Vulnerable to homelessness: Exclusion and cumulative trauma' '

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Abstract

In this paper I draw together key insights from my last five years of work on the issue of ongoing or persistent homelessness. Focusing in particular on Australian Housing and Urban Research Institute (AHURI) research carried out with homeless people with mental disorders in 2002/3, I attempt to articulate my understanding of the key drivers of 'iterative' or repeated homelessness. While acknowledging the central role structural or social exclusion plays in the maintenance of ongoing vulnerability to homelessness, I re-work this notion of vulnerability to also include the enduring embodied impacts of cumulative trauma.

Drawing on accommodation biography data from the AHURI project and from my research work more generally, I build an argument about the need to understand the ways in which structural vulnerability translates into lived chronic crisis, and the ways in which the cumulative impact of such crisis deeply affects individual's capacities to sustain housing and housing relationships. My end position is that a concept of vulnerability which can bridge equally sophisticated accounts of the operation of social exclusion and the operation of grief and trauma in the lives of those experiencing ongoing homelessness opens constructive questions about the ways in which homelessness is understood and responded to.

Background

Since 1999 when I first began working explicitly on the issue of homelessness, I have focused on the experiences of those homeless people who have continued to struggle to maintain accommodation and to search for *home* in the context of homelessness, often over their life course. In particular, my work has focused on the persistent experiences of homelessness of young people (2001; 2002a; 2002b; 2005), of people with mental disorders (2003a) and of squatters (2003b). It was through my work with homeless people with mental disorders, however, that I was able to learn most forcefully what I had already been exposed to in earlier work with youth - the role of trauma in the persistence of repeated experiences of homelessness. This research deeply influenced my thinking on earlier work on young people and homelessness, and my more recent work has been an attempt to theoretically flesh out my first hand experiences of the lived impacts of trauma in the lives of young homeless people (Robinson 2005). I have been immersed in trying to unravel the enduring physical,

mental, emotional and spatial self/body/place relations of traumatised and grief stricken young homeless people via phenomenological work on displacement and thi: is the direction my work will continue to take for some time yet.

In my role as an advocate on issues surrounding homelessness a different language tc that of phenomenology is demanded and yet, in a range of public lectures and forum I have given on my approach to homelessness, it is precisely my thoughts around th: complexity of homeless people's lived experience which have received the mos interest and support from policy officers and service providers in the fields of health mental health, housing and community services. Following a public lecture I gave ir Sydney, a group of service managers and homelessness service peak bodj representatives met to discuss the development of a 'Homelessness Think Tank' t(work towards furthering the translation of our combined knowledge of homeles: people's experiences into more effective policy and service directions.

This paper represents an attempt to document the central ground covered in my recen public papers and provides a brief overview of the key components of my approach tl understanding homelessness built from my last five years of work. As noted, m~ usual work takes the form of detailed analyses of lived experience and so I see thi paper as a tentative first step towards a more integrated statement about m~ understanding of the key drivers of homelessness.

Exploring ongoing homeless ness

In 2002/3 I carried out an Australian Housing and Urban Research Institute (AHURI funded research project aimed at identifying the underpinning factors driving th/ ongoing housing instability in the lives of homeless people with mental disorder (Robinson 2003a). The conclusions of the report were based on 185 surveys and 2: in-depth interviews - 'accommodation biographies' (May 2000: 615) - with homeles people with mental disorders in Sydney and Brisbane. The project drew togethe strong evidence of wide-ranging compounded disadvantage and social exclusioi experienced by homeless people with mental disorders. Amongst other issues, th: report illustrated the poor education, poor general health, extremely low income ani high imprisonment rates compounding the fluctuating mental health and prolonge,‹

housing instability of those with mental disorders. The report provided good empirical evidence reinforcing the need for a continued substantial shift towards a holistic policy and service response to homelessness more generally.

The key contribution of the report, however, was to argue that compounded social exclusion translated into individual biographies as extreme vulnerability and cumulative trauma. **In** other words, I argued that it was crucial to understand how the broader context of social exclusion precipitated a lived context of extreme vulnerability and trauma which *itself* became critical in driving repeated episodes of crisis, mental ill-health and the uprooting or loss of housing, and indeed in driving the further reinforcement of social exclusion. The research demonstrated how key traumatic crises marked the moves of homeless people with mental disorders though tenuous housing trajectories, including rough sleeping, often over their whole life course. The key conclusions of the report suggested that a focus on facilitating healing and places of stability (not necessarily housing) in the lives of homeless people with mental disorders should be seen as a central component of addressing their long-term vulnerability to homelessness.

