



## Addressing Post-traumatic Stress Disorder Caused by Homelessness

### Introduction

The prevalence of Post-Traumatic Stress Disorder (PTSD) amongst populations experiencing homelessness is apparent to many providers. In fact, PTSD is connected to homelessness in at least three ways. First, many military veterans suffer from PTSD as a result of their experiences in combat situations, which can lead to homelessness upon their exiting military service. Second, a traumatic event experienced during homelessness can itself cause PTSD. Examples might include witnessing or being victim of an attack, sexual assault, and so forth. The third and much less commonly explored area of focus is when the traumatic event is homelessness itself; that is, when the experience of not having a home leads to PTSD. The implications for people in this third category create challenges for both homelessness and mental health providers, particularly when compounded by other traumas suffered before and during the experience of homelessness.

### PTSD Basics

PTSD is an anxiety disorder that can occur after an individual has experienced a traumatic event, particularly those that include the threat of injury or death.<sup>1</sup> The actual cause is unknown, as is the reason why a particular event is traumatic for some individuals but not for others, or why a particular traumatic event leads to PTSD in some individuals but not others. What *is* known is that "PTSD changes the body's response to stress" by affecting "the stress hormones and chemicals that carry information between the nerves."<sup>2</sup>

According to the U.S. National Library of Medicine, symptoms of PTSD fall into three main categories:<sup>3</sup>

- "Reliving" the event, which disturbs day-to-day activity, including, for example, flashbacks and nightmares;
- Avoidance, including emotional numbing and feeling detached; and
- Arousal, which might include difficulty concentrating, sleep disturbances, and outbursts of anger, amongst other symptoms.

An individual with a history of trauma may be more susceptible to experiencing PTSD from a future traumatic event. Symptoms of PTSD may not appear for weeks or even months after the triggering traumatic event.

### Homelessness as a Cause of PTSD

Homelessness as a traumatic experience can lead to PTSD in a number of ways.<sup>4</sup> First, the actual event of becoming homeless can lead to trauma through the loss of (a) stable shelter; and (b)

family connections and 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 behavioral health conditions or a history of traumatization.

According to one study, "a literature review found consistent and well-documented evidence of high levels of multiple forms of traumatic stress within individuals and families who are homeless."<sup>5</sup> The presence of stress is to be expected in these populations. That it rises to the level of trauma might come as a surprise, but "researchers have documented that the rates of traumatic stress are extremely high, and may even be normative, among those experiencing homelessness."<sup>6</sup> This reality is about "more than the absence of physical shelter, it is a stress-filled, dehumanizing, dangerous circumstance."<sup>7</sup>

### Implications

For individuals suffering from PTSD as a consequence of homelessness, the greatest challenge is that the PTSD will not manifest itself until *after* the person is stably housed (i.e. it is *post*-traumatic, not *co-occurring*-traumatic). In this way, the situation is very much like that experienced by military veterans – the trauma is of an ongoing, sustained nature, which can force an individual to develop specialized coping mechanisms rather than address the trauma itself. When the trauma ends, the coping mechanisms break down and the symptoms begin. Permanent housing, therefore, is not sufficient in itself. Rather, it is the necessary prerequisite for tackling the challenges of PTSD for those experiencing homelessness.

A separate challenge is the potential impact of PTSD among youth experiencing homelessness. According to one study, "besides living in a war zone, the vulnerability posed by running away and the experiences associated with being homeless and alone may pose the greatest risk for posttraumatic stress disorder among adolescents."<sup>8</sup> The same study found that high numbers of PTSD adolescents are abusing drugs and alcohol, which the authors attributed to a combination of "traumatic symptoms emerg[ing] as a consequence of victimization associated with substance abuse [such as an abusive, substance-abusing parent]" and "substance abuse [as] a self-medicating response to trauma symptoms."<sup>9</sup> Homelessness-related PTSD can also impair developmental trajectories and place youth at increased risk of exploitation and "further victimization, such as repeated abuse, exposure to violence, and forced prostitution."<sup>10</sup>

### Principles of Trauma-Informed Care

Whether providing support for youth or adults, ongoing psychological and other supportive services are necessary to assist those who are re-housed while facing the day-to-day challenges of living with PTSD after an episode of homelessness. Trauma-informed care is especially important for these populations.

