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Men's experiences of early life trauma and pathways into long-term homelessness

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ABSTRACT

Previous studies that have explored the association between childhood trauma and homelessness indicate that traumatic events can lead to survivor distrust of interpersonal relationships and institutions, prolonged homelessness and poor health and social outcomes. The majority of this literature relies on quantitative data and fails to investigate the personal experiences of childhood trauma that are found to impact housing status later in life. Semi-structured, qualitative interviews were conducted with 25 men living in an urban area in Ontario who had spent more than 30 consecutive nights in an emergency shelter over the course of their housing histories. During data analysis, it was observed that all of the men had experienced some form of trauma or neglect in childhood which contributed to their entries into homelessness. Using a case study approach, three entry pathways into long term homelessness are described: 1) youth; 2) emerging or early adulthood; and 3) middle adulthood. Participants are classified into the pathways by the developmental period at which they first entered homelessness. These findings have implications for policy makers and service providers, as key intervention points are identified. Establishing effective interventions that address crises experienced at these points could assist with homelessness prevention across the life course.

1. Introduction

Homelessness is a social and public health concern. Recent studies in Canada suggest that roughly 150,000 to 300,000 persons experience homelessness each year (Graham & Schiff, 2010). Gaetz, Donaldson, Richter, and Gulliver, 2013 estimate the annual economic cost of homelessness in Canada to be approximately seven billion dollars. Although recent estimates illustrate growth in family, youth and women's homelessness, the homeless population in Canada continues to be disproportionately male. For example, Gaetz, Dej, Richter, and Redman, 2016 find that only 27.3% of homeless persons in Canada are female. The majority of persons who access homelessness services do so temporarily to respond to short-term housing crises. However, a small proportion of this

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population experience long-term homelessness (Caton et al., 2005; Culhane, Park, & Metraux, 2011; Gaetz et al., 2013). Those who are part of the long-term homeless population tend to experience higher institutional distrust and face a variety of health and social challenges, including a higher prevalence of mental health concerns (Mackelprang et al., 2013). Additionally, homeless men have different experiences and needs than homeless women and families (Daly, 2013), which indicates a need to better understand the experiences of men separately from those of women. Although the prevalence of early life trauma in homeless individuals is well-documented in quantitative studies, relatively few studies report lived experiences of trauma. Further, the qualitative studies that do exist tend to focus on women's and youth's experiences, largely ignoring the experiences of men (Kim, Ford, Howard, & Bradford, 2010). The majority of those experiencing long-term homelessness in Canada continue to be male (Daly, 2013), yet the scientific community lacks sufficient information to understand men's lived experiences with factors that contribute to entry into long-term homelessness among men.

While the literature recognizes the impact of welfare state characteristics, such as poverty and policy-based responses, on homelessness, researchers also argue that individual crises, such as childhood trauma and neglect, contribute to homelessness (Chamberlain & Johnson, 2013; Morrell-, Bellai, Goering, & Katherine, 2000). It is the combination of these systemic and individual factors that interact to establish the social context for homelessness (Herman, Susser, Struening, & Link, 1997; Koegel, Melamid, & Burnam, 1995). Individuals who experience prolonged or frequent episodes of homelessness are more likely to have experienced some form of trauma in childhood or adolescence (Mackelprang et al., 2013; Maguire, Johnson, Vostanis, Keats, & Remington, 2009; Morrell-Bellai et al., 2000; Robinson, 2005; Taylor & Sharpe, 2008) and adverse childhood events can be predictive of an earlier age of onset of homelessness (Tsai, Edens, &, & Rosenheck, 2011). Moreover, research with adult women who experience homelessness concludes that protective child and youth welfare interventions, parenting skills programs and interventions designed to decrease family dysfunction and child abuse may be useful for preventing long-term homelessness in adulthood (Stein, Leslie, & Nyamathi, 2002).

The objective of this paper is to investigate men's experiences of early life trauma and subsequent pathways into long-term homelessness. This paper contributes to understandings of the connection between childhood/youth trauma and adult homelessness.

2. Background

2.1. Childhood Trauma and Men's Homelessness

The prevalence of histories of traumatic events in the population of men who experience homelessness is estimated at 69 to 91% (Buhrich, Hodder, & Teesson, 2000; Christensen et al., 2005). Traumatic events contribute to poor mental health, substance use and concurrent disorders, which are all conditions that impact the individual's ability to secure and maintain stable housing (Kim et al., 2010; Maguire et al., 2009; McNaughton, 2008; Taylor & Sharpe, 2008). Lack of stable housing conversely can result in diminished health (Taylor & Sharpe, 2008), creating a downward cycle which makes recovery from homelessness and mental health issues difficult. These complex concerns often begin and continue to occur within a landscape of severe and persistent poverty which undermines human cognitive and social-emotional development and achievement, contributing to diminished long-term experiences of health, wellbeing and executive functioning (Farah et al., 2006; Hertzman & Weins, 1996). As such, Sullivan, Burnam, Koegel, and Hollenberg, 2000 describe homeless individuals as having a double dose of disadvantage, as they often experience both poverty and adverse or traumatic events in childhood. Indeed, a recent Australian study that investigated predictors of homelessness or risk of homelessness in adults determined that 99% of persons sampled had experienced complex trauma in childhood or youth (Keane, Magee, & Kelly, 2016), identifying trauma as a common, early element for those experiencing ongoing housing instability.

