

NCTSN

The National Child
Traumatic Stress Network



Facts on Trauma and Homeless Children

From the National Child Traumatic Stress Network
Homelessness and Extreme Poverty Working Group

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Facts on Trauma and Homeless Children

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Who Is Homeless in America?

Families now make up 40 percent of the country's homeless population. Within these families, more than 1.3 million children are homeless at some time each year. On any given day, at least 800,000 Americans, including about 200,000 children, find themselves without a home. Many of these families and children have experienced trauma prior to becoming homeless, and homelessness can exacerbate the consequences of trauma or retraumatize a child, resulting in a cycle that is tragically damaging and costly to both individuals and communities.

- The typical homeless family is headed by a single mother, usually in her late twenties. She has with her two or three young children, typically preschoolers.
- Homelessness affects people of all geographic areas, ages, occupations, and ethnicities but occurs disproportionately among people of color.
- More than 90 percent of sheltered and low-income mothers have experienced physical and sexual assault over their lifespan.

How Does Trauma Enter the Lives of Homeless Children?

Homelessness results from the combined effects of extreme poverty, lack of affordable housing, decreasing government supports, the challenge of raising children alone, domestic violence, and fractured social supports.

The experience of homelessness results in a loss of community, routines, possessions, privacy, and security. Children, mothers, and families who live in shelters need to make significant adjustments to shelter living and are confronted by other problems, such as the need to reestablish a home, interpersonal difficulties, mental and physical problems, and child-related difficulties such as illness.

Homelessness also makes families more vulnerable to other forms of trauma such as physical and sexual assault, witnessing violence, or abrupt separation. The stress related to these risks comes in addition to the stress resulting from homelessness itself and can impede recovery due to ongoing traumatic reminders and challenges.

- 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.

By making families co-participants in establishing rules and regulations, and by housing caregivers and children together, programs can help prevent retraumatization. Programs can also empower families by maximizing their choice and control, thereby ensuring that they constructively use services to attain personal stability and heal emotional hurt.

In addition to being trauma-informed, programs must provide trauma-specific services to promote healing from traumatic experiences. Trauma-specific services include

- support groups focusing on the dynamics of trauma and its impacts on family members' emotional and physical health, parenting, and coping, and
- a range of culturally appropriate services that respond to the varying manifestations of trauma.

How Can We Provide Trauma-Specific Services to People Experiencing Homelessness?

Community-based shelters are the primary refuge for hundreds of thousands of homeless families in the United States. These shelters and other community mental health agencies can be important locations for the delivery of trauma-specific care to homeless families. Trauma-specific care can help improve the outcomes of these vulnerable families by ensuring safety, minimizing risk, and providing positive supports. Trauma-specific care may include the following:

- supporting caregivers' roles in restoring a sense of stability to the family;
- screening caregivers for histories of trauma;
- assessing whether a child's development is progressing appropriately or has been interrupted by trauma;
- screening for children's history of traumatic experiences;
- creating the administrative infrastructure to support training that will assist staff in understanding and addressing trauma;
- training shelter staff and community health care personnel to understand the link between traumatic experiences and adverse health and mental health outcomes;
- constructing linkages between shelters and community-based trauma services where families can be helped on their road toward recovery (shelters must identify and collaborate with programs that are sensitive to and have expertise in dealing with the needs of homeless children and parents); and finally
- by promoting wider awareness of the role of trauma in precipitating and extending family homelessness.

Shelters can play an important role in helping advocates, providers, researchers, clergy, and community volunteers understand that severe trauma often precedes and characterizes the experiences of homeless families. In this way, shelters can strengthen their own capacity to serve homeless families, hastening their return to community life.

Where Can I Get Further Information?

The National Center on Family Homelessness is currently developing an interactive Internet-based training curriculum designed to harness existing technology to bring low-cost trauma training into local shelters on a national scale. The curriculum is geared to realities of shelter life and provides opportunities for one-on-one training as well as feedback and assessment. For more information go to www.familyhomelessness.org.

Treatment centers across the United States have come together to form the National Child Traumatic Stress Network (NCTSN). This Network is a groundbreaking effort that blends the best practices of the clinical research community with the wisdom of front-line community service providers. Its mission is to raise the standard of care and improve access to services for traumatized children, their families, and communities throughout the United States. For more information go to www.NCTSN.org.

Other Resources

- National Coalition for the Homeless, www.nationalhomeless.org
- Urban Institute, www.urban.org
- National Resource Center on Homelessness and Mental Illness, www.nrchmi.samhsa.gov
- National Law Center on Homelessness and Poverty, www.nlchp.org/
- Children's Defense Fund, www.childrensdefense.org
- National Alliance to End Homelessness, www.naeh.org
- Health Care for the Homeless Information Resource Center, www.prainc.org/hch
- National Health Care for the Homeless Council, www.nhchc.org

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