Familial homelessness & trauma

Introduction

In 2018, 56,342 homeless families were counted across the United States during point-in-time counts, accounting for 33% of those experiencing homelessness (U.S. Department of Housing and Urban Development [HUD], 2018). Current point-in-time estimates are likely an undercount since they fail to include those who are living doubled-up to avoid staying on the streets or in shelters (Brush, Gultekin, & Grim, 2016). Data gathered utilizing the McKinney-Vento definition of homelessness, which includes doubled-up families, indicates that the number of homeless families is much higher. For example, 16,399 children were living doubled-up in the state of Oregon in 2018 (Oregon Department of Education, 2018). Yet, during the most recent point-in-time count, only 3,337 homeless families were counted in Oregon (United States Interagency Council on Homelessness, 2018). Over half (54.3%) of homeless families counted in Oregon during point-in-time were unsheltered (HUD, 2018).

Inability to afford housing is a major cause of family homelessness (Shinn, Brown, Wood, & Gubits, 2016). Researchers have also found a high prevalence of unaddressed trauma among families experiencing housing insecurity (Gultekin & Brush, 2017). Trauma is a strong emotional response that occurs as a result of external circumstances (Bloom, 1999). A relationship has been found between history of homelessness and poor mental health, suggesting that homelessness itself is a form of trauma (Castellow, Kloos, & Townley, 2015). This review provides an overview of the relationship between familial homelessness and the following sources of trauma: domestic violence, substance use, adverse childhood experiences (ACEs), mental health, and poverty. Following this review, stressors often experienced by homeless families (stigma, parenting while homeless, and child-specific) will be discussed.

Domestic violence

In 2018, 22,133 children whose mothers were escaping a violent partner were counted in emergency shelters and transitional housing (National Network to End Domestic Violence [NNEDV], 2018). Domestic violence occurs when one partner seeks to overpower the other through the use of psychological, physical, and sexual abuse (CDC, 2018). In violent relationships, economic abuse often occurs as a form of control (Sanders, 2015). For example, an abusive partner may create and maintain dependency by limiting their partner's access to money and preventing employment (Sanders, 2015). When leaving an abuser, survivors of domestic violence typically must sacrifice their housing (O,Campo, Daoud, Hamilton-Wright, & Dunn, 2016; Thomas, Goodman, & Putnins, 2015). Fleeing an abusive partner often places the survivor in a financially unstable situation, which serves as a barrier to obtaining stable housing (Clough, Draughon, Njie-Carr, Rollins, & Glass, 2014). In addition to lack of housing and financial instability, survivors must also overcome the psychological effects of abuse and stalking, search for employment, and raise children as a single parent (Matheson et al., 2015; Long, 2015; O'Campo et al., 2015).

Primary intervention efforts for survivors of domestic violence include emergency shelters and transitional housing. In addition to providing a safe space to live, they offer a host of programmatic supports including counseling, parenting classes, and supports for children (Long, 2015). Recent research has also highlighted the effectiveness of providing flexible grant funding to survivors in housing crisis, with 94% of clients reporting that they were stably housed six months after receiving assistance (Sullivan, Bomsta, & Hacskaylo, 2019).

Substance use

Women experiencing homelessness with their children are less likely to have used substances within the past 30 days compared to women experiencing homelessness without children (Chambers et al., 2014). However, histories of substance use are somewhat common among homeless mothers. Among one sample, researchers found that 43.2% had a history of lifetime drug dependence (Welch-Lazoritz, Whitbeck, & Armenta, 2015). For some, substance use contributes to their lack of housing (Chatterjee, Yu, & Tishberg, 2018). Qualitative research examining homeless mothers' experiences with opioid use found that for many women, opioid use began by taking pills prescribed to them for a health issue, while others shared that they began using substances while attempting to cope with unaddressed prior trauma, or were first introduced to drugs by family members (Chatterjee et al., 2018).

Improving health, obtaining stable housing, finding purpose, and building a supportive community foster successful recovery from addiction to substances (U.S. Department of Health and Human Services, 2019). Research on effective substance use interventions for individuals experiencing homelessness typically focuses on single men (Tsemberis, Gulcar, & Nakae, 2004). Less is known about which programmatic supports would benefit homeless mothers with children who experience substance use issues and should be the focus of future research.