The evidence to date demonstrates that both men and women who have experienced trauma also experience poor health in adulthood, including depressive disorders (Chapman et al., 2004), substance use disorders (Danielson et al., 2009; Dube et al., 2005; Kessler, 1995), acquired brain injuries (Hwang et al., 2007) and frequent experiences of somatic symptoms (Waldinger, Schulz, Barsky, & Ahern, 2006). Conditions associated with trauma, including mental illness, substance abuse, and acquired brain injuries are common in the long-term homeless population (Caton et al., 2005; Hwang et al., 2007). Patterson, Moniruzzaman, and Somers, 2015 investigated the prevalence of childhood adversity amongst homeless adults with mental illness and found that 65% of participants reported abuse and 79% reported household dysfunction in childhood, further supporting the link between trauma in early life and adult mental illness.

The association between trauma and homelessness is well-documented in quantitative studies (see Bokszczanin, Toro, Hobden, & Tompsett, 2014; Christensen et al., 2005; Kim & Roberts, 2004; Roos et al., 2013; Torchalla et al., 2014). This association is both direct and indirect, with childhood or youth trauma setting the stage for less social and familial support, increased risk for psychiatric disorders, and normalization of environmental instability (Herman et al., 1997; Koegel et al., 1995). Evidence on sex differences and trauma finds proportional differences in traumatic event exposure between sexes. For example, Christensen et al. (2005) found that 100% of homeless females (n = 27) and 68.8% (n = 35) of homeless males experienced at least one traumatic event over the life course. Buhrich et al. (2000), in a similar study of trauma prevalence in Sydney, demonstrated a smaller sex differential with 100% of homeless females (n = 38) and 91% of males (n = 119) experiencing at least one event of trauma in their life. The type of trauma experienced by youth may differ according to gender. In a recent study, Ballard et al. (2015) evaluated gendered differences in experiences with trauma among adolescents. Their work identified three classes of childhood traumatic experiences; one of these classes was comprised predominantly of individuals who identified as women and was characterized by sexual assault and parental psychopathology the second class was predominantly those who identified as men and was characterized by exposure to physical violence and the third class was comprised of individuals who had not experienced trauma.

The qualitative literature on trauma and homelessness is sparse and the majority of available studies focus on the experiences of women and their children (Kim & Ford, 2006). This literature suggests that women experience multiple forms of trauma (sexual, physical, and emotional) and that victimization contributes to and continues to occur after housing loss (Hamilton, Poza, & Washington, 2011; Lewinson, Thomas, & White, 2014; Padgett, 2006). For example, Hamilton et al. (2011) interviewed female veterans and found that women's trauma contributes to homelessness. They found that multiple types of trauma contributed to housing loss including trauma experienced in childhood and experiences related to military duty. Lewinson et al. (2014) also found that women who were living in budget hotels had experiences of trauma that were multifaceted, continued after initial housing loss, and often began in childhood.

Although the qualitative literature predominantly captures the voices of women who have experienced trauma, homeless men also disproportionately experience childhood trauma (Kim & Roberts, 2004; Morrell-Bellai et al., 2000). Kim and Roberts (2004) interviewed 10 men in a substance abuse treatment program and found histories of family dysfunction and trauma. Morrell-Bellai et al. (2000) similarly describe the trauma experienced by homeless men and women; however, their gendered analysis is limited to discussions of the high prevalence of substance addiction and homelessness following adult men's relationship losses. Due to this general lack of evidence, authors have strongly advocated for additional research exploring the experiences of trauma and violence among men facing homelessness (Kim & Ford, 2006).

2.2. Homeless Pathways

Homeless pathways are analytical frameworks which can be used to understand experiences of social life (Clapham, 2002). Housing and homelessness pathways fit within the larger theoretical framework of social constructivism and utilize the assumption that social life is constructed by individuals through social interactions; hence, the concept of homeless pathways allows one to theorize that past and present interactions with family, peers, community health and welfare systems contribute to shaping the conditions of social life which impact housing outcomes.

