POLICY

23

Healing the Pain and Hurt: Dealing with the Trauma of Homelessness

Tanya Gulliver & Alicia Campney

Trauma and homelessness often go hand in hand, and every author in this book shared stories about trauma-inducing events in their history. These cover a wide range of incidents, including domestic violence, physical/sexual childhood abuse, loss of work, car accidents, intergenerational and historical trauma, physical assault, rape, police interactions, physical or mental health issues and addictions.

For some of the authors, the traumatic events indirectly or directly contributed to, or even led to, their homelessness. For others, the trauma occurred because of being homeless. Often, the history of trauma made it harder for the authors to leave the streets because of coping mechanisms and life choices.

In her story. Rose explained, "the pain that homelessness brings upon your body is only physical, the wounds it creates on your spirit and soul are far more painful" (Henry [Rose], 2015, p. 30).

The authors all identify their experiences of homelessness as dangerous and extremely difficult to survive, and point out particular violent or abusive instances. Even if they don't use the word 'trauma' or identify that they have post-traumatic stress disorder (PTSD), emerging research shows that homelessness in and of itself can be traumatic (Goodman et al., 1991; Hopper et al., 2010; Bartella, 2011; National Alliance to End Homelessness, 2012; New City Initiative, 2014).

It isn't known how many people who are homeless have experienced trauma or who suffer from PTSD. In an Australian study, a staggering 79% of respondents who had experienced homelessness also had a lifetime prevalence of post-traumatic stress (Taylor & Sharpe, 2008). It is quite likely that it is the same here in Canada. While the story "Officer Down" quite dramatically details the impact of PTSD, for many of the other authors the trauma is inter-woven and subtler. As Sean relayed, "even now, when I sleep, I cannot dream of anything happy. All my dreams are terrifying, and the recurring theme is memories from when I was without a home—without a place to hope, a place where I could feel safe" (LeBlanc, 2015, p. 96).

The National Alliance to End Homelessness (2012) proposes that homelessness as a traumatic experience can lead to PTSD in a number of ways:

> *First, the actual event of becoming homeless can lead to trauma through the loss of (a) stable shelter, (b) family connections, and (c) accustomed social roles and routines. Second, the ongoing condition of homelessness and its attendant stressors, such as the uncertainty of where to find food and safe shelter, can erode a person's coping mechanisms. Third, homelessness might serve as a breaking point for those who have pre-existing behavioural health conditions or a history of traumatization (p. 1-2).*

The Substance Abuse and Mental Health Services Administration (SAMHSA) has created a working definition of trauma:

> *Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being (SAMHSA website).*

So trauma refers to experiences or events that are more than just a 'normal' stressful event: they are overwhelming, terrifying, extremely negative and devastating. Trauma describes both the event itself (which may be one-time or ongoing) and the impact of the event on the individual. Trauma is unique to each person, and can result in profound feelings of disruptiveness, shame, terror, loss (of safety, belonging or connections), helplessness and powerlessness (Courtois, 1999; 2004; Covington, 2002; Kammerer & Mazelis, 2006; Finkelhor, Ormrod, Turner & Hamby, 2005).

Violence and Homelessness

Studies show that people experiencing homelessness are more likely to be victims of violence than people who are housed. This includes all types of violence, including physical and sexual assault. Many of the authors detailed their experiences of violence that either contributed to homelessness or occurred during their homelessness.

For Launa Sue, her experience included domestic violence from a partner, physical assault at a bar, and assault by two different co-workers, as well as sexual harassment at work. She describes each of these in her story along with other injuries, including work-related accidents and harassment. She says,

> *Years ago, I was living in an abusive relationship. 14 stitches later, and after two previous attempts to leave the abusive relationship, I knew it was not going to get better. A man friend lent me his truck to move my things to a new place without her knowing about it, as I was in fear of my safety… (Leboe, 2015, p. 75).*

Cheryl's poem, "Battered Shmattered," highlights abuse:

> *Started flattered*
> *then was battered*
> *papers scattered*
> *dinner plattered*
> *dishes clattered*
> *people nattered*
> *teeth chattered*
> *face spattered*
> *clothes tattered*
> *blood splattered*

dreams shattered
nothing mattered
Finally stopped
after ...
pitter pattered
(Duggan, 2015, p. 73)

Child Welfare System and Trauma

In Joe's story, much of the abuse he experienced came after being taken into the custody of the Children's Aid Society after being abandoned by his biological parents. His story recounts the heartbreaks of abuse at three different foster homes, both sexual and physical. Beginning at age four, he experienced ongoing abuse that didn't stop until his fourth foster placement when he was 14 years old.

