

A TANGLED WEB

Homeless Family Subpopulations and Their Overlapping Needs

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a National Survey policy brief from ICPH

Homeless families often face additional challenges to attaining and maintaining housing due to mental illness, substance abuse, HIV/AIDS, domestic violence, and veteran status. Data and research on these families are lacking; the U.S. Department of Housing and Urban Development's (HUD) *2010 Annual Homeless Assessment Report to Congress* marked the first year that any separate data on family subpopulations were publicly released (figure 1). As this report only provides national data on adults in families residing in permanent supportive housing, it paints a limited picture. For years, local data have been collected in point-

in-time counts and Homeless Management Information Systems on all persons accessing emergency shelter and transitional housing; however, homeless singles and adults in families were always reported by HUD together (figures 2 and 4) complicating research on effective housing and service options. Additionally, the unique needs of children and the family unit have been continuously left out of the discussion. Without proper data and a thorough understanding of the inherent interconnectedness between subgroups, it is impossible to effectively determine and meet the needs of these homeless families and their collective members.

Figure 1

PERCENT OF HOMELESS ADULTS IN PERMANENT SUPPORTIVE HOUSING IN SUBPOPULATIONS (2010)
(by household composition)

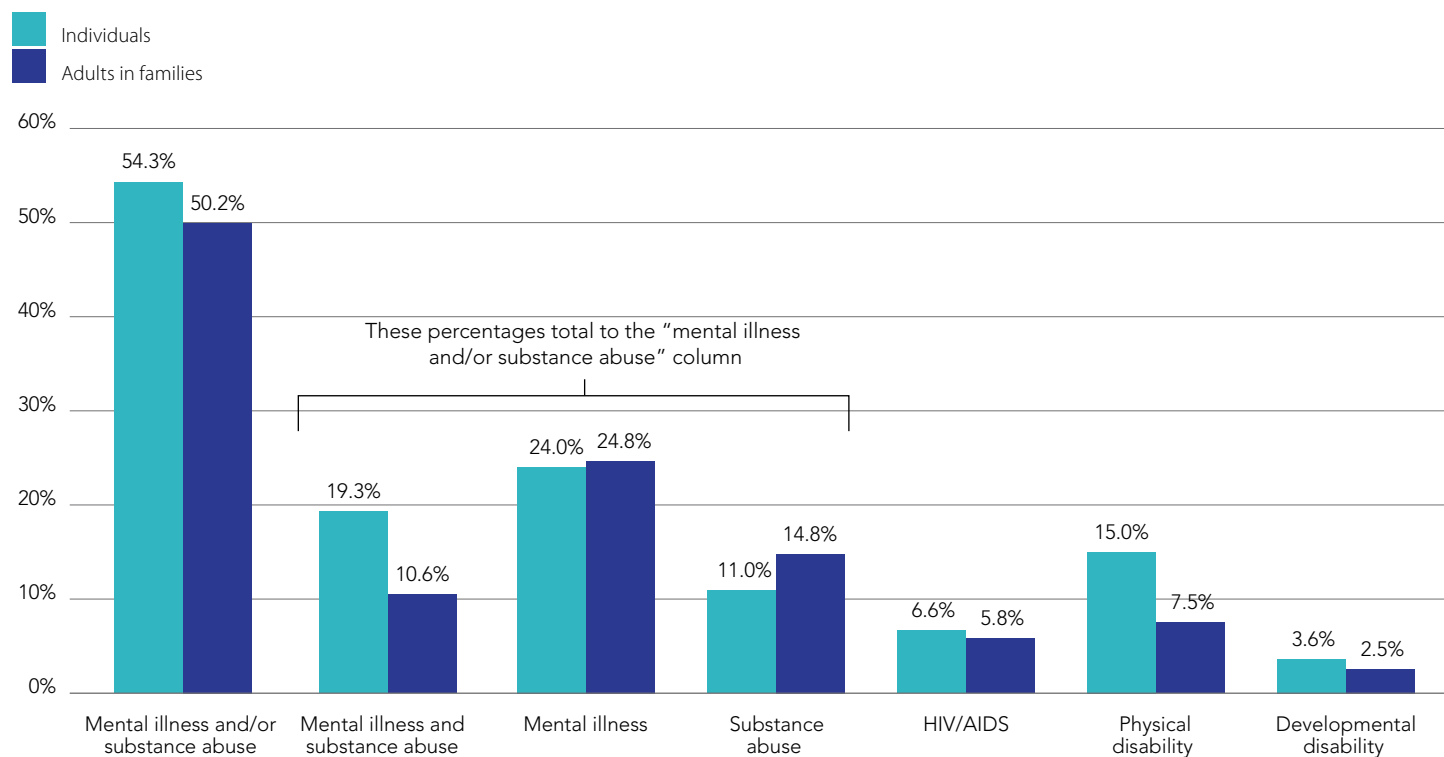
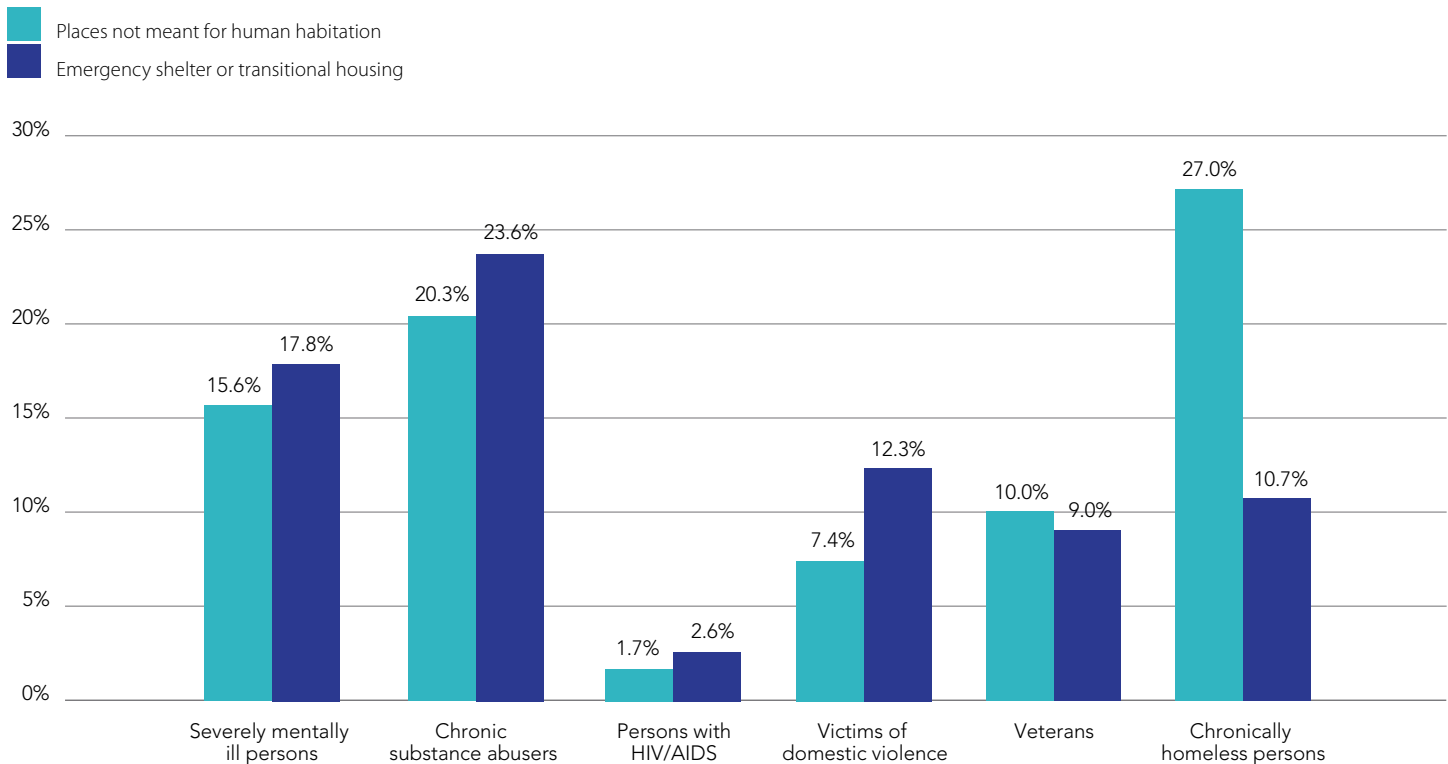


