

disempowerment and disconnection:
trauma and homelessness



Glasgow Homelessness network strives to prevent, alleviate and ultimately eradicate homelessness by raising awareness of the issue, facilitating a joint working approach, influencing policy and provision at all levels and empowering people to contribute to this process.

Disempowerment and Disconnection:
Trauma and Homelessness

The work for this report has been funded by Glasgow City Council Social Inclusion Budget.

I am delighted to be recommending 'Disempowerment and Disconnection - Trauma and Homelessness' to you.

Most of us who work in homelessness services have long understood that trauma and traumatisation are inextricably linked with the experience of homelessness. This report, in thoroughly examining this link, offers us some clarity and assists us to better understand the complexities of their relationship.

I believe that the report will be useful to practitioners, service providers, planners, and funders.

I hope that you find the report both interesting and useful. I also hope that the report marks the beginning of a process of debate and discussion which will ultimately enhance understanding, service responses and planning.



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Disempowerment and Disconnection - Trauma and Homelessness
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"Almost every person I have ever worked with who has severe problems or 'complex needs' - perhaps hearing voices, drug problems, self-harming, difficult to engage with, and so on - has revealed child sexual abuse and other trauma such as violence, rape, assault, attempted murder. They have, in almost all cases, had no help whatsoever for post-traumatic symptoms. Virtually none have had any information or explanation of the link between the trauma and their current problems. Many have attracted labels such as "alcoholic", "manipulative", "heroin addict", "personality disorder, "schizophrenic". But they never get a diagnosis of post-traumatic disorder, and they are never offered any treatment or support for the problems that trauma has caused. Why is this?"

(Homelessness worker, 2002, GHN survey of service providers)

- GHN Trauma Working Group
- Liz Doherty
Glasgow Homelessness Network
- Alan Lawrie
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Executive Summary

The relationship between trauma and homelessness is a complex one, and this report marks the beginnings of an attempt to understand this complexity. In our exploration of how it is that trauma can cause, and be caused by, homelessness, we are attempting both to delineate the nature of the problem, and to point towards the kinds of responses which might effectively tackle the problem.

If this report raises more questions than it does answers, this is not due to some failure in the structure or content of reporting - rather, this is one of the major purposes of this piece of work.

Some of the key issues which will be covered are:

- the nature of trauma
- the day-to-day effects of trauma
- the kinds of trauma that homeless people experience
- the link between trauma and substance misuse
- how it is that the experience of trauma prevents people from successfully resolving their homelessness

Developing effective ways to respond to the needs of homeless people affected by trauma is, of course, the priority, as is the need to alleviate the traumatising impact of homelessness upon individuals' emotional, psychological and social well-being. The key questions raised by the report, some examples of which are:

- how can homelessness caused by trauma be prevented?
- is there a need to develop specialist services for homeless people affected by trauma?
- how should generic services incorporate an analysis of the impact of trauma into their service delivery?

are far from rhetorical questions. Within the current legislative context of formulating effective local homelessness strategies and developing sustainable solutions to individuals' experience of homelessness, finding answers to these questions is both crucial and urgent. The success, or otherwise, of future developments in homelessness strategy, planning, and service development depends upon it.

Introduction

In an interview-based survey carried out by Glasgow Homelessness Network in 2002 ('Hostel Closure, Re-provisioning and Resettlement: Service User Views')¹, homeless service users were asked the question - "what was it that caused your homelessness?". In responding to this question, a number of respondents described some extremely traumatic experiences, which they clearly felt had either directly or indirectly contributed to their homelessness. Here are some examples of what they said:

"My mum and dad died within one day of each other, and I had no other family"

"I got beat up and set on fire"

"I became homeless after my parents died in a car crash - my mum was in a coma before she died. My dad died instantly"

"...then in one month my wife and my son both died"

"Somebody tried to murder my brother"

"At age 12, I saw my dad in the bath, with his throat and wrists slit and the bath full of blood. The memory is still with me"

" I was abused by my brother when I was 9"

"My four-year old daughter was murdered in 1961. My wife committed suicide"

"My mum had an accident in 1994 - she's alive, but only in body. My dad was an alcoholic"

"I was in care, then I got raped "

"I was left for dead in the street by my husband after he badly assaulted me - a stranger took me home and I stayed with him"

" I got raped one week after I left the children's home"

"I did 8 years for killing the man that murdered my daughter. I've been homeless ever since"

It has long been recognised by homelessness service providers that there is a powerful link between the experience of psychological trauma and the experience of homelessness. The comments above (taken from interviews outlining the experiences of a random sample of homeless people across age, gender and length of homelessness) seem to bear out the belief that many homeless people have experienced a degree of trauma which lies significantly outside the 'normal' range of human experience. The picture is further compounded, however, when one considers that trauma is clearly both a cause and a consequence of homelessness. Regardless of age or gender, homeless people, having already experienced the trauma of the sudden or gradual loss of 'home' (and the loss of all of the physical, emotional and psychological safety that the construct of home entails), are then more vulnerable to the kind of traumatising experiences which often go hand-in hand with homelessness: assault, violence, the threat of violence, injury, accident, exploitation, loss of control over major life decisions, to name but a few.

