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# Adverse childhood experiences, mothers and homelessness: a narrative review and recommendations

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## ABSTRACT

Homelessness is a complex and pervasive worldwide social crisis that profoundly affects a diverse range of individuals and communities. Adverse childhood events (ACEs) are traumatic events that can lead to significant negative effects during adulthood, including homelessness. In women who are mothers, the pathways to loss of housing include, but are not limited to: a history of ACEs, weak social networks, sexual violence, and intimate partner violence. This narrative review of the literature aimed at examining the evidence of adverse childhood experiences and homelessness in adult women who are mothers and to providing recommendations for practice. Across the eight articles included and analyzed, six common themes emerged: family fragmentation, out-of-family placement, abuse, learned substance abuse, a lack of formal and informal education, and normalization and internalization of ACEs. The results showed that children who experience ACEs and become mothers in adulthood might have increased chances of becoming homeless and repeating an intergenerational cycle of trauma onto their children.

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Adolescent Psychiatry &  
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Mental Health Nursing

## Introduction

Homelessness is a complex and pervasive worldwide social crisis that profoundly affects a diverse range of individuals and communities. According to a report by the United Nations Human Rights Council (2019), homelessness is not confined to a specific geographic region or socioeconomic group; it is a global issue that transcends borders. In fact, it is estimated that there are over 150 million people experiencing homelessness worldwide (UNCHR, 2021).

In the past, assumptions about homelessness have included that men dominate the homeless population. Second is that they choose to be homeless, with arguments being used such as: they are lazy, they want to be handed free meals and shelter, and they would rather use their money on drugs and alcohol (Anderson et al., 1998). However, today's literature challenges these assumptions, suggesting otherwise about the demographics of the vulnerable population. A variety of research from multiple countries concludes that homelessness occurs as a 'complex interaction of individual factors, life events and structural (economic and societal) factors' (Mabhala et al., 2017; Mago et al., 2013; Uppal, 2022). Additionally, a study of Canada's homeless population revealed that around 40% of unsheltered homelessness is experienced by women, which is a 27% increase from the late 1900s (Uppal, 2022). That same study showed that there was a significant gap between men and women experiencing unsheltered homelessness (Uppal, 2022). In addition to an increase in women experiencing homelessness, families with children experiencing homelessness are also steadily growing (Forchuk et al., 2022). While these statistics, on the surface, can provide some understanding of the homeless population in Canada, the depiction of this population is immensely inaccurate. Statistics surrounding the homeless populations can be challenging to access and navigate. For example, in Canada, a population census is conducted

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every five years, allowing for tracking trends and baselines in the population statistics. In the census, the homeless population is only accounted for by those in shelters (Uppal, 2022). Those living on the streets or in hidden homelessness are left unaccounted for; thus, it is difficult to identify the actual representation of people experiencing homelessness accurately. Therefore, the homeless ‘epidemic’ may be worse than numbers lead society to believe.

This narrative review focuses on women experiencing homelessness over the age of 18 years, with one or more children (biological), or are currently pregnant and how it relates to adverse childhood events. The research question at hand sought to answer: ‘What is the evidence in the literature on adverse childhood experiences and homelessness in adult women who are mothers?’ The narrative review also sought to provide recommendations for practice.

## Background

### *Adverse childhood experiences*

As mentioned above, homelessness results from a complex interaction between individual factors, life events, and structural factors. Adverse childhood experiences (ACEs) are intertwined in complex interactions (Mabhala et al., 2017; Mago et al., 2013; Uppal, 2022). Adverse childhood experiences began receiving recognition as a social determinant of health (SDOH) in the late 1900s by Kaiser Permanente and the Centers for Disease Control and Prevention (CDC) (CDC, 2021). Their study defined ACEs as traumatic events including, but not limited to: experiencing neglect; physical, emotional, and sexual abuse; loss of parent(s) due to death, divorce, or incarceration; witnessing violence; growing up in a household where mental illness and/or substance abuse is observed; and other forms of family dysfunction that occur in childhood between birth and seventeen years of age (CDC, 2021). Research has shown that ACEs impact the later health outcomes of individuals. In the Kaiser-CDC study, they found that when ACEs occurred, there were disruptions in neurodevelopment, impairment of social, cognitive, and emotional functioning, increased health risk behaviours, disease, disability, and social problems, all resulting in early death (CDC, 2021). A strong correlation between high prevalence of ACEs and substance use, poor mental health, physical illness, and risky behaviour has been identified (Patterson et al., 2014). All of these negative health outcomes consequently predispose individuals to a higher risk of becoming homeless in their lifetime.

### *Homeless mothers/families*

Homelessness, homeless, and people experiencing homelessness are used interchangeably throughout current literature; however, they all possess very similar definitions. Homelessness will be defined as an experience with either absolute homelessness, meaning living on the streets or in an emergency shelter, or precarious/hidden homelessness, which includes rooming houses, couch surfing, or other transitional housing.

Homeless women and families are a growing subgroup of the homeless population (Forchuk et al., 2022). Women present a uniquely vulnerable subgroup of the homeless population. Their experiences differ from homeless men in that they often live in hidden homelessness and have much different pathways into homelessness (Andermann et al., 2021). Pathways include but are not limited to a history of ACEs, weak social networks, sexual violence, and intimate partner violence (Andermann et al., 2021). There is an even greater uniqueness when children become a part of the equation.

Homelessness can have particularly severe and unique impacts on women with children. The challenges they face are often compounded by factors such as gender-based violence, limited access to resources, and the responsibility of caring for dependent children. Homeless women with children are at a higher risk of experiencing violence, including domestic violence and sexual assault. The lack of secure and stable housing can expose them to dangerous situations, and shelters may not always provide a completely safe environment (Riley et al., 2020). Additionally, homelessness can have detrimental effects on the physical and mental health of both mothers and their children. Lack of access to regular health-care, proper nutrition, and stable living conditions can contribute to health issues (Wright et al., 2017).