While the next three years were good, he left home in search of his birth mother at age 17. Once again, she rejected him. As Thistle (2015) writes:

> *His mother's reaction, coupled with the years of abuse in foster care, culminated in a severe nervous breakdown. His mind had buckled, his heart had imploded, and Joe's life went from bad to worse. He was committed to Lakehead Psychiatric Hospital. Joe spent four years there…The treatments did nothing to heal the deep wounds of sexual abuse and abandonment. They only numbed and contorted young Joe's shattered mind (p. 67).*

Joe's story shows that trauma may not be immediately evident. His lifetime of trauma manifested itself in his nervous breakdown at age 17. It wasn't the singular rejection from his birth mother that caused it, but rather the repeated abuse throughout his first three foster homes.

Research has shown that over 40% of youth experiencing homelessness have experiences with the child welfare system. Problems with systemic failures of this sector often lead to homelessness (Gaetz, 2014).

Trauma and Addictions

Contrary to a common stereotype, addictions are often the result, rather than the cause, of homelessness. For those who have experienced trauma,

substance use becomes a way to cope, a way to dull the pain and the memories of the horrible events in their lives. In the words of the author of "Officer Down:" "I was slowly killing myself because I was unable to cope with life on life's terms. My reaction was simply to hide in a bottle" (Anonymous, 2015, p. 52). Jesse also described wanting to dull the reality of his homelessness, as well as the physical pain from his infected leg. He describes it vividly:

> I became the Listerine Fiend when I drank that dental poison and Crackula when I smoked rock, but both personas were really just masks I put on to conceal myself from the reality of my rotting leg and my pitiful homelessness (Thistle, 2015, p. 39).

Trauma and Aboriginal Peoples

The majority of the authors in this book are Aboriginal Peoples—specifically First Nations and Métis. This is an important starting place from which to consider their stories when thinking about trauma and trauma-informed services. Centuries of trauma have been inflicted upon Aboriginal Peoples in this country (and many others), and the impact of this at a conscious and unconscious level is important. This includes the reservation system, residential schools, the Sixties Scoop[1] and ongoing racial discrimination and stereotyping.

Several writers (Patrick, 2014; Belanger et al., 2012, 2013; Menzies, 2010; Haskell and Randall, 2009; Baskin, 2007) have traced these links and the disproportionate representation of Aboriginal Peoples in the homeless population. In particular, Patrick (2014) dedicates a chapter to exploring "The Role of Historical Trauma:"

> Aboriginal populations have suffered disproportionate amounts of physical, psychological, and sexual abuse—all experiences that can violate interpersonal boundaries and may result in emotional disengagement from life. This may make it difficult to function as a family member, income earner, or citizen, and can therefore increase the likelihood of becoming homeless (p. 96).

---

1   "The term Sixties Scoop was coined by Patrick Johnston, author of the 1983 report Native Children and the Child Welfare System. It refers to the mass removal of Aboriginal children from their families into the child welfare system, in most cases without the consent of their families or bands." From http://indigenousfoundations.arts.ubc.ca/home/government-policy/sixties-scoop.html

In many cases, this trauma is intergenerational. For Rose, a member of the Sliammon Nation on her mother's side, both she and her parents experienced trauma at the hands of the government. She explains that her teenaged birth parents—the late Florence and Moses Dominic—were survivors of the residential school system. They also had to move from Washington State to British Columbia in order to avoid starvation. But Rose said:

> These horrible experiences were overshadowed by the trauma
> of seeing their first-born apprehended by the Canadian state
> authorities in 1966. I was placed in government care in a
> residential health facility called Sunny Hill. I was two years old,
> and would remain there for the next six years, classified as a ward
> of the state and misdiagnosed by medical authorities as 'mentally
> retarded.' Finally, at eight years of age, I was placed into foster care"
> (Henry(a), 2015, p. 24).