Adverse childhood experiences and homelessness

Adverse childhood experiences (ACEs) are traumatic events that occur during childhood (CDC, 2019). Experiencing trauma during development is linked to a myriad of health risks during adulthood (Felitti et al., 1998). Adverse childhood experiences have been linked to episodes of homelessness and food insecurity in adulthood (Sun et al., 2016; Cutuli, Montgomery, Evans-Chase, & Culhane, 2017). Histories of childhood trauma and episodes of housing insecurity are common among mothers residing in transitional housing (Brush, Gultekin, Dowdell, Saint Arnault, & Satterfield, 2018; Williams & Merten, 2015). Given the high prevalence of adverse childhood experiences, providing care that is trauma-informed is essential when working with homeless families (Brush, et al., 2018). Care that is trauma-informed aims to ameliorate the impact of prior trauma through services that acknowledge histories of trauma, are client-driven, and focus on individual strengths (Hopper, Bassuk, & Olivet, 2010).

Poverty

Parenting young adults are significantly more likely to be homeless due to poverty compared to their childless peers (Narendorf, Jennings, & Maria, 2016). Living in poverty is stressful. Inability to provide for oneself and one's family is a source of shame and a socially isolating experience for many homeless parents (Gultekin, Brush, Baiardi, Kirk, & VanMaldeghem, 2014). Lack of affordable housing and inability to pay rent force many families into homelessness (Sylvestre, Kerman, Polillo, Lee, & Aubry, 2017).

The U.S. Department of Housing and Urban Development [HUD] offers rental assistance to families in poverty experiencing housing insecurity. The Housing Choice Voucher program provides financial assistance that allows families to stay in their current residence, or choose their new home (HUD, n.d.). However, in 2015 only a quarter (24.8%) of families of the 2.9 million households at risk of homelessness received housing assistance (United States Interagency Council on Homelessness [USICH], 2018).

Mental health

Homeless mothers are more likely to experience depression compared to their stably housed peers (Bassuk & Beardslee, 2014). Poor mental health can serve as a risk factor for homelessness. For example, maternal depression during the post-partum year increases one's risk for homelessness. Specifically, researchers found that depression during the first year of parenting doubled the odds that a mother in poverty would become homeless (Curtis, Corman, Noonan, & Reichman, 2014). On the flipside, the experience of homelessness itself can contribute to poor mental health. History of homelessness, poverty, and multiple moves increases the likelihood of maternal depressive symptoms (Sandel et al., 2018).

Recent research examining the utility of Family Critical Time Interventions (FCTI) (a case management intervention with targeted support during transitions in and out of the shelter system) as an intervention strategy for homeless mothers with mental illness found no differences between women receiving treatment and the control group. Both groups' mental health improved after being housed, highlighting the impact that homelessness has on one's psychological well-being (Samuels, Fowler, Ault-Brutus, Tang & Marcal, 2015). After securing stable housing, experts suggest that care for families should be trauma-informed, emphasize individual strengths, offer services for both the mother and children, and demonstrate cultural competence (Bassuk & Beardslee, 2014).

Parenting while homeless

Homeless families often live doubled-up, unsheltered, in transitional housing, and stay in emergency shelters. Each of these environments offers unique challenges to parenting.

Families living in doubled-up situations experience crowded living conditions and a loss of privacy. Living doubled-up has been described as chaotic (Miller, 2015). Parents find it difficult to enforce their own rules and expectations for children while living under someone else's roof (Mayberry, Shinn, Benton, & Wise, 2014). Additionally, although McKinney-Vento expands available services to families living in doubled up situations, many families are not likely to be aware of, or access, resources if they have not openly shared their living arrangement (Miller, 2015).

Parenting in a shelter environment has been described as disempowering (Anthony, Vincent, & Shin, 2017). In addition to experiencing a loss of privacy and crowded living spaces, families in emergency shelters must also adapt to shelter schedules and requirements, which at times may differ from their pre-established rules and routines. (Azim, MacGillivray, & Heise, 2019). Adapting to parenting within a shelter environment is further complicated by increased behavioral issues often exhibited by children upon program entry; and negative parenting influences exhibited by other shelter residents (Holtrop et al., 2015; Sylvestre et al., 2018). These challenges are problematic given the relationship between parenting satisfaction and level of stress while parenting in a shelter environment, with mothers experiencing higher levels of stress reporting less satisfaction with their parenting (Alleyne-Green, Kulick, & DeLoach McCutcheon, 2019).

