FACING THE FACTS | Trauma-Informed Practices in Homeless Intervention Services

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Homelessness involves the loss of home, community, stability, safety, and social networks. On top of the ongoing stressors associated with homelessness, an overwhelming percentage of homeless individuals and families have experienced additional forms of trauma including physical and sexual abuse, neglect, domestic violence, community violence, and family disruptions. For the purpose of this brief, homelessness or homeless refers to the definition set by the U.S. Department of Housing and Urban Development (HUD), which considers an individual homeless if he or she lives in an emergency shelter, transitional housing program, or a place not meant for human habitation, such as a car, abandoned building, or on the streets.

In recent years, homeless service settings have increased their understanding and response to the complexities of trauma; however there are still opportunities for improvement. Trauma-informed care in homeless service settings recognizes and responds to clients' previous trauma, approaches clients through a strengths-based lens, and provides clients with safety, respect, and choice.

This issue brief examines connections between homelessness and trauma, overviews a trauma-informed care framework in homeless services, and exemplifies trauma-informed approaches within homeless service organizations in Virginia. Information is provided to help homeless service providers and organizations approach their clients, agency, and staff with a trauma-informed lens. Accompanying resources for each section are available at:
 www.fact.virginia.gov/trauma

Homelessness and Trauma
Individuals and families experiencing homelessness are under constant stress from the insecurity of not knowing whether they will be able to sleep in a safe environment or obtain regular meals.[1] In addition to the hardship of being homeless, a disproportionate number of individuals experiencing homelessness have endured other forms of traumatic stress including adverse childhood experiences (ACEs), such as child abuse and neglect [2,3]; and domestic violence[4]. Furthermore, the loss of the protection of home and community makes homeless individuals and families highly vulnerable to violence and victimization[5]. An understanding of trauma and how it affects an individual's physical and mental health, and economic and housing status is a fundamental factor for becoming trauma-informed.

Adverse Childhood Experiences
The Centers of Disease Control (CDC) and Kaiser Permanente's Health Appraisal Clinic performed a study between 1995 and 1997 to explore the effects of childhood abuse and neglect on later-life health and well-being. This landmark project called the ACE Study, surveyed over 17,000 people regarding their childhood experiences and current health status. The

study found that ACEs are strongly related to the risk of illicit drug use, domestic violence, financial stress, attempted suicide, and early initiation of sexual activity. ACEs were also found to increase the risk of negative physical health outcomes such as cardiovascular diseases, depression, fetal death, alcoholism, and liver disease.[6]

Although systemic societal factors such as lack of affordable housing, and economic instability affect how many individuals are homeless at any given time, several studies have found adverse childhood experiences to be significantly overrepresented in homeless samples. A nationally represented study found individuals experiencing repeated homelessness had higher rates of all ACEs compared with individuals not experiencing repeated homelessness. The most prevalent ACEs for both women and men facing repeated homelessness were physical abuse, physical neglect, and general household dysfunction. Nearly half of women with a history of homelessness were also sexually abused during childhood.[3] A study conducted in Washington state found ACE scores to significantly affect the likelihood of adult homelessness—for each additional type of childhood adversity their risk level for adult homelessness increased by 40%. The study also found demographics (ethnic/racial minority status, male sex, younger age) and adult wellbeing and functioning (history of incarceration, lack of high school diploma, current lack of employment, mental health or alcohol use problems, poor health) to significantly increase the likelihood of adult homelessness.[2]

Domestic Violence

Domestic violence is a leading cause of homelessness for women and their children in the United States.[7] When women flee domestic abuse, they often are forced to leave their homes. They then not only have to endure the physical and psychological consequences of abuse but often experience significant economic burden leading to housing instability and homelessness. Many women are financially dependent on their partners and have difficulty finding housing they can afford when they leave. Moreover, abusers commonly sabotage their partner's economic stability by not allowing them to work, forcing them to hand over paychecks, providing negligible allowances, and not including their names on bank accounts and credit cards. Abusers often isolate their partners from

friends, family, and social contacts, thereby removing support systems that could prevent homelessness.[4] The statistics surrounding domestic violence and homelessness speak for themselves:

- Approximately **50%** of homeless women report that domestic violence was the immediate cause of their homelessness.[8,9,10]

- **38%** of all domestic violence survivors become homeless at some point in their lives.[11]

- Over **90%** of homeless women have experienced severe physical or sexual abuse at some point in their lives.[12]

- **63%** of homeless women have been victims of domestic violence as adults.[12]