Multiple homeless pathways are established in the literature. For example, Anderson and Tulloch (2000) identify 23 homeless pathways which they classify into three broader categories of youth, adult and later life homelessness. In addition, they identify a variety of structural, institutional, familial, and individual risk factors and events that trigger homeless episodes such as leaving prison or relationship breakdowns. They argue that gender has a strong impact on the pathways people take into and out of homelessness (Anderson & Tulloch, 2000). Chamberlain and Johnson (2013) identify three pathways into longer-term homelessness and 2 into short-term homelessness. They argue that substance abuse, mental health, and becoming homeless at a younger age contribute to longer-term homelessness. Both Chamberlain and Johnson (2013) and Anderson and Tulloch (2000) studies articulate the importance of life circumstance and experiences of early life trauma to the pathways of homeless youth; however, their studies do not articulate experiences of trauma as a common entry point into diverse long-term homeless pathways. The recently published 'HOPE HOME' study (Lee et al., 2017) highlights that there is heterogeneity in the timing of entry into homelessness, despite a commonality of adverse childhood events. 71.7% of the individuals in the study reported a history of adverse childhood events but among this group 16.3% experienced their first adult homeless episode between ages 18–25, 41.3% between ages 26-49, and 31.5% over the age of 50. The diversity in timing of first homeless episode indicates that the relationship between adverse childhood events and homelessness warrants further characterization and exploration.

Understanding the complex, multi-faceted, lived experiences of vulnerable and marginalized populations is integral to comprehending the magnitude of persons' experiences of childhood and youth trauma (Padgett, 2016; Reid, Berman, & Forchuk, 2005; van Manen, 2016; Villano et al., 2004). In other words, the meanings associated with individual experience are best assessed through the analysis of individuals' descriptions and explanations. Additionally, through investigating men's narratives and lived experiences of entry into homelessness, the research team avoids a positivistic understanding of the homeless pathway which has been referred to as "limited" (Clapham, 2002: 67). This paper adds to the literature on homeless pathways by investigating men's lived experiences of trauma in childhood/youth and subsequent entries into long-term homelessness.

3. Methods

The data presented in this paper were collected for a larger study designed to explore the effectiveness of Housing First programming. The study investigated a Housing First and Intensive Case Management (ICM) program for men who have experienced long-term homelessness in an urban area in Ontario. At the time of the interviews, to be eligible for the Housing First program men must have been classified as part of the long-term homeless population by being unhoused and residing in any local emergency homeless shelter for more than 30 cumulative days in the past calendar year. To investigate experiences of trauma and their impact on program participants and non-participants, 25 men were interviewed, including Housing First participants [n = 15], and men who met the criteria for entry into the Housing First program but had not enrolled [n = 10]. Interviews were conducted until theoretical saturation was achieved. All of the men in this study had at some point lived in an emergency homeless shelter for a minimum period of 30 days. Specific demographics for study participants are not provided to protect participants' right to confidentiality. This study was community-based and the research team worked closely with a community advisory panel of policy makers, the Housing First program management and staff and program participants to identify research questions, recruit participants and disseminate findings.

3.1. Recruitment

This study used a three-pronged approach to recruitment: a) case managers were provided copies of recruitment and information letters with a study contact number to give to their clients (n = 8); b) recruitment flyers were posted at two day use centres frequented by Housing First program clients and persons who experience long-term homelessness (n = 7); c) finally, the research team received permission from local social services agencies to directly recruit potential participants at local homeless shelters and drop-in programs, using hand-delivered recruitment letters (n = 10). The information letters and study posters included the lead researcher's email address and phone number which was answered by the lead researcher. Upon contacting the lead researcher, participants were scheduled for an interview at their convenience and were asked to provide a call back number or email address. This allowed the researchers to contact participants the day before their interviews and remind them of the location and time. In addition, seven potential participants responded to the recruitment flyers (n = 4) and the hand delivered letters (n = 3) and scheduled interviews but did not attend their interviews or contact the researcher to reschedule.

3.2. Data Collection

The research design, data collection and the initial analysis of all 25 interviews were guided by grounded theory (Glaser & Strauss, 1967). In other words, the research team did not enter the field with hopes of testing a certain theory, rather concepts and themes emerged organically throughout the iterative interview and analysis processes. Face-to-face, semi-structured interviews of approximately one hour in length were conducted with each respondent. These interviews were conducted by the lead author and a research assistant in a private meeting room located in the community and informed written consent was collected. All participants were given a $25 Giant Tiger gift card and two bus tickets for their participation in this study. This research received ethics approval from a university Research Ethics Board.

With participants' consent, interviews were recorded and transcribed. Not all participants consented to recording (n = 3). In those cases, detailed notes capturing the words of the participants were compiled during the interview by the research assistant. To generate these detailed notes, participants were asked to speak slowly and were asked to repeat sentences when necessary to ensure that their responses were documented accurately. Identifying information was removed from the transcripts and notes. Pseudonyms were assigned to each participant and used throughout this manuscript. NVivo qualitative analysis software was used to organize and code the data. Data coding and analysis was conducted concurrently with data collection by identifying recurring themes which emerged from the data. These were discussed by the research team, which was comprised of the lead and second authors and a research assistant who was experienced in qualitative coding, then used as a framework to further refine the codes and analyze the data. 78 themes or nodes were identified in NVivo.