Figure 2
PERCENT OF HOMELESS ADULTS IN SUBPOPULATIONS (2010)
(by housing status)



Source: U.S. Department of Housing and Urban Development, HUD's 2010 CoC Homeless Assistance Programs — Homeless Populations and Subpopulations.

Mental Illness

One-quarter (24.8%) of adults in families residing in permanent supportive housing, roughly the same rate as individuals (24.0%), have a mental illness (figure 1).¹ For mothers of children under the age of four, socioeconomic status is strongly associated with mental health; one-third (33.4%) of mothers in the lowest household income distribution experience depressive symptoms, compared to 9.2% of mothers in the highest fifth.² Homelessness is further correlated with mental illness. Among homeless mothers in a Massachusetts study, the rate of psychiatric disability was almost three times higher than that of their housed counterparts.³ Maternal psychological distress is negatively related with homeless children's emotional and behavioral health, although more research on long-term outcomes is necessary. Homeless families with mental illness experience more long-term homelessness than non-mentally ill families, as well as greater risk of separation from their children. Mental illness also increases vulnerability to physical health problems by impairing families' ability to maintain self-care and practice risk reduction.⁴

Substance Abuse

Adults in families living in permanent supportive housing have higher rates of substance abuse than individuals (14.8% and 11.0%, respectively) and yet there is a shortage of comprehensive residential treatment facilities for mothers with children (figure 1).⁵ Homeless mothers have a higher lifetime rate of substance abuse than that of housed low-income mothers (41.1% versus 34.7%), which is twice that of women in the general population (20.3%).⁶ Families living in poverty often use drugs and alcohol as coping mechanisms, with negative consequences for their children. Parental substance abuse is a contributing factor for between one and two-thirds of children in the child welfare system.⁷ Babies born to mothers who abuse drugs and alcohol have a heightened risk of low birth weight and serious medical and neurobehavioral problems.⁸ Substance abuse is also associated with violence; a Los Angeles County study revealed that homeless women who experienced either physical or sexual violence were three times more likely (24.3%) to abuse drugs and alcohol than women who were not victimized (7.9%).⁹

HIV/AIDS

HIV/AIDS affects roughly six percent of adults in families and individuals living in permanent supportive housing (5.8% and 6.6%, respectively [figure 1]). The rate of infection for homeless families is nearly twelve times higher than for persons nationwide (0.5%).¹⁰ Homeless mothers, with their limited access to screenings and preventative care, have a higher risk of infection than their housed peers.¹¹ The effects of the disease (exorbitant health care costs and job loss from discrimination or extended absence) can increase the risk of homelessness for low-income families; up to 70% of persons living with HIV/AIDS report one or more episodes of housing instability.¹² Conversely, homelessness is associated with HIV-risk behaviors, including substance abuse; a Florida study reported that almost one-third (30.5%) of HIV-positive homeless clinic clients were injection drug users, nearly three times the national rate (11.7%).¹³

Domestic Violence

Over nine in ten (91.6%) homeless mothers experience severe physical and/or sexual abuse during their lifetimes, nearly four times the rate of women in the general population (25.5%).¹⁴ A Minnesota study revealed that one in three (31.0%) women listed domestic violence as a primary reason for their homelessness.¹⁵ Despite federal laws prohibiting discrimination, women are often evicted for violent activity in their unit or landlords refuse to rent to persons with histories of abuse. Poor credit history and lack of financial resources stemming from their abuse also prevent women from obtaining housing. Faced with a lack of economic resources, many mothers remain with their abusers, leaving themselves and their children at risk of further violence. Between 3.3 million and 10 million children in the country witness violence in their homes each year, which can lead to developmental delays.¹⁶ Domestic violence is often a multigenerational problem for homeless families; the odds that women who are abused as children will experience adult victimization are three times those of women without histories of childhood abuse.¹⁷ Women facing domestic violence often suffer from high rates of depression (47.6%) and posttraumatic stress disorder (PTSD; 63.8%) and are 15 times more likely to abuse alcohol.¹⁸