Stigma during service delivery

Homeless parents have reported feeling stigmatized in the shelter environment. Qualitative research that sought to contextualize the experiences of homeless mothers living in a shelter and gain staff insights on barriers to achieving stable housing found that mothers felt stigmatized by shelter staff while accessing services. Mothers interviewed described feeling "mislabeled as lazy", while shelter staff described participants as "in need of a stronger work ethic" (Gultekin et al., 2014, p. 403). Parents have also reported feeling judged by their parenting choices. For example, mothers have expressed feeling as though shelter staff second-guess their parenting instincts due to their histories of substance use (Azim et al., 2019).

Stigma is further perpetuated by fellow residents. During a program evaluation seeking to identify barriers to program completion, barriers most often discussed by both staff and residents were not programmatic, but instead were stigmatic mindsets in which residents who did not complete the program successfully were not trying hard enough (Brott, Kornbluh, Incaudo, & Banks, 2018). Staff and residents alike shared these belief systems, highlighting the degree to which residents internalize societal beliefs and cast judgment on one another.

Child-specific stressors during homelessness

Certain stressors while homeless affect children exclusively. Children often exhibit increased internalizing and externalizing behaviors at program entry (Herbers, Cutuli, Monn, Narayan, Masten, 2014). Adolescents experiencing homelessness with their families reported more self-harm and suicidal behaviors compared to their stably housed peers,

highlighting the emotional trauma that occurs when one lacks stable housing (Barnes, Gilbertson, & Chatterjee, 2018).

While homeless, children also experience difficulties at school. While the McKinney-Vento act offers children the option to be bussed to their school of origin (i.e. the school they were enrolled in prior to experiencing homelessness), homeless children tend to switch schools based on where their parents are receiving services, requiring them to continuously adapt to a new environment (Miller, 2015). Additionally, homelessness affects a child's ability to access education. Children living in a shelter environment are absent from school than poor children who are housed, or children living in doubled-up situations (Deck, 2016).

Conclusion

Families make up one-third of the homeless population in the United States (HUD, 2018). Homeless families experience a host of traumas, including multigenerational poverty, histories of domestic violence, substance use, and poor mental health. While accessing services, many report increased behavioral and emotional symptoms in their children, difficulties parenting, and feeling stigmatized. Given the prevalence of families experiencing homelessness and of trauma experienced both prior to, and after becoming homeless, care for these families should be individualized, comprehensive, and acknowledge histories of trauma.

References

Alleyne-Green, B., Kulick, A., & DeLoach McCutcheon, K. P. (2019). Parenting Satisfaction Among Homeless Caregivers. *Journal of Family Issues*, *40*(1), 33-47.

Anthony, E. R., Vincent, A., & Shin, Y. (2018). Parenting and child experiences in shelter: A qualitative study exploring the effect of homelessness on the parent–child relationship. *Child & Family Social Work*, *23*(1), 8-15.

Azim, K. A., MacGillivray, L., & Heise, D. (2019). Mothering in the margin: a narrative inquiry of women with children in a homeless shelter. *Journal of Social Distress and the Homeless*, *28*(1), 34-43.

Barnes, A. J., Gilbertson, J., & Chatterjee, D. (2018). Emotional health among youth experiencing family homelessness. *Pediatrics*, *141*(4), e20171767.

Bassuk, E. L., & Beardslee, W. R. (2014). Depression in homeless mothers: Addressing an unrecognized public health issue. *American Journal of Orthopsychiatry*, *84*(1), 73.

Bloom, S. L. (1999). Trauma theory abbreviated.

Brott, H., Kornbluh, M., Incaudo, G., Banks, L., & Reece, J. (2019). Placing a spotlight on rural homelessness: Identifying the barriers and facilitators to successfully supporting homeless families within rural communities. *Journal of Poverty*, *23*(3), 179-201.

Brush, B. L., Gultekin, L. E., Dowdell, E. B., Saint Arnault, D. M., & Satterfield, K. (2018). Understanding trauma normativeness, normalization, and help seeking in homeless mothers. *Violence against women*, *24*(13), 1523-1539.

