Homelessness and Childhood Adversity

By Charlotte Grey and Louise Woodfine, Public Health Wales

In a survey from Wales (United Kingdom), we found that around 1 in 14 (7%) of the Welsh adult general population reported lived experience of homelessness (1). We know that having a home is an important stabilising factor, so inadequate housing is a serious societal issue that directly and indirectly affects social, physical, and mental health (2). Homelessness is an indicator of fundamental breakdown in a person’s life, and is an extreme form of social exclusion and inequality (3,4).

Finding effective solutions to the problem of homelessness is complicated, as it involves not only identifying and implementing effective interventions to support people currently experiencing homelessness, but also addressing the multiple complex causes (5). We know that a high number of ACEs, individuals with a higher number of ACEs (four or more) were 16 times more likely to report lived experience of homelessness. ACE-prevalence was found to be high in the homeless population; we found 87% of those reporting lived experience of homelessness had experienced at least one ACE, and 50% reported four or more ACEs. This compares to 46% and 11% in the general population, respectively. A significant association between ACEs and experiencing homelessness was evident for each specific type of ACE. This would suggest that reducing or preventing adversity experienced by the child, may help reduce future vulnerability by mitigating negative health and social outcomes in the adult, including homelessness.

The findings of the cross-sectional survey were supported by qualitative interviews with a group of people with lived experiences of homelessness, as well as with service providers, to better understand how ACEs contribute to homelessness across the life-course and what would have helped mitigate this impact (1). From the interviews, participants with lived experience of homelessness discussed developing maladaptive coping behaviours in their teenage years, or earlier, in response to the ACEs they were experiencing in often chaotic home lives. These destabilising behaviours present in children and young people, included being overly-independent at a young age, repeating unhealthy relationship patterns and finding it difficult to form and maintain relationships, self-medicating, self-harm and suicidal ideation, violence and criminal behaviour, staying out or running away, and finding it challenging to cope with rules. This behaviour, attributable to ACEs, combined with a lack of trust from the vulnerable child and a feeling of not having a voice and being heard, and services throughout the life-course not being able to see the ‘person behind the behaviour’, contributed to poor school attendance and the participants not coping academically. These negative coping behaviours continued into adulthood and participants often felt these had contributed to their homelessness.

The research helped us to identify recommendations and next steps (1). A better understanding of the impact of ACEs and the impact on the life-course could help improve our understanding of some of the underlying individual factors contributing to homelessness, as well as enabling better risk factors early intervention and prevention options to reduce the effects of ACEs in vulnerable children and adults.
Achieving sustainable change can only be done through a multi-agency, collaborative approach to reducing the risk of homelessness, of which ACEs is part of the multiple, complex causes; as well as the impact of ACEs being a barrier to services supporting those who find themselves homeless.

In order to achieve early intervention and prevention, the key messages from our recent work (1) are that:

- **Capacity** needs to be built into services across all sectors in order to take a multi-agency, trauma-informed approach to better support the vulnerable child or adult, where a trauma-informed approach would include understanding of ACEs, create an environment of physical and emotional safety, and taking a strengths-based approach (31).

- **Awareness** of the impact of ACEs on later vulnerability in adults, including homelessness, would need to be improved so that all services that come into contact with children and young people are better informed to identify those at-risk from adversity in their household.

- The **support needs** of both child and adult vulnerable populations that have been impacted by ACEs need to be better addressed. Support and provision of services should be culturally and environmentally supportive of individuals with ACEs, and barriers to accessing health and social support minimised.

- Early years’ settings and youth services should be supported to work in a trauma-informed way and to recognise vulnerability in the child; and to ensure that **early intervention is multi-agency** and centred around supporting the child and their family.

- The value that teachers, support workers, youth and community support systems play in early intervention must be recognised and a **holistic system of support** for the child provided, with the focus on taking a trauma-informed approach to vulnerability and building a trusted and constant relationship with the child.

- Empowering children and building resilience is seen as protective by mitigating against developing health and social outcomes from exposure to ACEs (17,32–34), and public bodies should take a **Children’s Rights Approach** to supporting children at-risk from adversity to ensure that children’s voices can be heard.

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**REFERENCES**