Veterans

Although the majority of homeless veterans are single adults (13.6% of total sheltered individuals), 3.1% (4,425) are members of a family (representing 1.9% of sheltered families nationwide).¹⁹ Homeless veteran families are undercounted since many veterans live and request shelter separately from their children. Female veterans have two to four times the risk of becoming homeless as the general female population and are most at risk when they are heading families with young children.²⁰ Compared to their nonveteran counterparts, homeless veteran families are more than twice as likely to have a male adult present (21.6% and 53.5%, respectively).²¹ Although the federal government targets many services

towards homeless single veterans, the needs of families—particularly those headed by single women—have been largely neglected. Over half (53%) of homeless female veterans have at least one major mental disorder, which certain studies blame on their high rate (20%–48%) of military sexual trauma.²² Almost three-quarters (74.2%) of homeless female veterans suffer from PTSD, which has been linked to social and behavioral problems in their children.²³ Domestic violence rates are also high (19%) among all female veterans and close to two-thirds (62.1%) of Health Care for Homeless Veterans clients have a substance use disorder.²⁴

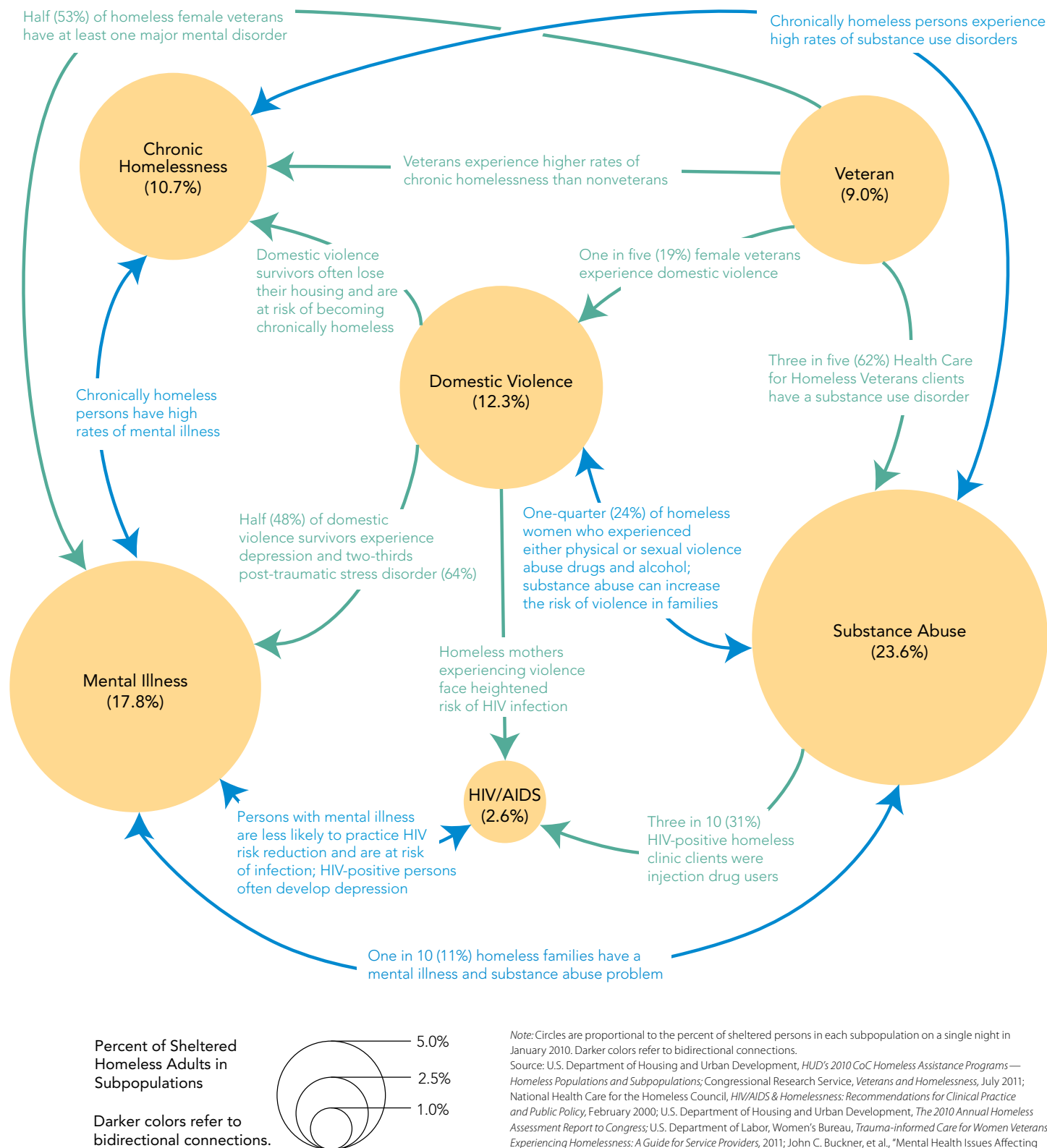
Chronic Homelessness

One in ten (10.7%) sheltered adults is chronically homeless (figure 2) with no separate data for adults in families.²⁵ The federal Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 expanded the definition of “chronically homeless” to include families with children.