Brush, B. L., Gultekin, L. E., & Grim, E. C. (2016). The data dilemma in family homelessness. *Journal of health care for the poor and underserved*, *27*(3), 1046-1052.

Castellow, J., Kloos, B., & Townley, G. (2015). Previous homelessness as a risk factor for recovery from serious mental illnesses. *Community mental health journal*, *51*(6), 674-684.

Center for Disease Control [CDC]. (2019). *Adverse childhood experiences*. Retrieved from: https://www-cdc gov.proxy.lib.pdx.edu/violenceprevention/childabuseandneglect/acestudy/index.html

Center for Disease Control [CDC]. (2018). *Intimate partner violence*. Retrieved from: https://www-cdc gov.proxy.lib.pdx.edu/violenceprevention/intimatepartnerviolence/index.html

Chambers, C., Chiu, S., Scott, A. N., Tolomiczenko, G., Redelmeier, D. A., Levinson, W., & Hwang, S. W. (2014). Factors associated with poor mental health status among homeless women with and without dependent children. *Community mental health journal*, *50*(5), 553-559.

Chatterjee, A., Yu, E. J., & Tishberg, L. (2018). Exploring opioid use disorder, its impact, and treatment among individuals experiencing homelessness as part of a family. *Drug and alcohol dependence*, *188*, 161-168.

Clough, A., Draughon, J. E., Njie-Carr, V., Rollins, C., & Glass, N. (2014). 'Having housing made everything else possible': Affordable, safe and stable housing for women survivors of violence. *Qualitative social work*, *13*(5), 671-688.

Curtis, M. A., Corman, H., Noonan, K., & Reichman, N. E. (2014). Maternal depression as a risk factor for family homelessness. *American journal of public health*, *104*(9), 1664-1670.

Cutuli, J. J., Montgomery, A. E., Evans-Chase, M., & Culhane, D. P. (2017). Childhood adversity, adult homelessness and the intergenerational transmission of risk: a population-representative study of individuals in households with children. *Child & Family Social Work*, *22*(1), 116-125.

Deck, S. M. (2017). School outcomes for homeless children: differences among sheltered, doubled-up, and poor, housed children. *Journal of Children and Poverty*, *23*(1), 57-77.

Felitti, V. J. (1998). The relationship of adult health status to childhood abuse and household dysfunction. *American Journal of Preventive Medicine*, *14*, 245-258.

Gultekin, L., & Brush, B. L. (2017). In their own words: Exploring family pathways to housing

instability. *Journal of family nursing*, *23*(1), 90-115.
Gültekin, L., Brush, B. L., Baiardi, J. M., Kirk, K., & VanMaldeghem, K. (2014). Voices from the street: Exploring the realities of family homelessness. *Journal of family nursing*, *20*(4), 390-414.
Herbers, J. E., Cutuli, J. J., Monn, A. R., Narayan, A. J., & Masten, A. S. (2014). Trauma, adversity, and parent–child relationships among young children experiencing homelessness. *Journal of abnormal child psychology*, *42*(7), 1167-1174.