Finally, homeless women often face barriers to accessing education and employment opportunities. The lack of a permanent address can make it challenging for them to enroll their children in schools, and the absence of stable housing can hinder efforts to secure and maintain employment (Buckner, 2008).

## Methods

A qualitative narrative review was the methodology chosen for this investigation as it is a type of review that provides a qualitative and descriptive synthesis of existing research on a specific topic (Green et al., 2006). They offer a comprehensive overview of the literature based on qualitative studies, focusing on interpreting the core narratives from the selected studies, summarizing key findings, themes, and trends in a qualitative manner while often including the author's subjective insights and interpretations (Baumeister & Leary, 1997). Qualitative narrative reviews typically encompass a broad range of sources and aim to provide a nuanced understanding of the subject matter through expert analysis and discussion (Grant & Booth, 2009).

In the forthcoming sections, we will elucidate the procedures carried out to accomplish this narrative literature review.

## Search strategy

An extensive database search was conducted with the aim of identifying peer-reviewed articles published from the inception of the databases to Dec 21, 2022. The search encompassed three primary databases: SocINDEX, CINAHL, and PsycINFO. To maximize the search's effectiveness, a combination of specific terms was employed: 'homeless mothers', 'homeless families', 'maternal homelessness', 'childhood abuse', 'childhood adversity', 'adverse childhood experiences/events', 'childhood maltreatment', 'childhood trauma', 'family dysfunction', and 'victimization'. Supplementary keywords were identified, and subject headings were chosen in accordance with the respective database requirements. A succinct overview of the search strategy can be found in Table 1.

To ensure data accuracy and eliminate duplicate entries, all search results underwent a deduplication process using Rayyan, a web tool designed to support researchers working on systematic reviews,

**Table 1.** List of keywords and controlled vocabulary per database.

Terms	Adverse childhood events	Homelessness	Adult women with children
Keywords (used in all databases)	ACE sexual abuse; emotional abuse; family dysfunction Neglect	homeless precarious housing transitional housing absolute homelessness	mother motherhood maternal
CINAHL	Child Abuse Child Abuse, Sexual Domestic Violence Dysfunctional Family Child Abuse Survivor	Homeless Persons Homelessness	Mothers Expectant Mothers Single Parent Parents Expectant Parents
SocINDEX	Adverse Childhood Experiences Adverse Childhood Experiences Parental Death Substance Abuse Emotional Trauma Childhood Trauma	Homeless Families Homelessness Homeless Shelters Homeless Persons Homeless Mothers Homeless Women	Abused Women Female Victims Pregnant Women Parent Homeless Mothers Homeless Women
PsycINFO	Childhood Adversity Early Childhood Development Child Abuse Reporting Emotional Abuse Child Abuse Verbal Abuse Physical Abuse Abuse of Power Dysfunctional Family Family Background Family Relations Child Neglect Child Abuse Reporting Abandonment	Shelters Homeless Homeless Persons Housing	Mothers Single Mothers Expectant Mothers

scoping reviews and other knowledge synthesis projects. The resulting unique records were then imported into Microsoft Excel for further screening and analysis.

### Source of evidence selection

Titles and abstracts of the obtained citations were screened in the first step to identify potentially relevant papers. In the second step, the full text of the selected articles was assessed further based on a structured inclusion and exclusion criteria form. We manually searched the reference lists of all included papers and relevant journals to find additional citations. The reference lists of the newly identified articles were also examined.

The inclusion criteria included original articles, commentaries, and editorials. To be included, the articles must have been focused on adult mothers or expectant mothers aged 18 or older with experiences of homelessness. Additionally, articles needed to include at least one of the following elements of ACEs: neglect; physical, emotional, and sexual abuse; loss of parent(s) due to death, divorce, or incarceration; witnessing violence; growing up in a household where mental illness and/or substance abuse is observed; and other forms of family dysfunction that occur in childhood between birth and seventeen years of age (CDC, 2021). Studies published in English, Spanish, or Portuguese were considered for further screening. Time limits were not used due to the nature of the narrative review. Exclusion criteria included adolescent mothers, non-biological mothers, non-open access papers, and gray literature. Gray literature was not considered as the goal was to discover the state of peer-reviewed and scientific knowledge and interest in this field. The inclusion and exclusion criteria were discussed after the titles of the first 100 papers were screened, and the same criteria were maintained.

Two independent researchers reviewed the title/abstract and the full text of the papers to assess eligibility. A third reviewer decided disagreements.

Furthermore, because the goal of this narrative review is to summarize and synthesize existing research on a particular topic or question, the risk of bias assessment was not performed in accordance with the JBI methodology and the current literature (Munn et al., 2018; Tricco et al., 2018). As a result, practice recommendations were given with caution.

During the study selection phase, all inclusion criteria was met and that all the elements of ACEs were covered and carefully included. Some papers were considered not significant when they did not have relevant and/or novel information about the topic, did not fully answer the research question, or if the information presented was already covered in another paper. Papers that were excluded because they did not fully answer the research question, included papers that briefly touched on components of the narrative review, but did not actually address the research question posed. A diverse range of perspectives and findings was sought to present a comprehensive overview of the effect of ACEs on homelessness was also sought after when deciding which papers would be included.

### Data extraction

The researchers utilized a data extraction form that they constructed to retrieve information from the articles included in the review. The data extraction process encompassed various aspects, including the purpose and context, the discipline and country in which the research was conducted, the methodology employed, details about the participants, and the primary findings of the included papers.