The interview guides were semi-structured to capture the experiences of each of the men. In addition to asking questions about use of housing and health services, each participant was asked to describe where he was living and who he was living with prior to the age of 13. Participants were then asked to describe their living situations from 13 to 16 years old and from 16 to 19. These time periods were chosen to assist participants with recall. Probing questions were used to further investigate each participant's childhood experiences. For example, if they did not previously disclose, they were asked who they lived with and they were asked to describe their living situation during each time period. The research team had not initially sought to capture traumatic experiences; however, these experiences organically emerged during the conversations surrounding their childhood and youth living situations. Additional questions were asked about the circumstances that surrounded their first episodes of homelessness. The interview process was iterative in nature. The lead researcher and the research assistant debriefed after each interview to discuss potential probing questions that could have been asked to elicit richer responses or to clarify participants' stories. These probing questions were then noted and used in subsequent interviews.

3.3. Analysis

The themes of youth trauma and entry into homelessness were used to guide the analysis for this paper. The analysis began with a detailed read through the emergent theme of youth trauma. In reviewing this theme, the research team discovered that the experiences of trauma that were captured were multifaceted and diverse. Experiences of adversity in childhood and youth, including abuse, neglect, poverty, systemic and structural disadvantage, exposure to caregiver substance use, early experiences with mental illness and involvement with the youth protections and justice systems were noted and classified as youth trauma. In clinical terms, use of the word trauma often refers to psychiatric diagnoses such as Post-Traumatic Stress Disorder (PTSD) and Acute Stress Disorder (ASD). However, the clinical definition of trauma found in the Diagnostic and Statistical Manual Version 5 (American Psychological Association, 2013), fails to capture many experiences that are traumatic or introduce adversity to children and youth that may have lasting effects, even if they do not directly lead to a diagnosed psychiatric disorder (Spitzer, First, & Wakefield, 2007). In the analysis, the term trauma refers to what Ford and Courtois (2009): 13) call 'complex psychological trauma':

> [C]omplex psychological trauma…[results] from exposure to severe stressors that (1) are repeating or prolonged, (2) involve harm or abandonment by caregivers or other ostensibly responsible adults, and (3) occur at developmentally vulnerable times in the victim's life, such as early childhood or adolescence.

This definition of trauma is useful for examining accounts of experiences of youth trauma as it specifically focuses on events that involve authority figures in early life. Additionally, it focuses on the importance of human development which Elder (1998) argues

shapes outcomes over the life course. Although only recently developed, this definition is used to understand the consequences of childhood maltreatment and trauma on adolescents. For example, O'Connor & Nock, 2014 and Ford et al., 2013 found that children who experience complex psychological trauma are vulnerable to PTSD, in later adolescence. Early trauma may limit the inter- and intra-personal resources available to adults (Koegel et al., 1995) and thereby impact their ability to live productively and independently (Tsai et al., 2011). All of the men who participated in this study experienced complex psychological trauma prior in childhood or adolescence as indicated by their diverse experiences of adversity and trauma described above which are encapsulated by the broader definition of complex psychological trauma.

After reviewing the theme of youth trauma, the theme of entry into homelessness was subsequently reviewed. Each transcript was read as a homeless biography, which Ford, Rugg, & Burrows, 2002 defines as an individual's account of their passage into and out of homelessness. During the initial read, notes were taken on the circumstances (e.g. when and why) surrounding each participant's entry into homelessness. Three common entry points were observed in the data: 1) youth, 2) emerging or early adulthood and 3) middle adulthood. Each of these three entry points was preceded by a period of complex psychological trauma in youth. All of the 25 participants' entry points were classified into one of the three entry points and these entry points, and their relationships with complex psychological trauma, are presented as pathways into homelessness in the findings section of this paper.

In order to provide enough detail to illustrate each pathway, a second analysis was performed after all of the cases were classified by entry points into homelessness. This analysis used a case study approach which allowed for an in-depth analysis of a few cases rather than a more superficial analysis of multiple cases (Gerring, 2006). A crucial case method was used to choose a case that represented each category. This involves choosing cases that most "closely fit a theory if one is to have confidence in a theory's validity" (Gerring, 2006: 115). The cases that were chosen to be analyzed and presented as case studies below were those that provided rich detail on individuals' homeless biographies and those that most clearly and articulately illustrated the entry point into homelessness.

4. Results

The analysis revealed that all of the men who had or were experiencing long-term homelessness had experienced complex psychological trauma in childhood. All 25 participants were male and their ages ranged between 24 and 63 years. The mean age was approximately 47 years. The types of trauma experienced included physical, sexual, and emotional abuse, neglect, poverty, caregiver substance use or mental illness, early substance use, young presentation of mental illness, involvement with child protective services, and involvement with the youth criminal justice system. Although the types of childhood trauma that the men experienced were diverse, the research team uncovered patterns in the men's trajectories or pathways into homelessness that indicated common or shared experiences. These patterns are presented in the following section and visually depicted in Fig. 1. A biographical case study of the experiences of a participant is presented for each pathway to provide an example of the lived-experience with trauma and subsequent entry into homelessness.

