

Homelessness: Knowledge At Work

Handout 1: Trauma and Homelessness

The Basics:

- **92%** of homeless mothers have experienced severe physical or sexual abuse in their lifetime.
- **23%** of single adults who are homeless are veterans.
- **27%** lived in foster care, group homes, or other institutional settings as children.
- **46%** of youth living on the streets have been physically abused.
- **LGBTQ** youth living on the streets are 7 times more likely to be the victim of a violent crime.

Homelessness itself is a traumatic experience.

Responses to trauma:

- Fight
- Flight
- Freeze

Traumatic Stress is:

- Overwhelming
- Involves a threat
- Leaves people feeling helpless and fearful
- Vulnerable and without control
- Interferes with relationships and beliefs

Examples of Traumatic Events:

- Loss of a loved one
- Natural disaster
- Domestic violence
- War
- Homelessness
- Racism
- Community violence
- Abuse and neglect
- Terrorism
- Poverty
- Physical or sexual assault
- Family separation
- Catastrophic illness

Triggers are reminders of past traumatic events—sights, sounds, smells, tastes, feelings—that reactivate our “alarm system.” We respond as if there is current danger.

Complex trauma is trauma that is prolonged and persistent. It often occurs within the care-giving system during critical developmental stages, leading to disrupted attachment relationships.

Trauma survivors have adopted a set of survival skills that have helped them manage their trauma in the past. These strategies make sense given what people have experienced, even if they are confusing to others or are seen as getting in the way of current goals.

Becoming **trauma-informed** requires service providers to adopt a new perspective; putting on “trauma glasses” and seeing behaviors and responses in a new way.

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Unit 10: Double Edge: Homelessness and Trauma

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Handout 2: Sara's Story

Read the story of Sara below.

Then note the following:

- Circle the traumatic experiences.
- Label what they are in the margins.
- Underline places where Sara exhibits strengths.
- Name each strength by writing it in the margin.
- Answer the questions at the end of the story.

Sara's family included her mom, an older sister, and an older brother. Her dad left when she was very young. The family lived in a poor neighborhood marked by gang violence. The most thriving business was cocaine. Sara's mom's main source of income was baby-sitting the neighbor's children. She also received food stamps and some TANF money. By the end of the month, though, the family often had little money for food. Sara fought with her sister and brother about sharing the last of the groceries. As a baby, Sara's cries weren't always answered. Her mom was seriously depressed and self-medicated with alcohol. Sometimes she could care for Sara, but often that task fell to someone else.

Sara had many caregivers, but none of them were reliable or safe all the time. They included her mom's boyfriend and drinking buddies, the neighbor across the hall, and her siblings. Her brother, Carl, resented Sara for diverting their mother's already-limited attention. Her big sister, Tasha, was the most reliable, but she was young herself and couldn't always protect Sara from the violent fights between their mom and her boyfriend. Sometimes, Sara tried to

stop these fights, but that usually led to her being hit as well. "Mind your own business," her mom would say. The next morning, though, her mom would crawl into bed with her and hold her tightly, apologizing for the scary scenes of the night before and telling her that soon she would have enough money to find a new, safer place to live.

Sara's life continued to be marked by disruption and violence. She learned that asking for help was a sign of weakness. "You gotta fend for yourself, little girl," her mom would say to her, laughing. Taking this to heart, she tried to do everything herself. She had nightmares and a constant stomachache, but didn't tell anyone. If she messed up in school, the anxiety she felt was almost unbearable. She had several boyfriends, but none treated her well. "At least they don't hit me," she'd tell herself after particularly bad fights.

She graduated from high school. Her anxiety became worse. She began drinking excessively, just to feel her body relax. Soon, she was a "regular" when her mom's drinking buddies came for a visit. She justified these binges by saying it was a "bonding experience" with her mom. Her boss at the local grocery store did not agree and eventually had to fire Sara for missing so much work. Her family was of no help. She moved in with her on-again, off-again boyfriend. Eventually, she moved to the streets.



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Handout 2: Sara's Story (cont.)

What are Sara's risk factors for homelessness?

What may become triggers for Sara?

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Handout 3: Developmental Milestones and the Effects of Traumatic Stress—Physical Development

The chart below outlines primary developmental tasks and how they may be impacted by exposure to traumatic stress. The chart includes physical developmental tasks for young children (birth to 5 years), school-aged children (6 to 12 years), and adolescents (12 to 18 years) and are not inclusive of every developmental task that may occur.