### Data analysis and presentation

The research employed the thematic analysis methodology (Thomas and Harden, 2008) to identify and consolidate themes relevant to the research questions. Thematic analysis is a systematic approach that involves recognizing, examining, and presenting patterns (referred to as themes) within a given research topic (Thomas and Harden, 2008).

To carry out the thematic analysis, two researchers utilized Microsoft Excel and followed a series of steps. Initially, they familiarized themselves with the data and highlighted text passages that directly addressed the research questions. Subsequently, they conducted a more comprehensive analysis in which

the initial codes were organized into coherent thematic groupings (Braun & Clarke, 2019). There were no formal reliability or agreement assessments, because thematic coding was done in partnership. A third researcher acted as a tie-breaker when agreement could not be reached.

## Results

The initial search yielded 303 articles. 23 articles were duplicates overlapping between the three databases. 280 articles were then screened according to the inclusion and exclusion criteria.

From the 280 retrieved articles, only 58 articles met the inclusion criteria in the title and abstract pre-screening phase. 10 of the 58 articles were inaccessible due to language and not open access. During full text review, it was found out that 14 articles did not meet the inclusion criteria; and 13 of the articles did not answer the research question, and 13 other articles were excluded as they were not directly related to the topic. Eight articles were included in the paper (see Figure 1 for more details). The articles were retrieved between June 15, 2022 and June 30, 2022. Due to the nature of a narrative review, no limitations were applied to the publication dates.

Across the eight articles analyzed, six common themes emerged among the papers: family fragmentation, out-of-family placement, abuse, learned substance abuse, a lack of formal and informal education,

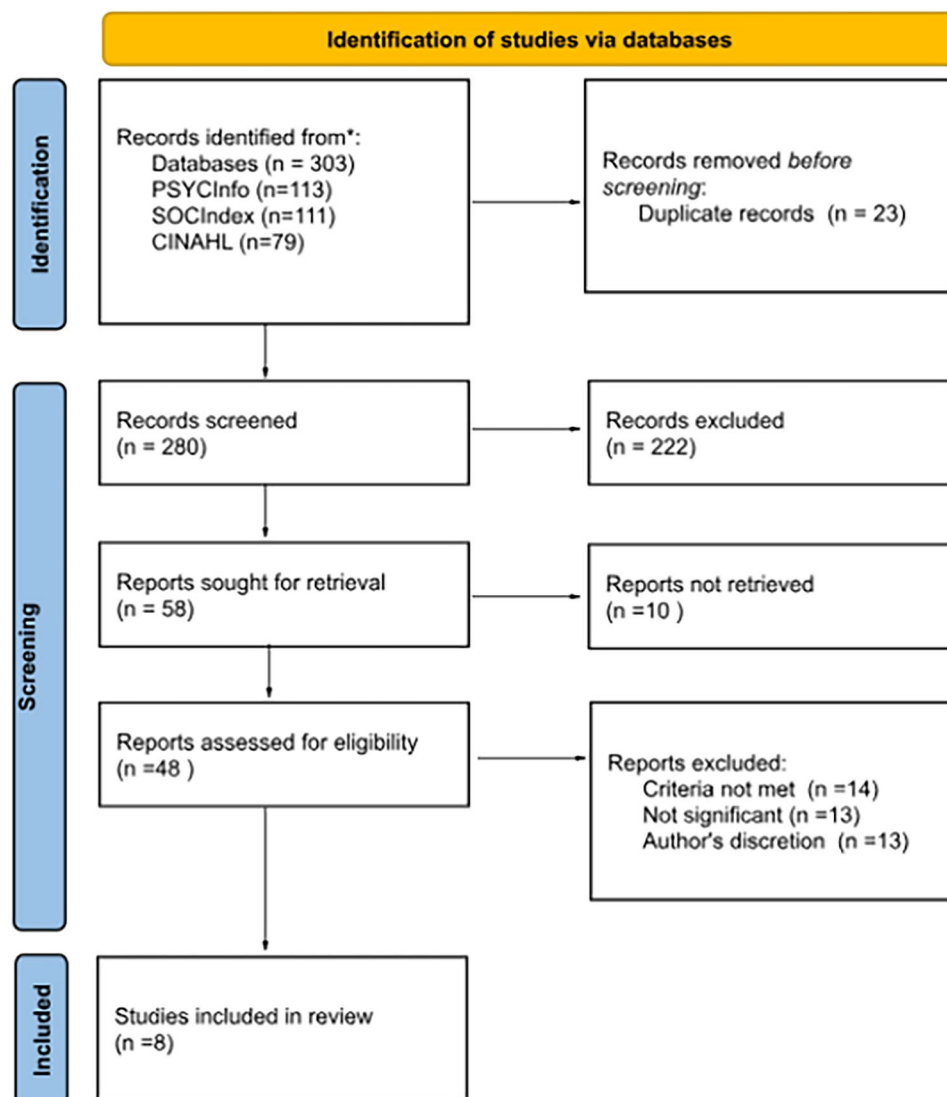


Figure 1. PartLabel-upper - Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flowchart.

and normalization and internalization of ACEs. [Table 2](#) presents information about the included studies location, goals, methodology, settings, and main findings.

All studies were conducted in the different states of the United States. The data collection took place in settings like transitional housing, shelters, treatment facilities, hotels, social service agencies, missions, medical centers, and on the streets. One study did not clearly state where the participants were recruited (Brush et al., 2018). All of the studies included were qualitative designs. It is also worth noting that some of the papers included are quite outdated, with papers ranging from 1988 to 2022. While the results from the more outdated studies should be interpreted cautiously, they do provide context relevant to the contemporary conditions as detailed throughout the narrative review.

While it is nearly impossible to discuss homelessness and childhood adversity without discussing the impact on mental health, the authors take this time to acknowledge that mental health and the impacts of experiencing childhood adversity and homelessness are intertwined and very complex. For the sake of answering the research question, we acknowledge that mental health implications are deeply embedded within the six themes this paper will explore and will not be a stand-alone theme explored in this paper.

