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Impact of the Lived Experience of Adverse Childhood Experiences on Adult Homelessness

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Abstract

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by

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MHS, Walden University, 2015

BSW, Shaw University, 2012

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

The purpose of this study was to offer multidimensional and situational insight into the impact of adverse childhood experiences (ACEs) on chronic adult homelessness. Specifically, the study determined that survivors of ACEs have lived with mental diagnoses and chronic homelessness for most of their adult lives. The primary objective of this study was to fill a gap in the knowledge regarding the links between ACEs and chronic adult homelessness by examining the lived experiences of ACEs victims from their perspectives. Following a qualitative research methodology, data were collected using semi-structured interviews that allowed participants to expound on their experiences, providing a thicker richer perspective of how ACEs are linked to chronic adult homelessness. Emphasis was placed on understanding and addressing the links between chronic adult homelessness and adverse childhood experiences. Participants were selected from a purposive sample of chronically homeless adults who described their experiences in detail which offered critical insight for opportunities to understand and explain the challenges chronically homeless adults face during their daily lives. This study underscores the necessity for evaluating and revising guidelines and policies that could significantly improve the quality of life for chronically homeless adults. The findings also offer guidance for policymakers, human services, and other helping professionals, suggesting that a combined effort to address chronic adult homelessness could significantly improve the outcomes of ACEs victims. Finally, these findings from this study could inform strategies to promote social change in the area of services to survivors of childhood trauma.

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Chapter 1: Introduction to the Study

Individuals and families throughout the world continue to be impacted by homelessness (Ayed et al., 2020). Stratification contributes to an increase in homelessness, extending the wealth gap well beyond what is considered acceptable regarding the dimensions of the poverty line (Liu et al., 2020). Homelessness in adulthood may also stem from adverse childhood experiences (ACEs), defined as harmful childhood experiences (Wekerle, 2020), or traumatic experiences in the adolescent and early adult years (Austin, 2018). Adults who experience homelessness as children typically have emotional and physical problems and problems functioning in school (Leith, 2017). These traumatic experiences may include homelessness resulting from tornadoes, floods, fires, hurricanes, or earthquakes or the loss of a caregiver, a parent, or employment. Other adverse experiences may include mental trauma, physical pain or injury, emotional trauma, religious adversities, socioeconomic hardships, negative cultural influences, lack of opportunity to exercise self-determination, and dismal outlooks for the future (Leitich, 2017). These experiences may stem from stress, fear, lack of access to resources such as food, water, shelter, and a lack of belonging and may be augmented by exposure to violence and sexual trauma (Edalati et al., 2017).

In light of the events during the recent pandemic, there is a growing need to address chronic homelessness in North Carolina. As the curve rises, chronically homeless adults are at risk of contracting COVID-19 and infecting each other because of a lack of distancing (Lima et al., 2020). The uncertainty of health risks and lack of personal protection equipment and access to clean or sanitary sleeping facilities has also produced

evidence that the physiologic stress resulting from traumatic experiences combined with ACEs may be substantial enough to create lasting effects on future physical and mental health outcomes. As a result, it becomes necessary to understand the phenomenon of ACEs, including the lived experiences of homeless adults who have had adverse outcomes associated with ACEs (Copeland et al., 2018). The findings of this study provide an understanding of implementing programs and services designed to address the adverse effects homeless adults face (Copeland et al., 2018). Although many research studies examine how negative childhood experiences impact individuals throughout life, there are limited studies that directly look for a link between homelessness and ACEs and how those experiences affect the quality of life for homeless individuals.

Background

Impacts on homelessness—abuse Human services professionals are tasked with understanding how underlying circumstances caused by ACEs affect those who are homeless during their adolescent and adult lives (Austin & Proescholdbell, 2016). The patterns among homeless individuals who have had ACEs that are most predominant are physical, psychological, and sexual abuse compounded by early childhood instances of neglect (Wekerle, 2020; Woodhall-Melnik et al., 2018). Researchers suggest that the most impactful ACEs on adult homelessness are those related to sexual and physical abuse (Bejan et al., 2017; Edalati et al., 2017). In such instances, victims were typically physically abused by their mothers from early childhood until high school and were sexually abused by their fathers or other relatives during adolescence and early adulthood (Bejan et al., 2017). Physical and sexual abuse during the early years of development can

impact the child's ability to perform in school, creating adverse outcomes in adulthood (Bejan et al., 2017; Blodgett & Lanigan, 2018). In cases of physical and sexual abuse during early years, older adults still suffered from adverse social outcomes rendering them incapable of self-care (Lee et al., 2017; see also Bejan et al., 2017; Blodgett & Lanigan 2018; Edalati et al., 2017). Homeless adults who have been traumatized by ACEs or other catastrophic events are more inclined to suffer from Axis I and II disorders than adults who have not experienced physical or mental trauma and sexual abuse (Mabhala et al., 2021). Furthermore, ACEs contribute to substance abuse, unhealthy sexual choices, lack of self-esteem, and a general lack of social productivity during the adolescent and emergent adulthood years (Herbert et al., 2018).

Impacts on homelessness—living conditions/socioeconomic or demographic factors Human services professionals who work with adult victims of ACEs have also found that this population generally lives in deprived communities and achieves lower levels of education, which puts them at further risk of being unemployed and homeless (Edalati et al., 2017). Additionally, there is a link between ACEs and deviant behaviors that can lead to incarceration, homelessness, and violent and nonviolent crime (Edalati et al., 2017). ACEs have also been found to contribute to poor decision-making and a variety of different stages of mental illness (Bejan et al. 2017; Blodgett & Lanigan 2018; Edalati et al. 2017). Other researchers have also cited these findings as underlying circumstances for alcoholism, substance abuse, domestic violence, and a host of other adverse outcomes that affect chronically homeless adults (Combs et al., 2020; Omkarappa & Rentala, 2019; de Oliveira & Jeong, 2021).

Impact on homelessness—loss or neglect Additionally, neglect, absentee parents, incarcerated parents, or other forms of dissociation from the family might cause children to suffer from ambiguous loss (Moschion & Van Ours, 2019). Ambiguous loss is an ACE that can also lead to mental illness and homelessness during the adult years (Bush, 2018). Children who experience parental separation before age 12 are at a significantly greater risk of experiencing ambiguous loss and homelessness as adults (Bush, 2018; Moschion & Van Ours, 2019). For example, thousands of children are being held in detention centers at the Mexican border with no hope of reuniting with their families (Bush, 2018). Male children over 12 who experienced ambiguous loss are more likely to become chronically homeless than their female counterparts (Moschion & Van Ours, 2019).

The gap in literature and relevance of study New technologies such as digital health records and advanced online communication offer diagnostic tools that help human services professionals address clients' problems directly related to homelessness and ACEs (Polillo et al., 2021). Although previous research has illuminated many of the effects of ACEs regarding homelessness, this study examined the gap in the research that addresses the specific link between adverse childhood experiences and chronic adult homelessness and how these experiences impact the quality of life of homeless adults. This study seeks to discover and understand what specific forms of ACEs have the most significant effect on chronic homelessness.

Problem Statement

Homelessness is a problem faced by many worldwide, impacting individuals and their families (Ayed et al., 2020). Children who have grown up homeless typically have

emotional and physical problems and problems functioning in school (Leith, 2017). The problems children experience during childhood that influence their mental, physical, emotional, and spiritual abilities, opportunities, and outlooks are referred to as ACEs, which may create problems for them throughout their lives (Leitch, 2017). For instance, homelessness in adulthood can stem from ACEs during childhood and from experiencing traumatic situations or during the early adolescent years (Austin, 2018). These experiences may stem from stress, fear, and lack of access to resources such as food, water, and shelter and might be exacerbated by exposure to violence and sexual trauma (Edalati et al., 2017). ACEs that are powerful enough may create lasting impacts that are felt for years.

The problem is that the increasing stratification of society that drives homelessness also creates disenfranchised populations by increasing unemployment and poverty (Mabhala & Yohannes, 2017). As a result, it becomes necessary to understand the phenomenon in all its aspects, including the lived experiences of homeless adults who have experienced adverse outcomes associated with ACEs or other life-changing traumatic events during childhood or early adulthood (Copeland et al., 2018). Fully understanding ACEs is significant for implementing programs and services. Although research has examined how ACEs impact individuals throughout life, no studies have directly looked for a specific link between homelessness and ACEs and how those experiences impact the quality of life for homeless individuals and contribute to their homelessness or mental illness (Copeland et al., 2018).

Purpose of the Study

The purpose of this qualitative phenomenological study was to explore the daily lived experiences of homeless adults who identify as having experienced ACEs or other catastrophic events during childhood or early adulthood. The study sheds light on how ACEs and other events affect adult lives and develops an understanding of how these experiences relate to the risk of becoming homeless (Narayan et al., 2017). This study explains how specific ACEs lead to homelessness through a unique transitional process for each type of event (Dermody et al., 2018). The data were collected through structured, open-ended interviews with volunteer homeless adults who have had at least two instances of chronic homelessness. The data gained about their experiences were analyzed to provide information about the effect these events had on their instances of homelessness.

