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From Homeless Teen to Chronically Homeless Adult: A Qualitative Study of the Impact of Childhood Events on Adult Homelessness

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Abstract

In this paper, attention will be paid to the conceptualization of adult homelessness through the lens of chronically homeless adults who became homeless as teens, looking particularly at the impact of adverse childhood events. The study bridges the usual divide between youth and adult homeless populations both as distinct research populations and as populations understood to have distinct causes of homelessness. This examination reveals important ways in which conceptions of homelessness have become decontextualized from the narrative of moving from teen to adult homelessness, from understandings of home and from a subjectivity, which is not determined by housing status. To interrupt the connection between adverse childhood events and adult homelessness, the case will be made that our response to homelessness must include a response to the trauma suffered by persons who were homeless when they were youth.

Keywords: chronic homelessness, adult homelessness, youth homelessness, adverse childhood events

In the explosion of research into homelessness in recent decades, youth homelessness and adult homelessness are usually explored separately. Such methodologies leave many to understand that these two populations are different, particularly with regard to individual characteristics and the causes of homelessness (Aubry, Klodawsky, Nemiroff, Birnie, & Bonetta, 2007; Basi, Clleland, Khind, Morris, & Severinson, 2012). For example, in a panel study of homelessness in Ottawa, Aubry, et al. (2007) found that adults were more likely to have experienced homelessness as a result of economic factors, while youth were more likely to have experienced homelessness due to family conflict. Youth homelessness tends to be analyzed from the perspective of family environments, while adult homelessness tends to be analyzed from the perspective of economic barriers, substance use and mental health issues.

The research project informing this article explores the connection between youth and adult homelessness for a group of chronically homeless adults in southern Ontario, Canada. This exploration was prompted by an earlier study on barriers to employment for homeless adults, which found that chronically homeless adults were more likely to have experienced homelessness as teens than the homeless population in general (Lethby, 2006). In order to explore the connection between youth and adult homelessness, twenty adults, who are chronically homeless and became homeless as teens were interviewed. These interviews were part of a larger study on youth homelessness in the Niagara Region (Baker Collins, 2013). The purpose of the interviews was to explore the circumstances under which the adults became homeless as youth and the impact of those circumstances on their adult homelessness.

This article will summarize what is known about the connection between youth and adult homelessness, report on the findings of this study and discuss how the circumstances, which precipitated youth homelessness, impact on adult homelessness. The case will be made that adult homelessness must be contextualized within a life narrative that ties together teen homelessness and chronic adult homelessness, and that addressing trauma must become an essential part of the response to homelessness among youth.

Literature Review

Since family conflict and abuse loom large in the lives of homeless youth, the connection between youth circumstances and adult homelessness is generally explored by asking homeless adults about adverse childhood events. The findings of this study will be placed in the context of what is known about adverse childhood events and adult homelessness; first for homeless youth and adults and then for chronically homeless adults.

Adverse Childhood Events in Youth and Adult Homeless Populations

Researchers acknowledge that the path to adult homelessness often begins in childhood (Herman, 1997; Kim & Ford, 2006; Lee, Tyler, & Wright, 2010). Homeless youth in Canada report high rates of abuse and conflict in their family history (Evenson & Barr, 2009; Klodawsky, Aubry & Farrell, 2006; Koeller, 2008; McLean, 2005; Public Health Agency of Canada, 2006; Vilyasinh & Pye, 2007). Homeless youth also have high rates of involvement with child protection services, and high rates of having spent time in foster care, group homes or

youth centres (Evenson & Barr, 2009; Klodawsky et al., 2006; Public Health Agency of Canada, 2006).

Some reports note the long lasting impact of childhood stress (Evenson & Barr, 2009; Koeller, 2008; Public Health Agency of Canada, 2006) and several suggest that the greater the number of childhood stressors, the more likely it is that youth will become homeless (McLean, 2005; Public Health Agency of Canada, 2006). In a study, which investigated the prevalence and impact of trauma in the lives of youth who experienced homelessness, trauma was found to be both a cause and a consequence of homelessness (Coates & McKenzie-Mohr, 2010). Youth experienced, on average, 11-12 different forms of trauma with family violence more prevalent before homelessness and street violence more prevalent after homelessness; with severe negative effects for over 50% of youth experiencing homelessness (Coates & McKenzie-Mohr, 2010).

Studies also report high prevalence of adverse/traumatic childhood events (i.e., physical and sexual abuse, placement in foster care, and family disruption) for homeless adults (Browne, 1993; Herman, 1997; Kim & Ford, 2006; Koegel, Melamid, & Burnam, 1995). Bassuk and Rosenberg (1988) found higher rates of child abuse and fragmented support networks among homeless women than among housed women. Wood (1990) also found higher rates of child abuse, parental substance abuse, placement in foster care, as well as weaker support networks. Herman's (1997) comparison of homeless and never homeless adults found that the prevalence of adverse childhood events (i.e., primary risk factors were childhood sexual and physical abuse and inadequate parental care) was significantly higher in the homeless population than the never homeless.

