

FOR EVERY CHILD, A CHANCE

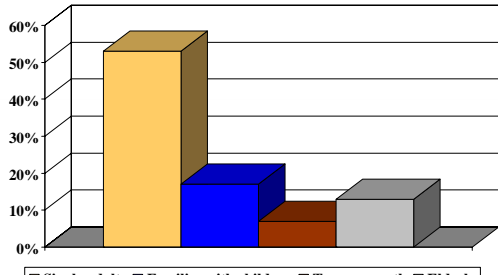


THE NATIONAL CENTER ON Family Homelessness

Family Homelessness and Traumatic Stress
Laura Gillis, RN
Katie Volk, MA

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Which segment of the population is more likely to experience homelessness?



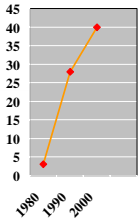
Population Segment	Percentage
Single adults	~55%
Families with children	20%
Teenage youth	10%
Elderly	15%

Source: National poll conducted by the Winston Group March 5-6, 2006 (n=1000)

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Family Homelessness

- Family homelessness rare since the Great Depression.
- Negligible numbers in the early 1980s.
- Now 40% of the homeless population.



Year	Percentage of Homeless Population
1980	~0%
1990	~25%
2000	40%

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Who Are the Families Experiencing Homelessness?

- 70-95% are headed by single mothers
- Average age of the mother is late 20s
- 40% of the children are less than 6 years old
- Minorities are disproportionately represented
 - 38% White
 - 43% Black
 - 15% Latino
 - 3% Native American

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Why Are Families Homeless?

- Gap between rich and poor
- Wage differential (skilled vs. unskilled)
- Limited affordable housing stock
- Eroded government safety net
 - e.g., childcare and child support
- More female-headed families



Bassuk EL. (1995). Lives in jeopardy: The plight of homeless women. In Willie CV, Rieker PP, Kramer B, & Brown B (Eds.), *Mental Health, Racism and Sexism*. Pittsburgh: University of Pittsburgh Press.

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Housing Costs Outpace Wages


A full-time worker earning minimum wage cannot afford a one bedroom unit priced at the Fair Market Rent anywhere in the United States.

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Lack of Affordable Housing


Federal Support for Low-Income Housing **Fell 49%** from 1980-2003



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Female-Headed Families More Likely to be Poor



- Poorer than elderly or disabled
- One-third below poverty level¹
- Minorities even poorer
- \$13,000 median income
- Homeless families <\$8,000²


¹U.S. Census Bureau. (2001). CPS Annual Demographic Supplement. (2001 Income). Table 3. Percent of Families in Poverty, by Definition of Income and Selected Characteristics: 2001 (All Races).
²Bassuk et al. (1996). The characteristics and needs of sheltered homeless and low-income housed mothers. *JAMA*. 276: 640-646.

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Single Mothers Have Multiple Roles

- Breadwinner
- Provider of food, clothing, educational supports
- 24-hour childcare
- Emotional care



¹Bassuk EL. (1995). Lives in jeopardy: The plight of homeless women. In Willie CV, Rieker PP, K

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Homelessness is Traumatic

Path to homelessness is traumatic
Homelessness itself is traumatic


- Traumatic losses
- Abrupt family separations
- Violence and victimization

Shinn, M. & Bassuk, E.L. (2004). Families. In S. Barrow et al. (Eds.) *Encyclopedia of Homelessness*. Sage.

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“The night my husband came home and held a gun to my head, I knew I had to get my children out of there. The next day we went from living in a house to carrying everything we owned in a suitcase.”
Maria



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Domestic Violence: A Primary Path to Homelessness

For those fleeing abuse:

- Access to resources limited
- Lack of decent, affordable housing
- Few tangible social supports
- Limited enforcement of child support and alimony payments

Eviction from public housing for any violent activity

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Homelessness and Trauma: Mothers' Experiences

Childhood

- 66% experienced severe physical violence
- 43% sexually molested

Lifetime

- 92% severely physically and sexually assaulted
- 63% experienced violence from an intimate partner



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

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Emotional Disorders: Lifetime Prevalence

- PTSD: 3 times more than in the general population
- Major depressive disorder: 45% v. 21% NCS
- Alcohol/drug abuse or dependence: 41% v. 18% NCS
- Emotional disorder: 72% v. 47% NCS
- Three or more disorders: 31%

¹Bassuk EL, Weinreb LF, Buckner JC et al. (1996). The characteristics and needs of sheltered homeless and low-income housed mothers. *JAMA*, 276: 640-646.
²Bassuk EL, Buckner JC, Perloff JN, Bassuk SS. (1998). Prevalence of mental health and substance abuse disorders among homeless and low-income housed mothers. *American Journal of Psychiatry*. 155: 1561-1564.