By enhancing understanding of the effect ACEs have on chronic adult homelessness, this research augments existing knowledge about this phenomenon and informs those who work to prevent or reduce homelessness. The goal is to improve the lives of the homeless while working to resolve the social problems that create homelessness. By shedding more light on how neglect, divorce, abuse, and other violence in households and communities affect children, this study provides more information on this issue so that the prevalence of homelessness can be reduced (Finkelhor, 2020). This study can also provide information on the resilience of chronically homeless adults and how they cope with the circumstances that caused their homelessness. These themes may be used to implement new methods of service delivery to homeless individuals.

Research Question

What is the impact of ACEs and other catastrophic events on the likelihood of chronic homelessness as an adult?

Conceptual Framework

The conceptual framework applied to the research study included Bronfenbrenner's ecological theory to explain how negative experiences in early life lead to adversity in adulthood and Wilber's (2000) integral theory to explore and describe the link between ACEs and chronic homelessness among adults who have experienced ACEs. Since the problem is homelessness and its causes, it cannot be identified as a single cause. However, the purpose of the study was to better understand the experience of homeless individuals who have experienced one of the potential causes—ACEs. Data gathered from the participants were analyzed to investigate whether there are implications to be applied from Bronfenbrenner's ecological theory and the conflict theory. Similarly, the results were analyzed through the conflict perspective. This perspective suggests from previous research that there may be internal conflicts in homeless individuals, resulting in their inability to cope with social standards of behavior and attitude.

Nature of the Study

The methodology of this study was entirely qualitative because the study is concerned with understanding the lived experiences of adult homeless individuals and how those experiences relate to ACEs. The only way to obtain this understanding was to engage in interviews with the selected participants. The interviews were conducted in a

semistructured environment, using open and closed-ended questions (Kaliber, 2019). This semistructured method allowed for data geared toward understanding the impact of ACEs on members of the adult homeless population.

The design of this study was phenomenological because of a desire to better understand the lived experiences of homelessness among the adult population. Since the normal and natural status is that of having a home and a permanent or semi-permanent domicile, the condition of homelessness is not a natural condition and is a phenomenon. Additionally, the phenomenological approach is concerned with the structure of experiences, so it was a suitable design to investigate adults' lived experiences of homelessness.

Definitions

Adverse childhood experiences (ACEs): negative or harmful experiences that occur during childhood and influence the afflicted individual's mental, physical, emotional, and spiritual abilities, opportunities, and outlooks (Leitich, 2017).

Homelessness: Encompasses people without any form of permanent or semi-permanent accommodations or those who are unsheltered and sleep in places not intended for human habitation (Ayed et al., 2020).

Traumatic: Defined as emotionally disturbing or distressing (Webster, 1828).

Assumptions

One of the most notable assumptions of the study is that the information collected from homeless individuals is accurate and honest. Little can be done to mitigate the potential for dishonesty. However, no gifts, payments, or gratuities were offered to

participate in the study to reduce the possibility of people who do not fit the inclusion criteria participating and providing inaccurate information. Additionally, careful screening practices were used to determine if a particular potential participant was eligible, but there was no way to confirm any of the information collected. In a study such as this, participant honesty is critical for obtaining valid and accurate results.

Another assumption was that it would be possible to find a large enough number of appropriate participants who are willing to participate. The assumption was that homeless people would either actively want to participate or would agree to it when presented with the option. It may be the case that most homeless individuals who have experienced ACEs in the past prefer not to discuss or think about those issues, which could cause many potential participants to refuse out of fear of the emotional trauma that may be relived. Since it is not ethically sound to provide any sort of incentive for participation, some homeless individuals may not see the value in putting themselves through that sort of experience, even if they are told the research could benefit society.

Scope and Delimitations

The scope of this research problem is significant since it can be applied to nearly any homeless population. The limited scope involves national differences in how homelessness develops and is defined. For instance, the project's scope applies to homeless individuals in the Triad region of North Carolina and may also apply to foreign nations where homelessness and ACEs are present. All three major cities have a high concentration of homeless people, including children (Durham Rescue Mission, 2021; Homeless Shelter Directory, 2021; Raleigh Rescue Mission, 2021). However, the

findings may not apply to developing nations where living conditions are drastically

different from first-world nations. The scope of this social problem is limited to

homelessness related to first-world nations like the United States. The range of this

research is also determined by only including participants who have reported a history of

ACEs or other traumatic experiences as children or young adults and more than one

instance of chronic adult homelessness. In other words, while the problem of

homelessness is prevalent, this study only examines how ACEs impact homelessness in

first-world nations. Since this is the case, excluding homeless populations that do not

report any ACEs is possible.

It may be possible to exclude other frameworks or theories on homelessness that

have nothing to do with ACEs. Since numerous other factors may impact homelessness,

this delimitation is essential in developing results that make a valuable contribution to the

knowledge pool on the subject. Limiting the scope of the project creates the possibility of

focusing on more specific characteristics and themes during the data analysis piece of the

study. A broader spectrum of this study may be necessary after the underlying

implications of chronic adult homelessness have been defined and described. Therefore,

it is not possible to expand the scope of the study until the primary objectives of the

research have been accomplished. The results of this study can then be used to implement

strategies for other more generalizable studies within the larger population of chronically

homeless adults.

Limitations

This project has several limitations and challenges, but they can be overcome with

proper execution. One of the primary limitations was collecting preliminary information from homeless individuals. Interviews had to be set up in advance by the homeless individual's support system. It was also challenging to find participants willing to be examined in such a way with no reward. There was also the possibility that certain mental health conditions in a potential homeless candidate could limit their ability to provide informed consent adequately. There was also the issue of sensitivity, which could be challenging to overcome in certain situations. These homeless participants had to subject themselves to relive experiences at a level of vulnerability that is exceptionally high and may not be able to handle it at the moment, even if they believe they can beforehand. These issues could impact transferability and dependability by limiting the accuracy of the study.

In terms of biases that may impact the study, it is possible that interviewer bias was an issue in recording or analyzing responses. However, this sort of bias can be handled with redundant analysis and recordings of the interviews for more comprehensive analysis after completion. Addressing other limitations would involve proper communication with members of the support system for homeless individuals to ensure that the selected participants are the most likely to provide helpful information.

Finally, a purposeful sample was extracted from chronically homeless adults in the Triad Region of North Carolina. Since small children are involved, this study was limited to describing the lived experiences of the adults. Although it would be helpful to hear the children's narratives, ethical guidelines restrict this study to chronically homeless adults. It is suggested that other studies be done that can include the children's

narratives to explain further how ACEs are linked to chronic adult homelessness.

Significance

The significance of this study is that it may help the field of human and social services more comprehensively understand homelessness by identifying and collecting the lived experiences of homeless individuals. Human and social services professionals rely on scientific data to inform their practice and understand the lived experiences of those people to whom they provide services. The results of this study might also contribute to the general and scientific literature in several ways. Understanding chronic adult homelessness from the perspective of people who have experienced more than one instance of long-term homelessness can help address the research gap of lack of identification of the causes of homelessness. Additionally, the study may enable researchers to better assess the impact of ACEs on the later life experiences of homelessness. If it can be ascertained that there is a definite link between early childhood trauma and homelessness, then those ACEs can be interrupted to prevent the risk of homelessness when these children become adults. Understanding the specific aspects of what, when, and how ACEs and other traumatic experiences become risk factors for chronic adult homelessness can help in reducing cyclic homelessness. In a policy sense, this research can support specific policy that addresses ACEs and how they impact individuals who become homeless as adults.

This study may impact positive social change by raising awareness among the populace to help them see the chronically homeless for who they are. However, there may still be a need for further research to investigate how ACEs can be addressed on a

societal level to reduce homelessness. Further research should be done to determine at what point intervention would prevent the risk of adult homelessness. Then the research would need to be continued to determine what can be done to prevent these ACEs from occurring and mitigate the impact of ACEs on the future development of experiences that put children at risk of becoming homeless when they do occur.

Summary

The purpose of this qualitative phenomenological study was to explore the lived experiences of homeless adults who have been victims of ACEs in Raleigh, North Carolina. This study was conducted to understand how ACEs contribute to a higher risk of becoming homeless during adulthood (Narayan et al., 2017). The data were gathered through structured interviews using an open-ended questionnaire. The participants in the study comprise homeless volunteers who have experienced ACEs. The data were analyzed and used to identify themes and characteristics of ACEs on subsequent life experiences that lead to homelessness. Improving the understanding of how ACEs impact homelessness, there may be additional programs and services that can be implemented during the early stages of childhood to help reduce instances of adult homelessness.

Moreover, this research augments existing knowledge related to this phenomenon, thereby informing professionals who work to prevent homelessness and enabling them to improve the lives of the homeless and disenfranchised individuals who are victims of ACEs. Shedding more light on how neglect, divorce, abuse, and other forms of violence impact children, society can address this issue more effectively, and the prevalence of homelessness can be reduced (Finkelhor, 2020). It has already been established that

ACEs can lead to homelessness, but this study seeks to explain how specific forms of

ACEs lead to homelessness through a transitional process that is unique to each type of

event. This study can add knowledge to current literature to help illuminate how adverse

childhood experiences may have lifelong negative impacts on victims.