Some researchers contend that not only are rates of adverse childhood events higher in the adult homeless population, they are contributing risk factors in homelessness (Koegel et al., 1995; Lee et al., 2010; Summerlin, 1999; Tyler, 2006) or are predictors of homelessness (Herman, 1995; Susser & Lin, 1991). Herman (1997) found that lack of parental care and either physical or sexual abuse were associated with a "dramatically elevated risk of adult homelessness" (p. 252). Hamilton, Poza, and Washington (2011) found that one of the five "predominant roots" of homelessness among homeless female veterans was childhood adversity including sexual, physical, and emotional abuse as well as being shuffled from one home to another or being placed in foster care (p. S207). Several homeless women described their childhood trauma as "the seeds of homelessness" (Hamilton et al., p. S204).

It is acknowledged that the precise path between adverse childhood events and adult homelessness is not clear. Adverse childhood events may contribute to adult substance abuse (Kim & Arnold, 2004; Koegel et al., 1995; Zlotnick, Tam, & Robertson, 2004), weakened social support networks as adults (Bassuk & Rosenberg, 1988; Summerlin, 1991; Wood, 1990), or to mental health issues (Kim & Arnold, 2004).

Adverse Childhood Events and the Chronically Homeless

The homeless population has been divided into categories, which make distinctions among the homeless according to the length and intensity of homelessness episodes (Burt, 2002). The transitionally homeless are those who experience short term temporary homelessness; the

episodically homeless shuttle in and out of homelessness, and the chronically homeless have recurrent and extended stays in homeless shelters (Culhane, Mettraux, Park, Schretzman, & Valente, 2007; Kuhn & Culhane, 1998). Burt (2002), using national US data, found that when length of homeless period is used, 42.7% of adults had been homeless for one year and this number diminishes to 28.85% at two years. Other estimates of the percentage of adult homeless who are chronically homeless vary between ten percent (Culhane et al., 2007) to twenty percent (Caton, Wilkins, & Anderson, 2007).

The incidence of childhood abuse, particularly sexual abuse, is much higher for the chronically homeless than for the population in general (Nooe & Patterson, 2010), and is higher among the chronically homeless than the nonchronic homeless population (Morris, 1997; Nino, Loya, & Cuevas, 2010; Stein, Burden, & Nyamthai, 2002). Morris (1997) notes that twice as many chronic as nonchronic homeless persons reported abuse or victimization as the main reason they became homeless and for many this abuse began when they were children. Morell-Bellai, Goering, and Boydell (2000) found that the chronically homeless had longer periods of abuse and of a greater severity. Related to childhood abuse is a history of placement in the child welfare system (Caton, et al., 2007; Nino, et al., 2010).

The link between homelessness and adverse childhood events is also stronger for the chronically homeless. Stein (2002) found that childhood abuse directly predicted chronic homelessness among women and was accompanied by high rates of parental drug and alcohol abuse. Zlotnick et al., (2010) looked at prevalence rates and profiles of long-term homelessness among unaccompanied homeless women and homeless women with children. For both groups the odds of becoming chronically homeless were higher for those who have experienced physical and sexual abuse as children. Among unaccompanied women, those women who had been homeless as children were also more likely to become chronically homeless.

In addition, childhood abuse led to other vulnerabilities for adults including less contact with and support from family (Morris, 1997) and fewer close relationships (Morell-Bellai, et al., 2000; Wong & Piliavin, 2001). Morell-Bellai, et al. (2000) describe the situation for chronically homeless men in Toronto: "For some the family of origin was so dysfunctional that they were unable to obtain emotional or practical support from them" (p. 598). Stein et al. (2002) also found significant indirect effects of childhood abuse on depression, self-esteem, alcohol and drug problems.

Adults who Experienced Homelessness as Youth

In addition to adverse childhood events as a factor in chronic adult homelessness, several studies also examine specifically the connections between youth and adult homelessness. A study by van den Bree et al. (2009) examined factors in a population-based sample of adolescents to determine which factors predict homelessness in young adults. They found that three factors were independently associated with homelessness among young adults; poor family relationships, school adjustment problems, and experiences of victimization. Child neglect and investigation of the family by social services were also significantly and independently associated with homelessness.