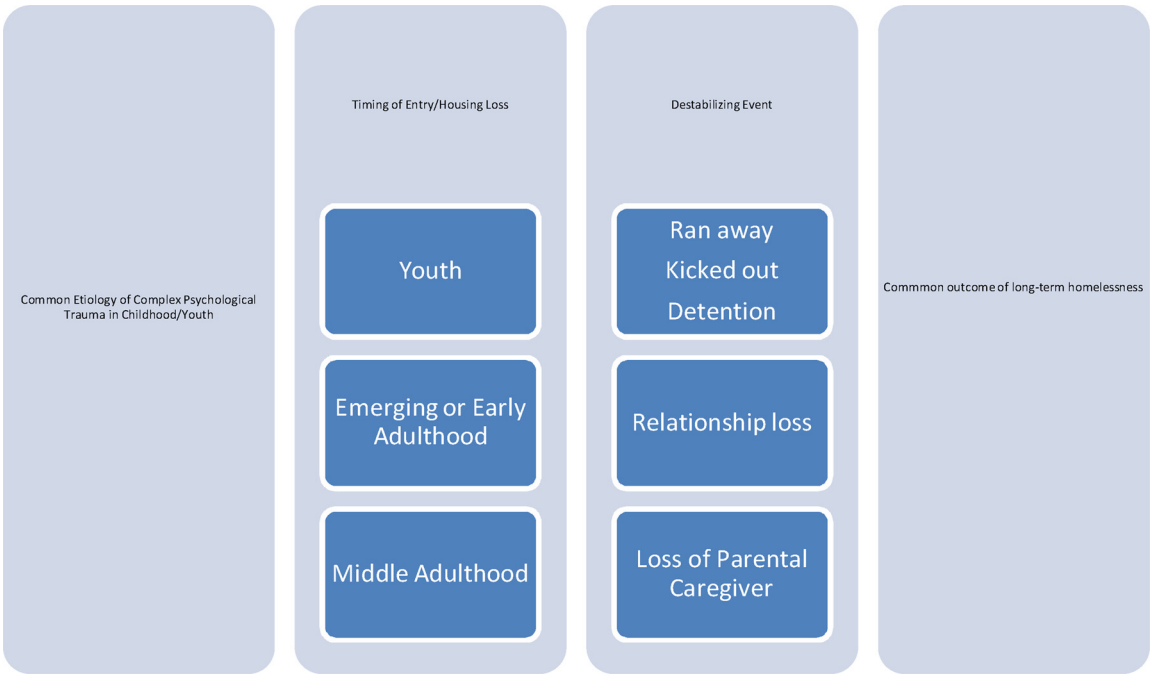

Fig. 1. Pathways into Long-Term Homelessness.

4.1. Youth Pathway

The youth trajectory (n = 10) was conceptualized to include complex psychological trauma, exit from a caregiver's home before 18 which resulted in homelessness—both hidden and overt—and subsequent long-term homelessness and housing instability. Some of the men in this category ran away from home, others were asked to leave by their caregivers, and others were placed in juvenile detention and exited detention to homelessness. The majority of the men left school around the same time they left home and continued to experience housing instability and homelessness as they aged. These men cycled in and out of homelessness and this was often accompanied by poor mental health, substance use, and criminal justice system involvement. "Nigel's" story is illustrative of this pathway.

Nigel's interview began with a general discussion about his childhood. He experienced a lot of emotional and physical abuse in his childhood. More specifically, he was a victim of non-parental sexual assault and was emotionally abused by his mother:

> But, when I was younger, [mom] just, she just treated me different. Like everybody in the neighbourhood kind of seen it. She never did, but like they seen how my brothers would get all the stuff and I would get like nothing. They just see how my parents are treating me different and stuff and my mom would always…get mad at me, like you remind me of him [your biological father], you're just as crazy as him and like flip out on me.

Nigel was ejected from his family home when he was 13 or 14 years old and he went to stay at a friend's house. He stayed there for "about a year, year and a half." During this time, Nigel was "using a lot of drugs…ecstasy pills…I'd shoot, smoke. [It was at a] young age, so, that's why I think my head's a bit screwed now cause of that." Nigel was expelled from high school for violent behaviour. His participation in fights resulted in brain trauma: "I think just my head, my head's been smashed so much." From his friend's house, he went on to sleep in his friend's car until his friend's mother found out. She invited him in to stay with the family for a short period and then eventually he was ejected from the friend's home.

Nigel went to live with extended family in a smaller town. He referred to this period as "another beginning of the next hell. My next level of hell I called it." He left at the age of 17 after getting in a fight:

> One time they're like, 'Nigel, come in my room.' I didn't know they were smoking crack and they were like… 'hey, you want to try some of this?' I actually, I smiled and I laughed and I was like 'no.' I didn't mean to, like laugh at them or whatever. But I guess they totally took that wrong and they just started treating me, like that's when they started doing all that stuff…like one time… I heard a clink of a glass on the table. I turned around and she took the 10 pound glass ashtray that was on the table, took a big honking one and whipped in the air, like whipped it in the air…and it just like pinged off my head.