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Homelessness Stresses Children

Within a single year:


- >97% move
- >More than 30% evicted from their homes
- >22% in foster care or with relatives



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Homelessness Makes Children Sick



Sick 4 times as often as middle class children

High rates of acute and chronic illness:

- 2 times as many ear infections
- 4 times as many asthma attacks
- 5 times more stomach problems
- 6 times more speech problems

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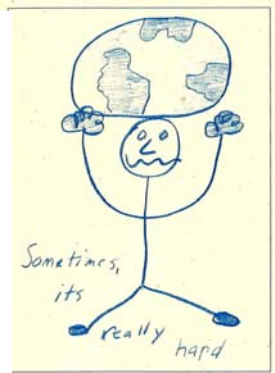
BEING HOMELESS

If you're a kid it's cold lonely scary

People treat you mean or ignore you

I guess I need to hurry and grow up.

Marcie, age 7



Sometimes, it's really hard

Poems, Pictures, and Other Great Stuff. (1996). Salem-Keizer Public Schools. Salem, Oregon. © Marcie, age 7

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Homelessness Wounds Children

School age children struggle with high rates of mental health problems:

- > 1/3 have a major mental disorder that interferes with daily activity (compared to 19%)
- > 47% have anxiety, depression, or withdrawal (compared to 18%)
- > 36% are aggressive (compared to 17%)


Less than 1/3 who might benefit from treatment are receiving assistance



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Children Who are Homeless Struggle in School



20% don't attend school

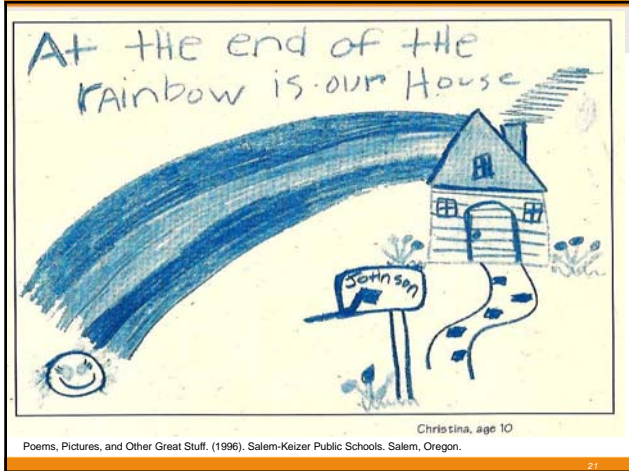
Four times more developmental delays

Twice the learning disabilities

Twice as likely to repeat grade

Homeless Children: America's New Outcasts. (1999). Newton, MA: The Better Homes Fund.

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What is Traumatic Stress?

- Overwhelming experience.
- Involves a threat.
- Results in vulnerability and loss of control.
- Leaves people feeling helpless and fearful.
- Interferes with relationships and beliefs.

Source: Herman, J. (1992). *Trauma and recovery*. New York: Basic Books.

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The Stress Response

Thinking brain checks out situation

Doing brain senses danger

If there is no danger, the doing brain goes back to normal functioning.

If there is danger, the thinking brain shuts down, allowing the doing brain to act.

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Complex Trauma

- Prolonged, persistent traumatic stress.
- Often occurs within the caregiving system during critical developmental stages.
- Leads to immediate and long-term difficulties in many areas of functioning.

Source: Slide adapted from NCTSN, 2005

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The Stress Response and Complex Trauma

- When danger is ever-present, alarm goes off too frequently.
- Brain treats all potential threats as actual threats.
- Brain continues to release chemicals, so body becomes unbalanced.

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Triggers

- Triggers include seeing, feeling, or hearing something that reminds us of past trauma.
- Triggers activate the alarm system.
- When the alarm system is activated, but there is no danger, it is a false alarm.
- The response is as if there is current danger.

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Triggers and Complex Trauma

- More reminders of past danger.
- Brain is more sensitive to danger.
- Thinking brain automatically shuts off in the face of triggers.
- Past and present danger become confused.

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Common Triggers

- Reminders of past events.
- Lack of power/control.
- Conflict in relationships.
- Separation or loss.
- Transitions and routine/schedule disruption.
- Feelings of vulnerability or rejection.
- Feeling threatened or attacked.
- Loneliness.
- Sensory overload.

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Impact of Trauma: Development

- Skills specific to each developmental stage build on learning from previous stages.
- Children exposed to trauma invest energy into survival instead of developmental mastery.
- Development in adulthood may continue to be impacted.

