

# Homelessness and increased trauma

- The experience of homelessness puts families in situations where they are at greater risk of additional traumatic experiences such as assault, witnessing violence, or abrupt separation.
- Children, parents, and families are stressed not only by the nature of shelter living and the need to reestablish a home but by interpersonal difficulties, mental and physical problems, and child-related difficulties such as illness.
- The stresses associated with homelessness can exacerbate other trauma-related difficulties and interfere with recovery due to ongoing traumatic reminders and challenges.

Children bear the brunt of homelessness.

- Homeless children are sick at twice the rate of other children. They suffer twice as many ear infections, have four times the rate of asthma, and have five times more diarrhea and stomach problems.
- Homeless children go hungry twice as often as nonhomeless children.
- More than one-fifth of homeless preschoolers have emotional problems serious enough to require professional care, but less than one-third receive any treatment.
- Homeless children are twice as likely to repeat a grade compared to nonhomeless children.
- Homeless children have twice the rate of learning disabilities and three times the rate of emotional and behavioral problems of nonhomeless children.
- Half of school-age homeless children experience anxiety, depression, or withdrawal compared to 18 percent of nonhomeless children.
- By the time homeless children are eight years old, one in three has a major mental disorder.

These are not only challenges in themselves but may act as “secondary adversities,” putting a child at greater risk for trauma reactions and making recovery difficult.

## How Can Programs and Services Help Families Exposed to Trauma?

Programs can be important partners in ensuring that families are not traumatized again following entry into shelters. Staff members, including case managers, children’s workers, security staff, and maintenance personnel, and program administrators must understand, anticipate, and respond to the special needs of trauma survivors and must ensure that their services do not inadvertently retraumatize families. The initial step in dealing with families exposed to trauma is for providers to become trauma-informed. Staff must be trained to recognize the basics of trauma reactivity in mothers and children of different ages in order to respond appropriately to a family’s needs and behaviors.

In addition to being prepared to address specific trauma symptoms, an effective staff would create safe, supportive, nonthreatening environments by

- maximizing choice and control for participants,
- avoiding provocation and power assertion,
- modeling prosocial behavior and skills,
- maintaining clear and consistent boundaries,
- sharing power in the running of shelter activities, and
- delivering services in a nonjudgmental and respectful manner.



**Table 3. How Common Trauma Reactions May Explain Some "Difficult" Behaviors or Reactions Within Homeless Service Settings**

"Difficult" Behaviors or Reactions within Homeless Service Settings	Common Trauma Reactions
Has difficulty getting motivated to get job training, pursue education, locate a job, or find housing.	Depression and diminished interest in everyday activities
Complains that the setting is not comfortable or not safe, appears tired and poorly rested. Is up roaming around at night.	Nightmares and insomnia
Perceives others as being abusive, loses touch with current-day reality and feels like the trauma is happening over again	Flashbacks, triggered responses
Avoids meetings with counselors or other support staff, emotionally shuts down when faced with traumatic reminders	Avoidance of traumatic memories or reminders
Isolates within the shelter, stays away from other residents and staff	Feeling detached from others
Lacks awareness of emotional responses, does not emotionally respond to others	Emotional numbing or restricted range of feelings
Is alert for signs of danger, appears to be tense and nervous	Hyper-alertness or hypervigilance
Has interpersonal conflicts within the shelter, appears agitated	Irritability, restlessness, outbursts of anger or rage
Has difficulty keeping up in educational settings or job training programs	Difficulty concentrating or remembering
Becomes agitated within the shelter. Is triggered by rules and consequences. Has difficulty setting limits with children.	Feeling unsafe, helpless, and out of control
Has difficulty following rules and guidelines within the shelter or in other settings. Is triggered when dealing with authorities. Will not accept help from others.	Increased need for control
Feels emotionally "out of control." Staff and other residents become frustrated by not being able to predict how he or she will respond emotionally	Affect dysregulation (emotional swings – like crying and then laughing)
Seems spacey or "out of it." Has difficulty remembering whether or not they have done something. Is not responsive to external situations.	Dissociation
Complains of aches and pains like headaches, stomachaches, backaches. Becomes ill frequently.	Psychosomatic symptoms, impaired immune system
Cuts off from family, friends, and other sources of support	Feelings of shame and self-blame
Has difficulty trusting staff members, feels targeted by others. Does not form close relationships in the service setting.	Difficulty trusting and/or feelings of betrayal
Complains that the system is unfair, that they are being targeted or unfairly blamed	Loss of a sense of order or fairness in the world
Puts less effort into trying--does not follow through on appointments, does not respond to assistance	Learned helplessness
Invades others' personal space or lacks awareness of when others are invading their personal space	Boundary issues
Has ongoing substance abuse problems	Use of alcohol or drugs to manage emotional responses
Remains in an abusive relationship or is victimized again and again	Revictimization (impaired ability to identify danger signs)



# Got Your ACE Score?

## What's Your ACE Score?

There are 10 types of childhood trauma measured in the ACE Study. Five are personal — physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect. Five are related to other family members: a parent who's an alcoholic, a mother who's a victim of domestic violence, a family member in jail, a family member diagnosed with a mental illness, and the disappearance of a parent through divorce, death or abandonment. Each type of trauma counts as one. So a person who's been physically abused, with one alcoholic parent, and a mother who was beaten up has an ACE score of three.\*

Prior to your 18th birthday:

1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?  
No \_\_\_ If Yes, enter 1 \_\_\_
2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?  
No \_\_\_ If Yes, enter 1 \_\_\_
3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?  
No \_\_\_ If Yes, enter 1 \_\_\_
4. Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?  
No \_\_\_ If Yes, enter 1 \_\_\_
5. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?  
No \_\_\_ If Yes, enter 1 \_\_\_
6. Was a biological parent ever lost to you through divorce, abandonment, or other reason ?  
No \_\_\_ If Yes, enter 1 \_\_\_
7. Was your mother or stepmother:  
Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?  
No \_\_\_ If Yes, enter 1 \_\_\_
8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?  
No \_\_\_ If Yes, enter 1 \_\_\_
9. Was a household member depressed or mentally ill, or did a household member attempt suicide? No \_\_\_ If Yes, enter 1 \_\_\_
10. Did a household member go to prison?  
No \_\_\_ If Yes, enter 1 \_\_\_