²⁶ Because this family subpopulation has only recently been singled out for observation, little research exists on its characteristics and needs. What is apparent is families’ extreme vulnerability due to co-occurring disabilities (serious mental illness, substance abuse, or developmental or physical impairment) and long-term homelessness conditions. Studies on family supportive housing programs—whose clients share characteristics with chronically homeless individuals—reveal mothers who are typically older and better educated (but with similarly poor employment patterns), with longer histories of homelessness and more disabilities than those served by the emergency shelter system.²⁷

Conclusion: Need for Better Data

As the number of homeless families increases, recognizing family variability and the overlap between subgroups (figure 3) becomes even more important. Current lack of data on unique and co-occurring service needs poses a challenge for the planning and evaluation of programs serving families, as well as for the development of broad-scale, collaborative service networks. Homeless families headed by a single mother dealing with domestic violence and severe depression differ from those with HIV-positive fathers. Families with one substance abusing parent have different needs than those where both parents abuse drugs and alcohol. The importance of homeless households with co-occurring disorders, such as a veteran mother with military sexual trauma and her physically disabled child, should also be regarded. Assessing subpopulation rates for families in permanent supportive housing (figure 1) versus emergency shelter and transitional housing (figure 2) would also be useful in order to target services to the highest needs. However, due to conflicting definitions of mental illness and substance abuse between these sources, the data are impossible to compare. Without comprehensive and consistent data, the long-term effectiveness of any housing program and its applicability for all homeless families cannot be determined.

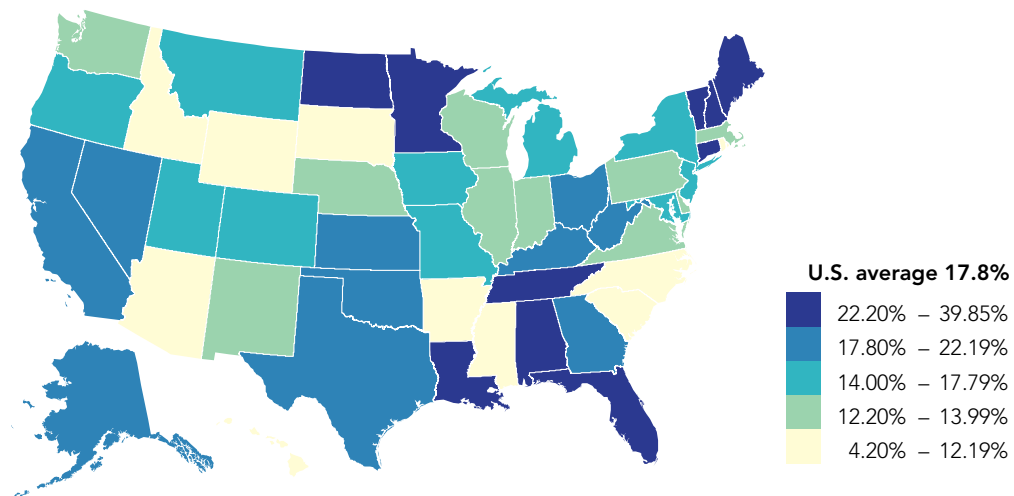
Figure 3
INTERCONNECTEDNESS OF HOMELESS SUBPOPULATIONS