Physical Development

Effects of Traumatic Stress

Birth to 6-years-old

- Sit up, crawl, stand, walk/run
- Talk/write
- Sleep gradually gets organized into a day-night schedule
- Potty training

- Sleep disturbances
- Eating problems
- Going back to earlier, younger behaviors (e.g., baby talk or bedwetting)

6 to 12-years-old

- Fewer physical changes—growth spurts begin later in this stage
- Develops muscle coordination
- Should get about 10 hours of sleep a night

- Sleep disturbances and nightmares
- Eating problems
- Somatic complaints—headaches, stomach aches, etc.

12 to 18-years-old

- Growth spurts
- Develops sexual characteristics and drives (puberty)
- New personal hygiene needs
- Increased appetite and need for sleep

- Sleep disturbances and nightmares
- Eating problems
- Somatic complaints (e.g., headaches, stomach aches)
- Decline in healthy self-care

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Handout 3: Developmental Milestones and the Effects of Traumatic Stress—Cognitive Development

The chart below outlines primary developmental tasks and how they may be impacted by exposure to traumatic stress. The chart includes cognitive developmental tasks for young children (birth to 5 years), school-aged children (6 to 12 years), and adolescents (12 to 18 years) and are not inclusive of every developmental task that may occur.

Cognitive Development

Effects of Traumatic Stress

Birth to 6-years-old

- Develop knowledge that something continues to exist, even when it is out of sight (Object Permanence)
- Beginning to develop skills to problem solve, work with others, and manage impulses

- Cognitive regression (e.g., poor impulse control, problem solving)

6 to 12-years-old

- Focus on academic skills
- Continues to develop ability to read and write
- Understands cause and effect

- Poor concentration and learning disturbances
- Misperception of information

12 to 18-years-old

- Increased ability to think, reason and test out ideas and principles
- Able to think more abstractly and use imagination to solve problems
- Can be introspective and perceive differences between what is and what may be (e.g., possibilities)
- Can take different perspectives

- Poor concentration and learning disturbances
- Difficulty problem-solving, planning and rationalizing
- Interpreting trauma responses as signs of “going crazy”

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Handout 3: Developmental Milestones and the Effects of Traumatic Stress—Self & Other Development

The chart below outlines primary developmental tasks and how they may be impacted by exposure to traumatic stress. The chart includes self and other developmental tasks for young children (birth to 5 years), school-aged children (6 to 12 years), and adolescents (12 to 18 years) and are not inclusive of every developmental task that may occur.

Self & Other Development

Effects of Traumatic Stress

Birth to 6-years-old

- Develop trust and security when basic needs are met (Attachment); self-soothing; emotional regulation
- Increasing autonomy and independence (e.g., learn to dress and feed themselves); safe exploration of the world

- Feelings of helplessness
- Unusually quiet or agitated
- General fearfulness (e.g., afraid of being alone, going to sleep)

6 to 12-years-old

- Ability to manage impulses more effectively
- Self-esteem develops
- Sense of responsibility develops
- Spends more time with friends
- Attaches to adults other than their parents

- Feelings of being responsible for the trauma
- Fears the trauma will happen again
- Reactions to reminders of the trauma
- Fears being overwhelmed by feelings
- Irritability, mood swings

12 to 18-years-old

- Identity formation (e.g., cultural, sexual)
- Trying to reconcile being a child with growing into adulthood
- Develops more independence
- Tends to separate from and become less dependent on caregivers
- Relies heavily on peer groups for emotional support
- Enjoys social activities
- Develops sense of morality and beliefs

- Feelings of guilt and/or responsibility related to the trauma
- Embarrassment associated with feelings of fear and physical responses to reminders of the trauma
- Increased irritability and more intense mood swings
- Feelings of being isolated and alone
- Interruption in identity formation
- Decline in quality of family and peer relationships

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Handout 3: Developmental Milestones and the Effects of Traumatic Stress—Behavioral Development

The chart below outlines primary developmental tasks and how they may be impacted by exposure to traumatic stress. The chart includes behavioral developmental tasks for young children (birth to 5 years), school-aged children (6 to 12 years), and adolescents (12 to 18 years) and are not inclusive of every developmental task that may occur.