At 18 years old, Nigel moved back to the urban area in Ontario to live with his mother. At 19, he was once again expelled from his family home and he began staying at a homeless shelter. Nigel went back and forth between staying in shelters and living on the streets. After qualifying for provincial disability support payments and receiving assistance from a trustee program designed to oversee his spending, he found an apartment. His rent is paid directly from his benefit cheque and he claims this trustee program has kept him housed. However, at the time of the interview, he was experiencing problems with his landlord and claimed that she was "ripping me off." His apartment had "no heat, no vents, no heating" and he was in the process of trying to find a new place to live.

Similar to the other men who entered into long-term homelessness in youth, Nigel experienced instability from the first time he was asked to leave his mother's house. He moved frequently and stayed with friends ('couch surfing') and lived in unstable situations before he ended up in a shelter. His unstable living arrangements contributed to further victimization and brain injuries. At the time of his interview, Nigel had been able to access the supports he needed to successfully obtain income supports and an apartment but he described poor housing conditions and a poor relationship with his landlord as contributors to continued housing instability.

4.2. Emerging or Early Adulthood Pathway

The emerging or early adulthood pathway (n = 12) includes individuals who stayed in their caregivers' homes despite experiences of complex psychological trauma until they were able to move out independently into rented accommodations. Initial residential moves occurred at different ages for different men. Many of these men moved directly into housing with a partner and some lived independently or with friends for a bit and then moved in with a romantic partner. Many had children with the partners with whom they lived. These men held employment during adulthood and most had lost jobs to layoffs, injuries, or terminations prior to their entries into homelessness. For these men, stable housing was maintained until they experienced a relationship loss. In other words, their first experiences with homelessness happened around the time of divorce, separation, or partner death. Around this time, many of the men became substance dependent, involved with the criminal justice system, and/or experienced mental illness. "Hugh's" story illustrates this pathway.

Hugh began his early life living with his family in what he considered to be a "nice family neighbourhood sort of area." He described his family's financial situation as being adequate. "We weren't living in poverty, we weren't living in filth, we weren't living in squalor. What we had wasn't luxurious but it was clean and it was well kept and warm." Despite this, when asked if his childhood was happy, Hugh replied "no."

> There was environmental depression, anxiety, trauma. Around the time I was born there was a child death in our family and… [my dad] totally lost control you know and you know to add on to it mom…had uterine cancer and shortly after I was born my dad's father died. So I mean there was all this trauma and all this negativity and back then we weren't in the information age and

we didn't have the outreach or emotional assistance and mental health. Mental health was something that was very shamed; it was something you swept under the rug. So a lot of negative behaviours were in the house because it was only swept under the rug anyways and it was just a big secret. It was emotional, it was physical, it was psychological, it was nutritional.

Hugh's parents had problematic relationships with alcohol and this affected aspects of his everyday life. "There were times where alcohol addiction took us to the brink of starvation." Drinking was especially problematic for his father and Hugh attributed his mother's relationship with drinking to his father's influence. "My mom joined in as a sense of belonging and became diseased herself."

Growing up, Hugh had a special relationship with his Grandmother. He described her personality as being "domineering" and she showed favouritism to him. This resulted in what he described as being a "polarization and I mean almost a divide and conquer to the point where my parents couldn't discipline or check me because I was too golden and my sisters were nothing in comparison." When Hugh's grandmother passed away, his family physically abused him as a mechanism for coping with their resentment toward his grandmother for her favouritism. "You know they went through their hell and when grandma died of course everybody wanted to claim their territory back and they weren't so worried about my territory so I took it from every source you know."

Hugh's relationship with drugs began around 18–19 years of age. He described this relationship as short-lived and claimed "I don't like the way it makes me feel anyways." Following his brief dabble in the drug world, Hugh began drinking and formed a problematic relationship with alcohol. "Alcohol was my biggest thing, alcohol was quick, it was legal, it was socially acceptable."

Hugh was involved in a car and workplace accident, a fall down a flight of stairs, and one "vicious beating" which resulted in injury to his spine. Hugh attributes his depression to his injury, which he described as a contributor to his first episode of homelessness:

> I was working, got injured and as I tried to get back to work there was less and less that I could do because the conditions were getting worse and worse. I was running out of opportunities, running out of abilities and that's when the depression really started to set in. I think there was clinical depression as well… No at that point in time there's still ongoing family issues, I'm still very hated for what happened in our childhood you know and this I've been told many times and I accept that but a lot of times when I was going out and doing that work, the work that I shouldn't have.

Hugh decided to leave his girlfriend and apartment in search of a "geographical cure" and moved to Eastern Canada. However, during this time, his drinking steadily worsened and he returned to Ontario where he used an emergency homeless shelter for the first time. Hugh was 46 years old.