While her foster parents were supportive and helped her overcome the label of 'retarded,' as well as providing her with contact with her birth family, Rose says that she still became homeless "as a consequence of the Sixties Scoop." In her quest to understand her roots and culture, she became "confused and lost," and "it was this path that ultimately led me to my life on the streets" (Henry [Rose] 2015, p. 25).

Post-Traumatic Stress Disorder (PTSD)

One of the most significant manifestations of trauma is PTSD. According to the Canadian Mental Health Association (CMHA):

> Post-traumatic stress disorder (PTSD) is a mental illness. It
> involves exposure to trauma involving death or the threat of
> death, serious injury, or sexual violence…PTSD causes intrusive
> symptoms such as re-experiencing the traumatic event. Many
> people have vivid nightmares, flashbacks, or thoughts of the
> event that seem to come from nowhere. They often avoid things
> that remind them of the event…PTSD can make people feel very
> nervous or 'on edge' all the time. Many feel startled very easily,
> have a hard time concentrating, feel irritable, or have problems
> sleeping well. They may often feel like something terrible is about
> to happen, even when they are safe. Some people feel very numb
> and detached. They may feel like things around them aren't real,
> feel disconnected from their body or thoughts, or have a hard time
> feeling emotions (CMHA website).

Anonymous' story of chasing a suspected criminal displays much of this. He says,

> A strange thing happened to me then; my senses were heightened, my vision sharpened and cleared. I became almost superhuman. I ran and didn't get winded. Colours became greatly enhanced; red became ruby red and green became emerald green. My hearing became hollow and it sounded like a giant drum was over my head. All of my senses worked in concert to improve my physical performance. It was like time had slowed down and was being stretched. I didn't know it then but I was experiencing physiological and psychological effects which would later manifest as PTSD (Anonymous, 2015, p. 46).

Even after being jailed and obtaining court-ordered treatment for mental illness and addictions, the former officer's PTSD continues to cause problems for him.

> …I need constantly be on my guard to avoid triggers. I know my healthy boundaries; I have learned to build up safe boundaries…I am hyper-vigilant; I feel the need to arm myself…I have used up my personal resources just trying to keep sober and the PTSD under control. I have tried to work, but I find it so difficult mentally that I find myself homeless and broke (Anonymous, 2015, p. 53).

Trauma-Informed Services

As a result of the extensive amount of trauma amongst people experiencing homelessness, it is critical that services become 'trauma-informed' (Prestcott et al., 2008; Guarino et al., 2009; Hopper et al., 2010). SAMHSA (2012) defines this:

> …a program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for healing; recognizes the signs and symptoms of trauma in staff, clients, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings.

When an agency is operating from a trauma-informed perspective, they develop their services and activities in a way that incorporates an

understanding of trauma and the role that it plays. Their focus is to 'meet people where they are at' in order to avoid re-traumatizing people. Trauma-informed services focus on 'safety first,' and have a commitment to 'do no harm.' Generally, these services have active involvement in planning and service delivery from the participants, their families (when relevant) and trauma survivors (Harris and Fallot, 2001; SAMHSA, 2012).

Why Trauma-Informed?

It is unacceptable that people might flee abuse or trauma at home and then encounter it again in shelters or services—sometimes unknowingly perpetrated by service providers. Homelessness can create vulnerability, and individuals can be re-traumatized by the staff and functions of the shelter system (SAMHSA, 2012).

Besides recognizing homelessness as a potentially traumatic experience, the National Centre on Family Homelessness (Guarino, Soares, Konnath, Clervil, & Bassuk, 2009) outlined several reasons why programs need to be trauma-informed within the housing and homelessness sector, including:

- Trauma can impact how people access services, including viewing people and services as unsafe and having difficulty in trusting people. A trauma-informed service can work to develop relationships that give the client power and build trust, thus enhancing safety.

- A recognition that people adapt to trauma in order to keep themselves safe. This could include abuse of substances, cutting, becoming aggressive, withdrawal or dissociating. Service providers who aren't trauma-informed may see these behaviours as unhealthy, however they should be recognized as coping mechanisms, and service providers can work with clients to develop healthy substitutes.