Simons and Whitbeck (1991) compared a sample of adolescent youth who were runaways to a sample of homeless adults to test the hypothesis that chronic adolescent runaways tend to become homeless adults and to display high rates of criminal behaviour and substance abuse. Simons and Whitbeck did find that runaways tend to leave home in response to rejecting, abusive parents, and that chronic runaways were more likely than other homeless youth to have left home due to parental abuse. A large percentage of the adult sample also had abusive parents and about half had run away from home as children. Their conclusion was that prolonged homelessness as a youth was more likely to lead to adult homelessness.

Chamberlain and Johnson (2011) used information from a large administrative database to examine adult pathways to homelessness. The pathway most relevant for this study is the youth to adult homelessness pathway, which accounted for 35% of the homeless adults and most of these adults (85%) were in the long-term homeless group. Most of those who made the transition from youth to adult homelessness experienced traumatic family breakdowns including sexual and physical abuse and family violence and 42% had been in state care.

In conclusion, adverse childhood events figure strongly in the histories of homeless adults and the incidence of events of child abuse is higher among the chronically homeless and more strongly linked to their homelessness. The information available about the connection between adult homelessness and adverse childhood is primarily about prevalence rates of childhood events and/or pathways into adult homelessness. While some research looks at chronically homeless adults as a population, research specifically with adults who are homeless and who have experienced homelessness as teens is lacking, as is an exploration of the impact of adverse childhood events on homeless adults from the perspective of those adults.

Methodology

The purpose of this study was to explore the connection between becoming homeless as a teen and adult chronic homelessness. A sample was sought of adults who were chronically homeless and who had experienced homeless as teens (before the age of 20). Chronic homelessness was defined as those who had been homeless for a period of six consecutive months or longer and/or had been homeless three or more times in the last two years. The population was drawn from adults participating in a variety of shelter and outreach programs in Niagara, a region in southern Ontario, Canada. Recruitment took place through spending time at several shelter/meal programs and connecting informally with the homeless adults who use these services. Those adults who were 30 years of age or older, had experienced homeless as teens and who were chronically homeless were invited to participate. Participants received an honorarium for participating.

Interview questions included questions regarding demographic information, childhood stressors, history of homelessness including circumstances surrounding the first episode of homelessness and subsequent homeless episodes, the impact of childhood events on adult homelessness, the use of services, and factors contributing to homelessness, including substance abuse and mental health issues. Ethical approval for the instruments, recruitment and interview process and consent forms was obtained from York University. Research procedures complied

with the York University Guidelines for Conducting Research with People who are Homeless (2010).

Quantitative data from the questionnaires was entered into an SPSS database. Qualitative data was analyzed and coded manually, with particular focus on the circumstances of participants when they became homeless as youth, the housing history of participants, and the connection between youth and adult homelessness. In addition, the interview transcripts were used to develop a narrative history for each adult drawing a timeline of early and later homelessness episodes. The narrative was helpful in constructing a more complete picture of the journey from teen to adult homelessness than was available in the list of answers to specific interview questions.

Findings

Demographics

Most of the adult participants (n=16) were male and four were female. The population was drawn from Niagara and included 13 adults from St. Catharines, four from the Port Colborne/Fort Erie area, two from Welland/Niagara Falls area, and one from West Niagara. All of the adults were born in Canada, and 16 indicated their race-ethnicity was Caucasian, three Aboriginal, and one African Canadian. Their current age ranged from 30 to 56 years old, with the average age of 43 years old. The age at which the participants first reported becoming homeless ranged from age 12 to 19, with an average age of 16 years old.

Participants were asked where they had slept most often in the last month. Most of the adults interviewed (n=11 or 55%) had spent most of the last month living in a shelter. Of these 11 participants, six had moved at least once during the month. Several participants combined couch surfing with friends with their shelter stay and several had been in a treatment centre, mental health safe bed, or another shelter prior to being in the shelter where they were interviewed. Seven of the 20 adults (35%) were currently housed in rental accommodation. Two were in long-term boarding situations, with one in a motel and one in a group home.

Childhood Stressors

In this study, an index of childhood stressors was used to measure the number of adverse events that youth were exposed to during childhood and adolescence. The index was adapted from similar indices used in other homelessness studies in Ottawa and Windsor. (The index originated in the Statistics Canada Population Health Survey.) The results can be seen in Table 1, Childhood Stressors. The original index in the questionnaire included the first eleven stressors. The last two stressors emerged in the homeless narratives told by the participants and were included when the analysis was completed.

Table 1
Childhood Stressors

Childhood Stressor	Percentage of adult population experiencing this stressor
Frequent Parental Arguments	80%
Experienced Physical or Sexual Abuse	75%
Problematic Parental Substance Use	75%
Sexually abused	60%
Parental Divorce or Separation	65%
Problematic Substance Use by Youth	60%
Youth sent away from home	40%
Time spent in foster home/group home	40%
Time spent in custody	40%
Long-term parental unemployment	35%
Cultural conflict within the family	10%
Death of an immediate family member	20%
Abandonment by primary care giver	25%

A high percentage, 75%, of the adults had been physically and/or sexually abused as children. When figures for abuse are disaggregated, 60% of the adults had been sexually abused (and some also physically), and 15% had experienced physical abuse only. In addition to high rates of abuse, 80% of adults had experienced parental conflict and 65% had witnessed their parents' divorce.