While homelessness is predominantly understood as a structural position a homeless person may find themselves in, perhaps as a result of a 'career' process (Chamberlain and Mackenzie 2003) of compounding social exclusion driving the eventual move from 'benign' to 'malignant' homelessness (Jahiel 1987: 100), I have argued, as has May (2000: 615), that close attention to biography allows different stories of homelessness to be told. The work that I have done, like May's, shows that rather than homelessness ultimately being usefully understood as a career process of slow degeneration into chronic homelessness and the development of a homeless identity (Chamberlain and Mackenzie 2003: iii), 'episodic' (May 2000: 625) or 'iterative' (Robinson 2003a) experiences of homelessness remain a potentially important dimension of understanding both short-term and longer-term homelessness. Further, I have also argued that structural explanations of homelessness cannot account for the crucial role of embodied grief and trauma which continues to haunt homeless people and impact on their capacity to maintain housing and housing relationships (see Robinson, 2005 in particular).

Characterizing the tenuous housing and homelessness trajectories of homeless people with mental disorders taking part in the AHURI research was, as I have suggested, not simply extreme and compounded social exclusion but 'chronic crisis' (Robinson and Searby 2005: 22) which reflected the lived realities of this social exclusion. Moving within a sector of tenuous and often unacceptable housing - including rough sleeping, squats, shelters, caravans, staying with friends, public housing, private rental, boarding houses - the research participants remained consistently vulnerable to repeated experiences of homelessness even whilst in housing perceived as stable, for example, public housing. The two following extracts provide just brief examples of these chaotic and crisis driven housing trajectories:

> **Roxie:** I think I lived on the streets, that's when I came here [single women's refuge, Brisbane] for the first time. I got kicked out of here twice for violence and drug use. I was banned from here ....I went to rehab [in NSW] ...I was homeless for a while ....I ended up [in a supported boarding house program] ... and I lived there for about six months and I was using drugs there. I changed drugs though from heroin to speed .... I started going to Alcoholics Anonymous and they cleaned my act right up and I stayed clean for nine months and I got transferred from the boarding house ... to a one bedroom unit....a private rental with a couple of friends. I lived there for about nine months and then I started using drugs again and I lost my job ....and I lived out of my car for 8 months until it ran out of registration. ... and I was back on the streets.

> **Catherine:** So when you think back over all these different moves in the past, what do you think have been the main reasons why you've had to keep moving?
> **Rachel:** Problems happening.
> **Catherine:** Other people doing things to you, you mean?
> **Rachel:** Yeah, other people doing things to me. They're not the only times I've moved, I've moved about 20 times in Sydney since I was 17. Different places. I moved into a place and the guy used to beat me up and throw me on the pavement, all these sorts of things and I was too proud to ask for help ....And he would lock me in the room and do horrible things to me and I didn't realize there was anything better.. ...And he went to Long Bay Jail and I moved elsewhere. Where did I move next? I just stayed with people ...

As these extracts from Roxie's and Rachel's accommodation biographies begin to illustrate, what was important in the loss of accommodation and/or the move from one form of accommodation to the next was not necessarily a *housing* crisis, but being

vulnerable to a range of crisis events which affected housing relationships or capacities to maintain housing. Such crisis events mostly involved experiences of sexual abuse and assault, experiences of family and random violence, relationship breakdown, household (including larger accommodation service households) and neighbourhood relationship breakdowns or violence, periods of mental illness, problems with drug and alcohol addiction, and hospitalization or incarceration.

The accommodation biographies of homeless people with mental disorders taking part in the research overwhelmingly illustrated how economic, mental, emotional and physical vulnerability triggered in each participant's biography a series of tragic and traumatic events such as those listed above, *which were repeated* throughout the life course. Often such experiences - particularly sexual and physical abuse - began in early childhood. Despite changes in degrees of housing stability, vulnerability to crises remained constant; what was 'chronic' in participants' lives was not homelessness as a lack of housing as such, but the experiences of trauma precipitating moves between different forms of tenuous housing or even street homelessness.'

It was clear, however, that where such crises resulted in homelessness or yet another form of tenuous housing, the *cumulative* - as well as immediate - impacts of chronic crisis alongside a broader context of social exclusion could be seen to be taking effect.. The chaos produced by trajectories of uprooted housing and homelessness and fluctuating mental health acted to further perpetuate a deeper vulnerability - in terms of further substantiating exclusion but also in terms of the personal damage suffered by individuals. This personally carried trauma, grief, confusion and anger not only contributed to periods of acute mental illness, but deeply affected individual resilience, coping strategies, capacities to maintain key relationships, living skills, general health, education, employment, and self-esteem. **In** this way, *being* traumatized, and *experiencing* trauma, including the trauma of homelessness itself, became in themselves key driving factors housing instability.

One key issue in this is that vulnerability to such chronic crisis and trauma is only partly explained by the impacts of social exclusion. What the social exclusion literature *does not* account well for, like more traditional structural explanations of homelessness, is the lived reality and embodied impacts of this vulnerability. I have

argued that the lived reality of vulnerability' is a profound socio-psychological, emotional, and physical *damage* to the individual, which endures and compounds over time. Needed then, is a conceptual framework of persistent homelessness which can include an understanding of ongoing vulnerability to homelessness as underwritten both by factors of social exclusion and by factors of profoundly embodied personal trauma.