Behavioral Development

Effects of Traumatic Stress

Birth to 6-years-old

- Clinginess, crying, difficulty being soothed by another adult (Separation Anxiety), usually dissipates by age two
- Temper tantrums at times; plays side-by-side with other children (Parallel Play);
- Begin to develop the ability to share; initiate play with other children as he/she gets closer to school-age

- Separation Anxiety/ clinginess returns; often fears parents will not return
- Increased power struggles
- Temper tantrums more frequent and extreme

6 to 12-years-old

- Able to engage in established routines (e.g., bedtime, mealtimes, etc.) with few verbal reminders
- Children question parents more
- Expanding curiosity

- Altered behavior—aggressive, withdrawn, disorganized
- Repetitive play of the traumatic event(s)
- Regression (e.g., bed wetting , thumb sucking)

12 to 18-years-old

- Likely to show extreme mood swings
- Often challenges family rules and values
- Able to take on more responsibility (e.g. chores, job, school work)

- Avoidance of situations that serve as reminders of the trauma
- Withdrawal from family, peers and activities
- Increase in risk-taking behaviors such as alcohol or drug use, sexual behaviors, fighting, self-harm
- Poor school/job performance (e.g., unfinished homework, declining grades, absences)

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Handout 4: Selected Resources on Homelessness and Traumatic Stress

Traumatic Stress

Trauma and Recovery

Herman draws on her own cutting-edge research on domestic violence, as well as on a vast literature of combat veterans and victims of political terror, to show the parallels between private terrors such as rape and public traumas such as terrorism. The book puts individual experience in a broader political frame, arguing that psychological trauma can be understood only in a social context. (*Herman, J. 1992.* New York: Basic Books.) Available in bookstores.

Complex Trauma in Children and Adolescents

This white paper describes complex trauma and its impact on children and adolescents. (*Cook & Blaustein et al. 2005.* National Child Traumatic Stress Network.) Available at <http://www.nctsn.org>.

Traumatic Stress and Homelessness

Homelessness and Traumatic Stress Training Package

This curriculum is a resource for service providers to train their staff on the relationship between homelessness and traumatic stress and how to apply trauma concepts to their day-to-day work with people experiencing homelessness. This package includes a Trainer's Guide, which provides an overview and instructions for using this package, as well as training materials. (*Volk, Guarino & Konnath. 2008.* SAMHSA's Homelessness Resource Center.) Available at <http://homeless.samhsa.gov>.

Developing Trauma-Informed Services for Families Experiencing Homelessness: An Interactive Training Video and Guide

This training video and guide focuses on the relationship between homelessness and traumatic stress and how to apply trauma concepts to providers' daily work. (*Gabowitz & Konnath. 2008.* The National Center on Family Homelessness.) Available at <http://www.familyhomelessness.org>.

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Handout 4: Selected Resources on Homelessness and Traumatic Stress (cont.)

Trauma-Informed Services

A Long Journey Home: A Guide for Creating Trauma-Informed Services for Mothers and Children Experiencing Homelessness

The Long Journey Home was written as a response to some startling lessons we have learned from the field of homelessness over the last decade. It is intended to serve as a guide to agencies looking for practical ideas about how to create trauma-informed environments. It is best viewed as a template and should be supplemented by your knowledge and expertise regarding the most effective adaptations for working with families in your own program. (*Prescott & Soares et al. 2008*. SAMHSA's Homelessness Resource Center.) Available at <http://www.homeless.samhsa.gov>.

Trauma-Informed Organizational Toolkit for Homeless Services

This Toolkit includes an Organizational Self-Assessment, User's Guide, and How-To Manual for becoming trauma-informed. The Toolkit offers homeless service providers with concrete guidelines for how to modify their practices and policies to ensure that they are responding appropriately to the needs of families who have experienced traumatic stress. (*Guarino, K., et al. 2009*. The National Center on Family Homelessness.) Available at <http://www.familyhomelessness.org>.

Shelter from the Storm: Creating Trauma-Informed Homeless Services

This paper explores the evidence base for trauma-informed care within homelessness service settings, including a review of quantitative and qualitative studies and other supporting literature. The authors define and discuss what is known about trauma-informed care based on an extensive literature review, review case examples of programs implementing trauma-informed care, and discuss implications for practice, programming, policy, and research. (*Hopper & Olivet. 2010*. SAMHSA's Homelessness Resource Center). Available at <http://homeless.samhsa.gov>.

Using Trauma Theory to Design Service Systems

This issue of New Directions for Mental Health Services identifies the essential elements necessary for a system to begin to integrate an understanding about trauma into its core service programs. (*Harris & Falot, Eds. 2001*. New York: Jossey-Bass.) Available at <http://www.communityconnectionsdc.org>.