

# Relationship Between Adverse Childhood Experiences (ACEs) and Homelessness

by  
American Journal of Public Health

Childhood adversities are found to be substantially represented in homeless samples. A history of childhood adversity has been related to particularly poor outcomes among the homeless. There is evidence of an association between childhood adversity and lifetime homelessness.

The definition of lifetime homelessness is in line with the US Department of Housing and Urban Development (HUD) policy.

In the Adverse Childhood Experiences study, adults were asked about the Big 3: Household Dysfunction, Abuse, and Neglect.

Household Dysfunction included: a battered mother, a parent in jail or who was treated or hospitalized for mental illness, who had attempted or committed suicide, or who had problems with alcohol or drugs.

Abuse included: physical abuse - being pushed, grabbed, shoved, slapped or hit so that it left marks or bruises or caused an injury - and sexual abuse.

Neglect included: emotional and physical neglect – being sworn at, insulted or had hurtful things said to them, were threatened to be hit or have something thrown at them, or had anyone in their life acting in any way that made the child afraid that they would be physically hurt or injured.

Neglect also included: Lack of feeling part of a close-knit family, no one in the family making them feel special, wanting them to succeed, believing in them or providing them with strength or support. It also included being left unsupervised at a young age and going without needed clothing, school supplies, food or medical treatment.

Ironically, going without needed essentials is a hallmark of being a homeless child, which, according to this study and others, leads to ACEs and leads to lifetime homelessness. It is a vicious never-ending cycle.

Neglect was most strongly related to lifetime homelessness and mental disorders for women.

ACEs also mean vulnerability to physical and mental health and well-being in adulthood. This is somewhat, but not mainly, related to stress, lack of self-regulation, attachment or social support.

Vulnerable people (the homeless population included) should be screened for ACEs because these individuals might benefit from specifically tailored interventions, (such as are being offered at Families First Community Center). For example, individuals who experience ACEs might have differential risk profiles and homeless outcomes related to factors such attachment-style or social support. (These are connections that FFCC will strive to help their Residents make).

ACEs almost always mean attachment problems, which could lead to more fragile support networks and an increased risk of homelessness.

\*In this study, no one was polled who was in jail/prison or an institution.

This study used the National Epidemiologic Survey of Alcohol and Related Conditions (NESARC) and the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV).

#### Other Statistics from the Study

12% to 14% of adults in the US report a history of homelessness.

In addition to poverty, homelessness has been associated with the deterioration of mental and physical health, social isolation, and exposure to traumatic events.

Those who have experienced homelessness have significantly elevated mortality rates and high rates of suicidal behavior.

Some of this is environmental factors such as lack of affordable housing; however, demographic characteristics and life histories put specific individuals at risk.

#### Mental Health Statistics from the Study

Impact of Axis I and II Mental Disorders: There is a high prevalence of poor mental health outcomes in those with a history of foster care or other ACEs. The prevalence of mental disorders and addictions is significantly higher among homeless people. This is above and beyond factors such as income or education.