### **Family fragmentation**

Participants in various studies have encountered family fragmentation during childhood (Belcher et al., 2001; Brush et al., 2018; Cronley et al., 2020; Lavesser et al., 1997) and in adulthood while raising their own children (Belcher et al., 2001; Cronley et al., 2020). The causes of family fragmentation, as identified by Cronley et al. (2020), include divorce, parental abandonment, violence, substance abuse, and, as noted by Belcher et al. (2001), death. Homeless mothers faced a lack of stability in their early lives, frequently relocating among family members and extended family (Belcher et al., 2001; Brush et al., 2018) or experiencing frequent moves (Cronley et al., 2020; Styron et al., 2000). In addition to the constant mobility, many homeless mothers encountered inadequate housing, with some describing their homes as ‘dilapidated’ or ‘overcrowded’ (Styron et al., 2000). Despite being moved within the extended family, some participants reported a lack of acceptance, particularly when family members remarried and formed new families (Belcher et al., 2001).

When family and friend resources were exhausted, participants often sought refuge in public shelters or substance abuse treatment facilities (Belcher et al., 2001). Leaving home during adolescence was a shared experience among homeless mothers, contributing to dysfunctional and unstable housing (Lavesser et al., 1997).

In contrast to constant family fragmentation, sudden fragmentation occurs unexpectedly due to conditions such as divorce, death, psychological or socio-economic hardships, among other unforeseen factors (Cronley et al., 2020). Those who experienced sudden fragmentation reported abrupt changes in stable home environments, leading to unexpected battles with psychological and socio-economic hardship (Cronley et al., 2020).

Participants across the studies reported changes in family dynamics and increased responsibility, a manifestation of parentification (Hooper, 2008). This added responsibility, whether emotional or instrumental, placed undue burdens on children, resulting in both positive and negative effects (Hooper, 2008). Homeless mothers recounted taking on unfair responsibilities at a young age (Belcher et al., 2001; Brush et al., 2018; Cronley et al., 2020; Styron et al., 2000), including self-parenting or becoming the head of the household (Belcher et al., 2001; Brush et al., 2018).

Family fragmentation occurred cyclically, affecting participants in their childhood and adulthood with their own children. Some participants reported disrupted relationships with their own children or being separated from them (Belcher et al., 2001; Cronley et al., 2020). Importantly, women emphasized their children as protective factors in improving their life circumstances and mental health (Belcher et al., 2001; Cronley et al., 2020; Styron et al., 2000). However, fragmented relationships with their own children acted as a risk factor in perpetuating the cycle of hardship. For those dependent on extended family, assuming the role of a parent while relinquishing their own parental role was a common occurrence, particularly when living with maternal figures (Belcher et al., 2001).

Table 2. Overview of included studies.

Author date	Geographic location	Goal	Methodology	Setting	Main findings
Cronley et al. (2020)	Texas, USA	To better understand women's narratives of childhood experiences, becoming mothers and becoming homeless.	Life Course Theory - Cross sectional, qualitative design. 20 participants	Transitional housing or emergency shelter programs.	Childhood disruptions, triggered by events like parental divorce or death, marked the reported experiences. Many entered abusive adult relationships, becoming pregnant before 20. Limited support, economic options, and self-medication through substance abuse were common, learned from childhood and reinforced in adulthood. Women's narratives underscore how normalized trauma limits agency in adulthood, with no safety net, depicting constant and sudden fragmentation, and ingrained substance abuse.
Williams and Merten (2015)	USA	To better understand the experiences and perspectives of homeless mothers.	Qualitative Phenomenology Observation 7 participants	Transitional facility located in a large transitional setting.	Past family dynamics, especially with maternal figures, systematically impacted participants' current family situations and adult relationships. Dysfunctional family backgrounds influenced identity, boundary-setting, and parenting perspectives among women.
Styron et al. (2000)	New York, USA	To examine the experience of family homelessness from an alternative perspective.	Qualitative In-depth open-ended interviews 24 participants	Shelter system	Themes included issues in the journey of becoming homeless, seeking emergency shelter, and regaining housing among single mothers. Many women disclosed experiences of neglect, physical, or sexual abuse.
Lavesser et al. (1997)	USA	To systematically compare homeless families to house families to try and identify unique correlates of family homelessness	Mixed Structured interviews, case mothers compared to control sample. 202 participants	Shelter system	A large portion of the homeless mothers have reported at least one type of abuse and reported more childhood sexual molestation and emotional abuse.
Graf et al. (2022)	Milwaukee, Wisconsin USA	The purpose of this study was to learn what programmes at a long-term transitional living centre helped at-risk homeless African American mothers to succeed on their own.	Qualitative Semi-structured interviews 39 participants	Transitional housing facility	Rates of reported childhood sexual abuse are much lower in the present sample than in Goodman's sample, yet interestingly, in this study, a significant difference was still found at the bivariate level ( $p < 0.05$ ) between case and control mothers in their reports of childhood sexual molestation.
Anderson et al. (1998)	Portland, Oregon USA	To obtain descriptive data on homeless women and to determine the unmet service needs of this growing population	Qualitative Structured interviews 190 participants	Shelters, single-room-occupancy hotels, social service agencies, missions, medical centers, and on the streets.	Mental health findings highlight the effects of adverse childhood experiences, limited social networks, foster care placements, and the impact of systemic racism on self-esteem. Healthcare providers must consider these intersecting factors for African American women experiencing homelessness.
Brush et al. (2018)	Detroit, Michigan USA	To better understand normativeness, the process of normalization, and help seeking behaviors among sheltered homeless and housing unstable families.	Qualitative Interviews across 2 study groups 29 participants	Not available	Homeless women, often with histories of abuse, mental illness, and alcoholism, pose a complex challenge for clinicians. A flexible treatment approach, emphasizing case management, is crucial. Gender-specific differences indicate abused women require not only emergency shelters but also a focus on securing safe, affordable, permanent housing.
Belcher et al. (2001)	Montgomery County, Maryland, USA	To document the pathways that have led mothers with substance use problems to homelessness.	Qualitative Focus groups and informant surveys Comparison using a constant comparative method 16 participants	Women receiving residential and outpatient substance abuse treatment, homeless shelter support, housing crisis intervention services, credit counseling, public housing authority support, domestic violence services, and mental health therapy.	Mothers' trajectories to housing instability and/or homelessness are often rooted in lifelong interpersonal trauma and violence that negatively influence their abilities to count on others for social or financial support. Mothers who view trauma as normative may also have more difficulty seeking help and accessing services and continue to struggle with housing instability. Women attributed their homelessness to childhood neglect/abuse, domestic violence, substance abuse, mental illness, financial instability, and family separation. These factors were interconnected, contributing cumulatively, without one being more significant. A shared experience was a lack of learned decision-making, independence, and resistance to peer influence.