As an adult, Hugh has been clinically diagnosed with Obsessive Compulsive Disorder and Narcissistic Personality Disorder. However, he does not identify with these diagnoses: "I don't really see myself as that." He continues to experience episodes of housing instability and homelessness.

Hugh, like the other men in this study, experienced multiple forms of trauma at a young age. Although he left his home at a young age, he moved into a relatively stable environment. He was able to rent an apartment with his girlfriend. This was similar to the other men in this pathway who went directly from their caregivers' homes to independent housing. This housing was often shared with a significant other. In this pathway, relationship breakdowns, which were often accompanied by job loss, injury, mental illness, and/or substance addiction, led to homelessness. For these men, this first episode of homelessness occurred after a period of stability and relative independence.

4.3. Middle Adulthood Pathway

Some of the men in this study continued to live in their familial homes into middle adulthood and experienced homelessness around the time of parental or caregiver death. The adult entry into long-term homelessness (n = 3) category included men who had experienced complex psychological trauma in childhood. These individuals experienced mental illness at young ages which often went untreated or unrecognized by caregivers. One of the men had lost one of his friends to suicide and attempted suicide himself as a young teenager; another spent time in an institution and the third was placed in juvenile detention during his teenage years. All three of the men in this category experienced extreme poverty which meant that their parents were unable to financially plan for their future care, although they lived with developmental delays and mental illness that made independent living extremely challenging. These men lived in their parents' homes until their parental caregivers passed away. Many were overwhelmed with grief and some were left without the financial means or ability to maintain a household themselves. Some of these men inherited familial homes which they subsequently sold. Profits were quickly spent on temporary hotel accommodations, drugs and alcohol and sex trade purchases. Some individuals were taken advantage of and spent large amounts of money on their friends. After they ran out of money, these individuals entered homelessness. "David's" case is illustrative of this pattern.

David was raised by his mother and father and lived in their home with his sister for the majority of his life. When David was 12 his father sent him to live at an inpatient facility for youth with developmental delays, behavioral challenges and mental illness. David described this experience:

> It wasn't too bad but the staff there was a little rough to me, not very bad that they hurt me, but just a little rough and I was one of the good ones. [I was there] because they said I didn't behave at home, but I was never the type to hurt my parents or that, no. I might get upset, but who doesn't? They put me up there, my father did, and the doctor I guess… I was up there for over nine months. I had my three meals, I never went hungry…Some of the guys up there, well a couple of them bothered me. One jumped on my foot and broke my ankle, put a big cast on that. It was too much money to travel back and forth on the train and my dad, I guess they didn't want me up there so they brought me home…It was more or less for disturbed people, slow like I am. But you'd

never know it. I went to Sunday school there, I went to school. I did a lot of things up there.

David stated that his time at the facility was "alright." However, he also described episodes of abuse which were perpetrated by students and staff. David returned home and lived with his parents until he was incarcerated in early adulthood. After serving his prison sentence David moved back home until after his Dad passed away. Shortly after, his mother and he had their first episode of housing loss. David stayed in a local men's shelter and his mother in a local women's shelter until they were able to find affordable housing together.

After finding housing together, David's Mom passed away:

> Mom let me go…I was 47 years old. She had a brain tumor and couldn't look after me anymore. She died…her death still bothers me.

Before she passed, David's mother worked with local agencies to find him a room in shared home in the community. However, David moved around and lived in a few different rooming houses and shelters. At the time of his interview, David was sleeping in a storage unit that he rented. He said he didn't want to access a shelter because other clients "steal stuff." David worried about making ends meet and said he did not want to return to shelters or live in a rooming house.

David's mental illness significantly impacted his ability to maintain independent housing as an adult. He has received provincial disability support payments from the age of 18 and lives with diagnosed Obsessive Compulsive Disorder (OCD). His OCD manifested as a compulsion to perfectly replicate past actions. For example, after finishing his interview, David asked to have a chair moved back to its original location so he could exit the room using the same path in which he entered. He noted that the inability to replicate past actions caused him extreme distress. At the time of the interview, David also said he had depression and he was not medicated for either illness.

David also collected "souvenirs." These souvenirs included photographs of himself which he would ask people to take and little objects from his travels. For example, during his interview, he was provided with a gift card that had a small scratch on it. David took the gift card, inspected it, and asked for a new card with no scratches. He said that after he used the gift card, he would like to keep it as a souvenir of the interview and would like it to be in perfect condition. David labeled his behavior "collecting." However, he noted that past case workers have been unable to house him because of what they deemed to be hoarding behavior.

David's experiences were similar to the other men in the study who lived with their parents into adulthood and did not have the capacity or resources to live independently once their parents passed away. David and his mother lived in a state of severe material deprivation for years and he was left without a strong financial or interpersonal support system when she got sick and passed away. Others whose lives followed this pattern inherited their parents' homes and sold them. Once they spent their inheritance, they too became homeless.