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Impact of Trauma: Client World View

- The world is an unsafe place to live in.
- Other people are unsafe and cannot be trusted.
- The client's own thoughts and feelings are unsafe.
- Clients anticipate continued crises, danger and loss.
- Lack of belief in self-worth and capabilities.

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Impact of Trauma: Accessing/Receiving Services

"I had been coerced into treatment by people who said they're trying to help... These things all re-stimulated the feelings of futility, reawakening the sense of hopelessness, loss of control I experienced when being abused. Without exception, these episodes reinforced my sense of distrust in people and belief that help meant humiliation, loss of control, and dignity."

- Laura Prescott

Kraybill & Morrisson (2007). *Assessing Health, Promoting Wellness: A Guide for Non-Medical Providers of Care for People Experiencing Homelessness*. SAMHSA: Homelessness Resource Center, p. 38.

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Difficulties Encountered Within Systems of Care

- Fragmented, unresponsive systems lead to:
 - Long waits and wait lists.
 - Red tape – confusing instructions, lack of information about options.
 - Lack of communication among service providers.
- **Re-traumatization:** Lack of respect and safety and an absence of control and choice that mimics past traumatic experiences.

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Re-Traumatizing Clients

- Re-experiencing original trauma (symbolically or actually).
- Client responds as if there is danger even if it is not actual danger.
- Triggers may be subtle and difficult to identify.

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What Does it Mean to be Trauma-Informed?

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Trauma-Informed Services

“Understanding, anticipating, and responding to the issues, expectations, and special needs [that each trauma-survivor may have]. At minimum, trauma-informed services should endeavor to do no harm...”

Jahn Moses, D., Glover Reed, B., Mazelis, R., & D’Ambrosio, B. (2003). *Creating trauma services for women with co-occurring disorders: Experiences from the SAMHSA women with alcohol, drug abuse and mental health disorders who have histories of violence study*. Delmar, NY: Policy Research Associates (Women and Violence Coordinating Center).

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Trauma-Informed Services

A system “...whose primary mission is altered by virtue of knowledge about trauma and the impact it has on the lives of consumers receiving services”

Harris, M. (2004, July). *Trauma informed services: The evolution of a concept*. PowerPoint Presentation. www.womenandchildren.treatment.org/media/presentations/plenary/Harris.ppt

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Understanding Responses to Complex Trauma

- Coping strategies for survival.
- Caused by the brain's response to trauma.
- Challenges day to day functioning.

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Comparing Approaches

Traditional Approaches	Trauma-informed
<ul style="list-style-type: none"> • Problems/Symptoms are discrete and separate. • Hierarchical. • Client behavior is viewed as "manipulative" or "working the system." 	<ul style="list-style-type: none"> • Problems/Symptoms are inter-related responses to or coping mechanisms to deal with trauma. • Shares power/Decreases hierarchy. • Client behaviors are viewed as adaptations/ways to get needs met.

Adapted from L. Prescott

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Comparing Approaches

Traditional Approaches	Trauma-informed
<ul style="list-style-type: none"> • People providing shelter and services are the experts. • Primary goals are defined by service providers and focus on symptom reduction. • Reactive – services and symptoms are crisis driven and focused on minimizing liability. • Sees clients as broken, vulnerable and needing protection from themselves. 	<ul style="list-style-type: none"> • Homeless families are active experts and partners with service providers. • Primary goals are defined by homeless families and focus on recovery, self-efficacy, and healing. • Proactive – preventing further crisis and avoiding retraumatization. • Understands providing choice, autonomy and control is central to healing.

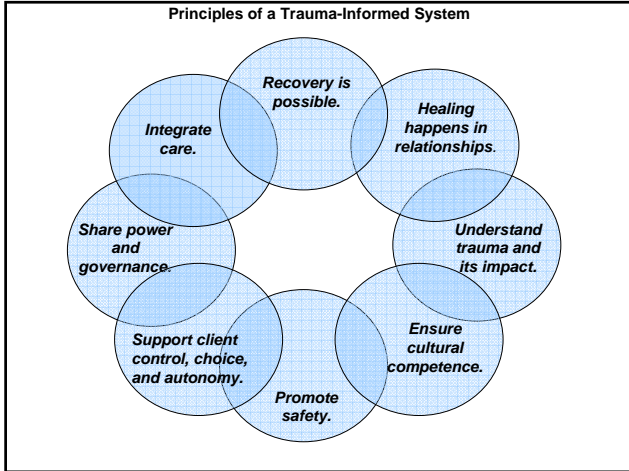
Adapted from L. Prescott

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Transformation at Every Level

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