This report has four key aims:

- to outline the nature of the relationship between trauma and homelessness
- to explore what constitutes useful definitions of trauma, particularly as trauma is experienced by people who are homeless
- to consider the day-to-day impact of trauma on the lives of homeless people, with particular emphasis on how the psychological and emotional injury caused by trauma may impact on an individual's ability to successfully resolve his or her homelessness
- to consider how homelessness service providers, service planners, and strategists may best address the complex needs of homeless people affected by trauma

The report seeks, not to find definitive solutions to what is clearly an extremely complex (and currently under-researched) phenomenon, but to carry out a preliminary exploration of the key issues surrounding the relationship between trauma and homelessness. In addition, it is hoped that this report will act as a tool to help service users, service providers and service planners discuss and debate these key issues. It is hoped too, that this report will mark the beginning of a search for answers about how to alleviate the appalling emotional and psychological impact of the experience of homelessness.

The report is divided into three sections. The first section will explore some of the key issues surrounding trauma and its relationship with homelessness, and will draw on some of the most recent research in this area. The second section will outline the results of a small-scale survey of service providers, carried out by GHN in 2002, which sought to clarify homelessness workers' view of the relationship between homelessness and trauma. Section three will consider the implications of the current debate for service providers, as well as for those involved in the funding, planning and development of homelessness services.

"I was left for
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What is 'trauma'?

Many homeless people who have been overwhelmed by their histories of trauma do not identify traumatic experiences as their main problem at the point where they present at services. More commonly, service users will present with more immediate issues relating to accommodation, substance misuse, physical or mental health problems, family or relationship breakdown, financial or benefit problems. At other times, service users will relate histories of trauma as if they are quite incidental to the more pressing day-to-day problems in their lives. Nevertheless, homelessness service providers (particularly those who are able to establish on-going contact with clients) have long known - or at least suspected - that the experience of trauma and the experience of homelessness are very significantly linked.

In our examination of the relationship between homelessness and trauma, it is useful, first, to find a meaningful definition of the terms 'trauma' and 'traumatisation'.

In terms of a clinical definition, 'traumatisation' (and the related diagnosis of Post Traumatic Stress Disorder) has been traditionally understood in terms of a person experiencing a single major life-threatening event, and thereafter experiencing a range of emotional and psychological 'symptoms' emanating from their experience of this event. Although a number of homeless people have in fact experienced such an event (see above for some examples - "I got beat up and set on fire"; "I was left for dead in the street by my husband"), many more seem to have experienced on-going, individually non-life-threatening events, which have been nonetheless extremely traumatic. Although the clinical focus has related to the impact of a single life threatening event, both clinical and social theorists are increasingly recognising the devastating impact of the kind of traumatic stress which arises from an on-going, non-life-threatening trauma and / or an accumulation of traumatic experiences. Judith Herman outlines this shift in her book 'Trauma and Recovery' (1992)², where she writes that the trauma experienced by war veterans or prisoners of war is comparable in its psychological effects to on-going domestic abuse or sexual trauma. Similarly, Kinchin (2001)³, believes that severe traumatisation can be caused by: violent assault; being the victim of crime; on-going emotional, physical or sexual abuse; domestic violence; bereavement; witnessing acts of violence, and feeling under constant threat of violence.

The consequences of living through a traumatic experience have been described in a number of different ways. The clinical definition of trauma (as contained in DSM-IV)⁴ concentrates on the persistent re-experiencing of the trauma; the persistent avoidance of any stimuli associated with the trauma, and persistent symptoms of increased arousal (e.g. being over-alert to danger; sleeping problems, problems controlling anger), all resulting in 'clinically significant' impairment in the realm of social and occupational functioning. Less clinical definitions concentrate on the emotional impact of traumatisation - the difficulty that trauma victims have in trusting other people, and the loss of motivation, self-esteem and self-belief that is often experienced after trauma (Morrell-Bellai, 2000)⁵.

What follows is not a list of clinical symptoms, against which service users can be somehow measured, but rather a distillation of the current knowledge about the effects of trauma, an indication of how trauma may affect individuals on a day-to-day basis. The tables below, therefore, are not meant to be a definitive 'check-list' - they are meant simply to illustrate the impact on individuals of living through trauma.

The three main elements of post traumatic stress:

HYPERAROUSAL

- persistent expectation of danger
- startles easily
- reacts irritably to small provocations
- sleeps poorly

INTRUSION

- repetitive re-living of the traumatic experience(s) in thoughts, dreams, and actions
- sensory flashbacks
- nightmares
- can be accompanied by terror and rage

CONSTRICTION

- the "numbing response of surrender"
- detached states of calm or dissociation
- can impair motivation, initiative and judgement

The emotional and social impact of traumatisation:

RELATIONSHIPS

- mistrusts others
- isolation / disconnection
- aggression towards others
- repeated exposure to damaging relationships

EMOTIONS

- has intense emotions (rage, fear)
- feels emotions 'too much'
- feels emotions 'too little' / feels numb

MENTAL HEALTH

- anxiety
- depression
- eating disorders
- phobias

BODY / PHYSICAL EFFECTS

- feels panicked, anxious, always on-guard
- difficulty sleeping
- body memories

FEELINGS ABOUT SELF

- feels bad, unworthy, unlovable
- neglects self
- self-harm
- risky behaviours

NOT FEELING WHOLE

- feels as if something is missing
- remembers feelings or memories, but not both