### ***Out of home placement & recurring homelessness***

Participants in various studies highlighted the additional challenge of out-of-home placement for their children alongside experiences of family fragmentation (Belcher et al., 2001; Graf et al., 2022). When housing options within their social circles were exhausted, many women placed their children in the custody of relatives, friends, or foster care, entering shelter systems or substance abuse treatments themselves (Belcher et al., 2001). The separation from their children often led to disruptions in relationships, exacerbating feelings of brokenness and instilling doubt in the participants' parenting abilities (Graf et al., 2022).

The impact of child separation went beyond emotional distress, affecting the mental health and sobriety of the participants, acting as a barrier to regaining custody (Belcher et al., 2001; Graf et al., 2022). The out-of-home placement was not only confined to participants' children but also characterized their own histories of homelessness, involving stays in group homes, foster care, or detention centers during childhood (Lavesser et al., 1997).

Recurring episodes of homelessness in participants' childhood and adolescence contributed to a sense of normalization in adult homelessness. Some experienced sudden homelessness due to family crises, such as divorce, leading to a repeat of homelessness in adulthood under similar circumstances (Cronley et al., 2020). This cycle perpetuated a familiarity with homelessness, with participants describing their current situations as relatively comfortable and secure, particularly when with a partner (Cronley et al., 2020). Breaking this cycle requires a shift towards independent housing, as living with families was reported to increase the risk of recurrence (Belcher et al., 2001). The need for independent housing emerged as a crucial factor in stopping the cycle of homelessness among participants (Belcher et al., 2001).

### ***Abuse***

In parent-child relationships, a child's quest for love, confirmation, and nurturing shapes their holistic development (Korolevskaia & Yampolskaya, 2023). Adverse childhood experiences significantly disrupt this developmental trajectory, participants reporting childhood abuse later grappled with homelessness in motherhood (Belcher et al., 2001; Styron et al., 2000). Abuse, a pervasive theme, took various forms, with some directly experiencing physical, sexual, or emotional abuse, while others felt unsafe due to witnessing domestic violence or fearing abuse themselves (Brush et al., 2018; Cronley et al., 2020; Graf et al., 2022; Lavesser et al., 1997; Styron et al., 2000; Williams & Merten, 2015).

Caregiver substance abuse heightened the unpredictability of violence, compelling women to live in fear and, in some instances, escape home environments (Belcher et al., 2001; Brush et al., 2018; Cronley et al., 2020; Graf et al., 2022). This early-life disadvantage laid the groundwork for enduring challenges, with homelessness emerging as a consequence of their lived trauma.

Reported physical and sexual abuse including severe violence such as kicking, bone-breaking assaults, and even instances of being set on fire, significantly impacted cognitive, psychological, and emotional development (Belcher et al., 2001; Lavesser et al., 1997; Styron et al., 2000). The enduring psychological effects, such as depression and anger, persist into adulthood, leading to chronic health conditions and diminished educational attainment (Fitzgerald, 2021; Zheng et al., 2022). Economic repercussions encompass unemployment, financial difficulties, and a 140% increased likelihood of falling below the poverty line (Zheng et al., 2022; Zielinski, 2009).

Sexual abuse, as prevalent as physical abuse, yields different adverse outcomes, including PTSD, suicidal ideation, interpersonal problems, and low self-esteem (King et al., 2015). Mothers who endured childhood sexual abuse were more likely to perpetuate dysfunctional family cycles of abuse and neglect (King et al., 2015). Although less frequently reported, emotional abuse often intertwines with other forms, involving threats, verbal abuse, and neglect, leading to mental illness as a prevalent outcome (Korolevskaia & Yampolskaya, 2023). This emotional trauma dampens self-concept development, inducing feelings of guilt and shame (Korolevskaia & Yampolskaya, 2023).

Irrespective of the abuse type, a consistent finding is that childhood trauma extends into adulthood, impairing decision-making, boundary-setting, and effective parenting (Styron et al., 2000; Williams &

Merten, 2015). The psychological turmoil caused by ACEs complicates these women's ability to escape homelessness, underscoring the enduring impact of childhood adversity on adult experiences.

### ***Learned substance abuse***

The women discussed observed substance abuse within their families and peer groups (Belcher et al., 2001; Brush et al., 2018; Cronley et al., 2020; Graf et al., 2022). Regardless of current substance use patterns, these women universally reported periods of excessive substance use during their life course (Anderson et al., 1998; Belcher et al., 2001; Cronley et al., 2020; Graf et al., 2022; Lavesser et al., 1997), often as a coping mechanism for trauma.