Rates of problematic substance use are higher among parents at 75% than among the youth at 60%. It is not surprising that substance abuse on the part of the adults, when young or later in life, is also high. Sixty percent of the adults said that they engaged in problematic substance abuse when they were youth, and as adults, 80% said that substance abuse was a contributing factor in their homelessness. Of the 16 adults who indicated substance abuse was a contributing factor, 75% of them grew up in a home where their parents abused substances. One participant described how his mother "used to do drugs a lot" and he "started smoking weed at age nine". Another youth whose father was a heavy drinker said that his dad introduced him to alcohol at age five.

Two stressors, which were not included in the quantitative portion of the questionnaire, but emerged in the interviews, were abandonment as youth and the death of a close family member. There were four adults who reported being abandoned in their youth by adults and left to fend for themselves. As an example, at age four one participant's father moved to a distant city for work. His mother left with her boyfriend after dropping the three children off at a friend's house and never returned. The children, including the participant, were taken in by Children's Aid. In another example, a 14-year-old male was kicked out of his home with his brother when his mother remarried and the stepfather did not want to share the house with the boys. One female described being abandoned by child welfare when she was 15 years old. She missed the court date at a hearing in which she was being discharged from care and was not allowed to appeal the decision. She was dropped off by her worker at a rooming house. The inhabitants were primarily adult males whom she had sex with to avoid being raped and beaten. When asked if she had been in foster care while in the care of CAS she replied that she had been placed in a group home:

Foster care, back then, was for kids that had hope, like we might be able to do something with them. Group home was for kids they're going to be junkies, prostitutes and strippers so just push them through as fast as you can. That was for the hopeless kids, but a lot of the abused kids wound up in there with the criminals.

Four youth experienced the death of a close family member during their youth or early adulthood. One youth was in a car accident in his teens in which his sister was killed and he began drinking heavily in response. Another youth became homeless when his grandmother, who had been caring for him, died. When these stressors are added to the others, the average number of stressors experienced as a youth rises to six per adult.

For adults who experienced homelessness as youth the usual division of the homeless into youth and adult populations does not hold. The homelessness research, on which this article is based, included two samples, one of 40 homeless youth who were followed for six to twelve months and the other of 20 chronically homeless adults who became homeless as teens. A sober finding is that the rate of adverse childhood events was substantially higher among the adults than among the youth in significant areas, such as child sexual abuse. Higher rates of sexual abuse confirms findings from research reported on earlier that adverse childhood events, particularly abuse, are more prevalent for chronically homeless adults and figure more strongly in their adult homelessness. The link between childhood events and adult homelessness for the participants in this study is explored more fully in the next section.

Impact of Childhood Events on Adult Homelessness

There were two questions, which prompted participants to reflect on the connection between childhood events and adult homelessness. First, participants were asked directly about whether or not the events that happened when they were a child or teenager contributed to their becoming homeless. In answer to the first question, the majority of adults (80%) responded that yes, their childhood events had contributed to their homelessness. All of the adults who were sexually abused as children answered yes to this question. Those participants who answered yes to this question were asked to elaborate.

The second question did not ask directly about connections to childhood, but was an open-ended question: “Looking back over your life, what contributes most to your homelessness?” In answer to the open ended question, participant responses centred around substance abuse (noted by just over half of participants) and events that happened in childhood (noted by just under half of participants), with a number of participants drawing a connection between their substance abuse and childhood events.

In his exploration of the personal and social identities of long term homeless persons, Parsell (2010) notes that discussions of a “homeless identity” among the long term homeless “gives undue focus to their homelessness at the expense of other factors” (p. 182). He found that substance abuse and family history were a more important aspect of the lives and identity of the long-term homeless than their homelessness status. In a parallel findings, the responses to what contributed most to homelessness among participants in this study also demonstrates the importance of substance abuse and family events.

In responses that relate adult homelessness back to childhood family events, a number of participants express a desire for a normal childhood:

I guess if I had a normal life with normal people, who were good role models it would have went differently, you think? Good role models that have gone to school, and had jobs and did normal things instead of partying. [Her mother was often drunk and brought men home to party, which led to this woman and her sisters being abused.]