MEMORY

- memories intrude at times

WORLD-VIEW

- sees the world as unsafe, unfriendly
- loses faith in other people
- feels hopeless

Understanding the experience, and the effects, of trauma is crucial to understanding the complex needs of those who choose to use our services. Where so-called 'motivation to change' seems absent in a client, where a service user is constantly angry and cannot seem to trust the service provider to meet his or her needs, where the service user frequently self-harms and cannot seem to stop despite real danger to life and limb, where an individual repeatedly enters risky or harmful relationships or situations, where a client cannot seem to resolve his or her homelessness, no matter how much input and support is made available - it would be reasonable in any of these circumstances to consider what impact traumatisation has had on the life of the service user involved. (Often, of course, clients will show a combination of these kinds of problems).

The on-going, day-to-day impact of traumatisation on the lives of service users has to be taken into account by service providers in a similarly on-going, day-to-day basis. In fact, understanding the devastating effects of traumatisation is crucial if we are to continue to strive to deliver high quality services which will best meet the needs of homeless service users.

What kinds of trauma do homeless people experience?

It is important, when exploring the bi-directional relationship between homelessness and trauma (trauma as both a cause and consequence of homelessness), to consider the kinds of traumatic experiences that people experience both before and after homelessness.

Trauma experienced prior to homelessness:

Homelessness service providers will be extremely familiar with the kinds of traumatic experiences reported by service users as preceding their homelessness. Those most frequently reported include:

In childhood:

- childhood sexual abuse
- childhood emotional or physical abuse
- emotional neglect in childhood
- witnessing domestic violence as a child
- growing up in a home where parents had serious alcohol or drug problems in adulthood:
- domestic violence
- rape
- sexual assault
- bereavement
- violent assault
- witnessing a violent assault
- witnessing sudden death
- living with the threat of violence
- experiencing trauma while serving in the armed forces

Disempowerment and Disconnection: Trauma and Homelessness

In terms of supporting evidence for the link between trauma and homelessness, Koegel et al (1995)⁶ and Wagner et al (1994)⁷ found that women who had experienced childhood sexual abuse were at greater risk of adult homelessness than women who had not experienced this kind of trauma in childhood. Bassuk and Rosenberg (1988)⁸ found that homeless women reported a greater incidence of both childhood sexual abuse and adult domestic violence, as compared to women who had never experienced homelessness. Jainchill et al (2000)⁹ found that the relationship between childhood abuse and homelessness was similar for both men and women. Morrell-Bellai et al (2000)² reported that people who repeatedly failed to resolve their homelessness often reported experiences of severe trauma both in childhood and in adulthood. Sexual violence in childhood and adulthood was found to be a predictor for homelessness among women by Goodman et al (1997)¹⁰.

Clearly, living through traumatic experiences potentially predisposes individuals to becoming homeless. Although it remains an under-researched area, it may well be the case that the experience of trauma has an impact on an individual's ability to resolve the kind of social, emotional and family problems that lead to homelessness, thereby effectively lowering that individual's threshold for becoming homeless.

Trauma experienced after homelessness:

Psychological and emotional trauma goes with the territory of homelessness. As already pointed out, the sudden or gradual loss of one's own home marks the beginning of a trauma which is often further compounded once a person is living in a hostel, on the street, or in some kind of insecure or non-permanent accommodation. The kinds of trauma most commonly reported by homeless people are:

- being the victim of violent attack
- living with the on-going threat of violence
- witnessing violence
- witnessing death (e.g. by overdose, by suicide)
- bereavement
- accidents
- rape / sexual assault / sexual exploitation (particularly for women involved in sex work, but all homeless people are vulnerable to these experiences)
- loss:
 - of home (safety and security - both emotional and physical)
 - of family and social support
 - of contact with own children
 - of employment
 - of opportunity
 - of social standing

In terms of the experience of violence, commonplace for many homeless people, it is important to bear in mind that those who have mental health problems, learning disability, brain injury, or who are under the influence of alcohol or drugs, are both more vulnerable to attack, and less likely (or perhaps, able) to seek help afterwards.

In her book 'Trauma and Recovery', Judith Herman² writes that:

"The core experiences of psychological trauma are
disempowerment and disconnection from others."

Homelessness, in and of itself, even despite the best efforts of service providers to mediate its devastating impact, is one of the most disempowering and disconnecting experiences that can be experienced by individuals in modern society. Most of the time, decisions are made for homeless people, simply because they must attempt to fit into whatever service provision is available - where to live, how to behave, how much money one has, what and when one eats, who one shares accommodation with, whether one is able to work or not, what benefits one applies for, what 'hoops to jump through' in order to access permanent accommodation.....the list is practically endless. Add to this the prejudice and stigmatisation that homeless people often experience in terms of how they are viewed by the general public; the frequently violent, threatening and exploitative settings in which they must survive; the loss of traditional family and social support structures that homelessness entails; the loss of opportunity for meaningful leisure and occupational activities; the loss of a place in society, and the loss of self-esteem and self-belief that all of the above can bring - it seems indisputable that homelessness, in itself, has an enormous potential to be an extremely traumatising experience.