 In Chapter 2, I provide a literature review and describe the iterative search process

by defining the terms that were used and a list of the databases that were used to locate

the literature. I have also presented the theoretical foundation upon which this study was

based. Further research may be required after this study, and it may focus on how to

reduce homelessness by reducing ACEs.

Chapter 2: Literature Review

The purpose of this qualitative phenomenological study was to explore the daily

lived experiences of homeless adults who identify as having experienced ACEs. The

study sheds light on how ACEs affect these individuals' lives and develops an

understanding of how experiences early in life relate to the risk of becoming homeless

(Narayan et al., 2017). The data were collected through structured and open-ended

interviews with volunteer homeless individuals who have had ACEs or experienced other

catastrophic events during their childhood or early adult years. The data were analyzed to

enhance understanding of how ACEs impact homelessness and the lives of the homeless,

augmenting existing knowledge related to this phenomenon and informing professionals

and organizations who work to prevent homelessness and improve the lives of the

homeless. Understanding the cause of each person's trauma and how that experience

relates to resilience in the face of trauma can impact how various methods of service

delivery are provided (Dermody et al. 2018). It is already established that ACEs can lead

to homelessness, but this study seeks to explain how specific ACEs lead to homelessness

through a transitional process that is unique to each type of event. In other words,

understanding and identifying the risk factors of ACEs that cause people to become

homeless may be the answer to knowing when early intervention can make a difference.

Literature Search Strategy

The literature search strategy for this phenomenological study was conducted by

searching academic journals, databases, and other reputable sources. Some databases

used Academic Search Complete, ERIC, PsycINFO SAGE, and the Walden University

library databases. Some of the search terms I used were *abuse, ambiguous loss, domestic violence, child abuse, sexual abuse, adverse childhood experiences, early childhood trauma-controlled substance abuse among parents, post-traumatic stress syndrome among children and adolescents,* and *mental disorders among adolescent victims of ACEs.*

Conceptual Framework

The conceptual framework used in this research study is supported by four theories: the theory of ACEs, the ecological theory, the integral theory, and Maslow's hierarchy of human needs. These theories support the empirical evidence collected and analyzed in Chapter 3 by providing the framework needed to describe and explain how ACEs impact social skills, mental health, academic achievement, homelessness, physical health, and other lived experiences of people who became victims of maltreatment during their early childhood years. The use of multiple theories creates a foundation upon which the dichotomy of behaviors and issues that circumvent adult homelessness can be displayed comprehensively. These theories also provide the foundation needed to reveal the overarching complexity of the circumstances that contribute to chronic adult homelessness.

In this phenomenological research study, I used the ecosystems theory and Wilber's (2000) integral theory to explore and describe the link between ACEs and chronic homelessness among adults who have experienced ACEs. These theories were used to explain how the lived experiences of homeless adults may be a direct result of childhood abuse, neglect, separation from parents under traumatic circumstances, or other

ACEs that may be the reason that many victims also suffer from post-traumatic stress

syndrome. ACEs related to the relationship between children and their environments have

become an interdisciplinary field of study in the social sciences and are, therefore,

appropriate for this study. Wilber's integral theory describes the relationships between

the interior and exterior individual and the cultural and social aspects of adverse

childhood experiences. The ecological and integral theories can provide an overarching

framework that helps researchers comprehend the importance of integrative,

multidimensional approaches to understanding the person-environment relationships that

direct society.

Maslow's Hierarchy of Needs

Abraham Maslow (1943) introduced his concept of a hierarchy of needs to

explain motivation and personality. Maslow's hierarchy of needs implies that five

specific needs are essential for survival, which are categorized by their imperativeness

(Huus & Lygnegård, 2015). The first need is physiological, which includes food, water,

breathing, homeostasis, shelter, clothing, and sexual reproduction (Maslow, 1943). The

second most essential requirement for motivation is security and safety, which includes

financial security, health, and wellness, which can be attained by employment, health

insurance, and health care, saving money, and living in a safe environment. Maslow's

third level indicates that human motivation can be bolstered by friendships, romantic

attachments, family, social groups, community groups, and religious organizations. The

last two levels of this concept explain how esteem and self-actualization contribute to

human motivation. I used these concepts to describe and explain how these five needs

relate to the healthy development of children and how failure to meet these needs

contributes to ACEs and chronic homelessness in adults.

Physiological Needs

According to Maslow (1943), physiological, safety, social, esteem, and self-

actualization needs are the basic components of human motivation. Children need food,

water, and air to survive (Maslow, 1943). Additionally, to enjoy a quality of life, safety,

belonging, and esteem are needed (Maslow, 1943). When these needs are not met,

children begin to feel the effects of neglect and may start to demonstrate behaviors that

indicate that they realize some vital part of their existence is missing. Thus, when

children are part of a dysfunctional home they are at a higher risk of a variety of ACEs,

which can become the underlying cause of their dysfunction during adolescence and in

adulthood (Kim et al., 2021).

Safety Needs

According to Maslow (1943), when the physiological have been met, the need for

safety emerges. People need to feel safe from impending dangers that may result in

physical or mental harm is an essential part of human development (Maslow, 1943).

Hence, when children are exposed to neglect and abusive treatment that threatens their

safety, they may develop psychological and emotional disabilities. In some cases,

physical neglect or abuse may result in severe mental disabilities (Bland & DeRobertis,

2020). In other instances, children who are exposed to natural disasters or other

catastrophic events may also suffer psychological and emotional trauma that might

contribute to chronic adult homelessness (Bush, 2018; Chen & Tsai, 2021; Gaillard et al.,

2019; Mardis, et al., 2020).

Love and Belonging Needs

When the physiological and safety needs have been met, the need for love, affection, and belongingness will emerge, creating the need for the companionship of family, friends, and other loved ones. When this need is not met in children, they may begin to experience ambiguous loss, leading to socially inappropriate or deviant behavior in the adolescent and emergent adult years (Edalati et al., 2017; Maslow, 1943).

Self-Esteem Needs

In some cultures, self-esteem is more important than love; this reversal in the hierarchy may be attributed to the social development of the individual concerning self-actualization (Maslow, 1943). Insecure or threatened children their need for safety, love, belongingness, and self-esteem may cause them to develop attributes of selfishness, hatred, aggression, and destructiveness (Bland & DeRobertis, 2020).

Self-Actualization Needs

Self-actualization represents the need to fulfill one's purpose in life, as people desire to do what they believe they have a natural love of doing (Maslow, 1943). For example, a person who loves to grow things may feel fulfilled by nurturing a garden or becoming a farmer, while another person may feel that healing people is what they want to do and may choose a career in the medical field. When the need for self-actualization is not met, instances of depression or hopelessness may occur. When depression or hopelessness occurs the individual's well-being also begins to deteriorate, which can

sometimes escalate into ideations of suicide, self-cutting, and taking medications for anxiety or depression during adolescence and early adult years (Castellanos, 2016).

Ecological Theory

Urie Bronfenbrenner developed the ecological theory to explain the link between human development and children's interactions with their environments (Rosa & Tudge, 2013). For example, the ecological theory supports the hypothesis that when children climb, swing, cycle, and interact with the outdoors, they exercise their minds and bodies, improving their sensory integration and training the body to recognize the differences between touch, sight, sound, and the effects of gravity on the body relative to their activities (Rosa & Tudge 2013). Since the ecological systems theory focuses on the social and cultural aspects of the human environment that interact with and influence other systems surrounding people's lives, it applies to the first competency of human service workers, which is to understand the nature of human systems (Johnson & Gonner, 2013; NOHS, 2017).

Bronfenbrenner's (1988) ecological theory is appropriate for exploring the four interconnected systems of the microsystem, mesosystem, macrosystem, and exosystem. The microsystem refers to schools, neighborhoods, places of employment, and religious affiliations or groups (Brofenbrenner, 1988). The mesosystem refers to the connection between microsystems, including the interactions across microsystems such as the family impact on school or community impact on peer relationships (Johnson & Bonner, 2013). The exosystem refers to the social system people interact with directly and indirectly, such as social policy, social support systems, and governmental entities (Johnson &

Bonner, 2013). Understanding these systems and how they affect the growth and development of children may help determine if there is a direct ecological link between ACEs and chronic adult homelessness.

Integral Theory

The integral theory is a comprehensive theory designed by the American philosopher Ken Wilber. The integral theory is based on the elementary insights of several major philosophical traditions in the world (SDiNL, 2021). Wilber's (2005) integral theory is a comprehensive map of five elements: quadrants, levels, lines, states, and types. The five elements are aspects of experiences and contours of consciousness (Wilber, 2005). The basic framework for the integral theory is the four-quadrant model (AQAL) indicates that reality can be viewed through an individual, a collective, a subjective, and/or an objective lens (SDiNL, 2021; Wilber, 2005).