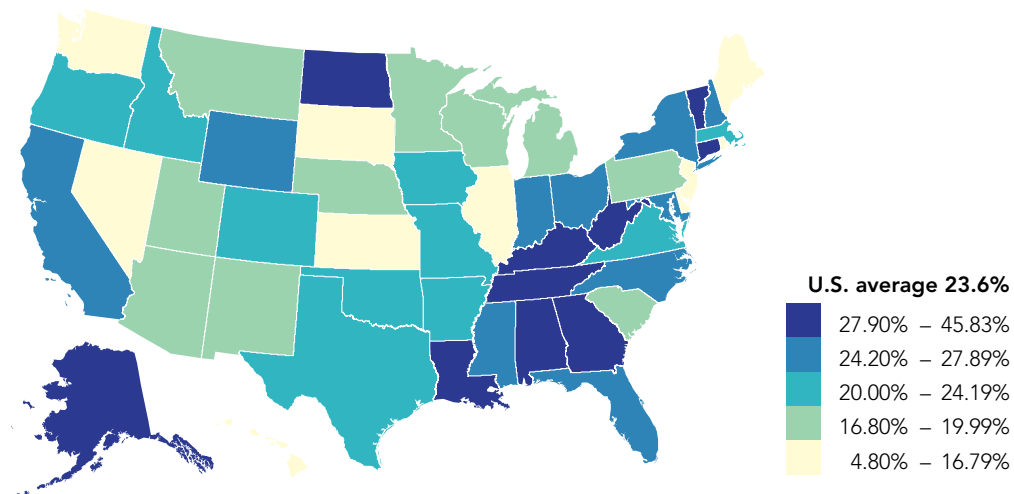
Note: Circles are proportional to the percent of sheltered persons in each subpopulation on a single night in January 2010. Darker colors refer to bidirectional connections.
Source: U.S. Department of Housing and Urban Development, *HUD's 2010 CoC Homeless Assistance Programs—Homeless Populations and Subpopulations*; Congressional Research Service, *Veterans and Homelessness*, July 2011; National Health Care for the Homeless Council, *HIV/AIDS & Homelessness: Recommendations for Clinical Practice and Public Policy*, February 2000; U.S. Department of Housing and Urban Development, *The 2010 Annual Homeless Assessment Report to Congress*; U.S. Department of Labor, Women's Bureau, *Trauma-informed Care for Women Veterans Experiencing Homelessness: A Guide for Service Providers*, 2011; John C. Buckner, et al., "Mental Health Issues Affecting Homeless Women: Implications for Intervention," *American Journal of Orthopsychiatry* 63, no. 3 (1993): 385–399; Jacqueline Golding, "Intimate Partner Violence as a Risk Factor for Mental Disorders: A Meta-analysis," *Journal of Family Violence* 14, no. 2 (1999): 99–132; James Shultz, et al., "HIV Seroprevalence and Risk Behaviors Among Clients Attending a Clinic for the Homeless in Miami/Dade County, Florida, 1990–1996," *Population Research and Policy Review* 18 (1999): 357–372; Susan Wenzel, et al., "Antecedents of Physical and Sexual Victimization Among Homeless Women: A Comparison to Homeless Men," *American Journal of Community Psychology* 28, no. 3 (2000): 367–390.