- Over **80%** of survivors entering shelters identified "finding housing I can afford" as a need, second only to "safety for myself" (85%).[13]

A study examining the needs of homeless families also found striking results about these families' trauma histories. The study interviewed 50 single parent families headed by a woman 18 years or older who was pregnant or had a child/children living with her. The study found that 93% of women had experienced at least one traumatic event in childhood and/or adulthood; 81% had experienced multiple traumatic events in childhood and/or adulthood; and 79% were traumatized as children. The most common traumatic events involved interpersonal violence, including physical assaults and sexual abuse. More than two-thirds of the interviewed women had been physically assaulted in adulthood and half had been sexually abused as children. Additionally, half of the women met the formal diagnostic criteria for post-traumatic stress disorder (PTSD), which often presents for survivors of interpersonal violence.[14] This rate is significantly higher than US military combat veterans which ranges from 2-17%.[15]

Violence and Victimization of Homeless Individuals

Homeless individuals and families are often subjected to dangerous circumstances in which they are at a high risk of being witness to or victims of a wide range of violent events. According to a 2010 survey administered in five states, homeless individuals over the age of 18, experienced violence 25 times

more frequently than the greater U.S. population.[16] Furthermore, between 1999-2013 the National Coalition for the Homeless documented 1,437 acts of violence against homeless individuals by non-homeless individuals, and 375 of those victims lost their lives as a result of the attacks. However, these reports likely underrepresent the frequency of violence against people experiencing homelessness; since the homeless community is marginalized, many more attacks go unreported. These crimes are believed to have been motivated by the perpetrators' biases against homeless individuals or by their ability to target homeless people with relative ease.[5]

The marginalization of the homeless population is partially based on society's perception of people experiencing homelessness being dangerous. [17] In reality, the majority of criminal activity committed by the homeless population are non-violent "nuisance offenses," such as panhandling or turnstile jumping in a subway. These "nuisance offenses" reflect laws that criminalize homelessness in communities across the US, such as laws prohibiting camping in public, sleeping in public, begging in public, loitering, loafing, vagrancy, lying down in public, and sleeping in vehicles.[18]

Experiencing marginalization, criminalization, and violence is traumatic in and of itself for the people experiencing homelessness. This coupled with physical lack of housing and prevalence of trauma histories in the homeless population makes Trauma-Informed Care a fundamental model for healing trauma, regaining dignity, and building resilience in homeless service settings.

Homelessness Interventions

Rapid Re-housing (RRH) provides short-term rental assistance and services to help people obtain housing quickly, increase self-sufficiency, and stay housed. RRH is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are tailored to the needs of the individual and/or family.

RRH is an effective solution to homelessness focused on helping people experiencing homelessness access permanent housing. They are then connected with resources and supports as needed to help them maintain their housing. [19]

Permanent Supportive Housing (PSH) combines affordable housing assistance with voluntary support services to address the needs of chronically homeless people. The services are designed to build independent living and tenancy skills and connect people with community-based health care, treatment, and employment services.

Investments in PSH decreased chronic homelessness by 30 percent between 2007 and 2016. In addition, PSH can also increase the housing stability and health of the chronically homeless. Permanent supportive housing also lowers public costs associated with the use of crisis services such as shelters, hospitals, jails, and prisons. [19]

Emergency Shelters primarily provide shelter for homeless families and are intended to be a short-term housing intervention. Case management is usually provided and focuses on addressing the family's immediate and pressing needs (e.g., applying for public benefits, ensuring children are enrolled in school). Once a family or individual enters a shelter they begin having strengths-based, goal oriented discussions to guide and plan for their exit to permanent housing.

Trauma-informed care involves understanding, anticipating, and responding to the impact that trauma can have.

Trauma-Informed Care in Homeless Services

With increasing recognition of the pervasiveness of traumatic stress among people experiencing homelessness, awareness is growing surrounding the importance of creating trauma-informed care within homeless services.