The four quadrants uniquely represent reality; however, all quadrants must be considered and studied to have a complete view of reality (SDiNL, 2021). It is essential to understand that all quadrants are equally important to fully grasp change and development processes and implement appropriate interventions to reach the desired outcomes (SDiNL, 2021; Wilber, 2005). These divisions in the integral theory represent theoretical concepts of the behaviors being studied and the underlying reasons or circumstances for particular behaviors (Wilber, 2005). As children develop through the linguistic stages, they learn to embrace love, ethics, and awareness of self and others (Duffy, 2020; Wilber, 2005). As children grow older and begin to understand the culture,

rules, and norms they start to create a foundation upon which their world-centric stage of development will rest (Wilber, 2005).

The world-centric stage is critical in child development because they begin to learn what should and should not be acceptable relative to familial behaviors. During this time, they begin to notice oddities and anomalies in the home (Wilber, 2005). For example, children often get caught in the middle when there is a conflict between parents (Van Dijk et al., 2020). In such instances, children are forced to learn to rationalize and make decisions that they are often too young to understand how their decisions will affect the outcome of the conflict (Van Dijk et al., 2020). In such cases, when the outcome of conflict between their parents has negative results the child often feels responsible (Van Dijk et al., 2020). In this study, the integral theory helped explore the four levels of reality that children have during ACEs that involve parents who are abusing illicit substances, alcoholism, mental illnesses, and are involved in violent relationships.

Literature Review Related to Key Concepts

In the early 1980s, following the deinstitutionalization of people who suffered from severe and persistent mental illness (SPMI) and the emergence of community-based services, homelessness became a social issue (Gorfido, 2020; Scull, 2021; Smith & Castañeda, 2020). Deinstitutionalization of SPMI under the Regan administration's budget reduction plan included substantially decreasing the budgets for Housing and Urban Development (HUD), Aid to Families with Dependent Children (AFDC), and food stamps (Smith & Castañeda, 2020). However, the reduction in funding for services for marginalized and vulnerable populations, especially among SPMI, sparked a massive rise

in chronically homeless adults (Scull, 2021; Smith & Castañeda, 2020). Although

policymakers understood that some homeless people would be unemployable because of

physical, medical, or mental disabilities, indicating that they would need special services,

lawmakers were not prepared for the magnitude of the ramifications of such a rapid

increase in chronic homelessness (Oudshoorn, 2020; Scull, 2021; Smith & Castañeda,

2020).

Homelessness continues to rise long after deinstitutionalization (Oudshoorn,

2020; Scull, 2021). Homeless people are, in many cases, materially poor and plagued by

addictions and mental illnesses (Mabhala et al., 2021). Homelessness is also highest

among individuals who have been exposed to traumatic life experiences as children, had

little to no schooling, or foster care, or suffered abuse or neglect in the early years of life

(Mabhala & Yohannes, 2017). In other research, it has been noted that a complex series

of events that include a broad range of social, economic, cultural, and individual factors

undergird the processes that result in chronic homelessness (Demakakos et al., 2020).

Further, adverse experiences have been found to cluster (Demakakos et al., 2020). The

interrelated adversities in childhood and early adulthood may be prerequisites to

increasing the risk of chronic homelessness.

Several pathways lead to chronic adult homelessness among which are living

circumstances during childhood, limited family resources, and neglect (Castellanos,

2016; Chan, 2020; Kim et al., 2021). Children who are neglected or otherwise left to their

own devices to survive are at a greater risk of developing a mental illness or deviant

behaviors that put them at risk of abuse and chronic homelessness later in life (Cohen-

Cline et al., 2021; Edalati et al., 2017; Zare & Oetjen, 2018). It has also been reported that even homeless individuals who do not have mental illnesses are at a higher risk of medical problems such as death from heart disease, diabetes, stroke as a result of unmanaged high blood pressure, kidney failure, and potentially life-threatening diseases (Blodgett & Lanigan, 2018; Cid et al., 2021). Also due to a lack of access to preventive medical care those who do become chronically homeless are at risk of premature death (Pendyal, et al., 2021).

Mental and physical health care among chronically homeless individuals is difficult at best to provide due to the transient nature of their lifestyles and the issue of some homeless people harboring a distrust of mental health and medical care providers (Pendyal, et al., 2021). This lack of trust can be attributed to adverse experiences while in mental health hospitals or rehabilitation facilities, adverse childhood experiences with physical or mental incidents, or a general distrust of people who are perceived as a threat to their general well-being or safety (Klop et al., 2018; Warren et al., 2021). Klop et al. (2018) also found that many homeless people mistrust medical professionals because they feel ostracized and misunderstood in terms of being judged for their homeless condition rather than being shown the same genuine concern and respect as their housed counterparts.

In addition to the overwhelming population of chronically homeless people, the deinstitutionalization of the mentally ill complicated matters (Scull, 2021). There were inadequate community support systems to provide out-patient care for patients discharged from state institutions (Scull, 2021). The lack of adequate care for individuals with

schizophrenia, bipolar disorders, and other mental illnesses forced untold numbers of people to wander the streets searching for food and shelter (Oudshoorn, 2020; Scull, 2021; Smith & Castañeda, 2020). Hence, the dawn of chronically homeless single mothers and their children quickly became one of the fastest-growing subpopulations of homeless families (Oudshoorn, 2020; Scull, 2021). Since homelessness is just a symptom of a much more serious social issue, it became increasingly essential to root out the causes of homelessness and implement programs and services to alleviate the decline of the human condition (see Bejan et al., 2018; Demakakos, Lewer, Jackson, & Hayward; Finkelhor, 2020; Liu et al., 2020; Polillo et al., 2021).

According to Bejan et al. (2017) and Polillo et al. (2021), digital health records disclosed that there is a direct relationship between mental illness, homelessness, and Adverse Childhood Experiences. Bejan et al. also discovered that the most impactful ACEs that contribute to adult homelessness were those related to sexual and physical abuse. Children who were physically and sexually abused were at higher risk of developing mental illness than children who had the advantage of growing up in a nurturing and safe environment (Pendyal, et al., 2021). When children are exposed to the stigmatization of homelessness from approximately age six and older, they develop a low sense of self-worth tend to do poorly in school, and cannot develop healthy social relationships as children and as young adults (Blodgett & Lanigan; Kim et al., 2021). In such instances, victims were also typically physically abused by their mothers beginning in early childhood until high school and were sexually abused by their fathers or other relatives during adolescence and early adulthood (Bejan et al., 2017).

Furthermore, it has been noted that the children of homeless parents are especially prone to being physically abused, neglected, undereducated as well as undernourished (Mabhala, et al., 2021). Physical and sexual abuse during the early years of development also impacts some children's psychological, emotional, and cognitive development which has been reported to be a catalyst for poor academic performance, high dropout rates before completing high school, low academic performance for those who complete high school putting them at risk of not being prepared for higher education opportunities (Bejan et al., 2017; Blodgett & Lanigan 2018). Therefore, due to undereducation, psychological, and emotional stressors, ACEs victims experience adverse outcomes during adolescence and adulthood relative to seeking higher education, obtaining gainful employment, and consequently failing to earn enough money to meet living expenses (Bejan et al., 2017; Blodgett and Lanigan, 2018; (Polillo et al., 2021). The combined effects of one or more of these conditions have been cited as mitigating factors in the predisposition of victims to experience chronic homelessness as adolescents and throughout life as adults Bejan et al., 2017; Blodgett and Lanigan, 2018; (Polillo et al., 2021).

Strengths and Weakness of Other Approaches

In other research, Finkelhor (2020), Kim et al. (2021), and Zare and Oetjen (2018) concur that children face unprecedented stressors in modern society in that research has found that child well-being has worsened over time due to parental death, parental incapacitating illness, sibling death, parental substance abuse/ alcohol abuse, divorce, and serious childhood illnesses. Many adverse childhood experiences contribute

to physical abuse, sexual abuse, bullying, and exposure to community violence

(Finkelhor, 2020; Kim et al., 2021). Although there has been a steady decline in parental,

illness, and sibling death, there has been a steady increase in divorce, drug abuse, and

parental incarceration (Finkelhor, 2020). Each of these situations, compounded with

intimate partner and domestic abuse, and poverty, have also been noted to be the

underlying cause of an increase in adolescent suicides and attempted suicides (Finkelhor,

2020). The traumatic experiences that children often endure in their early years pave the

way for cyclical deviant behaviors as they reach early adulthood (Finkelhor, 2020; Kim

et al., 2021; Zare & Oetjen, 2018). In less developed countries like Guatemala City,

Honduras, and Tegucigalpa, street children are tortured, dismembered, and sometimes

even killed by the police. At the same time, in other cases, doctors refuse to provide

emergency care to homeless children and adolescents because they do not have health

insurance or cannot locate parents to provide consent for minor children to be treated

(Harris et al., 2021). Although children in the United States are less likely to meet with

this kind of inhumane and cruel treatment by law enforcement officers, the abuse they

receive at the hands of parents, relatives, and peers can be much worse (Wekerle, 2020).

     According to Wekerle (2020), attacking children has steadily increased in the past

30 years and has come to include more than just child labor (Wekerle, 2020). Children

have become targets for exploitation, trafficking, and all forms of violence and torture

against human beings (Wekerle, 2020). Wekerle (2020) posits that the poly-victimization

of children has become a primary cause of adolescents' lack of well-being and adult

mental health problems. In such cases, many adults who have a history of adverse

childhood experiences or early childhood trauma are also victims of poverty and marginalization (Peisner-Feinberg, et al., 2020). According to Peisner-Feinbnerg et al. (2020), the relationship between poverty and homelessness, especially in rural regions where substance abuse and mental illness are prevalent, has a heightened propensity for child neglect and abuse.