I believe it has a great deal to do with the fact that I never spent more than two months in any school I ever went to because my father was running from the law. So now that I am an adult it just seems normal for me to bounce around because this is the way my life was from the f**** moment I remember living. It doesn't seem abnormal because my whole life has been the same, school to school, house to house, apartment to apartment. So me having a place and then having to come to a shelter for a month while I transition into another place doesn't seem abnormal to me and it should. That's f**** sad, my life isn't going to get any better until I stop.

[Stayed with] Mostly friends because my family, my mum and dad's sides, they were alcoholics so I couldn't stay around there. And I was missing a lot of school, I was sick a lot because I couldn't find food. I couldn't be around that, it just hurt me, there are supposed to be my parents, to protect me, to make sure I had food and clothing, that's what you expect as you're growing up, someone to be there when you come home from school, help you with your homework, have dinner ready, just that basic needs that a child wants and we never got it.

Other responses reflect an absence of care and the impact of this absence on self-esteem:

I see people on the street and I have empathy for them, 'cause I know what they're feeling and it sucks. It's not just not having a home, they feel like they don't have anybody who loves them or supports them or loves them enough to even want to have them on this earth.

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One participant speaks to both self-esteem issues and a desire for a normal life. When growing up, he bounced back and forth between both parents who had divorced and remarried and was abused in both settings. When he was 15, he was in a car accident in which his sister was killed. He began drinking at this point and left home at age 17, living on the street for a year. His adult life has been marked by periods of homelessness, one of which lasted five years. The following comments reflect his analysis of the impact of childhood events and his continued homelessness.

Trust, lack of self-esteem, lack of self-worth, self-loathing, um, need for I don't know, need for negative attention, sometimes I feel I have to be punished for what I haven't even did, sometimes I feel I have to be punished for what other people did.

Normal's not just one line, it's a space. Most of the time my thoughts are in that space but sometimes my thoughts go out of that space and I gotta realize that that space that I'm going out of is not of my own doing so I have to try to acknowledge my own thoughts rather than put them off on something else. Owning my own thoughts, what I'm responsible for, is important to me. I don't like to, but I am forced into owning my own shit. Where I am now is me.

For many participants who named substance abuse as the primary contributor to their homelessness, they link substance abuse to their childhood trauma. Participants describe the pattern in this way:

The inferiority that I felt and disbelonging...led me to self-medication, self-medication led me to the streets.

Just because I was broken from the core of my person, I was always suicidal, I was never happy; I always wanted to be drunk...I was just broken at the core of my person, so that's how I say it contributed to it, it just took me in a whole different route.

With being homeless when I was younger it's probably a trend. You know, I was drinking, maybe if I wasn't drinking when I was younger, maybe I wouldn't have drank so much when I was older. That's probably a big factor.

When I was younger there was hurt and in the past two years I was in the same position I was in when I was younger and I didn't know how to deal with it except to turn to the bottle.

Only four adults said that childhood stressors did not contribute to their homelessness. These four indicated it was their own substance use, or lack of financial judgement, or going down the wrong path that explains their homelessness. One states, "I had a chance at a good life. My parents were willing to pay for college, anything I wanted, right, it was me that had the wrong friends, went down the wrong path." This participant got into trouble with the law at a young age and described himself as wanting to be the cool kid at school. Another said, "No, you do it to yourself. You get in a situation and you gotta stay in it until you can make some money and get out." This individual was raised in poverty by a single mother and was physically abused by his grandfather who lived with them, but he considers his childhood, "pretty ordinary". This

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participant began stealing cars at 16 years old. He spent most of his adult life moving around to find work or to escape the police, which led to experiencing periods of homelessness punctuated by longer periods of being housed.

One adult said yes to the impact of childhood events on adult homelessness, but described the relationship in a positive way. He indicated that his experiences as a youth helped him learn to be independent. However, he then goes on to say that, this is also his downfall because he finds it difficult to ask for help.

Childhood Events and Adult Agency

In the answers to the questions about the impact of childhood events on homelessness, a tension was revealed between recognizing the impact of childhood events and recognizing individual agency in responding to those events. That tension is reflected in the following examples.

One participant described his childhood as growing up with “strangers”. He was taken into care, separated from his sisters and spent time in multiple foster homes, frequently running away. He described himself as not fitting in and a frequent target among the four or five children in a foster home when things went wrong. He identifies himself as Native American, but was always placed in white foster homes and did not realize he was Native until someone in high school told him. He saw his Native heritage as contributing to his “nomadic” ways. In his description of the impact of childhood, events and the reasons for his homelessness both the shaping of childhood events and his own agency come through:

I would say that the kind of the environment that I was in kind of contributed to that because they were always trying to bend me to their will and I would say I was a free spirit; I wanted to do what I wanted to do, so I would rebel.

Me. I wanted to do that. Had I not wanted to I would have behaved, I would have conformed. I put myself in that situation, not anybody else.