Trauma-informed care involves understanding, anticipating, and responding to the impact that trauma can have and building increased awareness about how to address existing trauma and prevent re-traumatization. Implementing trauma-informed care requires a philosophical and cultural shift within an agency, with an organizational commitment to understanding traumatic stress and to developing strategies for responding to complex needs of trauma survivors.[20] For the purpose of this brief, homeless services include outreach, emergency shelter, permanent supportive housing, affordable housing, rapid re-housing, transitional housing, along with case management supports, health care, income supports and employment services for people experiencing homelessness. The overarching tenets of trauma-informed care are:

- **Trauma awareness:** Trauma-informed service providers incorporate an understanding of trauma into their work. This may include staff training, consultation, and supervision. Trauma awareness also includes an understanding of the vulnerability of staff to secondary traumatic stress, or the emotional duress that results when an individual hears about and copes with the effects of others' trauma.[21] Trauma awareness in homeless services may include:
  - Staff training and supervision on trauma-informed practices
  - Education on signs of secondary traumatic stress and staff check-ins
  - Organizational emphasis and support of self-care activities such as exercise, sufficient sleep, taking time away, and spending time with family and friends

- **Safety:** Trauma survivors often feel unsafe and may actually be in danger (e.g., victims of domestic violence). Trauma-informed care works towards building physical and emotional safety for clients and providers.[21]

Physical and emotional safety in homeless services may include:

- Safety or crisis intervention plans for traumatized clients
- Safe places for children to play
- Security cameras and staff monitoring in shelter settings
- Ability to lock restroom and shower doors in shelter settings
- Sensitivity to emotional safety
- Support for staff with the prevention and treatment of secondary trauma

- **Respect:** On top of significant material losses, people who are homeless often experience a loss of dignity are stigmatized. It is therefore crucial for homeless service professionals to treat individuals and families who are homeless with respect. [21] Respect in homeless services may include:
  - Ensuring culturally competent policies are in place
  - Providing staff education on trauma
  - Using clients preferred names
  - Allowing clients to identify as their chosen gender
  - Telling clients how their confidential information will be used and shared
  - Involving clients input in improving programs and policies

- **Control & Choice:** Because control is often taken away in traumatic situations, and because homelessness itself is disempowering, trauma-informed homeless services emphasize the importance of choice for clients while also building environments that allow clients to rebuild a sense of efficacy and personal control over their lives.[21] Giving control and choice to clients in homeless services may include:
  - Clients in crisis have options and choices in where they are housed
  - Staff behavior is consistent and predictable
  - Clients have opportunities to choose among different provider referrals
  - Clients have opportunities to choose among food options in shelter settings
  - Clients are given a locked space to store personal belongings in shelter settings

- Clients' self-efficacy is supported
- Clients are given safe anonymous outlets for staffing and program feedback
- Clients have input on rules and guidelines in shelter settings and rigid rules such as curfews and schedules are avoided

- **Strengths-based approach:** Trauma-informed care is strengths-based rather than deficit-oriented. Trauma-informed service settings focus on the future and utilize skills building to develop resiliency.[21] A strengths-based approach in homeless services may include:
  - Clients are asked about strengths in assessments
  - Goals and objectives are focused on maximizing strengths when addressing challenges
  - Resilience factors, such as positive family environments, support networks, intellectual capacity, connection with the community or aspirations for the future, are identified and maximized
  - Skills-building services are offered
  - Clients are asked for input in program planning and delivery

There has been limited evaluation of the fairly new philosophy of trauma-informed homeless services. However, a systematic review of available studies found that trauma-informed service settings have better outcomes than "treatment as usual" when used to address, trauma, substance use, and mental health symptoms. Additional findings included: trauma-informed care may have a positive effect on housing stability, lead to a decrease in crisis-based services, and is cost effective. Results also found that service providers report positive outcomes in their organization from implementing trauma-informed programs, and that their clients respond well to trauma-informed care. [20]

For people with trauma histories, ending homelessness is essential for healing that trauma and building resilience. Therefore, Housing First is in and of itself a trauma-informed approach.

Housing First: A Trauma-Informed Approach

Housing First is an approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life.

This approach is guided by the belief that people need basic necessities like food and a place to live before focusing on other issues such as getting a job, budgeting properly, or attending to substance use issues.[22] For example, it's hard for homeless individuals to comply with a health care or treatment regimen when it is unclear where they are going to sleep. A person infected with tuberculosis will have a hard time completing a course of antibiotic treatment when they are going from shelter to shelter. It's hard for anyone to focus on recovery from addiction when they don't have a permanent place to stay, surrounded by supportive people. Additionally, for people who've experienced trauma, it can be impossible to shift away from a "fight or flight" mindset without safe and stable housing.