Many homeless people, of course, simply do not have access to the kind of family and social support networks that most of us take for granted. The breakdown of family relationships and supportive social friendships seems to be an inherent part of the homelessness experience. Routes into homelessness often include escaping an abusive family environment, or being asked to leave the family home (often as a result of addiction and its attendant problems). Once a person is homeless, it can be difficult to maintain contact with old friends or with supportive family members - stigma, embarrassment, shame, and lowered self-esteem can make it difficult for homeless people to reach out to those who were once part of their support network. In terms of traumatising, understanding this social (and emotional) isolation is important - for people who have never been homeless, the experience of trauma can often be mediated by the presence of supportive family members and close friends, people who can listen, act as advocates, and generally be available for support when required. The majority of homeless people do not have this 'buffer' of a supportive social and familial network - instead, they will form friendships with other homeless people who will themselves be living with the effects of trauma. There can be no doubt, then, that social isolation and the absence of traditional social and familial support networks can compound the effects of traumatising among the homeless population.

Traumatisation has global effects - on the attitudes, emotions, behaviours, abilities, motivations, and world-views of service users. Anger, hostility, self-harm, lack of trust, feelings of worthlessness and hopelessness, self-neglect, anger, fear, anxiety, depression - all of these (and combinations of all of these) can be understood in terms of an individual's experience of trauma. Of course, not all of these issues or problems can be always attributable only to traumatising - however, understanding the effects of traumatising can nonetheless enhance our ability to plan and deliver services which meet the very particular, and often extremely complex, needs of people who become homeless.

Trauma, homelessness and substance misuse

No exploration of the relationship between trauma and homelessness would be complete without considering the part played in this relationship by substance misuse. That there is a powerful link between homelessness and substance misuse is a given. It is also the case that trauma and substance misuse are strongly linked. For example, Andreopoulos (2002)¹¹ found that childhood sexual abuse was a strong predictor of substance misuse problems in adulthood. Cosmo-Kepler (1998)¹² found that the early childhood experience of sexual abuse contributes to frequent relapsing by people with substance misuse problems. In a similar vein, Roy (1999)¹³ discovered that alcohol users with depressive illness were more likely to have experienced childhood neglect and / or emotional, physical and sexual abuse. (Roy also found that alcohol users in this category were likely to show increased levels of hostile behaviour). In women, Clark and Foy (2000)¹⁴ found that excessive alcohol use was positively correlated with both domestic violence and childhood sexual abuse. In young people, Shuman (2001)¹⁵ found that there was a significant relationship between post-traumatic distress and substance abuse.

It seems clear, then, that the experience of trauma makes the development of addiction problems more likely - although the exact nature of this relationship is not yet fully understood, it seems reasonable to assume that people who experience trauma-related distress use alcohol and / or drugs in order to alleviate, or simply cope with, this distress.

Where a person enters homelessness with an already-existing drug or alcohol problem, is it possible that the experience of homelessness itself has some kind of impact on the severity of the person's substance misuse problem? It would seem so. Winkelby et al (1992)¹⁶ found that the prevalence of alcohol and drug misuse when subjects first entered homelessness was 15-33% lower than that following a period of homelessness.

On a similar theme, Whitbeck et al (2000)¹⁷ found that already high levels of psychological distress among substance misusers are compounded by the experience of homelessness, and suggested that it was this heightened psychological distress which brought about an increase in substance use following the initiation of homelessness.

In relation to homeless women, Geissler et al (1995)¹⁸ found that, in comparison to women who had been homeless for less than six months, women who had been homeless for more than six months were more likely to misuse alcohol. (Lending weight to the argument that high levels of substance misuse in homeless populations is related to high levels of trauma-related psychological distress, this study also found that women who had been homeless for longer were also more likely to have been assaulted, and more likely to have attempted suicide).

The complex relationship between trauma, homelessness and substance misuse can be summarised as follows (fig 1):

- trauma can be a direct or indirect cause of homelessness
- the experience of becoming homeless is, in itself, traumatising
- homelessness can bring about increased exposure to trauma
- trauma increases the likelihood of developing substance misuse problems
- substance misuse can be a direct or indirect cause of homelessness
- homelessness increases the likelihood of developing substance misuse problems
- homelessness can exacerbate pre-existing substance misuse problems
- substance misuse can bring about increased exposure to trauma
- homelessness, trauma, and substance misuse increase psychological and emotional distress

TABLE

Trauma and substance misuse - their joint impact on service users' ability to find sustainable solutions to their homelessness

Although it is (once more) a currently under-researched area, it seems reasonable to assume that the presence of trauma-related distress will have a potentially detrimental impact upon an individual's ability to successfully resolve his or her homelessness. The emotional, social and psychological impacts of trauma have already been discussed. In understanding why it is that some people continually struggle to find sustainable solutions to their homelessness, it is imperative to take into account the damaging effects of trauma on motivation, initiative, self-belief, and self-esteem. It is important to understand that a combination of trauma and homelessness can result in feelings of hopelessness, helplessness, and unworthiness. Within this kind of emotional framework, it can be difficult for homeless people to bring about positive change in their lives, or even to believe that they deserve positive change. In terms of becoming entrapped in homelessness, it is interesting that many trauma-theorists emphasise the traumatising effects of 'captivity' - the perception (or the reality) that the traumatic experience cannot be escaped. It may well be the case that, the longer a person remains homeless (and therefore exposed to trauma), the less likely it is that that person is able to make a successful exit from homelessness.