Childhood exposure to substance abuse by parents became a normative experience for these women, occurring early on and involving various family members (Belcher et al., 2001; Brush et al., 2018; Cronley et al., 2020; Graf et al., 2022). Some even reported being born with a drug dependency (Cronley et al., 2020), and the influence of their parents was consistently cited as the starting point of their addiction (Brush et al., 2018; Cronley et al., 2020; Graf et al., 2022). Substance use often began in adolescence, with most starting between the ages of 13–15 (Belcher et al., 2001; Brush et al., 2018). Romantic relationships were frequently intertwined with substance use (Cronley et al., 2020).

Substance abuse not only affects the social and health outcomes of the user but also has significant, often overlooked impacts on dependent children. Negative consequences include emotional, social, physical, and psychological impairment (Kuppens et al., 2019), paralleling the effects of childhood abuse. Experiences of parental substance abuse ripple into parent-child and child-peer relationships (Kuppens et al., 2019), contributing to a multigenerational cycle, as depicted by the data from these studies (Straussner & Fewell, 2018).

### ***Lack of formal and informal education***

A recurring theme in the analyzed articles is the participants' limited formal and informal education. Homeless mothers commonly did not complete high school, citing reasons such as early pregnancies, marriages, or unresolved trauma (Belcher et al., 2001; Brush et al., 2018; Cronley et al., 2020; Lavesser et al., 1997). Despite aspirations for further education, unforeseen circumstances, such as traumatic experiences, often forced participants to drop out (Cronley et al., 2020). One participant's life plans were disrupted after being raped and impregnated by her father, illustrating the unexpected challenges faced (Cronley et al., 2020). The lack of education received during childhood and adolescence compounded the challenges they encountered as adults.

Beyond formal education, some participants lacked work experience and heavily relied on public services (Styron et al., 2000). Recognizing the link between education and employment, some participants expressed the desire to return to school for either high school completion or post-secondary education to secure employment (Styron et al., 2000).

The lack of education extended to critical life skills, with participants acknowledging deficiencies in decision-making and resistance to peer pressure (Belcher et al., 2001). Participants struggled with adjusting to independent life, revealing a gap in practical life education (Belcher et al., 2001; Williams & Merten, 2015). The absence of support and education had a profound impact on self-esteem and emotional regulation, with participants expressing a need for guidance in areas like self-love and emotional intelligence (Graf et al., 2022; Williams & Merten, 2015). This deficit contributed to challenges in addressing problems and engaging in healthy relationships (Graf et al., 2022; Williams & Merten, 2015).

### ***Normalization and internationalization of adverse childhood experiences***

Housing instability, abuse, neglect, and violence experienced as children, were unfortunately normalized experiences for the women in the studies. This normalization fostered feelings of guilt and shame (Brush et al., 2018; Graf et al., 2022), which was linked to internalizing emotions. Internalizing involves not

openly expressing feelings. Emotional regulation, crucial for managing and responding to emotions, is adversely impacted by child abuse, increasing the risk of internalizing (Kim et al., 2023). Depression and anxiety consistently reported by the women indicate the prevalence of internalizing psychopathology in this sample (Anderson et al., 1998; Belcher et al., 2001; Graf et al., 2022).

Women in the studies expressed guilt and shame about their childhood experiences, fearing judgment or being labelled as weak if they spoke up (Brush et al., 2018; Graf et al., 2022; Williams & Merten, 2015). Some even felt deserving of their childhood adversities (Brush et al., 2018; Graf et al., 2022; Williams & Merten, 2015). Chronic negative feelings led to internalization and a sense of normalcy, contributing to learned helplessness. The women's self-perception, shaped by early experiences, influenced their choices into adulthood, perpetuating a multigenerational cycle of trauma (Williams & Merten, 2015).

## Discussion

The findings in this paper fit within the broader literature because they reiterate the already known detrimental effects that ACEs have on one's health and life course. The findings of this paper suggest a relationship between the occurrence of ACEs and homelessness. A key finding from this narrative review is that childhood adversity sets the stage for an intergenerational cycle of trauma. The six common themes identified are family fragmentation, out-of-home placement/recurring homelessness, abuse, learned substance abuse, lack of formal and informal education, and normalization and internalization of ACEs. The studies reported in this review found that all homeless mothers across the eight studies experienced ACEs.

Homeless women face disproportionately high rates of trauma and victimization throughout their lives, with ACEs being a prevalent one. Such experiences greatly increase the likelihood of future victimization, including sexual and physical assault in adulthood. These multifaceted factors contribute to a complex trauma history that significantly impacts all aspects of women's lives, including their own children. Family dysfunction and abuse during childhood often play a role in predisposing women to homelessness. Overall, the intertwining of trauma, victimization, and homelessness underscores the profound challenges faced by homeless women and highlights the need for comprehensive support and intervention strategies (Phipps et al., 2019).

As a result of experienced childhood adversity, family fragmentation occurred either constantly or suddenly in their lifetime (Cronley et al., 2020). When disruption occurred, there was a higher risk of experiencing homelessness and/or violence (Cronley et al., 2020). This conclusion is backed by research conducted by Marsh et al. (2020), revealing a connection between disorderly household settings and various negative consequences for children, parents, and families. This association may shed light on the link between low socioeconomic status and unfavorable outcomes, hindering constructive parenting practices while amplifying detrimental ones.