It is important to note, however, that trauma is also accompanied by resilience and that trajectories of iterative homelessness demonstrate the survival capacities of homeless people and their capacity' to respond to crises both through homeless ness and through refusing to give up a search, not just for housing, but for *home* - for a place of belonging and stability.' Homeless people with mental disorders, and homeless people more generally, should not be understood as simply being at the whim of life's horrors. In the AHURI research, for example, 'doing the geographical' (moving from place to place) was seen as an important strategy in managing addiction, managing the symptoms of mental illness, maintaining important family and social networks, or moving from dangerous or unhealthy environments. Other survival strategies such as swapping sex for shelter, maintaining relationships of dependency, and self-medicating for psychosis or post-traumatic stress via drug and alcohol use speak of the complexity' and contradiction of many of the survival pathways open for homeless people.

While not all homeless people will experience such horrific and chronic crisis or take up such ultimately destructive survival mechanisms, the key point here is to understand that the strong broader context of compounded social exclusion can set up a *long-term vulnerability' to homelessness* as opposed to long-term or 'chronic' homelessness. While of course some people who experience long-term vulnerability' will certainly become long-term homeless, living consistently in squats, shelters, and rough sleeping in parks, it would be safe to suggest that most simply remain in a cycle of long-term vulnerability,' developing cumulative trauma as they move through many different forms of tenuous accommodation and the toughest life paths imaginable.

Vulnerability: A bridging concept?

Overall, my argument is that a central route to a more complex understanding of the iterative, repeated, or episodic nature of homelessness, is to more closely analyse the vulnerability of homeless people and the way in which this translates into cumulative trauma held by the individual. While contemporary theoretical and practical service delivery work on homelessness does focus on understanding and responding to structural or social exclusion - a key component of long-term vulnerability - the issues of individual resilience and cumulative trauma are much less well conceptualized and addressed.

As I have suggested elsewhere (Robinson 2002b: 31), I think this failure to address the lived impacts of long-term vulnerability as 'lifestyle trauma' (Coleman 2000: 25) stems from a silencing impasse produced by the imperative to fund 'policy relevant' research in both political and academic institutions, a fear of a return to an approach which blames the individual for their homelessness, and the "inadmissible evidence' which qualitative, subjective and emotional experience' (Chamberlayne 2004: 337) is seen to represent, particularly in the arena of welfare/policy related research. While there has been a growth of research on homelessness and social exclusion (for example, Pleace 1998; Clapham and Evans 2000) biographical discourse around the lived experience of homelessness remains marginal.

In 2003, I argued that there was a 'pressing need to develop a *national discourse* about the role of repeated trauma in driving iterative homelessness' (Robinson, 2003a: 41). I would again like to reiterate that focusing on structural inequalities alone will not address the cumulative trauma which marks the lives of those living iterative or episodic homelessness. In my focus on and interest in social exclusion, however, I mean to indicate that addressing the structural inequalities from which vulnerability to homelessness stems remains a critical component of intervening in homelessness. What needs to be *added* to the understanding of structural vulnerability driving homelessness is what we can learn from accommodation biographies such as Roxie's and Rachel's: an understanding of how structural vulnerability translates into lived experiences of violence and spiraling ill-health, and how, alongside resulting trauma, grief and feelings of dislocation and hopelessness carried within individual homeless

people, these experiences drive the continued drift. through tenuous housing and rough sleeping.

Vulnerability - because it describes both a structural effect and an emotional/physical state - is a potentially helpful concept for me in attempting to more holistically draw together a balanced understanding of 'what causes homelessness?'. Vulnerability causes homelessness not simply as a context of poverty, isolation, low education levels, unemployment but as *state of being*, a nakedness to the hurts of the world. That homeless people carry profound wounds, wounds often inflicted in early childhood and re-opened again and again through adulthood, is usually not explicitly noted in research and policy work aimed at either understanding or responding to homelessness. How such wounding flows into all aspects of an individual's life, and connects to housing instability, is even less well understood. Such a focus on taking trauma seriously as a driver of iterative homelessness means developing an accessible language to explore and recognise the ways in which individual homeless bodies remain haunted by, and vulnerable to, repeated crisis events. This focus would entail a serious challenge to current welfare policy discourse around 'independence' and 'full social and economic participation'. It would also mean developing a vision of practical service provision staffed and resourced to enable respectful engagement, over time, with the many challenges deeply traumatized individuals present.

Vulnerability, and homeless ness, then are not simply structural effects but lived experiences in which cumulative trauma and resilience must be seen to play powerful shaping roles in how life paths unfold. While acknowledging the unmistakable impacts of compounded social exclusion in driving ongoing homelessness, I am calling for a much more sophisticated account of how enduring trauma and resulting dislocation shapes capacities to maintain housing and also often shapes self-destructive survival tactics which only take homeless people further from home.

Footnotes

1 An earlier version of this paper was prepared for *Parity* 2005, 18 (7):
2 See also Tomas and Dittmar's (1995) housing history research which illustrates a pattern of abuse and movement through tenuous housing as a key characteristic of women's homelessness,
3 See Robinson (200 1) for a discussion of young people's tactical use of space and search for home in the context of homeless ness.

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