Substance misuse, too - strongly correlated with both homelessness and with trauma, as we have seen - can act as a barrier to successful move-on from homelessness.

Bines (1994)¹⁹, in her investigation into the health of single homeless people in the UK, found that a significant proportion of the respondents in her study cited dependency issues as the main obstacle to finding (and keeping) permanent, settled accommodation. Shane (1997)²⁰ investigated substance misuse, cumulative periods spent homeless, and sustainability of exits from homelessness in a group of homeless women - his study found that the women with a current substance misuse problem (47% of the sample) experienced a more protracted course of homelessness and had less likelihood of achieving a single, sustained exit from homelessness, when compared to homeless women without a substance misuse problem.

Gregoire (1995)²¹ examined the relationship between alcohol and drug misuse and exits from homelessness, and found that individuals with the highest level of alcohol and drug use had the longest period of continuous homelessness and were less likely to have exited from homelessness when re-interviewed 6 months later.

Substance misuse, then, does seem to have a strong influence on the ability of individuals to make successful exits from homelessness.

Similarly, Fitzpatrick and Kennedy (2000)²² studied the interconnections between begging, rough sleeping and selling the Big Issue in Glasgow and Edinburgh. This study also implicates substance misuse as an obstacle to moving on, and highlights the fact that, although most homeless people want to move on from homelessness, successful exits from homelessness are extremely difficult for many people to negotiate. The authors state that:

"The vast majority of people wanted to move away from begging and homelessness, and aspired to have a 'normal' life, but highlighted a range of issues which would need to be addressed in order for them to achieve this. As well as access to appropriate accommodation and work opportunities, most required help to overcome drug and alcohol misuse, social isolation, mental and physical health problems, and deep-seated low self-esteem"

The kind of 'deep-seated low self esteem' referred to by respondents in Fitzpatrick and Kennedy's study, of course, may well be related to their experience of traumatisation, both pre- and post-homelessness.

Clearly, trauma-related distress and substance misuse are only two of a series of barriers which can prevent successful exits from homelessness - they do, however, act as significant barriers (ones which may, of course, compound the other barriers to successful move-on).

Trauma and homelessness – the implications for practitioners

Homelessness service providers are extremely experienced in working with people affected by trauma - they have had to be, despite the absence of formal training which deals with the kinds of issues raised by working with individuals who have been traumatised. The question of whether there is a need to develop specialist trauma-related services for homeless people will be dealt with in the final section of this report. Meanwhile, homelessness service providers (on the whole, generic, not specialist, workers) will continue to work on a day-to-day basis with people who have been severely traumatised. For homelessness workers, this may almost go without saying, but this kind of work is not easy.

People who work with trauma survivors must look after themselves. It is crucial that homelessness workers:

- are able to establish a network of colleagues engaged in similar work, and to establish useful peer-support mechanisms
- are able to work in a healthy organisation, one which supports both quality of care for clients and self-care for workers
- have access to regular, formal supervision which offers a safe, protected, and supportive space wherein workers can seek both professional and personal support, and can process what work with trauma-survivors means to them
- are able to set boundaries for what and how much they do (including the number of clients that they work with)
- have the recognition of line managers, senior managers, service planners and homelessness strategists for the difficulties and complexities of their day-to-day work
- know that they can't do it all.

The following section of the report will outline service provider's views of the complex issues surrounding homelessness and its relationship with trauma.

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The Survey

In mid-2002, Glasgow Homelessness Network carried out a network-wide survey of homelessness service providers, the three key aims of this research being to:

- investigate service providers' understandings of trauma and its impact upon the lives of service users
- investigate the relationship between homelessness and trauma
- investigate the impact on service providers of working with service users who have experienced (or are experiencing) trauma

It was GHN's view that reaching an improved understanding of the influence of past (and current) traumatic experiences on the lives of homeless people would be the first step towards:

- 1) identifying service gaps
- 2) ensuring that existing services are effective in meeting the needs of service users who have experienced trauma

This survey represented the first step in an attempt to shift the emphasis from a largely anecdotal (albeit common) perspective of the relationship between homelessness and trauma, towards a more evidence-based analysis of the nature of this relationship.

Methodology:

Interview schedules were developed following discussion between members of GHN's Trauma Group (see appendix one for an outline of the terms of reference of this group). Interview schedules were disseminated for self-administration to a total of around 60 agencies in Glasgow delivering a range of services to homeless people. 30 questionnaires were returned. Questionnaires were designed to elicit both quantitative and qualitative information.

The Responses

Definitions and understandings of 'trauma', as it relates to homelessness:

"An overwhelming issue that an individual may have experienced prior to or during homelessness (i.e. an emotional issue or issues - mental health, child sexual abuse, self harm, rough sleeping etc) that can create difficulties in relation to an individual's ability to function and sustain daily life."

Respondents drew on their experience of working with homeless people to provide a number of definitions of trauma. Definitions commonly referred to the nature of the traumatic experience, the process of traumatisation, and the impact of trauma on the lives of service users.