Additionally, this review discovered that most of the women experienced being placed out of their homes away from their families in foster or group home settings (Lavesser et al., 1997). Other women were placed in correctional or other treatment facilities (Lavesser et al., 1997). Along with out-of-home placement, many of these women had histories of homelessness prior to their current homeless experiences (Brush et al., 2018; Cronley et al., 2020). Not only did the women experience family fragmentation, out-of-home placement, and recurring homelessness, but their children are now experiencing homelessness and apprehension (Belcher et al., 2001; Brush et al., 2018; Cronley et al., 2020; Lavesser et al., 1997). Similarly, a study that aimed at estimating the association of early childhood out-of-home placement with adult income and reliance on social welfare and mental health indicators found out that at ages 26–28, placed children had greater odds than never-placed children of low income and social welfare, as well as higher rates of mental health problems and lower school performance compared to non-placed children (Orri et al., 2021).

Physical and sexual abuse was the most common among the women and were most reported to be received from family or extended family (Belcher et al., 2001; Cronley et al., 2020; Lavesser et al., 1997; Styron et al., 2000; Williams & Merten, 2015). Emotional abuse was the least reported and most normalized; however, it was intertwined with other forms of abuse and experiences of childhood adversity (Belcher et al., 2001; Lavesser et al., 1997; Styron et al., 2000). Physical abuse

was the most common form of abuse being passed down by mothers in their parenting practices (Williams & Merten, 2015). A systematic review of the literature confirmed this observation, revealing heightened occurrences of childhood physical and sexual abuse within adult homeless populations (Sundin & Baguley, 2015). Particularly striking is the significant disparity in prevalence rates between homeless individuals and the general populace. The study determined the average prevalence of childhood physical abuse among homeless adults to be 37%, compared to 4–16% in the general population (Gilbert et al., 2009). Data for childhood sexual abuse was estimated at 32% for females and 10% for males, while the general population prevalence is 7.5% of all children in the general population (10% for females, 5% for males) (Gilbert et al., 2009).

The women's learned substance abuse typically began in adolescence and were influenced by their family and extended family (Belcher et al., 2001; Brush et al., 2018; Cronley et al., 2020). Out of the many challenges faced by homeless mothers, substance abuse complicated their ability to exit homelessness the most. (Cronley et al., 2020). The passed-down behaviours and habits demonstrate the difficulty of breaking through the cycle of intergenerational trauma. This finding is in line with previous studies conducted in North America, Europe and Australia (Phipps et al., 2019, Hamilton et al., 2011, Edens et al., 2011, Torchalla et al., 2011). Furthermore, when women are in environments where family members engage in the use, abuse, or sale of illicit substances, such behavior tends to become normalized or deemed acceptable. As this behavior becomes normalized, there is reduced stigma associated with initially using the substance, thereby resulting in heightened involvement in substance use. Consequently, substance abuse can develop into a habit driven by an underlying motivation for self-medication (Boppre & Boyer, 2021).

Experiencing disruptions in family, multiple forms of abuse, and struggles with substance abuse takes a toll on one's life. As a consequence, the women involuntarily sacrificed their education. Most of these women expressed a lack of formal and informal education, with this lack of formal education decreasing their ability to obtain employment and financial stability (Styron et al., 2000), whereas the lack of informal education created a sense of unpreparedness for adulthood (Belcher et al., 2001; Graf et al., 2022; Williams & Merten, 2015). In the same sense, Nilsson et al. (2019) conducted a systematic review of the literature examining individual-level predictors for becoming homeless and exiting homelessness. They found that low educational attainment was associated with becoming homeless, while educational attainment was a predictor for exiting homelessness.

The danger in normalization is the women's lack of insight in differentiating between normal and abnormal. Women internalize their emotions due to guilt, shame, and fear of judgment or blame (Brush et al., 2018; Graf et al., 2022). Their experiences impacted their self-esteem and self-love (Williams & Merten, 2015). Many of these experiences come from a history of intergenerational continuity of ACEs, and some individuals might have internalized the behaviors as acceptable and true, based on their own lived experiences (Narayan et al., 2017). Additionally, children whose parents experienced higher levels of ACEs during childhood also were victims of higher levels of ACEs.

Future research in this field might consider quantitative research to determine if a certain number or combination of ACEs has more direct impacts on the likelihood of homelessness. Additionally, the research used in this paper was all conducted in the United States. Future research in this area may seek applicability and differences internationally. Other recommendations include trauma informed care and early intervention for healthcare professionals. Recommendations aimed at policy makers include educational support, treatment facilities, and affordable housing. Clinicians, educators, and policymakers are quick to provide reactive solutions, but they must instead begin to look upstream and proactively address the issue of childhood adversity and homelessness. Exploring the issue of intergenerational trauma as it relates to homelessness is only half the battle.

## Recommendations

The recommendations are based on the information presented in the eight North American studies included in this review. They should be adapted to use in different contexts, cultures, and social realities.

### **Trauma informed care**

Based on the findings of this study, it is recommended that all healthcare and allied professionals working with these vulnerable populations undergo extensive trauma-informed training. Trauma-informed care is a healthcare approach that is deeply rooted in providing competent care to all patients who have previous histories of trauma (Goddard, 2021). The four principles of trauma-informed care are (1) realize, (2) recognize, (3) respond, and (4) resist re-traumatization (Substance Abuse & Mental Health Services Administration, 2014). SAMHSA (2014) discusses that realizing how trauma affects individuals and families is the first step in providing competent care. Professionals must take great care in making sure not to blame individuals for their circumstances or coping mechanisms. The next step is recognizing the signs and symptoms of trauma and that trauma can look different for individuals (SAMHSA, 2014). Responding is an area that requires organization-wide participation. Language, policies, and responses must come from a place of common understanding of the impacts of trauma (SAMHSA, 2014). Lastly, resisting re-traumatization means recognizing how some actions or language can inadvertently trigger painful memories (SAMHSA, 2014). Williams and Merten (2015) put forward the same recommendation, arguing that healthcare providers must allow women to tell their perceptions of their childhood and how they can be supported in building resilience from their experiences. This puts them in the driver's seat, which they lacked over their life course.