As victims of ACEs become emergent adults, they gravitate to low-income dwellings generally located in deprived communities and have lower education levels; they are at a higher risk of unemployment and homelessness (Edalati et al., 2017). Edalati et al. 2017 also assert that there is a link between ACEs and criminal involvement among mentally ill homeless individuals. Adverse Childhood Experiences have also been found to contribute to acts of violence and poor decision-making among young people, especially those who have experienced physical and sexual abuse (Bejan et al., 2017; Blodgett and Lanigan, 2018; Edalati et al. 2017). For example, many young victims of physical and sexual abuse tend to have participated in criminal activity that puts them at risk of unemployment, which can lead to extreme poverty and substance abuse (Blodgett and Lanigan 2018; Edalati et al. 2017). In other research, Edalati et al. 2017 examined HOPE HOME study results to determine associations between ACEs and mental health issues in older adults experiencing homelessness. They found that physical and sexual abuse during their early years were contributory factors in their adverse social outcomes.

Justification from Current Literature

Finkelhor (2020) studied a cohort of urban minority individuals to find

connections between Adverse Childhood Experiences and found that ACEs were a contributory factor of substance abuse and adverse outcomes during the development of adulthood and adolescence. In other research, Moschion and Van Ours (2019) found that ambiguous loss during childhood due to separation from parental or significant caregivers may also increase adult homelessness. Children who experience parental alienation before age 12 are significantly at risk of experiencing homelessness as adults. Moschion and Van Ours (2019) also found that male children over 12 are more likely to experience an increase in homelessness after experiencing parental separation than females of the same age. Although females are less likely to share the same kind of homelessness, they are more likely to become teenage mothers find themselves in violent relationships, or become involved in substance abuse (Haile et al., 2020). Moreover, according to Combs et al. (2020), homeless mothers are more likely to engage in illicit drug use, binge drinking, and injection drug use after pregnancy or having a child. Combs et al. (2020) and Cohen-Cline et al., (2021) suggest that females with children are more likely to engage in dangerous substances than women without children. In addition to adverse childhood experiences, the added circumstances of having a child often increase the prevalence of mental illnesses such as depression and the propensity of becoming an abuser (Cohen-Cline et al., 2021; Combs et al., 2020). Children who live with alcoholics, illicit drug abusers, or homeless parents are at higher risk of suffering from anxiety and depression than their peers who live in substance abuse-free, stable homes (Combs et al., 2020; Omkarappa & Rentala, 2019).

Hatch et al. 2020 and Narayan et al. 2017 hold that the cyclical nature of

homelessness in families can be a function of ACEs, meaning that homelessness as a
child leads to a higher likelihood of homelessness as an adult, which in turn leads to an
increased chance of having a homeless child and repeating intergenerational cycle (Gaetz,
2020). Although comprehensive evaluations and continued research have demonstrated
the ability to break the cycle of chronic homelessness among adults, there is still a need
to integrally inform ACEs research on a suitable approach to generate and direct
knowledge toward breaking the cycle of adverse childhood experiences (Gaetz, 2020).

   According to Mabhala et al. 2021 and Sarmiento and Lau, 2020 adverse
childhood experiences can trigger axis I and II disorders. Depending on the severity of
the experience, children may develop mental illnesses such as major depression, anxiety,
and bipolar disorders), eating disorders (i.e., anorexia nervosa and bulimia), psychotic
disorders, dissociative disorders, and substance use disorders (Sarmiento & Lau, 2020).
Homeless children who are severely traumatized are at risk of developing mental
disorders that may lead to chronic adult homelessness (see Hatch et al., 2020; Kim et al.,
2021; Lee et al., 2017). Homeless adults who have been traumatized by adverse
childhood experiences are more inclined to suffer from Axis I and II disorders than adults
who have not experienced physical and sexual abuse (Sarmiento & Lau, 2020). In other
research, Woodhall-Melnik et al., 2018 examined the life experiences of 25 homeless
men to determine a link between early life trauma and adult homelessness. They found
that all of the men in the study had early life trauma that contributed to their eventual
homelessness.

   According to Kim et al. (2021), children of parents who use illicit substances are

at an increased risk of maltreatment, neglect, and exposure to substance abuse, domestic violence, and other deviant or criminal behavior. Children who grow up in dysfunctional homes are more likely to emerge with psychological, emotional, and often physical disorders than children who grow up in a safe and stable environment (Kim et al., 2021). Lima et al. (2020) and Huang et al. (2020) suggest that ACEs-related mental health issues may be a more significant societal problem than has been previously anticipated by mental health providers. These findings have given program and service providers pause for serious reconsideration concerning allocating increased resources to managing the growing homeless population (Huang et al., 2020; Lima, et al., 2020). In the wake of the recent international pandemic as the homeless population sleeps in shelters or on the street and is more susceptible to contracting diseases, there is a growing concern regarding the increase in homeless families with children because these children may become the next generation of chronically homeless adults (Lima et al., 2020).

Astrup (2020), posits that homeless individuals also include those who live in unstable or unsuitable accommodations such as motels, tent cities, couch surfing, and rough sleeping. These temporary living conditions are also contributory factors regarding ACEs because children are exposed to many different kinds of unhealthy conditions such as illnesses, witnessing inappropriate behaviors, and insufficient nutrition (Astrup, 2020; Bryant et al., 2020). The comorbidity of contactuous and contagious diseases also increases neglect risk factors among homeless children when one or both parents are sick and unable to provide for them (Klop et al., 2018). Chronically homeless people live unhealthy lifestyles, and somatic morbidities such as cancer, lung disease, and diabetes

commonly go untreated due to lack of health insurance or mistrust of doctors and hospitals (Klop et al., 2018).

Children whose parents are constantly moving from place to place cohabitating or spending nights sleeping on the sofa in the homes of friends and relatives also put themselves and everyone they come in contact with at risk of becoming infected with various bacterial and viral diseases (Astrup, 2020). Astrup (2020) furthermore posits that the stress of people being quarantined in overcrowded homes can contribute to mental health issues and financial insecurities that may, in turn, cause people to choose to live among the hidden homeless populations in secluded areas or tent cities to avoid the stress of trying to adapt to other people's lifestyles. Many environmental factors, as well as a dichotomy of mental health disorders, have caused approximately 30% of the world's population to live in disenfranchised, slum-like environments, cramped living spaces, substandard housing with poor ventilation and sewage, or on the streets and tent cities in wooded or secluded locations (see Astrup, 2020; Lima et al., 2020; Liu et al., 2020). Adverse childhood experiences have been associated with risk factors such as adverse social, economic, and health-related outcomes, and with this in mind, researchers have endeavored to understand how ACEs are linked to the growing adult homeless population.

Although many victims of adverse childhood experiences have been reported to emerge with physical and mental disabilities and have become homeless, many individuals who self-identify as victims of adverse childhood experiences have become functional and, in some instances, notable members of society. For example, Mary J.

Blige was sexually abused when she was five years old, Oprah Winfrey began suffering

sexual abuse at nine years old, and Tyler Perry has revealed how his alcoholic father beat

him with a vacuum cleaner extension cord until he bled (Bitsky, 2019; Winfrey, 2018). In

that these three celebrities and many others became productive members of society, it

gives us pause to consider if adverse childhood experiences are a key factor in adult

homelessness, or if is there another phenomenon at work that, combined with childhood

trauma, is the causation of chronic adult homelessness. Although these studies relate to

the constructs of adverse childhood experiences and have utilized methodologies that are

consistent and appropriate for such studies, there is still a gap in the literature that

remains to be filled regarding determining if there is a definitive link between adult

homelessness and adverse childhood experiences. For example, people from stable

families who meet with tragedy in their lives have also been reported to become

chronically homeless as adults (Nyarko et al., 2020). Nyarko et al. (2020) further state

that posttraumatic stress disorder (PTSD) may sometimes be more devastating than

interpersonal violence in the home. Instances where children are confined to Witnessing

both community and domestic violence, such as sexual assault, genocide, or other

heinous crimes against people, can also heighten the risk of depression, aggression, and

other antisocial behaviors that may result in chronic homelessness (de Oliveira & Jeong,

2021; Nyarko et al., 2020).

Although some children may experience severe physical and psychological abuse

that results in posttraumatic stress disorders, it is not clear whether the only underlying

cause of chronic adult homelessness is the result of solely adverse childhood experiences

indicating that further research is needed. In as much as there is much literature regarding the role of adverse childhood experiences as one of the most contributory factors of being predisposed to chronic adult homelessness there is also an equal amount of literature that sites alcohol and drug abuse as primary causes of homelessness during the adult years (Mabhala & Yohannes, 2017). According to Mabhala and Yohannes (2017), homelessness has come to be seen as more than a lack of housing or a permanent place to live; it is a complex public health and social issue that is linked to deprivation, income, employment, health, mental disabilities, physical disabilities, education, training, skills, crime, and other barriers to acquiring and maintaining a stable domestic environment. (Foley (2018), Moschion and Van Ours (2019), Mabhala and Yohannes (2017), and Zare and Oetjen (2018) concur that homeless people have a high propensity to experience a variety of health and social conditions such as alcohol and drug misuse and abuse, insufficient education to obtain and maintain sufficient employment to sustain permanent housing, and have poor social and community support. That is to say that once the cycle of homelessness begins, it is difficult to return to mainstream society due to unsurmountable barriers that exist (Edalati et al., 2017; Mabhala & Yohannes, 2017).