Figure 4
PERCENT OF SHELTERED HOMELESS ADULTS IN SUBPOPULATIONS (2010)

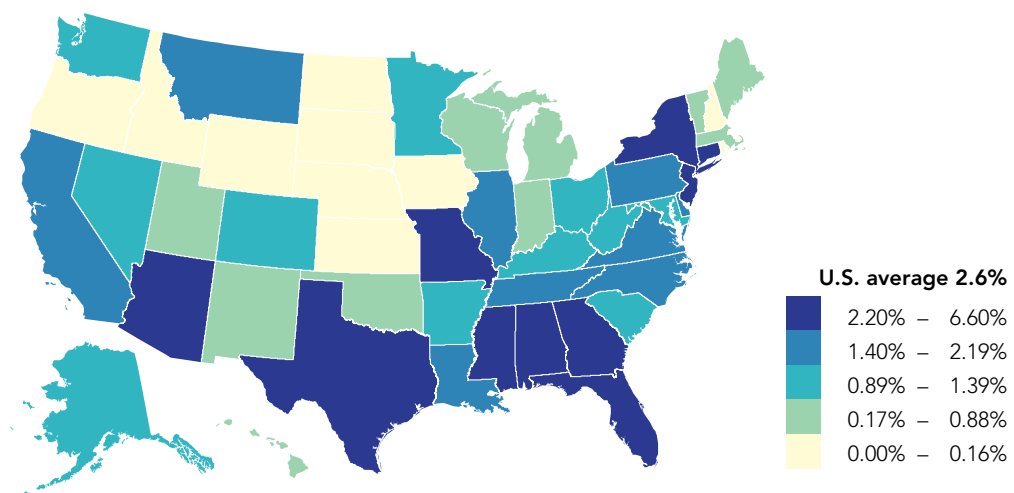
Severely Mentally Ill Persons



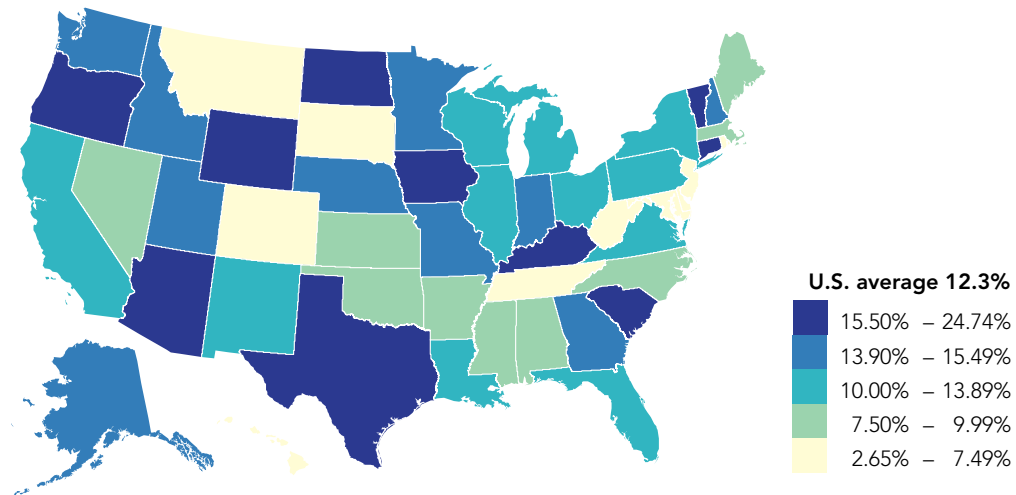
Chronic Substance Abusers



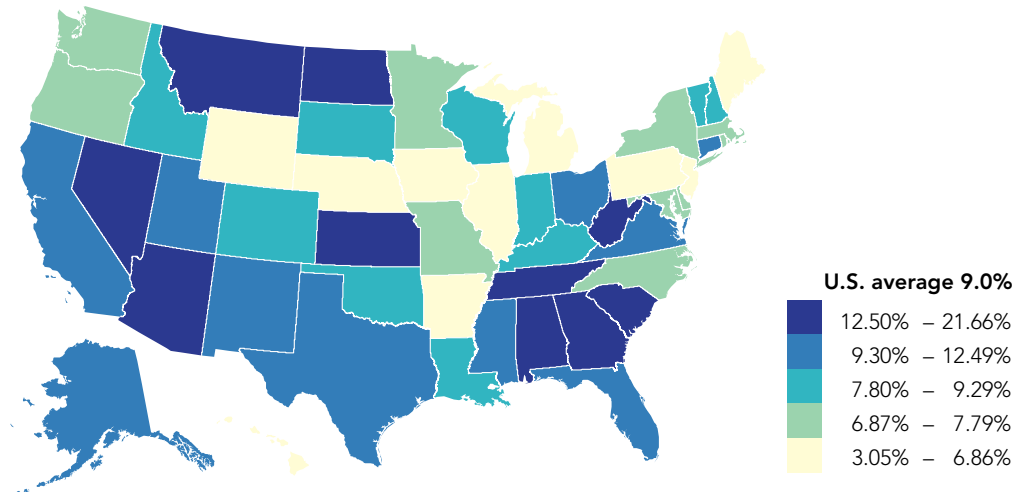
Persons with HIV/AIDS



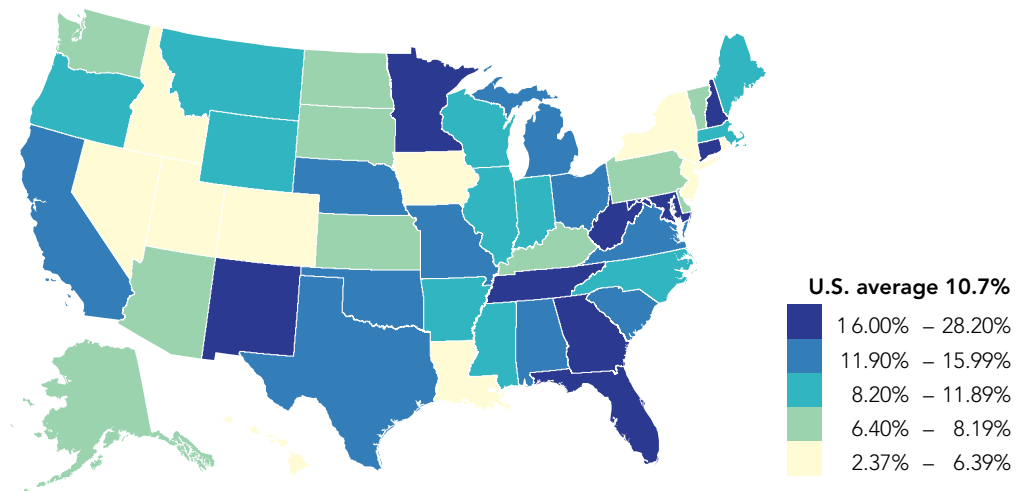
Victims of Domestic Violence



Veterans



Chronically Homeless Persons



Endnotes

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- ²⁵ U.S. Department of Housing and Urban Development, *HUD's 2010 CoC Homeless Assistance Programs—Homeless Populations and Subpopulations*.
- ²⁶ Chronically homeless families are those with at least one adult member who have a disabling condition and have been continuously homeless for at least a year or have had at least four episodes of homelessness in the past three years; *Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009*, S 896, 111th Cong., 1st sess.
- ²⁷ Corporation for Supportive Housing, *Family Permanent Supportive Housing: Preliminary Research of Family Characteristics, Program Models, and Outcomes*, February 2006.

The Institute for Children, Poverty, and Homelessness (ICPH) is an independent nonprofit research organization based in New York City. ICPH studies the impact of poverty on family and child well-being

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The *National Survey of Programs and Services for Homeless Families* is an online resource for service providers, advocates, researchers, and public policy makers working in the field of family homelessness. The Web site provides a state-by-state snapshot of the interconnections between governmental and nonprofit work to end family homelessness. www.icprwb.org.



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and Blue Book

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