A participant who grew up in Newfoundland lost his mother when he was eight years old and was sent to live with a neighbour since his father could not take care of all five of the children. He experienced sexual abuse on the part of the Christian Brothers at his school. Substance abuse began at age 13 and he left Newfoundland at age 17 and has been homeless most of his adult life.

I wasn't supervised as a kid, I could run wild eh, you know. And I could blame it on the abuse, but I don't know if that's true or not, I could have ended up the same way. (pause) No, that's their problem not my problem, they're sick. But, no I think the big thing was that I could do whatever I wanted when I was small. Dad didn't know, Mrs. O. didn't know.

The last example comes from a female participant who was raised by an alcoholic mother and father. She had a learning disability and was put into a “special class” at school. An undiagnosed

genetic disease led to a visible skin condition for which her peers teased her daily. She also felt a social outcast in her own home.

My parents didn't realize that I really wasn't stupid, that I needed glasses before I started school. I was overlooked all the time. I don't blame them for my medical problems, that's the way I was born, but I do blame them for not looking into it. For not taking me to a doctor more often.

I think it started a pattern that I've been fighting. The last residence that I had I had for four years. I've tried to break that pattern. I'm used to being squashed down by the system, to feel that I don't deserve something better. It's a battle I have inside of me. I'm just as good as a person that works. I'm just as good as that other person and I'm not better than someone else.

For the participants in this study, adverse childhood events have marked their adult lives and given shape to the challenges, which they face as adults in trying to secure housing. They are struggling to find the stability that was lacking in their growing up years. They recognize both their own responsibility in that struggle and the ways in which childhood trauma has had an impact on their ability to achieve stable housing.

In addition to the open ended question about what most contributed to their homelessness, participants were also give a list of potential contributing factors and asked to indicate whether or not they were factors in their own homelessness (both youth and adult homelessness). The following table (Table 2. Significant factors in adult homelessness) shows that the end of a relationship and substance use issues are the cited most frequently followed by lack of income and lack of employment. When participants are asked about specific factors generally associated with adult homelessness, relationships, and substance abuse are still most prominent, but factors such as a lack of income or lack of employment and lack of education also are identified, as are mental health issues and time spent in custody.

Table 2

Significant factors in adult homelessness

Significant contributing factor to homelessness	Percentage of adults who said yes
End of a relationship	80%
Substance use issues	80%
Lack of income	75%
Lack of a job	65%
Insufficient education	45%
Mental health issues	45%
Time spent in detention centre or prison	40%

Use of Services

Participants were asked to think back on times of homelessness and identify services that they needed at the time, but which were not available. Half of the participants indicated there were services needed that were not available. One quarter of participants indicated either that the services were there if needed or that “if you want help you can find it”. Some adults did not know if services were available or not and spoke of not knowing where services were when they were younger and/or of not knowing how to ask for help. More participants mention process issues, such as knowledge of services and access to them than name particular missing services.

I believe there were a lot of places out there that could have helped me when I was younger, but I was just unaware of them, how to enter that place, how to let them in on my situation.

They were probably available, I just didn't know about them.

Several participants referred to services that are available now that were not available years ago, such as a youth shelter, homeless shelters or a housing help centre. Given their age at the time of the interview and the age at which they first became homeless, most of the adults became homeless during the 1970s and 1980s before homeless programs, especially youth shelters, were available. The first youth shelter in the Niagara Region, for example, opened in 1994. Almost all of the participants who grew up in Niagara were homeless teens before this shelter opened.

Discussion

This article began with a review of what is known about the connection between adult homelessness and adverse childhood events. Although there is still a tendency to look at factors such as abuse and family dysfunction when studying homeless youth and to examine factors such as unemployment, low income, substance abuse, and mental health issues when studying homeless adults, this review demonstrated that adverse childhood events figure strongly in the lives of chronically homeless adults. The participants in this study also confirmed the importance of childhood events in contributing to chronic adult homelessness. These findings suggest that among adults who are chronically homeless, there is a group whose causes of homelessness much more closely reflect those of homeless youth than adults. The separation of the homeless into adult and youth populations can mask this important connection between the two groups. The potential consequences of that separation can be severe.

In this discussion, a critical examination of the conceptualization of adult homelessness and the ways in which this conceptualization constructs subjectivities will be undertaken (Calhoun, 1995; Pease, Allen & Briskman, 2003; Strega, 2005). This examination reveals important ways in which homelessness has become decontextualized from the narrative of moving from teen to adult homelessness, from understandings of home and from a subjectivity, which is not determined by housing status. The consequences of this conceptualization of separating homeless adults from the trauma they experienced, as youth will be addressed by

making an argument for *trauma informed care* as part of our response to youth homelessness (McKenzie-Mohr, Coates, & McLeod, 2012).