Furthermore, much literature suggests that individuals exposed to social diversities during their early years are more susceptible to adopting maladaptive coping strategies when faced with survival stressors as adults (Mabhala & Yohannes, 2017). In other words, children who are exposed to diverse social barriers are more inclined to adopt a life of crime such as selling sex for money, using alcohol or drugs, selling drugs, engaging in prostitution for shelter, money, drugs or food, or other deviant behaviors

(Mabhala, et al., 2021; Shin, et al., 2021). Shinn, et al. (2021) posit that childhood experiences and damage that happens to children have a significant impact on their ability to navigate through the social systems needed to live independent, productive lives as adults. As children internalize specific instances of abuse such as yelling, beating, pinching, shoving, and sexual abuse, it becomes a normal way of life for them, and they begin to feel that all children are subjected to the same behaviors until they witness something different (Mabhala & Yohannes, 2017). Even as adults, some ACEs survivors accept being taken advantage of or disrespected out of desperation to work or obtain scarce resources (Mabhala & Yohannes, 2017).

Much research has indicated that adverse childhood experiences and other aspects of early childhood socialization affect human behavior and development (Chan, 2020). Children's stimuli from birth can determine how they develop into adults and the nature of lifestyles, culture, beliefs, and other crucial aspects of personality development (Chan, 2020). For example, children who have a predisposition to Lesbian, Gay, Bisexual, or Transgender are at a higher risk of becoming homeless early in life (Castellanos, 2016). Since pre-homelessness generally begins with experiences within the family such as chronic conflict, rejection, neglect, abuse, and other forms of victimization, homosexuality, and gender presentation have been the reason many young people have left home or were forced to leave home (Castellanos, 2016). Like other studies, Castellanos (2016) found that family conflict, abuse, and neglect increased the risk factors for many young people to face unstable housing due to being placed in foster care, hostels, and the criminal justice system. The stigmatization posed by heterosexual peers,

parents, and society at large has created barriers that interfere with homosexuals obtaining gainful employment, thereby putting them at risk of becoming chronically homeless as adults (Castellanos, 2016).

Synthesis of Literature

It is essential to understand how much socialization or the lack thereof affects people who become chronically homeless as adults. When babies are born, socialization begins with putting blue on boys and pink on girls. The age-old tradition of gender identification based on the sex of a child has grown to create a breach in familial relationships when children age and begin to show signs of homosexuality (Chan, 2020). Traditionally, children are taught to acknowledge their stereotypical genders and are expected to behave accordingly (Chan, 2020; Pendyal, et al., 2021). Females are stereotypically emotional, tender, timid, fragile, passive, and obedient, while little boys are expected to be healthy, self-reliant, strong, courageous, and authoritative (Chan, 2020). When children fail to exhibit their assigned gender behaviors, parents, peers, and society these behaviors as socially unacceptable (Chan, 2020).

Many chronically homeless adults are stigmatized as mentally ill victims of early childhood abuse and neglect and other gender-related stereotypical labels that are meant to demean children because they can not conform to what parents believe is socially and morally acceptable. When children fail to meet their parents' expectations or hold to socially or culturally acceptable norms, they are generally rejected by the family and the community as misfits or mentally challenged (Combs et al., 2020). In such cases, young people and children encounter intense social stigma, which can become increasingly

amplified depending on race, ethnicity, and culture (Combs et al., 2020). Coombs et al.

(2020) also assert that the stigma associated with low self-esteem, loneliness, and suicidal

ideations is also a precursor for higher rates of addiction and substance abuse.

Gaillard et al. (2019) and Pendyal et al. (2021) also posit that other confounds can

contribute to chronic homelessness, such as natural disasters that destroy communities

leaving those who were barely eking out a marginally sustainable living devastated by

floods, hurricanes, forest fires, earthquakes or extreme weather conditions that may or

may not be associated with adverse childhood experiences. In such cases, many victims

depend on government relief programs to help them recover their lives or resign

themselves to homelessness depending on their social and economic means of resiliency

before the event (Gaillard et al., 2019). It is essential to take into consideration that many

people are rendered homeless due to fires that destroy their primary places of residence

because they are tenants or homeowners without fire insurance, or they have suffered a

loss of employment resulting from economic decline (Chan, 2020; Fajarito, 2017;

Lovato, Lopez et al., 2018).

Other causes for chronic homelessness have been directed toward intimate partner

and domestic violence victimization and post-incarceration barriers to acquiring

permanent housing because of lack of gainful employment due to the criminal

background (Cid et al., 2021). Many women and children are displaced every year as a

result of intimate partner or domestic violence, children who experience this kind of

disruption in life may find it difficult to establish healthy relationships as adults and

eventually find themselves chronically homeless (Weismann, 2020). For example, female

children may come to believe that a violent relationship is acceptable due to witnessing

violent acts directed at their mother, while boys may come to believe that violence

against women is acceptable after witnessing these behaviors during childhood.

Witnessing violent behaviors may also lead to deviant behaviors as adults that could

present legal problems. In such instances, ACEs are contributory factors in the

incarceration of young adults which can cause further difficulties later in life (Cid et al.,

2021).

According to Cid et al. (2021), although many inmates look forward to reentry

with positive expectations; the reality is that no matter how much optimism they have,

life goes from bad to worse upon release, especially for repeat offenders. The

reintegration process involves more than the psychological and psychosocial aspects

regarding the ex-offender; the perception that society has about ex-offenders makes

reintegration all but impossible, ultimately resulting in chronic homelessness or

recidivism (Cid et al., 2021).

As we look back at children who experienced adverse childhood experiences, a

pattern can be seen that indicates that many psychologically, emotionally, physically, and

sexually abused children inevitably end up homeless or incarcerated in their adolescent or

emergent adult years (Cid et al., 2021; Edalati et al., 2017). With this perspective in

mind, researchers have begun to study other mitigating factors that circumvent the impact

of adverse childhood experiences and the increase in the risk of chronic adult

homelessness (Blodgett & Lanigan, 2018; Cid et al., 2021). In many cases, individuals at

risk for homelessness turn to family and friends for assistance but inevitably become

homeless because their support groups fall apart, leaving them without family or friends upon whom they can depend for help or financial assistance (Liebow, 1993). However, when ex-offenders are released from prison, family and friends are often reluctant to provide the support they need to face the barriers they encounter securing employment, housing, and other relevant issues such as health care and positive socialization (Cid et al., 2021).

The stigmatization circumventing individuals who have criminal histories, especially felonies, makes it challenging to secure the financial help ex-offenders need to reinvent themselves as law-abiding, productive members of society, which can be disappointing and lead to substance abuse, depression, and other maladaptive behaviors (Cid et al.,2021). When former inmates, especially those who have experienced ACEs or were abused inside the prison system, lose hope, they either become chronically homeless or fall into a cycle of recidivism (Cid et al., 2021; Pedrosa et al., 2021). Hence, the immediate cause for chronic homelessness may not be adverse childhood experiences alone, but a combination of experiences that contribute to hopelessness or a lack of self-worth. With this in mind, it may be beneficial to reevaluate the reentry process and provide more positive directions for ex-offenders. That is to say, given the support of programs and services that ex-offenders need for resettlement in society, there may be a reduction in chronic adult homelessness in this population.

According to the research of Babayan et al. (2021), Boone (2017), Bush (2018), Fajarito (2017), and Futrell et al. (2021), there are many other underlying factors that, along with or apart from ACEs, have been determined to be significant influences on

chronic adult homelessness. The most frequently recognized factors are mental health issues resulting from congenital disabilities or caused by post-traumatic stress syndrome and mental illness (Smartt et al., 2021). According to Smartt et al., many social factors associated with mental illnesses are also associated with alcohol and drug misuse and abuse, substance abuse, crime, low academic performance, and homelessness. For example, the lack of gainful employment might be associated with underlying factors such as alcohol and drug use, a criminal history involving incarceration for felony convictions, post-traumatic stress disorders that or rooted in adverse childhood or military service experiences (Harris et al., 2021; Smartt et al., 2021). The loss of loved ones due to exposure to violence, genocide, and ambiguous losses due to families' immigration separation, especially when small children are never reunited with their families are also underlying factors for chronic homelessness as adults (Bush, 2018; Hatch et al., 2020). Therefore, to understand the impact of adverse childhood experiences on chronic homelessness, it is necessary to collect data from those who are caught in this cyclic phenomenon and record their stories.