- Programs and services for trauma survivors cannot be 'one size fits all' Traditional services might promote interventions that don't take into account the trauma. Survivors need personalized services and interventions as "how a program responds to the needs of [clients] who have experienced trauma has a significant impact on their process of recovery" (Guarino et. al, 2009, p. 18).

Stasha's story also speaks to the potential effects of trauma. As she says:

> *Whenever I am asked to 'share my story,' a bunch of red flags and alarm bells go off in my head about protecting myself from token participation, being made into a poster child for someone else's cause, and being defined by my trauma, loss and pathology. Deciding whether to share traumatic experiences with others is made more difficult because of the effect that trauma has on one's ability to trust other people (Huntingford, 2015, p. 85).*

Trauma-informed services would consider these concerns, and let Stasha speak about as much or as little of her experience as she felt comfortable sharing.

Trauma-Informed vs. Trauma-Specific

It is important to note there is a difference between trauma-informed services and trauma-specific services. Trauma-informed services enable service providers to appreciate the context in which people who have experienced trauma are living their lives, while trauma-specific services are a type of therapeutic intervention, provided by a counsellor who has specialist knowledge and skills, that is designed to treat trauma responses and adaptations (The Jean Tweed Centre [JTC], 2013, p. 15, 19). Trauma-informed services do not require professionals to be specialists in trauma treatment, however, "they must understand trauma as a core issue, and must have a good understanding of the principles and practices that inform appropriate services" (JTC, 2013, p. 16).

Service Delivery

Trauma-informed services can be divided into three separate areas:

- **Relationships**: fostering dignity, respect, understanding and skill in building rapport with people who use the services.

- **Practices**: methods of using trauma to inform the decisions made within the organization.

- **Spaces**: creating a physical environment that is safe but not restrictive.

It is important to acknowledge this is a three-pronged approach, encompassing all aspects of an organization, and thus there is plenty of

overlap between each of the areas. Services need to be client-centred and supportive. A variety of types of services and opportunities for entry need to be provided.

Providing trauma-informed services can make a huge difference for clients. Of his experience at The Victoria Life Enrichment Society (VLES), Derek says, "If there was an addictions recovery model I would apply to every single community on the planet, it would be the one I discovered at VLES. This was a life-changing one-month long program…" (Book, 2015, p. 19).

Organizational Change

Including people with lived experience is a key component of trauma-informed organizations. This means that clients should be involved in education of staff, board and volunteers, and be given the opportunity to provide input into services and policies. As Stasha says, "The way we deliver services influences whether people feel judged and shameful about their experiences…I believe that services should be shaped for (and by) the people that need them, not the other way around" (Huntingford, 2015, p. 89).

Sometimes, organizations can be harmful to the people they are trying to help when they do not keep their best interests in mind. She provides an example of a youth agency that labelled its showers and laundry facilities as "emergency use only:"

> *This shower ban is an example of how institutions re-traumatize*
> *and marginalize people who are already struggling. It demonstrates*
> *how scarce resources force front line workers into charity model*
> *thinking of deserving or undeserving poor when we should*
> *be recognize that every citizen 'deserves' access to basic needs,*
> *including showers (Huntingford, 2015, p. 90).*

Peer-based Programming

Employing peers or people with lived experience of homelessness is often a key component of trauma-informed services. Derek and Stasha both talk about the importance of their personal experiences in the work that they do. Stasha says:

People who are homeless right now (and have been in the past) need to know that there are people who have found belonging in communities, and are now able to live instead of survive, choose instead of be told. This means that everyone who has any experience with being homeless needs to stand up and speak their story without shame…The peer model allows us all to be integrated, dynamic and interrelated in our identities, rather than being defined by one aspect of ourselves (Huntingford, 2015, p. 93).

The peer model not only provides hope for people currently experiencing homelessness, it also allows people to engage meaningfully with others who have experiences similar to theirs, which can help increase trust and feelings of safety.

Changes in Policy and Practice

Sometimes, services are altered only after an individual, or several people, go through traumatic events. Policies are often changed after the harm they are causing is recognized. Anonymous describes the trauma of being contaminated by blood—and potentially infected with HIV—during a struggle with a woman on the streets. Part of the treatment he was given was a prescription for the AIDS 'cocktail,' for which he was given just 24 hours to fill and begin taking.