“Home”-less

It is not possible in today’s service system to provide services for homeless persons without program parameters in the form of definitions of homelessness, eligibility rules, and a determination of the services, which are needed. Categories are seen as a necessary feature of the response to homelessness. Common to the many and varied definitions of teen and adult homelessness is a focus on physical shelter and the adequacy and stability of that shelter. Homeless persons are individuals who are without adequate physical shelter or whose physical shelter is of a temporary nature, such as an emergency shelter. Underneath this definition is an interpretation of need. Fraser (1989) suggests that an examination of how need is constructed exposes the underlying norms attached to that construction and the ways in which identities of those in need are defined and shaped. Discourse and identity come together as subjects assume the stance of petitioners to an administrative body (Fraser, 1989). The core definition of homelessness as lack of physical shelter translates an “experienced situation and life problem” (homelessness) into an “administrable need” (Fraser, 1989, p. 154). The need is to provide physical shelter and the services that would enable a homeless adult to maintain this shelter. Although it is widely recognized that homeless adults have complicated lives and multiple needs, the defining need is for physical shelter.

For the adults in this study, a focus on their homelessness implies that their administrable need began when they lost their physical shelter, that is, when they fled an intolerable “home” life. From the category of homelessness, prior to this point an administrable need did not exist. A recognition that home is much more than physical shelter (Reitz-Pustejovsky, 2002), however, exposes losses far beyond the loss of physical shelter.

Home is more than shelter. Home has deeper meaning and only begins with shelter from unkindness. It incorporates a familiarity, a comfort, and a safety net shielding us from a multiplicity of assaults of the world. Home is associated with familiarity with security-producing cultural traditions and bonds of kinship, having more to do with our emotional needs than physical ones. In order to live, we need identity-building interpersonal connections, not just walls. We need others to whom we belong and who give existential meaning to our lives (Reitz-Pustejovsky, 2002, p. 236).

From this broader and deeper perspective of home, it becomes clear that the participants in this study were “home”less long before they were without physical shelter. In fact, their lives may have improved in terms of the safety and security that Reitz-Pustejovsky describes, after they lost their physical shelter. A focus on physical shelter masks the impact on their lives of growing up in situations of family conflict, abuse, residential instability, and abandonment. In answer to the question, “At what age did you leave home?” one participant (who was abandoned by his mother at age four) responds: “I didn’t really have a home. Nobody loved me, it was weird. There were people that liked me or would use me for work. But when I was 15, I told the Children’s Aid where to go and moved to Paris, Ontario.” When asked whom he lived with most of the time growing up, this participant answered, “Strangers.”

Importance of the Life Story

A focus on physical shelter as the administrable need of homeless adults can also mean that chronically homeless adults who became homeless as teens become separated from a life story that has significant impacts on their current housing status. This life story comes into focus more clearly in research that looks at the connection between adult homelessness and adverse childhood events. This research has shown that adults who have experienced traumatic childhood events have fewer close relationships and support from family (Morris, 1997, Morell-Bellai et al., 2000; Wong & Piliavin, 2001).

A study by Sumerlin (1999), for example, examined the impact on adult homelessness of a childhood marked by a loss of a feeling of belonging. Sumerlin looked particularly at the impact of abuse and out-of-home placements. In interviews with participants, he found “the volume of misery from their parenting was especially loud. Relationships intended to nurture their development frequently failed and seemed to instill an expectation of not being able to rely on others and feelings that no one was interested in them” (p. 567).

In the discussion referred to earlier regarding identity, Parsell (2010) notes that labels, such as chronically homeless are external identities imposed on adults in that situation. Homeless adults’ description of their own identities diminishes the importance of homelessness as a state and increases the importance of themes that relate to *why* they are homeless. Participants described their own family related trauma and the abuse and betrayal that led to state care as more of an influence on their identities and their current pessimistic worldview than their homelessness.

Each respondent who made reference to family-related trauma and identity did so in a diversity of respects. Common among these diverse experiences was a mutual perception that the experience had proved profoundly influential in how they saw the world, and how they wanted me to understand them. Individuals in this study were unequivocal in that they were not a ‘homeless person’ with an identity that could be understood in terms of their homelessness. They rejected the notion of being a ‘homeless other’, describing themselves instead with reference to families or (negative) family experiences (Parsell, 2010, p. 191).

