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# Men's experiences of early life trauma and pathways into long-term homelessness

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## ABSTRACT

Previous studies that have explored the association between childhood trauma and homelessness indicate that traumatic events can lead to survivor distrust of interpersonal relationships and institutions, prolonged homelessness and poor health and social outcomes. The majority of this literature relies on quantitative data and fails to investigate the personal experiences of childhood trauma that are found to impact housing status later in life. Semi-structured, qualitative interviews were conducted with 25 men living in an urban area in Ontario who had spent more than 30 consecutive nights in an emergency shelter over the course of their housing histories. During data analysis, it was observed that all of the men had experienced some form of trauma or neglect in childhood which contributed to their entries into homelessness. Using a case study approach, three entry pathways into long term homelessness are described: 1) youth; 2) emerging or early adulthood; and 3) middle adulthood. Participants are classified into the pathways by the developmental period at which they first entered homelessness. These findings have implications for policy makers and service providers, as key intervention points are identified. Establishing effective interventions that address crises experienced at these points could assist with homelessness prevention across the life course.

## 1. Introduction

Homelessness is a social and public health concern. Recent studies in Canada suggest that roughly 150,000 to 300,000 persons experience homelessness each year (Graham & Schiff, 2010). Gaetz, Donaldson, Richter, and Gulliver, 2013 estimate the annual economic cost of homelessness in Canada to be approximately seven billion dollars. Although recent estimates illustrate growth in family, youth and women's homelessness, the homeless population in Canada continues to be disproportionately male. For example, Gaetz, Dej, Richter, and Redman, 2016 find that only 27.3% of homeless persons in Canada are female. The majority of persons who access homelessness services do so temporarily to respond to short-term housing crises. However, a small proportion of this

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population experience long-term homelessness (Caton et al., 2005; Culhane, Park, & Metraux, 2011; Gaetz et al., 2013). Those who are part of the long-term homeless population tend to experience higher institutional distrust and face a variety of health and social challenges, including a higher prevalence of mental health concerns (Mackelprang et al., 2013). Additionally, homeless men have different experiences and needs than homeless women and families (Daly, 2013), which indicates a need to better understand the experiences of men separately from those of women. Although the prevalence of early life trauma in homeless individuals is well-documented in quantitative studies, relatively few studies report lived experiences of trauma. Further, the qualitative studies that do exist tend to focus on women's and youth's experiences, largely ignoring the experiences of men (Kim, Ford, Howard, & Bradford, 2010). The majority of those experiencing long-term homelessness in Canada continue to be male (Daly, 2013), yet the scientific community lacks sufficient information to understand men's lived experiences with factors that contribute to entry into long-term homelessness among men.

While the literature recognizes the impact of welfare state characteristics, such as poverty and policy-based responses, on homelessness, researchers also argue that individual crises, such as childhood trauma and neglect, contribute to homelessness (Chamberlain & Johnson, 2013; Morrell, Bellai, Goering, & Katherine, 2000). It is the combination of these systemic and individual factors that interact to establish the social context for homelessness (Herman, Susser, Struening, & Link, 1997; Koegel, Melamid, & Burnam, 1995). Individuals who experience prolonged or frequent episodes of homelessness are more likely to have experienced some form of trauma in childhood or adolescence (Mackelprang et al., 2013; Maguire, Johnson, Vostanis, Keats, & Remington, 2009; Morrell-Bellai et al., 2000; Robinson, 2005; Taylor & Sharpe, 2008) and adverse childhood events can be predictive of an earlier age of onset of homelessness (Tsai, Edens, & Rosenheck, 2011). Moreover, research with adult women who experience homelessness concludes that protective child and youth welfare interventions, parenting skills programs and interventions designed to decrease family dysfunction and child abuse may be useful for preventing long-term homelessness in adulthood (Stein, Leslie, & Nyamathi, 2002).

The objective of this paper is to investigate men's experiences of early life trauma and subsequent pathways into long-term homelessness. This paper contributes to understandings of the connection between childhood/youth trauma and adult homelessness.

## 2. Background

### 2.1. Childhood Trauma and Men's Homelessness

The prevalence of histories of traumatic events in the population of men who experience homelessness is estimated at 69 to 91% (Buhrich, Hodder, & Teesson, 2000; Christensen et al., 2005). Traumatic events contribute to poor mental health, substance use and concurrent disorders, which are all conditions that impact the individual's ability to secure and maintain stable housing (Kim et al., 2010; Maguire et al., 2009; McNaughton, 2008; Taylor & Sharpe, 2008). Lack of stable housing conversely can result in diminished health (Taylor & Sharpe, 2008), creating a downward cycle which makes recovery from homelessness and mental health issues difficult. These complex concerns often begin and continue to occur within a landscape of severe and persistent poverty which undermines human cognitive and social-emotional development and achievement, contributing to diminished long-term experiences of health, wellbeing and executive functioning (Farah et al., 2006; Hertzman & Weins, 1996). As such, Sullivan, Burnam, Koegel, and Hollenberg, 2000 describe homeless individuals as having a double dose of disadvantage, as they often experience both poverty and adverse or traumatic events in childhood. Indeed, a recent Australian study that investigated predictors of homelessness or risk of homelessness in adults determined that 99% of persons sampled had experienced complex trauma in childhood or youth (Keane, Magee, & Kelly, 2016), identifying trauma as a common, early element for those experiencing ongoing housing instability.

The evidence to date demonstrates that both men and women who have experienced trauma also experience poor health in adulthood, including depressive disorders (Chapman et al., 2004), substance use disorders (Danielson et al., 2009; Dube et al., 2005; Kessler, 1995), acquired brain injuries (Hwang et al., 2007) and frequent experiences of somatic symptoms (Waldinger, Schulz, Barsky, & Ahern, 2006). Conditions associated with trauma, including mental illness, substance abuse, and acquired brain injuries are common in the long-term homeless population (Caton et al., 2005; Hwang et al., 2007). Patterson, Moniruzzaman, and Somers, 2015 investigated the prevalence of childhood adversity amongst homeless adults with mental illness and found that 65% of participants reported abuse and 79% reported household dysfunction in childhood, further supporting the link between trauma in early life and adult mental illness.

The association between trauma and homelessness is well-documented in quantitative studies (see Bokszczanin, Toro, Hobden, & Tompsett, 2014; Christensen et al., 2005; Kim & Roberts, 2004; Roos et al., 2013; Torchalla et al., 2014). This association is both direct and indirect, with childhood or youth trauma setting the stage for less social and familial support, increased risk for psychiatric disorders, and normalization of environmental instability (Herman et al., 1997; Koegel et al., 1995). Evidence on sex differences and trauma finds proportional differences in traumatic event exposure between sexes. For example, Christensen et al. (2005) found that 100% of homeless females ( $n = 27$ ) and 68.8% ( $n = 35$ ) of homeless males experienced at least one traumatic event over the life course. Buhrich et al. (2000), in a similar study of trauma prevalence in Sydney, demonstrated a smaller sex differential with 100% of homeless females ( $n = 38$ ) and 91% of males ( $n = 119$ ) experiencing at least one event of trauma in their life. The type of trauma experienced by youth may differ according to gender. In a recent study, Ballard et al. (2015) evaluated gendered differences in experiences with trauma among adolescents. Their work identified three classes of childhood traumatic experiences; one of these classes was comprised predominantly of individuals who identified as women and was characterized by sexual assault and parental psychopathology the second class was predominantly those who identified as men and was characterized by exposure to physical violence and the third class was comprised of individuals who had not experienced trauma.

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