A Housing First approach helps people who are experiencing homelessness obtain permanent housing quickly so they are in a better position to achieve other goals, including health, recovery and well-being than when they were homeless. For people with trauma histories, ending homelessness is essential for healing that trauma and building resilience. Therefore, Housing First is in and of itself a trauma-informed approach. It's based on an understanding that housing individuals first prioritizes their strengths, respect, choice, and safety and is critical to help clients successfully remain housed and improve their life. [23]

In the past decade, Housing First has emerged as an alternative to traditional long-term shelter approaches in which people experiencing homelessness are required to first participate in and graduate from short term residential and treatment programs before obtaining permanent housing. In these traditional long-term shelter approaches, permanent housing was offered only after a person experiencing homelessness could demonstrate that they were "ready" for housing.[24]

By contrast, Housing First is based on the following principles, all of which align with the overarching tenets of trauma-informed care:

- Homelessness is first and foremost a housing crisis and can be addressed through the provision of safe and affordable housing. **Trauma-Informed Tenet: Safety**

- All people experiencing homelessness, regardless of their housing history and duration of homelessness, can achieve housing stability in permanent housing. Some may need very little support for a brief period of time, while others may need more intensive and long term supports. **Trauma-Informed Tenet: Strengths-Based**

- Everyone is "housing ready." Sobriety, compliance in treatment, or even criminal histories are not necessary to succeed in housing. Rather, homeless programs and housing providers must be "client ready". **Trauma-Informed Tenet: Respect**

- Many people experience improvements in quality of life, in the areas of health, mental health, substance use, and employment, as a result of accessing permanent housing. **Trauma-Informed Tenet: Strengths-Based**

- People experiencing homelessness have the right to self-determination and should be treated with dignity and respect. **Trauma-Informed Tenets: Respect, Control & Choice**

- The exact configuration of housing and services depends upon the needs and preferences of the population. **Trauma-Informed Tenet: Control & Choice**

Housing First is a whole system approach that requires a variety of programs and services including homeless outreach, emergency shelter, permanent supportive housing, affordable housing, rapid rehousing, along with case management supports, health care, income supports, employment services, and more.[24] The following section highlights trauma-informed homelessness service models that utilize a housing first approach.

Does Housing First Work?

There is a growing evidence base showing that Housing First is an effective solution to homelessness:

- PSH has a long-term housing retention rate of up to 98%.

- PSH clients report an increase in perceived levels of autonomy, choice, and control.

- PSH clients using supportive services are more likely to participate in job training programs, attend school, discontinue substance use, have fewer instances of domestic violence, and spend fewer days hospitalized than those not participating

- RRH helps people exit homelessness quickly and remain housed.

- Several studies have found that between 75% and 91% of households remain housed a year after being rapidly re-housed [25]

Is Housing First Cost Effective?

Providing access to housing generally results in cost savings for communities because housed people are less likely to use emergency services, including hospitals, jails and emergency shelter than those who are homeless:

- One study found an average cost savings on emergency services of $31,545 per person housed in a Housing First program over the course of two years.

- Another study showed that a Housing First program could cost up to $23,000 less per consumer per year than a shelter program.[25]

SPOTLIGHT: Trauma-Informed Homeless Service Models

After recognizing the prevalence of traumatic stress among people experiencing homelessness, various programs are taking steps to infuse trauma-informed practices into their already established homelessness interventions, the following are several case examples in Virginia that illustrate ways in which homeless service settings are striving to become more trauma-informed.

Doorways for Women and Families
A trauma-informed approach to Emergency Shelter & Rapid Re-housing
Arlington, VA

Doorways for Women and Families provides a series of pathways individually tailored for women, men and children seeking safety and housing due to extreme poverty and/or domestic and sexual assault. Doorways recognizes that the majority of clients seeking safety and stability have suffered multiple trauma events across their lifespan. Doorways offers a range of safe housing options including a domestic violence safe-house and scattered site safe apartments, emergency family shelters, and supportive housing assistance via the rapid re-housing model.

Doorways provides a comprehensive, trauma-informed service model for their clients to support them as they gain stable, safe housing including counseling, safety planning, economic rebuilding, and empowerment and targeted children's interventions. Every adult who enters one of Doorways' programs receives intensive and personalized trauma-informed counseling and support services including collaborative goal setting, support group sessions and parenting and life skills development. Doorways' trauma-informed practices include:

- **Emergency Shelter:** Doorways' Domestic Violence Safe House and Family Emergency Shelters don't have strict rules but instead, a set of guidelines, all based on safety instead of control. Shelters offer group therapy once a week at different times based on participants' needs and schedules. Trained volunteers provide childcare during groups and at various times during the week to give clients a break for personal self-care and/or responsibilities.

- **Safe Kennel:** The Domestic Violence Safe House offers an in-house kennel where clients can bring their pets. According to the National Coalition against Domestic Violence, 71 percent of pet-owning women who entered women's shelters said their batterer had threatened, injured, or killed family pets for revenge or in order to exact psychological control over their victims. Many victims of domestic violence with pets will therefore decide not to leave because of fear for their pets' safety. By providing one of the few in-house kennels in the region, Doorways removes this barrier to escaping abuse at home.