Some examples of how respondents defined trauma and traumatisation were:

- "any experience that residents or clients identify as traumatic for them and that has affected their lives and relationships"
- "a psychological disorder due to a stressful event or events"
- "a sudden, dramatic change which is detrimental to well-being"
- "any life experience that has left the person unable to deal with life in general and, in our case, escapes via drugs or alcohol"
- "an extreme negative experience"
- "a life-threatening experience"
- "anybody who has experienced extreme experiences in relation to the human 'norm'"
- "being affected by an event or detrimental persistent experience which has resulted in life choices and decisions taking this experience into account, either consciously or sub-consciously"
- "an experience causing upset to the equilibrium of a person's life"
- "a damaging event, series of events, or lifestyle that has lasting detrimental effects on an individual's functioning and emotions"
- "an experience which makes it difficult or impossible to continue as normal"

Specific definitions of trauma:

Survey participants also defined the specific events or experiences implicated in the traumatisation process, largely in terms of:

- 1) trauma which takes place prior to the experience of homelessness
- 2) trauma which takes place once individuals have become homeless

"Our experience has been that early childhood trauma has led to later traumatic experiences, including homelessness."

Trauma Experiences While Homeless

Respondents identified a number of types of trauma that individuals become exposed to once they experience homelessness:

- **Being the victim of physical violence or a violent crime / witnessing violence:**
Examples given by respondents: physical violence; being robbed or mugged; the threat of violence; witnessing violence; living in a hostile environment
- **Being the victim of a sexual crime:**
Examples given by respondents: sexual abuse; rape; sexual assault
- **Intimidation / coercion:**
Examples given by respondents: bullying; extortion; intimidation / co-ercion to shoplift on the orders of other people; intimidation or co-ercion to supply drugs
- **Loss:**
Examples given by respondents: loss of family; loss of relationships; loss of value in society; loss of employment; loss of home; loss of way of life; loss of self; loss of hope
- **Physical trauma:**
Examples given by respondents: amputation / loss of limbs; injury as a result of accident or assault
- Trauma related to living conditions and 'lifestyle':
Examples given by respondents: living in insecure accommodation; isolation
- Trauma related to witnessing events which happen to others:
Examples given by respondents: witnessing friends overdosing / dying; witnessing or discovering friends who have committed suicide or who have died accidentally
- Relationships:
Examples given by respondents: being in abusive relationships; being exploited and manipulated in relationships

Trauma Preceding Homelessness

Survey participants also identified the range of traumatic experiences that service users commonly report having experienced prior to homelessness:

- **Traumatic experiences in childhood:**
Childhood sexual abuse
Neglect in childhood
Emotional abuse in childhood
Physical abuse in childhood
Witnessing domestic violence
Being taken into 'care'
Being 'in care' with other traumatised young people

Disempowerment and Disconnection: Trauma and Homelessness

"So many people with a wide range of severe problems such as depression, fear, anxiety, nightmares, diagnosed psychiatric problems, self-harm, drug and alcohol misuse, and so on, have a diverse range of backgrounds, ages, gender etc., but there is one common factor that recurs and that is childhood sexual abuse."

Traumatic experiences in adulthood, prior to homelessness:

- Domestic violence
- Addiction
- Serious illness
- Co-ercion into prostitution
- Violence
- Bereavement
- Witnessing violence
- Loss
- Relationship breakdown
- Experiencing trauma within armed forces, with resultant Post
- Traumatic Stress Disorder

The on-going, day-to-day impact of traumatisation on the lives of service users: In their definitions of trauma and traumatisation, service providers were keen to emphasise that the experience of trauma had a fundamental effect on the day-to-day lives of service users:

- "People feel unable to cope and function with anything - they are terrified of what else may happen."
- "Trauma has an ongoing impact on an individual's day-to-day life."
- "Trauma leaves people unable to deal with life in general."

In terms of what happens to people who have experienced trauma, respondents identified the following consequences of traumatisation: The development of potentially harmful coping mechanisms, mainly:

- The use of alcohol / drugs as a coping mechanism (which can in turn lead to: - accidental overdoses - drug / alcohol health-related harm)
- self harm "Coping mechanisms may become extreme / controlling / self-limiting / self-harming"

The emotional impact of trauma: Homeless service users who had been exposed to trauma were said to experience and exhibit the following range of emotions:

- fear hopelessness
- anger"complex emotional feelings"
- guilt
- shame
- embarrassment
- shock

"People live with the inherent fear of never finding themselves again, and their value in society."

The impact of trauma on mental health: Respondents emphasised the detrimental effect of trauma on mental health, pointing out that service users who had experienced trauma exhibited the following:

- anxiety / panic attacks
- suicidal thoughts / actions
- paranoia
- agoraphobia
- other phobias
- stress
- low self-esteem
- low confidence

The impact of trauma on people's ability to form relationships with others: Several respondents felt that traumatisation brought about a disruption in homeless service users' ability to form and maintain healthy relationships, and that this often caused isolation and 'reclusiveness' among service users. Two of the comments made in this respect were:

- "(The experience of trauma) disables an individual's social skills and the ability to interact"
- "People tend to harbour notions of suspicion, mistrust and ill- feeling against self and others as a direct result of defending themselves as a result of being damaged by traumatic life events."

