennings, A. (2004). *Models for Developing Trauma-Informed Behavioral Health Systems and Trauma-Specific Services*. Alexandria, VA: National Association of State Mental Health Program Directors, National Technical Assistance Center for State Mental Health Planning. Retrieved September 3, 2007, from

<http://www.annafoundation.org/MDT.pdf>