



NATIONAL COALITION *for* HOMELESS VETERANS

“Trauma-Informed Care: A Paradigm Shift Needed for Services With Homeless Veterans”

Dinnen, Stephanie, Vince Kane, and Joan M. Cook / [Full Report](#)

Quick Takeaways:

- Exposure to traumatic events (trauma) is associated with higher rates of homelessness and difficulty in accessing and utilizing services.
- Trauma is associated with negative physical and mental health outcomes and is often comorbid with traumatic brain injury (TBI) and Post-Traumatic Stress Disorder (PTSD).
- Trauma-informed care takes into account past and future experiences with trauma and its effects and seeks to improve outcomes for clients who have experienced trauma.

Study:

This report examined previous research on veterans who have experienced trauma, and its association with homelessness. It also discussed the trauma-informed care paradigm of treatment, which focuses on awareness of trauma by both client and service provider and seeks to address the needs of the client without retraumatization.

Findings:

Findings by previous studies suggest that as much as 90% of homeless people have experienced trauma, and that trauma often increases the risk of homelessness. Exposure to trauma is also associated with increased risks of PTSD and mental health problems that are associated with an increased risk of homelessness. A different sub-group may have differing rates and qualities of trauma. More recent veterans have an increased risk of TBI comorbid with trauma, whereas women veterans are at an increased risk of military sexual trauma. Justice-involved veterans have a greater risk of prison-associated trauma.

Trauma-informed care requires that service providers be aware of the needs of trauma-affected veterans to avoid retraumatization. They should work to establish trust and rapport with veterans. Trauma-affected veterans may have had past negative reporting experiences. The effects of trauma may act as a barrier to receiving services.

Early psychological assessment can help service providers identify trauma-affected veterans and connect them to additional evidence-based treatment, such as cognitive processing therapy (CPT) and the exposure-based intervention prolonged exposure (PE).

Conclusion:

Exposure to trauma is associated with an increased risk of homelessness as well as an increased risk of comorbid issues that are known risk factors for homelessness. Service providers should be aware of the difficulties that trauma can present for both veterans and service providers and utilize screening procedures to inform services. Evidence-based treatment, such as CPT and PE can help veterans and improve outcomes.

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