Other ways in which survey respondents described the impact of trauma on homeless people:

- "(trauma) has an enduring impact"
- "(traumatisation causes) a sense of not being taken seriously and not listened to"
- "trauma affects homeless people as much mentally as physically by making them believe that they have to endure their situation for longer than most other people"

The estimated incidence of trauma amongst homeless service users: Respondents were asked to estimate the incidence of trauma and trauma-related problems within the client group with which they had day-to-day contact. Respondents estimated incidence as extremely high, with the most common estimate reported being "100%", or "all clients". All respondents who estimated the incidence of traumatisation amongst their clients felt that at least half, and as many as all, of their clients had experience of some form of trauma.

Estimate of incidence of trauma in targeted client group

No. of respondents	
100% of clients affected	8
90-100% of clients affected	1
99% of clients affected	1
90% of clients affected	4
80-85% of clients affected	1
80% of clients affected	3
75% of clients affected	3
70% of clients affected	2
50+% of clients affected	2

Where respondents provided an estimate of the incidence of trauma amongst their client group in the form of a percentage, the average estimate of the proportion of clients affected was 86%.

Disempowerment and Disconnection: Trauma and Homelessness

Where incidence was not expressed in the form of percentages, survey participants said that the proportion of clients affected by trauma was:

- "a large proportion"
- "the majority of the client group at some point or other"
- "nearly all of my service users"
- "almost all of our clients"

The prevalence of childhood sexual abuse among service users: Respondents seemed keen to emphasise the high incidence of one particular type of trauma - childhood sexual abuse:

- "90% of clients disclose childhood sexual abuse"
- "75% of clients have experienced childhood sexual abuse"
- "One third of women have experienced sexual abuse"

Incidence of trauma - gender differences: Where respondents commented on gender differences in the incidence of trauma, they tended to make the general points that:

- either there was no difference in the incidence of trauma across gender, or only a slightly smaller proportion of men than women have trauma-related issues
- women are more likely to experience sexual trauma than men
- the same proportion of men as women have experienced childhood sexual abuse, but men take longer to disclose (or are unwilling to disclose) childhood sexual abuse

The most effective ways of working with people affected by trauma: Those who participated in the survey were asked to identify what were, in their experience, the most effective ways of working with homeless people affected by trauma.

"We must encourage clients to develop an awareness that they have the right to choose their own direction in life, and although the past is part of them, it need not weigh down or dictate the direction of the future"

"For some women, just being able to tell someone about abuse is enough, for others, they may want more in-depth counselling and support"

Respondents identified a number of elements which they considered to be useful in working with this client group. These elements were defined in three main ways:

- 1 The core values underpinning interventions
- 2 The worker-skills used in carrying out interventions
- 3 The kinds of methods used to carry out interventions

1. Underpinning Values:

Respondents felt that work with service users who had experienced trauma should be based on an approach which is:

- non-judgemental
- person centred
- holistic
- needs-led
- empowering
- underpinned with a feminist analysis of abuse

"....an approach that empowers people and gives them control back in their lives"

2. Useful Skills:

The skills identified by respondents as key elements in their work with service users were primarily based upon what would be generally recognised as 'counselling skills':

- (active) listening
- building relationships based on trust
- empathy
- understanding
- respect
- flexibility
- ensuring that service users feel valued
- acceptance
- patience
- rapproch
- care
- reassurance

"When someone is listened to and understood, then the valuing process begins."

3. Intervention methods:

Respondents were more likely to outline the underpinning values and the skills involved in working with service users than they were to identify methods of working with clients. Those who did mention particular methods or techniques of working identified the following:

- problem-solving
- "exploring what events meant to the client"
- brief therapy intervention (rewind technique, fast phobia cure, the UKD technique)
- "re-defining the event - updating to the here and now"
- interventions within a psychosocial theoretical framework

Disempowerment and Disconnection: Trauma and Homelessness

Other key approaches to working with clients affected by trauma were identified as:
Being able to refer service users to other agencies: In addition to identifying the values, skills and intervention methods that were useful in working with traumatised clients, respondents were keen to emphasise the importance of:

- an awareness and knowledge of appropriate services for people affected by trauma
- a well-managed multi-agency approach to service delivery
- where the worker felt unable to offer the appropriate support, or where more specialised support was felt to be necessary, respondents thought it was crucial to be able to refer service users on to specialist services
- survey respondents also felt that it was crucial to be able to refer clients on to services where their trauma-related issues could be properly assessed
- it was also thought to be of great importance that refer-on services were easily accessible, both by workers and by service users

The importance of creating a safe and comfortable working environment / relationship: Respondents continually highlighted the importance of creating an "emotionally safe space" for service users. This creation of a safe and comfortable emotional environment was felt to be essential to the usefulness of supportive interventions. Physical safety, in terms of avoiding on-going exposure to trauma, was also mentioned. In addition, security of accommodation during disclosure, and post-disclosure support was emphasised.