### **Early intervention**

In a proactive approach, early intervention in childhood is needed. Not only would early intervention be beneficial for the mothers who are now experiencing homelessness, but it is also needed for their children to help break the intergenerational cycle of trauma. Screening and assessment measures are essential in early intervention for the purpose of assessing trauma and identifying children who demonstrate at-risk behaviours (Brush et al., 2018; Cronley et al., 2020). After assessment, programming is needed to address and prevent at-risk behaviours in educational settings (Lavesser et al., 1997). Children and their families should have easy access and guidance to social support and mental health services (Cronley et al., 2020). Additionally, Cronley et al. (2020) advocate for accessible contraceptives and family planning to be incorporated into early intervention. Future research might consider looking at the maternal-child relationship in families who are identified as at-risk in screening processes.

### **Resources & policy**

The women in this narrative review expressed that structural and social support in place did not set them up for success (Styron et al., 2000). Establishing new policies, along with increasing availability and access to resources, are crucial factors in proactive and reactive interventions to ending homelessness as a result of childhood adversity. Recommendations in this area will be aimed at educational support, affordable housing, and addiction treatment.

### **Educational support**

The women frequently reported experiencing a lack of education. Enhancing educational support services could amend this issue. Educational support services can assist mothers with furthering their education by providing flexible, subsidized courses. Courses of merit, based on the women's expressed difficulties across the articles, could include general educational development (GED) and basic parenting skills. Providing GED or equivalent education to struggling women would increase their ability to obtain work and other economic opportunities (Lavesser et al., 1997). Additionally, providing parenting courses can help mothers gain knowledge about available resources and modify the cycle of victimization (Brush et al., 2018). Educational support services can help women gain the critical life skills they lack and help them transition to independent adults (Lavesser et al., 1997).

### ***Affordable housing***

Policies surrounding affordable housing must bring various stakeholders to the table, including health-care professionals and government officials. Healthcare professionals provide a strong voice of advocacy for the economically disadvantaged individuals seen in the healthcare system. The women in this review often reported that due to their lack of education and subsequent employment, they were unable to find affordable housing (Belcher et al., 2001). Anderson and her colleagues (1988) recommend greater public and social assistance in affordable housing initiatives and easing the requirements to accessing additional income support. Additionally, Cronley and her colleagues (2020) suggest increasing subsidy programs. Policy changes in this area can assist homeless mothers in obtaining independent housing, an essential step in breaking the cycle.

### ***Addiction treatment***

Another area for resource improvement is in the realm of addiction treatment. Many women reported disliking the constraints placed upon them in treatment shelters (Styron et al., 2000). While it is unreasonable to have no expectations or guidance for women in treatment, it is vital that mental health services incorporate trauma-informed practices. Having stringent restrictions may inflict painful memories of having little control over their lives. Many women also reported a lack of transportation (Styron et al., 2000), which presented a barrier to receiving treatment. Anderson and her colleagues (1988) recommended having mobile treatment centers and increasing the locations of drop-in facilities. The fact that women are using treatment centers shows that they want a better life for themselves. Future researchers may find innovative solutions if they qualitatively interview the women who are unsuccessful in treatment centers.

### ***Reuniting with children***

A finding across the articles was that the women commonly reported that their children were their motivation to obtain a better life (Belcher et al., 2001; Cronley et al., 2020; Styron et al., 2000). When the women had their children apprehended or voluntarily placed into the care of another, their difficulties with substance were often exacerbated (Belcher et al., 2001; Cronley et al., 2020; Styron et al., 2000). Further research and groundwork should focus on fostering resilience and success in homeless families without separation of mother and child(ren). This builds on the previous recommendation that women often give up their children to go to a treatment center. Exploration of a child-friendly treatment center may empower the women better than current centers.

## **Conclusion**

The research question guiding this narrative review was: 'What is the evidence on the literature on adverse childhood experiences and homelessness in adult women who are mothers?'. The studies reported in this review found that children who experience ACEs and become mothers in adulthood often become homeless and repeat an intergenerational cycle of trauma with their own children. Six common themes emerged across the eight studies: family fragmentation, out-of-family placement, abuse, learned substance abuse, a lack of formal and informal education, and normalization and internalization of ACEs. The women in this review were disadvantaged at an early age and disproportionately vulnerable. Future research, resources, and policies are needed to help these women successfully exit homelessness and prevent future homelessness in their children.

## **Limitations of the narrative review**

This review followed recognized and validated methods to conduct the search strategy data extraction, data analysis and presentation of findings as defined by Munn et al. (2018) and Tricco et al. (2018). However, one possible limitation of this narrative review is the non-systematic selection of studies. The approach utilized might not have adhered to a predefined and rigorous methodology, which may have introduced selection bias to the literature coverage. The study included papers that covered all elements

of the ACEs and homelessness and completed a comprehensive description of each of them. Therefore, generalizing findings from this narrative review to broader populations or contexts should be approached cautiously. Another possible limitation of this narrative review is that the recommendations were based on eight North-American based papers, which may not fully represent the breadth and depth of available literature on the topic. Papers from other countries were excluded as they focused on different aspects of the parenthood experience. For instance, one paper was excluded because it focused more on the parent-child relationship (including father and sons) rather than the mother's unique experiences with homelessness and ACEs.

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## Authors' contributions

A.K.: conception and design, analysis and interpretation of the data; drafting of the paper, revising it critically for intellectual content; the final approval of the version to be published; N. P.: analysis and interpretation of the data; drafting of the paper, revising it critically for intellectual content; the final approval of the version to be published; E. R.: drafting of the paper, revising it critically for intellectual content; the final approval of the version to be published; All authors agree to be accountable for all aspects of the work.

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## Data availability statement

The data that support the findings of this study are available from the corresponding author, A. K. and E. R., upon reasonable request.

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