5. Discussion

This analysis uncovered three divergent pathways. All of the pathways are preceded by the common experience of complex psychological trauma in childhood; however, the timing and circumstances surrounding entry into homelessness were distinct. Although all of the men experienced trauma in childhood and youth, their pathways diverged in youth when they made choices about their housing. In the youth pathway, participants were asked to leave or independently left their familial homes and became homeless or part of the hidden homeless population. Other participants in the emerging or early adulthood pathway were independently housed away from their caregivers before entering long-term homelessness. These youth left their homes in their late teens to late 20 s to live independently or with partners and eventual homelessness corresponded with episodes of relationship loss and periods of substance dependence and job loss. The third pathway, middle adulthood, described the trajectories of men who lived with untreated mental illness, poverty, and/or developmental delays from a young age. These men lived with parent(s) or caregiver(s) until their parent(s) or caregiver(s) passed away and then experienced homelessness.

Experiences of complex psychological trauma led to young entry into homelessness for some, but not all of the men. The men who entered homelessness after living independently or at an older age after the loss of a caregiver had also experienced childhood trauma but were able to delay entry into homelessness. These findings are consistent with Chamberlain and Johnson (2013) conclusion the adult men's entrances into long-term homelessness followed adverse events (e.g. death of a parent, relationship loss) and often coincided with substance use and mental illness.

Research has shown that people are remarkably resilient when they face adversity and some even experience positive changes and growth after they experience trauma (Joseph & Wood, 2010). Resilience refers to the ability of persons to succeed despite experiences of adversity and trauma (O'Dougherty, Wright, Crawford, & Sebastian, 2007). Those considered to be at risk of decreased resiliency are those who experience cumulative risk with limited exposure or access to promotive factors, protective factors and assets, and those with lower levels of psychosocial competence (O'Dougherty Wright et al., 2007). Those who lack resilience may have problems with achieving developmental tasks or milestones (e.g. graduation from high school, long-term maintenance of an independent home, etc.) which can be detrimental to future outcomes, as success with developmental tasks promotes future success and adaptation (O'Dougherty Wright et al., 2007). Similar to their female counterparts (Lewinson et al., 2014), men's experiences of trauma in early life indicated exposure to cumulative risk and dual disadvantage. They did not only experience physical violence that is commonly thought to be representative of men's experiences with childhood abuse and neglect, their experiences of abuse were also emotional, economic, sexual, spiritual, neglectful and material. These multifaceted experiences of trauma in early life illustrate the men's shared experience of complex psychological trauma as a common experience associated with entry into long-term homelessness. Future

research on long-term homelessness will benefit from measuring cumulative risk and dual disadvantage (Sullivan et al., 2000) as predictors of men's outcomes.

The men took three paths into homelessness. The first path, marked by a young exit from a parental home into homelessness indicates a need to provide intensive trauma informed supports to street engaged youth. Men who entered homelessness after periods of independent living or after the death or a parent or caregiver in adulthood shared the common experience of loss. Although the type of relationship lost varied (e.g. romantic partner vs. parent), all of these men experienced difficulties finding or maintaining independent housing. This indicates a need to provide housing assistance to men who have experienced complex psychological trauma during youth and during periods of relationship loss. Additional interventions may focus on providing free access to life skills training (e.g. financial literacy, household maintenance, etc.) and talk therapy for low-income children, youth and adults who have experienced trauma.

This analysis adds to the literature on homeless pathways in two distinct ways. First, the research focuses exclusively on the narratives of men who have experienced long-term homelessness. Second, complex psychological trauma in early life is identified as a shared and meaningful life experience which occurs prior to entering long-term homelessness. Trauma in the present analysis is conceptualized as central to men's subsequent entries into long-term homelessness, whereas other analyses only discuss trauma as it applies to youth who enter homelessness at an early age (Anderson & Tulloch, 2000; Chamberlain & Johnson, 2013). It is argued that exploring experiences of complex psychological trauma in men who do not enter homelessness in youth is important as the effects of these experiences are likely to persist into adulthood. Additionally, these explorations indicate the importance of trauma informed service provision for men experiencing long-term homelessness and reinforce the importance of youth as an intervention point for homelessness prevention.

There are limitations to this research. First, only three men could be classified into the adult to long-term homelessness pathway. Additional research should explore, in greater depth, the childhood experiences of men who entered homelessness after losing a parent or caregiver. Future research should also interview or survey larger samples of men in the long-term homeless population to further validate these pathways into homelessness and determine whether or not they are generalizable.

6. Conclusion

The analysis of interviews with 25 men experiencing long-term homelessness illustrates that men shared similar experiences of complex psychological trauma in early life. These experiences were multifaceted and included caregiver substance abuse, physical, sexual, spiritual and emotional abuse, neglect and material deprivation. These findings indicate that men's pathways into long-term homelessness may be best framed as rooted in complex psychological trauma rather than as beginning at the point of entry into homelessness. These findings have important implications for practice and research as they suggest a need to better understand and facilitate preventative programming in youth and trauma informed service provision in adulthood.

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