All I remember was walking to the police station from the pharmacy crying. I was in tears. The pharmacy wanted to be paid cash up front, or by credit card. But by this point, due to my PTSD and related alcoholism, I had lost everything, and my personal finances were in shambles. I couldn't buy the cocktail, and now it looked like I was going to lose my life. I approached my employer to have them pay for the AIDS cocktail and they refused saying, "Use your medical benefits." I advised them that I had declared bankruptcy, and had no financial means to pay for the costly medical treatment. I asked them if they could pay it for me and then I could reimburse them afterward, when I received payment from my police health insurance. They refused. I was crushed (Anonymous, 2015, p. 50).

The police association eventually paid for the drugs, and Anonymous received his first dose three days after his possible infection. While it was a horrendous experience, it did lead to policy changes: "They now have

an in-house credit card available for officers to use in situations similar to mine. Unfortunately it was at my mental and physical expense, and it greatly increased my PTSD" (Anonymous, 2015, p. 50).

Housing Supports

In 2014, the Homelessness Partnering Secretariat made a big push towards the integration of Housing First into communities across the country. In research on Housing First, it has been made clear that the provision of supports, including those for community and social integration, is an important piece of helping people remain housed. Richard outlines the importance of this in his story:

> *Having your own place often leads to confinement, depression, loneliness. I envision a community living environment where everyone works together doing laundry, cooking and cleaning. It becomes a big family, a group of people who share common interests and can set some goals for independent living. It's a place where you have friends, where before you had none. We all need a home, not just housing (Henry [Richard], 2015, p. 60).*

Developing these kinds of supports is a way of recognizing that people who have experienced homelessness have quite likely experienced trauma. Surviving on their own might not be possible, and the loss of their street family and friends can contribute to them becoming homeless again. Trauma can be reduced through the provision of community and social supports.

Trauma and Resiliency

Patrick (2014) wrote that "many service providers have remarked on the resilience of Aboriginal clients who have experienced intergenerational trauma" (p. 97). Providing supportive services means recognizing this inner strength, as well as providing culturally appropriate and relevant services. Menzies (2008) says that solving Aboriginal homelessness is bigger than just housing, and "requires a holistic approach that reconstruct the links between the individual, family, community, and Aboriginal nation" (p. 47).

Rose exemplifies this. She says,

> *…my confusion about my identity was not all bad. It was dualistic like me; it was both a hindrance and strength, and has remained so throughout my journey. In fact, there have been times in my life that I have used it as a guide to negotiate between two worlds and two very different cultures"* (Henry [Rose], 2015, p. 25).

Trauma is often cumulative. In just one short chapter, Launa Sue outlines over eight physical incidents, beginning with domestic assault and including several more emotionally taxing events such as car accidents, workplace harassment and discrimination—not being paid for work and being unjustly fired. The impact of these events can only be imagined, yet Launa Sue's strength is clear:

> *I remember an older woman saying "You remind me of Job," as I waited for the bus to take me to ladies' Bible study one Saturday, and I remember thinking that I didn't have the words to say…now I do. I have received more than double for my trouble, and have witnessed amazing miracles and the love of families of all kinds (Leboe, 2015, p. 81).*

Just as we must consider the impact and harm of trauma, we must also remember the strength and resiliency of those who've experienced it. Each and every author in this book is testament to the fact that people can and do survive trauma, and go on to have meaningful lives.

References

Bartella, A. (2011). Homelessness as trauma. *Trauma & Mental Health Report*. Retrieved from: http://trauma.blog.yorku.ca/2011/09/homelessness-as-trauma/

Baskin, C. (2007). Aboriginal Youth Talk About Structural Determinants as the Causes of their Homelessness. *First Peoples Child & Family Review*, 3(3), 31-42.

Belanger, Y.D., Weasel Head, G., & Awosoga, O. (2013). Homelessness, Urban Aboriginal People, and the Need for a National Enumeration. *Aboriginal Policy Studies, 2*(2), 4-33.