Principles of trauma-informed care include:<sup>11</sup>

- Understanding trauma and its impact;
- Promoting safety;
- Ensuring cultural competence;

- Supporting consumer control, choice and autonomy;
- Sharing power and governance;
- Integrating care;
- Promoting healing through relationships; and
- Emphasizing the possibility of recovery.

Programs need to be trauma-informed because:<sup>12</sup>

- Homeless families and individuals have experienced traumatic stress;
- Trauma impacts how people access services;
- Responses to traumatic stress are adaptive; and
- Trauma survivors require specific, tailored interventions.

## Conclusion

Despite the widespread experience of trauma among homeless populations, “homeless services have a long history of *servicing* trauma survivors, without being *aware of* or *addressing* the impact of traumatic stress.”<sup>13</sup> PTSD caused by homelessness reflects a failure of the system to quickly and adequately provide housing and appropriate services. Delaying the housing component can create more or new psychological barriers to being housed, an outcome that providers should seek to avoid.

Fortunately, research shows that post-trauma resiliency can be learned through effective training programs, for both consumers and providers, to reduce the effects of traumatic exposure.<sup>14</sup> The prevalence of PTSD speaks to the importance of designing programs and policies that reflect the needs of the population being served. At a minimum, homelessness providers should consider the following:

- Housing needs to be obtained as quickly as possible to provide safety and stability while minimizing the potential for associated traumatic experiences;
- Since symptoms may be delayed, consumers need to be counseled about psychological changes they may experience in the future, and offered referrals for psychiatric help; and
- Ongoing support is needed for successful recovery and reintegration into social routines.

Additional factors, such as duration of homelessness and pre-existing behavioral health conditions, might play a role in the success of such programs and policies. Regardless, providers should recognize their role in implementing services that help consumers address and heal from their traumatic experiences related to homelessness.

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<sup>1</sup> National Center for Posttraumatic Stress Disorder and Department of Veterans Affairs. PTSD Fact Sheet: Frequently Asked Questions. SAMHSA HRC Resource. Rockville, MD, 2011. Retrieved from <http://homeless.samhsa.gov/resource/ptsd-fact-sheet-frequently-asked-questions-50416.aspx>.

<sup>2</sup> Ibid.

<sup>3</sup> PubMed Health. A.D.A.M. Medical Encyclopedia: Post-traumatic stress disorder. U.S. National Library of Medicine. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001923/>

<sup>4</sup> Goodman, Lisa, Leonard Saxe and Mary Harvey. Homelessness as Psychological Trauma: Broadening Perspectives. *American Psychologist* 46:11. 1991.

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<sup>5</sup> Hopper, Elizabeth, Ellen Bassuk and Jeffrey Olivet. Shelter from the Storm: Trauma-Informed Care in Homelessness Service Settings. *The Open Health Services and Policy Journal*. 2010.

<sup>6</sup> Ibid.

<sup>7</sup> Ibid.

<sup>8</sup> Whitbeck, Les B., Dan Hoyt, Kurt Johnson, et al. Victimization and Posttraumatic Stress Disorder among Runaway and Homeless Adolescents. *Violence and Victims* 22:6. University of Nebraska-Lincoln, 2007.

<sup>9</sup> Ibid.

<sup>10</sup> Hopper, et al. 2010.

<sup>11</sup> List derived from Guarino, Kathleen, Phoebe Soares, Kristina Konnath, et al. Trauma-Informed Organizational Toolkit. Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Rockville, MD, 2009.

<sup>12</sup> Ibid.

<sup>13</sup> Hopper, et al. 2010.

<sup>14</sup> Agaibi, Christine and John P. Wilson. Trauma, PTSD, and Resilience: A Review of the Literature. *Trauma, Violence, & Abuse* 6:3. 2005.