Circular Categories

Separation from a life story also makes room for the individualization of social processes. As was noted in the literature review, adverse childhood events can contribute indirectly to the visible outcomes of substance abuse, social isolation, and mental health issues. In descriptions of homeless adults, substance abuse, and mental illness become characteristics of the population rather than outcomes of earlier social processes of neglect and abuse. It then becomes deceptively easy to conclude that these individual characteristics are causes of homelessness. This tendency to turn characteristics into causes is what begs for an examination of categories. As Haworth (1991) reminded us years ago, when current categorizations are seen as given, we lose track of their origin in social processes. “In other words, the categories of outcomes of social processes are studied, described, and explained in such a way as to imply that the outcome

‘variables’ were there at the beginning and ‘caused’ the events to come about in some inevitable fashion” (Haworth, 1991, p. 43).

This circular reasoning is found in the federal government’s definition of chronic homelessness in the United States: *An unaccompanied homeless individual with a disabling condition who has either (a) been continuously homeless for a year or more OR (b) has had at least 4 episodes of homelessness in the past three years.* “Disabilities or disabling conditions often include severe and persistent mental illness, severe and persistent alcohol and drug abuse problems and HIV/AIDS” (Caton et al., 2007, p. 4-3). The disabling conditions referred to in this definition are often outcomes of adverse childhood events, such as abuse and out-of-home placements; but they become individual descriptors of chronically homeless adults, detached from the processes in which they originated. The impact for the adults in this study, for example, is that issues of substance abuse become causes of continued homelessness and the original connection of substance abuse to adverse childhood events is lost.

Fopp (2009), in a study of the use of metaphors in descriptions of adult homelessness, looked at the social functions performed by metaphors like “career” and “pathway” in the description of adult homelessness. He examined particularly the tendency, when using these metaphors, to lose sight of structural antecedents of homelessness since these terms can be used to imply “options and opportunities” (Fopp, 2009, p. 289). Fopp builds on the work of Lakoff (1995) who examines the moral accounting behind the term social safety net. In applying Lakoff’s work to homelessness, Fopp makes this observation:

While the metaphor [safety net] could be interpreted to include the notion of being “pushed” into homelessness (a sudden wind caught the person on the tightrope and they fell, or the tightrope collapsed) the safety net focuses on the actions of the individual person; it draws attention to “fall” rather than “was pushed” (2009, p. 281).

If the social processes which surround the “pathway” to chronic adult homelessness for the adults in this study are taken into account and if adult homelessness is reinserted into a life story, the description of adult homelessness for the participants in this study might take the “was pushed” factor more into account. In this reading, the adults who were responsible for these homeless adults when they were children failed to care for them and protect them. As a result, they experienced abuse and neglect, instability and lack of physical safety. Their victimization went unnoticed by society or was responded to in ways that added to feelings of not belonging. In failing to provide protection and care in the lives of these children, the trauma they experienced has contributed to their adult homelessness.

Conclusion

It is beyond the scope of this research to map precise paths between adverse childhood events and chronic adult homelessness. The strong connection between the two confirmed in this study, however, suggests that when we separate the outcomes of adverse childhood events from those events themselves, we fail both youth who experienced homelessness as a result of these events and the chronically homeless adults they may become.

The importance of adverse childhood events in chronic adult homelessness provides a cautionary tale for our response to youth who experience homelessness. As noted earlier, the interviews with the adults in this study were part of a larger study in which 40 youth who have experienced homelessness were followed for a period ranging from six months to one year. The seeds of chronic adult homelessness were already visible in this population. Just over one-half of the youth (55%) met the definition of being chronically homeless and this group was far more likely to have reported being abused (64%) than the non-chronically homeless youth (33%) in the study (Baker Collins, 2010).

Our response to homelessness both among youth populations and among chronically homeless adults must include addressing the impact of the trauma inflicted by adverse childhood events. Current responses to homelessness focus primarily on homelessness itself and the provision of shelter (Baker Collins, 2013; Gaetz, 2013; McKenzie-Mohr, Coates, & McLeod, 2012). McKenzie-Mohr, Coates and McLeod (2012) make the case for including *trauma-informed care* as a requirement of our response to youth homelessness. Trauma informed care has the potential to answer some of the concerns raised in this discussion when it includes, among other features, a response to the impact of trauma, the provision of a place of safety and respect, and an understanding of people in the context of their life circumstances including socio-political factors (McKenzie-Mohr et al., 2012). The cautionary tale in the stories of the chronically homeless adults in this study suggests that responses to trauma, including trauma informed care, if decontextualized from social processes and life stories, also have the potential to become an add-on piece of programming meant to fix traumatized individuals without responding to social processes. Recognizing this, McKenzie-Mohr et al. (2012) argue for embedding our response to trauma in a frame which recognizes our collective responsibility to work towards “strong social policies, community development initiatives, health and wellness opportunities for families, and quality education services” (p. 141). Our response to trauma needs to be embedded in a perspective that contextualizes homelessness with deeper meanings of home, and with the life story and the social processes that tie together teen homelessness and chronic adult homelessness.

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