Belanger, Y.D., Weasel Head, G., & Awosoga, O. (2012). Housing and Aboriginal People in Urban Centres: A Qualitative Evaluation. *Aboriginal Policy Studies, 2*(1), 4-25.

Canadian Mental Health Association. http://www.cmha.ca/mental_health/post-traumatic-stress-disorder/#.VCr6whazNcQ

Courtois, C. A. (1999). Recollections of Sexual Abuse: Treatment Principles and Guidelines. New York, NY: Norton.

Courtois, C.A. (2004). Complex Trauma, Complex Reactions: Assessment and Treatment. *Psychotherapy: Theory, Research, Practice, Training.* 41(4): 412-425.

Covington, S. (2002). "*A Woman's Journey Home: Challenges for Female Offenders and Their Children*". Working papers prepared for the "From Prison to Home" National Policy Conference of the Urban Institute, U.S. Department of Human Services, Jan. 30-31, 2002.

Finkelhor, D., Ormrod, R.K., Turner, H.A., and Hamby, S.L. (2005). The victimization of children and youth: A comprehensive, national survey. *Child Maltreatment.* 10(1): 5-25.

Goodman L., Saxe L., & Harvey M. (1991). Homelessness as psychological trauma: Broadening perspectives. *American Psychologist, 46*(11), 1219-25.

Guarino, K., Soares, P., Konnath, K., Clervil, R., & Bassuk, E. (2009). *Trauma-Informed Organizational Toolkit.* Rockville, MD. Retrieved from: http://www.familyhomelessness.org/media/90.pdf.

Harris, M. and Fallot, R.D. (eds). (2001). Using Trauma Theory to Design Service Systems: New Directions for Mental Health Services, Number 89. Jossey-Bass.

Haskell, L., & Randall, M. (2009). Disrupted Attachments: A Social Context Complex Trauma Framework and the Lives of Aboriginal Peoples in Canada. *Journal of Aboriginal Health*, 5(3), 48-99.

Hopper, E.K., Bassuk, E.L. & Olivet, J. (2010). Shelter from the Storm: trauma-informed care in homelessness services settings. *The Open Health Services and Policy Journal*, 3, 80-100.

Jean Tweed Centre. (2013). *Trauma Matters: Guidelines for Trauma-Informed Practices in Women's Substance Use Services.* Retrieved from: http://www.jeantweed.com/LinkClick.aspx?fileticket=3-jaLM6hb8Y%3D&tabid=107&mid=514

Kammerer, N. & Mazelis, R. (2006). After the Crisis: Healing from Trauma after Disasters. Bethesda, MD: National GAINS Center.

Menzies, P. (2008). Developing an Aboriginal Healing Model for Intergenerational Trauma. *International Journal of Health Promotion & Education*, 46(2), 41-48.

Menzies, O. (2010). Intergenerational Trauma from a Mental Health Perspective. *Native Social Work Journal*, 7, 63-75.

National Alliance to End Homelessness. (2012). Addressing Post-traumatic Stress Disorder Caused by Homelessness. Retrieved from: http://www.endhomelessness.org/library/entry/addressing-post-traumatic-stress-disorder-caused-by-homelessness

New City Initiative. (2014). Homelessness & Trauma. Retrieved from: http://www.newcityinitiative.net/understand-homelessness/homelessness-trauma

Patrick, C. (2014). *Aboriginal Homelessness in Canada: A Literature Review*. Toronto: The Homeless Hub Press.

Prescott, L., Soares, P., Konnath, K., and Bassuk, E. (2008). A Long Journey Home: A Guide for Creating Trauma-Informed Services for Mothers and Children Experiencing Homelessness. Rockville, MD. Retrieved from: http://www.familyhomelessness.org/media/89.pdf.

SAMHSA. (2012). *Trauma-Informed Approach and Trauma-Specific Interventions.* Retrieved from: http://www.samhsa.gov/nctic/trauma-interventions

SAMHSA. (2012). Changing Communities, Changing Lives. National Center for Trauma-Informed Care.

Taylor, K.M., Sharpe, L. (2008). Trauma and post-traumatic stress disorder among homeless adults in Sydney. *Australian & New Zealand Journal of Psychiatry*, 42(3), 206-13.