- **HomeStart Apartments:** Doorways' rapid re-housing model offers short to long term supportive housing by providing housing location and rental assistance. The program upholds tenets of trauma-informed care by giving clients a choice in where they want to live, assisting clients to have a lease in their own name, and ensuring safety and security measures for domestic violence survivors. Additionally clients are offered wrap-around supportive services such as financial education and mental health counseling. All services are offered as home-based, unless a client prefers to come to the office.

- **Organizational Support:** Doorways staff is required to complete an intensive core training that includes trauma-informed care and cultural competency as well as refresher trainings twice a year. All Doorways policies are considered working documents that can be changed based on staff and client input. Clients are given confidential surveys asking about their experiences with Doorways programs and for their input on opportunities for improvement. Additionally, the Doorways office is decorated with soothing colors and light that provides a calm atmosphere for both staff and clients.

Virginia Road2Home, Hampton, VA
A trauma-informed approach to Permanent Supportive Housing
Hampton, VA

The purpose of Virginia's Road2Home project is to provide outreach to 1,200 individuals, with a focus on veterans experiencing homelessness and others experiencing chronic homelessness, who have substance use disorders (SUDs), serious mental illness (SMIs), or co-occurring mental and substance use disorders (CODs). Outreach includes enrolling those eligible in Medicaid and other benefits, engaging them in services (including integrated behavioral and primary health care), and providing 350 people experiencing chronic homelessness with permanent housing. A trauma-informed approach is especially critical for this project given the high rate of histories of sexual trauma in the homeless population and, particularly for veterans, other types of trauma-inducing experiences that may underlie or exacerbate their mental illnesses or SUDs.

Road2Home Teams are designed to provide responsive, consistent, and trauma-informed outreach and engagement services to vulnerable populations. Teams include:

- **Mental Health Professionals** provide mental health, substance abuse, and co-occurring services;
- **Peer Support Specialists** trained with lived experiences of SMI, SUD, or CODs, play a significant role in successful recovery through advocacy, mentoring, and support;
- **Benefit specialists** assist homeless individuals in connecting with Medicaid, Social Security Disability/Supplemental Security Income, and veterans' benefits;
- **Housing stabilization specialists** assist clients with developing a housing plan, identifying and applying for affordable housing options, maintaining effective relationships with landlords, and housing assistance providers;
- **Employment Specialists** provide work preparation training, vocational assessments, job development, job training, job placement, and follow-along support.

Road2Home teams' diverse set of skills, training and knowledge equips them to provide effective support to people enduring significant trauma histories. The following is an example of how a Road2Home team used a trauma-informed approach to provide homeless services:

A Road2Home client, Beth*, shared that she experienced physical and emotional abuse by her mother throughout her childhood. This trauma, as well as the ongoing trauma of being homeless, led to Beth's failure to maintain her hygiene--she urinated on herself as a defense mechanism for her own personal safety, so no one would attempt to touch or assault her. Beth's hygiene also prevented her from staying at shelters, because people would complain about her smell and belittle her. Beth was very worried about her safety while living outside and extremely emotional every time she met with a staff member.

The Road2Home team began to meet Beth outside, because she was not comfortable being in an enclosed space with others due to her odor. Once Beth was more comfortable, the Road2Home staff began to suggest ways

Resources

Additional Information
Links to resources accompanying each section of this brief are available at www.fact.virginia.gov/trauma/

Family Violence Data Indicator Tool
Use FACT's online data portal to produce locality specific family violence indicator data at http://www.fact.virginia.gov/dataportal/

Facebook
Keep up with new information related to trauma and family violence on FACT's Facebook page: www.facebook.com/FACTVA/.

SPOTLIGHT: Trauma-Informed Homeless Service Models
Continued.

for her to improve her hygiene, such as showering at a gym, and providing her with incontinence pads, new undergarments, and new articles of clothing. This allowed Beth to feel more comfortable and willing to attend appointments with a doctor and therapist at the community services board. When meeting with her, staff tried to make her feel as comfortable as possible, commended her on any improvement, and reassured her that she was deserving of the opportunities and assistance they were giving her. Through this multi-faceted trauma-informed approach, the Road2Home staff was able to build positive working relationships with Beth, help her access permanent supportive housing, and improve her sense of physical and emotional security.

*name changed for anonymity

Endnotes

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