Survey participants highlighted this crucial issue in the following terms:

- "Residents must feel safe physically and emotionally before any work can begin"
- "Giving clients the opportunity to disclose traumatic issues and feel safe in doing so is the priority"
- "...allowing the client to explore things in a safe environment"
- "...creating an atmosphere of comfort"
- "...helping the client to feel safe and secure"
- "Safety is paramount. Finding accommodation where the person will feel safe is necessary before any constructive work can be done"
- "...encourage clients to speak about their history at a level comfortable for them"

Other ways of describing effective support for clients who have experienced trauma: In addition to the above, respondents also identified the following elements of effective support:

- the need for intensive emotional support from well-trained worker
- the importance of recognising staff's limitations
- homelessness workers must have good understandings of the issues, symptoms and problems surrounding trauma
- clients need to be supported to address current issues, and be helped to cope on a day-to-day basis with trauma-related problems - e.g. mental health problems, addictions, and self-harm
- service users need practical, as well as emotional help
- homelessness workers must understand the social aspects of trauma, rather than adopting a purely medical approach
- the importance of sustainable, on-going support was mentioned, particularly following a period of trauma-related disclosure

Survey respondents felt very strongly that there were huge gaps in appropriate services for clients affected by trauma. They identified the following gaps, both in service provision, and in approach:

- General lack of resources for this client group:
- "There are very few services that can help"
- "There is a shortage of all resources"
- "Lack of resources"
- "The services are inadequate and ludicrously under-resourced"

Gaps in services for men:

- Lack of services for men who have been sexually abused
- Lack of counselling services for men who have been sexually abused
- Lack of services for men who are involved in prostitution
- "Lack of support for men"

Long waiting times following referral to specialist services: Many respondents expressed frustration at the amount of time service users had to wait before being seen by specialist services. Typical comments were:

- "Enormous time delays for follow on referrals to specialist agencies"
- "Waiting too long for appointments when the person needs immediate help"
- "Long waiting lists for counselling / medical services"
- "It takes far too long to access NHS psychotherapist or trauma counsellor"

The other main service gaps identified were:

- lack of services / poor response from mainstream health services, particularly in relation to psychological services, psychotherapy-type interventions, psychiatric and CPN services, and dual diagnosis services

"I feel that there is a huge gap in services and that people who are suffering from trauma are currently being failed by the mental health system. Many people who have sought help from mental health services seem to have become worse as a result of the 'treatments' they have been offered. A large number who have sought help express dissatisfaction with the 'help' they have received."

- not enough accommodation options / 'safe houses' / supported accommodation units
- lack of counselling services, both generic trauma counselling, and counselling services targeted at specific needs - for example, for addiction and sexual abuse. (It was pointed out by a number of respondents that such counselling support should (where possible) be complementary to housing support and that it should, therefore, not be tied to accommodation)

"We need to develop safe spaces where people may feel safe enough to work through disclosure, work on self esteem, recognising that this may lead to them acting out difficult behaviour which then needs to be managed and not just result in eviction."

- lack of training in, and information about, trauma-related issues
- lack of services for ex-service men and women who have experienced traumatisation while in the armed services

"It is important not to be looking for a quick fix solution, and that there might not be a solution you can offer"

"Don't let worker think they are the be all and end all"

"It is important to reduce harm to the person, as well as help them begin to value themselves"

The gaps in services for people affected by trauma:

"Current support services are useful but need to be

accessible at the point of need"

"The gaps are legion"

Disempowerment and Disconnection:
Trauma and Homelessness

"A fair proportion of clients have been traumatised, and developed alcohol addiction, while in the forces"

- lack of flexible out of hours services and services that do not depend on appointment systems
- lack of well-co-ordinated case management, which can lead to duplication of effort and confused responses
- lack of group-based support work

Additional gaps identified by respondents were:

- Not enough interventions to prevent homelessness
- Lack of quality housing stock for homeless people to move on to
- "Defensive responses from some professional bodies"
- Lack of services for people who have eating disorders
- Lack of support services for people who self-harm
- Lack of specialist workers trained in trauma issues
- Lack of information for homeless people about services that can help
- Addiction services are not always sensitive to clients with trauma issues, particularly sexual abuse / assault issues (there are currently no single sex residential services for drug users)
- Lack of commitment in dealing with trauma-related issues by some service providers
- Complex trauma-related issues are being dealt with negatively by services which "do not address or even attempt to find the cause of clients' problems"
- Lack of bereavement services
- Lack of befriending services
- Delayed discharge from inpatient psychiatric care / 'bed blocking'
- Lack of services for children
- Absence of gender and age specific responses to trauma
- Severe lack of disabled accessible services / accommodation providers
- Lack of supported accommodation for women only

The homelessness service providers who participated in this survey appeared extremely well-informed about trauma and its relationship with homelessness. It is the case for the majority of homelessness workers, not that they are specialists highly trained in trauma-related issues, nor that they have purposely developed a theoretical base for their understanding of these complex issues - they are highly-informed simply because they are working on a day-to-day basis with people who have complex trauma-related issues. Their extensive learning about trauma has come from this experience. Apart - obviously - from homeless people themselves, homelessness workers are probably in the best position to grasp the importance of understanding how it is that trauma impacts upon homeless people. It is for this reason that this survey is so valuable, in that it marks the first attempt to clearly define the key issues, and to point to what requires to be done in order to ensure that the complex needs of homeless people are met in an effective and appropriate way. The final section of this report will outline some key conclusions as to how this can be achieved.