Although there is a wealth of literature on chronic adult homelessness and adverse childhood experiences, little describes the daily lived experiences of chronically homeless people who have become homeless due to adverse childhood experiences compounded by other unfortunate, catastrophic, or social circumstances that prevented them from resettling in society. There is little or no literature that explains and describes the categories and themes that can be analyzed to understand how and why homelessness still exists in modern society. It is essential to understand which programs work and what

needs to be implemented to resolve chronic adult homelessness (Shah & Group, 2018; Smartt et al., 2021). It is further necessary to identify the specific links between ACEs that result from abuse and neglect in the home and those ACEs that are linked to catastrophic events that leave children psychologically, emotionally, and sometimes physically scarred for the remainder of their natural lives.

Haile et al. (2020) and Hatch et al. (2020) describe how individuals cope with adversity is often associated with early childhood trauma or the residual effects of other psychological, emotional, or physical phenomena as a key determinant in whether individuals can resettle into society or face chronic adult homelessness. Their research also reports that chronic adult homelessness may also depend heavily on coping mechanisms that people develop during devastating or adverse life experiences (Haile et al., 2020). Similarly, the theory that adverse childhood experiences play a large part in the precursory risk factors for chronic adult homelessness can not be dismissed as fallacious or inconclusive because much research has provided empirical evidence that ACE's can be a contributory risk factor (see Edalati et al., 2017; Kim et al.; Woodhall-Melnik et al., 2018).

When assessing the causes of chronic adult homelessness, risk factors such as the occurrence of comorbid mental health conditions that exist before the first instance of homelessness, overlapping traumatic experiences (i.e., combat post-traumatic stress, control substance abuse, and other independent risk factors) must be taken into consideration before determining the cause of each instance of homelessness. Other mitigating factors that may also be evident during the assessment are a lack of life skills

due to undereducation or childhood neglect (Chan, 2020). Finally, debilitating health

factors such as cardiovascular disease, respiratory disorders, obesity, diabetes, or other

infectious or contagious diseases may further impede individuals from obtaining gainful

employment, increasing their risk of becoming chronically homeless. Additionally,

homelessness can occur due to separating immigrant families at the border, putting

individuals of all ages at risk of suffering hopelessness and ambiguous loss, which may

impede their determination to resettle (Boone, 2017; Bush, 2018). Furthermore, when

immigrant families fear being separated from their American-born children, they find

custodial care for their children in anticipation of being suddenly deported to prevent

putting their children at risk of homelessness or foster care (Lovato, 2019).

Contemplating leaving their American-born children behind can create a breeding ground

for hopelessness and depression that may result in chronic adult homelessness as

immigrant parents strive to avoid deportation and permanent separation from their

children (Lovato, 2019). In other research, immigrant families become homeless because

of a lack of sufficient income to provide the basic needs of life for themselves or their

children, leaving them no other choice but to live with other families, in shelters or tent

cities (Boone, 2017; Bush, 2018; Karimli, & Abrams, 2018; Lovato et al., 2006).

  The daily lived experiences of chronically homeless adults, both young and old,

have received much attention regarding the consequences people face when all is lost.

However, describing these consequences does little to alleviate the atrocities that

chronically homeless adults face. For example, Shin et al. (2021) provide recent research

results about maternal adverse childhood experiences and postpartum depressive

symptoms in young, low-income women, but also cite that the exclusion of teenage

mothers, and immigrants fleeing violence may have led to an underestimation of the

cases that were a direct result of adverse childhood experiences. Shin et al. (2021)

conclude that although this study added to the body of evidence evaluating the links

between maternal experiences of childhood adversity and ongoing mental health

challenges further research is needed to definitively conclude that maternal adverse

childhood experiences are the primary link to postpartum depressive symptoms in young,

low-income women who are homeless or under-housed.

Similarly, Combs et al. (2020), Doherty and Perner (2020), Huang et al. (2020),

and Kim et al. (2021) cite evidence that chronic adult homelessness can be attributed to

dangerous substance abuse behaviors, alcoholism, and a gambit of other deviant

behaviors that lead to incarceration and several other socially unacceptable behaviors.

Combs et al. (2020), Doherty and Perner (2020), Huang et al. (2020), and Nyarko et al.

(2020) also assert that mental illness further exacerbates chronic homelessness.

Individuals with mental illnesses do not have the cognitive ability to successfully

navigate society concerning obtaining gainful employment or providing themselves with

permanent shelter. That is to say, even individuals with mental illness who have not

suffered adverse childhood experiences may become homeless when a primary caregiver

is no longer available due to socioeconomic circumstances or death (Nyarko et al., 2020;

Haile et al., 2020).

Much research cites mental illness, drug abuse, post-traumatic stress disorder, and

adverse childhood experiences to chronic adult homelessness. However, little literature

indicates that any of these disorders is a direct link to adult homelessness. According to several researchers, child abuse, neglect, beatings, verbal abuse, sexual abuse, and torture, are among the primary indicators of adverse childhood experiences that may result in neurostructural biomarkers of dissociative amnesia or dissociative identity disorders that can be tied to adult homelessness (Combs et al., 2020; Dimitrova et al., 2021; Ports et al., 2021; Wekerle, 2020). However, other researchers hold that chronic homelessness is primarily linked to cyclic generational homelessness exacerbated by violence perpetrated by shelter residents and staff, which increases the underutilization of emergency shelters, especially by women (Gutman et al., 2021; Srinivasan, 2021). Since women are less likely to utilize emergency shelters, their children are subject to other forms of rough living, such as living in the crowded homes of relatives or friends, tent cities, or other dangerous and inappropriate temporary shelters (Jackson & Fashant, 2021). Such living conditions put children at risk of abuse by other homeless individuals, disease, and poor nutrition (Jackson & Fashant, 2021).

In some cases, the children of homeless women who are living in abandoned buildings or other rough environments are not enrolled in school until child protective services intervene and place them in foster care. One of the disadvantages of placing children in foster care is the act of physically separating them from their mothers which may produce an even more detrimental experience for them (Harman et al., 2021). Such separations, especially of children who have a strong bond with their mothers can cause children to have psychological and emotional outcomes that are detrimental to their mental health thereby contributing to their risk of becoming chronically homeless as

adults(Harman et al., 2021; Jackson & Fashant, 2021). According to Harman et al. (2021), when children are separated from a parent, they experience the loss of a parent-child relationship and corruption of reality that may cause a loss of identity. These authors also hold that although it may seem to be in the best interest of children to separate them from parents who cannot provide a clean and safe home with a predictable schedule of providing care, these children may suffer extremely adverse childhood experiences at the hand of foster parents or other individuals in the home (Harman et al., 2021).

It has been noted that some children may also experience high rates of multiple foster care homes, low self-esteem, and physical and/or sexual abuse (Combs et al., 2020; Gutman et al., 2021). In such instances, multiple layers of adverse childhood experiences, abandonment, ambiguous loss, and cyclic generational chronic homelessness may be responsible for the precursory risk factor for the predisposition of chronic homelessness among children who have been separated from their parents before the age of 12 (see Bejan et al., 2018; Boone, 2017; Bush, 2018; Foley, 2018). It has also been noted that children under the age of 12 may not understand why they have to be separated from their mothers and may display unacceptable behaviors as a sign of rebellion or as an attempt to be returned to their mothers (Bejan et al., 2018; Boone, 2017 Foley, 2018). These behaviors, if not addressed and reconciled may result in deviant behavior as adults putting individuals at risk of mental illness, incarceration, alcohol or substance abuse (Bejan et al., 2018; Boone, 2017; Foley, 2018)

Studies Related to the Research Question

There is much literature related to the research question in this study. Chronic adult homelessness has been attributed to maternal adverse childhood and postpartum depressive symptoms, substance abuse, race, culture, lack of affordable housing, mental illness, low income, little or no education, and a gambit of other underlying factors (see Chan, 2020; Combs et al., 2021; Shin et al., 2021; Smith & Castañeda, 2020; Woodhall-Melnik et al., 2018). Theoretically, chronic adult homelessness can be associated with different circumstances such as abuse, addiction to alcohol or illicit drugs, natural disasters, congenital disabilities, mental or physical disabilities, or a host of other devastating events that take place in a person's life (see Astrup, 2020; Boone, 2017; Bush, 2018; Combs et al., 2020; Dimitrova et al., 2021; Foley, 2018). What is also known is that many chronically homeless adults have experienced some kind of physical or mental trauma either during childhood or in their early adult years (see Edalati et al., 2017; Fajarito, 2017; Gaillard et al., 2019; Gutman et al., 2021; Harman, Mattewson, & Baker, 2021; Woodhall-Melnik et al.,2018). It is also known that sufficient preventive measures have not been implemented to reduce homelessness among marginalized populations due to insufficient mental health care interventions and funding for housing low-income and disabled individuals that have been known to contribute (see Babayan et al., 2021; Cohen-Cline et al., 2021; Fajarito, 2017; Gorfido, 2020; Srinivasan, 2021).

