

Trauma-Informed Care in Homeless Shelters

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Setting the Scene

- A young woman and victim of domestic abuse, “Sarah”, arrives at a homeless shelter.
- Upon arrival, she is told that she will be sharing a room with an older client, but she refuses.
- The shelter staff tells her if she wants to stay at the shelter, she has no choice but to share a room, so she obliges.
- Later, there is an altercation between Sarah and the other client.
- Sarah is told to leave the shelter immediately.



What can be done differently?

Why this population?

- Homeless women experience a range of mental health problems including depression, anxiety, post-traumatic stress disorder, and alcohol and other drug use disorders (Duke & Searby, 2019).
 - Women experiencing homelessness develop PTSD at rates far exceeding the general population (Dickins et al, 2023).
 - More homeless women than housed women reported childhood physical abuse, childhood sexual abuse, adult physical abuse, previous sexual assault in adulthood, and a history of mental health problems (Stermac & Paradis, 2001).
- According to the Greater Cincinnati Homeless Coalition:
 - 29% were suffering from severe mental illness.
 - 17% were victims of domestic violence.

What is trauma informed care?

- A means for staff and administrators to relate to and **support individuals who have experienced trauma** in a compassionate and educated manner to **avoid retraumatizing them**
- Trauma-informed care approaches incorporate practices like mindfulness to help client feel secure and at ease, as well as therapy to build coping strategies and skills to manage trauma-related anxiety and depression
- Many homeless service organizations have trauma-informed care approaches to teach their staff to understand trauma and address clients with respect, safety, and a strengths-based perspective to improve client experience



Benefits of Trauma Informed Care

- Trauma-informed care within the women homeless populations can **improve shelter experiences** and lead to **more positive outcomes**, including **successful housing placement**.
 - Trauma-informed care **prevents re-traumatization** and **fosters trust**, especially considering the high prevalence of PTSD among those experiencing homelessness and domestic violence (Owen and Crain, 2022).
 - Empowerment and supportive communication can mitigate the negative impacts of trauma on mental health (Goodman *et al.*, 1991).



What can be done?

4 RS OF TRAUMA-INFORMED CARE

Realization about how
trauma can affect people
and groups

Recognizing the signs of
trauma

Having a system which can
respond to trauma

Resisting re-traumatization



Revisiting the Scene

- A young woman and victim of domestic abuse, “Sarah”, arrives at a homeless shelter. Upon arrival, she is told that she will be sharing a room with an older client, but she refuses.
- 4 Rs in action...
 - **Realizing** that past trauma may be the reason Sarah does not want to share her space.
 - **Recognizing** the signs of trauma as Sarah is guarded and has a significant emotional response to the request to share a room.
 - **Responding** to the traumatic experience with compassion and flexibility.
 - While it’s not feasible to give Sarah her own room, the shelter staff should make attempts to help Sarah feel safe and comfortable. For example, they could use room dividers or try placing her with a different roommate. It would also be imperative to connect Sarah with mental health services through the shelter.
 - **Resisting** the re-traumatization that may occur if she is forced into an uncomfortable living situation or placed back on the streets



Our Idea

- Trauma-informed care training for women's homeless shelter staff
 - If beneficial, expand to men's shelters (and ultimately anyone interacting with the homeless population)
- **Trauma-Informed Care Summit**
 - A more formal event dedicated to trauma-informed care training in Cincinnati, as well as a mode of sharing experiences to increase awareness, highlight the concern of trauma in women's shelters, and advocate for further change
 - Based on the Trauma-Informed Care Summit held in Columbus by the Ohio Department of Education & Workforce



References

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“The difference between **responding** and **reacting** is **choice**. When you are reacting, they are in control. When you respond, you are.”

-Henry Cloud

Trauma-Informed Care

preventing re-traumatization

fostering trust & community

responding instead of reacting