Holtrop, K., Chaviano, C. L., Scott, J. C., & McNeil Smith, S. (2015). Identifying relevant components to include in a parenting intervention for homeless families in transitional housing: Using parent input to inform adaptation efforts. *American Journal of Orthopsychiatry*, *85*(6), 600.
Hopper, E., L Bassuk, E., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *The Open Health Services and Policy Journal*, *3*(1).
Long, S. M. (2015). Navigating homelessness and navigating abuse: How homeless mothers find transitional housing while managing intimate partner violence. *Journal of community psychology*, *43*(8), 1019-1035.
Matheson, F. I., Daoud, N., Hamilton-Wright, S., Borenstein, H., Pedersen, C., & O'Campo, P. (2015). Where did she go? The transformation of self-esteem, self-identity, and mental well-being among women who have experienced intimate partner violence. *Women's health issues*, *25*(5), 561-569.
Mayberry, L. S., Shinn, M., Benton, J. G., & Wise, J. (2014). Families experiencing housing instability: the effects of housing programs on family routines and rituals. *American Journal of Orthopsychiatry*, *84*(1), 95.
Miller, P. M. (2015). Families' experiences in different homeless and highly mobile settings: Implications for school and community practice. *Education and Urban Society*, *47*(1), 3-32.
Narendorf, S. C., Jennings, S. W., & Maria, D. S. (2016). Parenting and homeless: Profiles of young adult mothers and fathers in unstable housing situations. *Families in Society*, *97*(3), 200-211.
National Network to End Domestic Violence [NNEDV]. (2018). *13th annual domestic violence counts report.* [PDF file]. Retrieved from: https://nnedv.org/mdocs-posts/2018-report/
O'Campo, P., Daoud, N., Hamilton-Wright, S., & Dunn, J. (2016). Conceptualizing housing instability: Experiences with material and psychological instability among women living with partner violence. *Housing Studies*, *31*(1), 1-19.
Oregon Department of Education. (2018). *Homeless students in Oregon* [PDF file]. Retrieved from: https://www.oregon.gov/ode/schools-and-districts/grants/ESEA/McKinney-Vento/Documents/State%20Summary%20Data%2017-18%20for%20web.pdf
Samuels, J., Fowler, P. J., Ault-Brutus, A., Tang, D. I., & Marcal, K. (2015). Time-limited case management for homeless mothers with mental health problems: Effects on maternal mental health. *Journal of the Society for Social Work and Research*, *6*(4), 515-539.
Sandel, M., Sheward, R., de Cuba, S. E., Coleman, S. M., Frank, D. A., Chilton, M. & Ochoa, E. (2018). Unstable housing and caregiver and child health in renter families. *Pediatrics*, *141*(2), e20172199.
Sanders, C. K. (2015). Economic abuse in the lives of women abused by an intimate partner: A qualitative study. *Violence against women*, *21*(1), 3-29.
Shinn, M., Brown, S. R., Wood, M., & Gubits, D. (2016). Housing and service interventions for families experiencing homelessness in the United States: An experimental evaluation. *European journal of homelessness*, *10*(1), 13.
Sullivan, C. M., Bomsta, H. D., & Hacskaylo, M. A. (2019). Flexible funding as a promising strategy to prevent homelessness for survivors of intimate partner violence. *Journal of interpersonal violence*, *34*(14), 3017-3033.
Sun, J., Knowles, M., Patel, F., Frank, D. A., Heeren, T. C., & Chilton, M. (2016). Childhood adversity and adult reports of food insecurity among households with children. *American journal of preventive medicine*, *50*(5), 561-572.
Sylvestre, J., Kerman, N., Polillo, A., Lee, C. M., & Aubry, T. (2017). A profile of families in

the emergency family homeless shelter system in Ottawa, Ontario, Canada. *Canadian Journal of Urban Research*, *26*(1), 40-51.

Sylvestre, J., Kerman, N., Polillo, A., Lee, C. M., Aubry, T., & Czechowski, K. (2018). A Qualitative study of the pathways into and impacts of family homelessness. *Journal of family issues*, *39*(8), 2265-2285.

Thomas, K. A., Goodman, L., & Putnins, S. (2015). "I have lost everything": Trade-offs of seeking safety from intimate partner violence. *American journal of orthopsychiatry*, *85*(2), 170.

Tsemberis, S., Gulcur, L., & Nakae, M. (2004). Housing first, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *American journal of public health*, *94*(4), 651-656.

U.S. Department of Health and Human Services. (2019). *Recovery and recovery support.* Retrieved from: https://www-samhsa-gov.proxy.lib.pdx.edu/find-help/recovery

United States Department of Housing and Urban Development. (2018). *The 2018 annual homeless assessment report (AHAR) to Congress. Part 1: Point in-time estimates of homelessness*. [PDF file]. Retrieved from: https://files.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf

United States Department of Housing and Urban Development. (n.d.). *Housing choice vouchers fact sheet*. Retrieved from: https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/about/fact_sheet#1

United States Interagency Council on Homelessness [USICH]. (2018). *Homelessness in America: Focus on families with children*. [PDF file] Retrieved from: https://www.usich.gov/resources/uploads/asset_library/Homeslessness_in_America_Families_with_Children.pdf

Williams, A. L., & Merten, M. J. (2015). Childhood adversity and development of self among mothers transitioning from homelessness to self-sufficiency. *Journal of Social Service Research*, *41*(3), 398-412.

Welch-Lazoritz, M. L., Whitbeck, L. B., & Armenta, B. E. (2015). Characteristics of mothers caring for children during episodes of homelessness. *Community mental health journal*, *51*(8), 913-920.