Remains to be Studied

Although much research has been done regarding adverse childhood experiences and chronic adult homelessness, there is still the question of whether adverse childhood

experiences are directly linked to chronic adult homelessness. Many studies are not

generalizable due to the scope of the sample size or other mitigating factors that can not

be characterized as adverse childhood experiences. Additionally, the ambiguity of the

definition of adverse childhood experiences and mental illness, there is also a need to

investigate at what point it is considered a risk for individuals to be predisposed to

chronic adult homelessness. Understanding the parameters of mental illness, physical

disabilities, addiction, abandonment, and ambiguous loss that determine that some form

of intervention is needed to prevent long-term or chronic homelessness among adults may

provide the much-needed data to implement more efficient and effective programs and

services to reduce or prevent the increase of the homeless population.

Major Themes in the Literature

The major themes in the literature described, illustrated, explained, and

illuminated the characteristics, differences, similarities, and consequences of behaviors

that have been noted to contribute to chronic adult homelessness. The theoretical

foundation upon which much of the literature has been forged evolves from a menagerie

of well-documented theories and concepts, none of which provides an absolute link

between adverse childhood experiences and chronic adult homelessness that

demonstrates indubitably that adverse childhood experiences alone cause chronic adult

homelessness. Therefore, in light of the many underlying circumstances described and

explained in the literature, this study aims to provide evidence that there may or may not

be a definite link between adverse childhood experiences and chronic adult homelessness.

The second goal of this study is to allow chronically homeless adults to describe their

lived experiences and reveal the determining factors that cause them to become chronically homeless. The third goal of this study is to add to the literature a description and explanation of other causes such as catastrophic events, epidemics, and pandemics that have created venues for chronic adult homelessness not withstanding ACEs.

Present Study

The present study is intended to explore and describe the lived experiences of chronically homeless adults to determine if their adverse childhood experiences, if any, are directly linked to their current or previous instances of chronic homelessness. Although much literature has described theoretically how adverse childhood experiences have been somewhat linked to homelessness in young adults, this study aims to describe long-term chronic homelessness related to adverse life experiences, especially those experiences that occurred during childhood or the teenage years. This study also seeks to describe other mitigating factors that contribute to chronic adult homelessness that may not stem from ACEs to establish a foundation for viewing chronic adult homelessness through different lenses to determine the most effective course of action that can be taken to reduce or eliminate future cases of homelessness.

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Summary

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This study explored the mitigating factors contributing to chronic adult homelessness through adverse childhood experiences and catastrophic events over a lifespan. Researchers have noted that chronic adult homelessness is a social condition that is touching a substantial number of individuals and families on a global scale (Astrup, 2020; Cohen-Cline et al., 2021; Demakakos et al., 2020; Haile et al., 2020).

According to the North Carolina Homelessness Statistics (2020), more than 9,314 people in North Carolina were experiencing homelessness in January 2019. A reported 767 were family households, 907 were Veterans, 417 were unaccompanied young adults (aged 18-24), and of these, 1,271 were experiencing chronic adult homelessness. Additionally, the North Carolina Public School System reported an estimated 28,903 students who had experienced at least one instance of homelessness during the 2017-2018 school year (North Carolina Homelessness Statistics, 2020). Of many students, 2,466 slept in shelters, 4,252 were housed in hotels or motels, and 21,097 found shelter with friends or other family members (North Carolina Homelessness Statistics, 2020). With these reports in mind, it can be concluded that chronic adult homelessness may be creating a cycle of adverse childhood experiences for their children that must be interpreted as a need to address both adverse childhood experiences and chronic homelessness from a different perspective and prepare to implement more effective programs and services to break the cycle.

Several themes were noted during the literature search. The most prominent one was chronic homelessness can be linked to adverse childhood experiences; however, the literature does not explicitly identify that link. Although the signs and symptoms that have been attached to adverse childhood experiences are discussed, there is no discernable, indisputable evidence that the primary cause of all instances of chronic adult homelessness is deeply rooted in ACEs barring any other underlying factors. Another theme evident in the literature is that several researchers have found some association between adverse childhood experiences. In contrast, other researchers have suggested that

chronic adult homelessness can stem from other sources such as mental illness, alcoholism, substance abuse, or other life events that occur in early adulthood or later in the life course. Finally, although there is some evidence that ACEs impact chronic adult homelessness, the literature does not provide empirical evidence that everyone who endures severe ACEs inevitably becomes part of the chronic homeless population.

Understanding and describing the daily lived experiences of chronically homeless adults is a multi-faceted, underlying mitigating factor contributing to the cycle of homelessness is a critical social issue that needs to be addressed. Additionally, understanding how significant the link is between adverse childhood experiences and chronic adult homelessness may provide the data required to implement additional programs and services to promote changes in the social and economic constructs to decrease the risk of chronic adult homelessness. There is much literature regarding risk factors for chronic adult homelessness. There is little or no literature that addresses the specific impact of adverse childhood experiences or other catastrophic events regarding the generalization of the likelihood of chronic homelessness as an adult. In other words, unless there is a specific link that can be associated with precise, generalizable aspects of ACEs, the limitations of all the literature will continue to revolve around this cyclic phenomenon.

This study may also help identify the warning signs of at-risk individuals, children, and families in time to prevent the first instance of homelessness. The myriad of risk factors and circumstances that may complicate or even render explanations ungeneralizable relative to what links ACEs and other risk factors to chronic adult

homelessness may also be illuminated in this study in that other research has been

reviewed to isolate discernable links between ACEs and chronic adult homelessness (see

Bush, 2018; Karimli, & Abrams, 2018; Mabhala & Yohannes, 2017). In that chronic

adult, homelessness has created a sub-society that has grown immensely over the past

thirty years, especially during the recent Covid-19 pandemic, which was responsible for

otherwise permanent house people being evicted from their homes due to loss of income

because of the global economic shutdown (Lima et al., 2020). Many of the people who

lost their jobs and homes during the COVID-19 pandemic have remained unemployed

and homeless. That is to say, although some may not be counted among the homeless

who are experiencing rough living or utilizing shelters, they are still in fact among the

homeless population because they are living with friends and relatives with not much

hope of resettlement due to economic shutdowns, lack of higher education or life skills,

or lack of affordable housing (Bryant, Oo, & Damian, 2020; Chen & Tsai, 2021).

The other overarching concern is understanding the plight of the newly homeless

individuals and families who are victims of becoming unemployed or who have been

displaced by the urbanization of rural towns and cities. The children in these families are

being uprooted from their homes and schools, and in some cases, forced to live in

abandoned buildings in metropolitan communities, rural tent cities in extreme cases, or

with friends or other family members in overcrowded domiciles (Lima et al., 2020).

Homelessness is becoming an even greater risk for low-income families and other

vulnerable populations now that there are other health risks to consider as the world

makes a struggling attempt to restore the economy following the COVID-19 pandemic

(Lima et al., 2020). To wit, gaining a better understanding of the daily lived experiences of chronically homeless adults and their families is paramount to developing and implementing helping services to aid the homeless in receiving medical care, employment, and housing (Sonu, Marvin, & Moore, 2021). The COVID-19 pandemic has also been cited as another underlying factor in escalating ACEs and other hardships contributing to chronic adult homelessness (Astrup, 2020; Lima et al., 2020; Sonu, Marvin, & Moore, 2021).

According to Sonu, Marvin, and Moore (2021), the coronavirus disease 2019 (COVID-19) was instrumental in directing attention to an intersection between ACEs and healthcare issues that have been ignored or overlooked in the past. The combination of ACEs and other stressors that children and adolescents face that cause excessive stress has not been the primary focus of family intervention programs, especially in historically oppressed populations (Sonu, Marvin, & Moore, 2021). Sonu, Marvin, and Moore (2021) hold that "childhood trauma is the greatest public health issue in America that is hidden in plain sight." That is to say that even before the COVID-19 pandemic, ACEs were egregious social problems that did not receive the attention needed to reduce the re-traumatization of children because much of the abuse was either kept hidden in the home or suppressed by the victims for fear of retribution from their abusers. With this in mind, it can only be considered humane and necessary to investigate ACEs from a perspective that helps explain when and how children and young adults determine that a life of homelessness is better than remaining in the home.

What is already known is that when children have a safe, stable home life, they

are more resilient when they are faced with other forms of trauma such as divorce, death in the family, natural disasters, or other catastrophic events because they do not feel alone (see Boone, 2017; Gaillard et al., 2019; Wekerle, 2020). Research has been done that has endeavored to investigate the link between ACEs and mental health issues, drug abuse and misuse, deviant behaviors, crime, domestic violence, and a wide range of other health and social issues (see Blodgett & Lanigan, 2018; Castellanos, 2016; Finkelhor, 2020; Huang et al., 2020). However, there is little or no literature that specifies how ACEs are linked to chronic adult homelessness.

In other research, it has been reported that although adverse childhood experiences can affect mental health across the lifespan, impede social interactions, cause emotional and cognitive impairment, and reduce life expectancy by approximately twenty years, creative arts and digital interventions offer significant benefits relative to survivorship (Mental Health Weekly Digest, 2021). This report also indicates that art intervention helps victims express themselves to increase self-determination in terms of personalizing their ACEs in ways that do not re-traumatize them and provide positive experiences that eventually become therapeutic (Mental Health Weekly Digest 2021). With this in mind, it may explain why some people have turned to the arts to express themselves in ways that benefit the victims and help them reach out to other people who may not have the opportunity to escape a life of ongoing hardships and homelessness.

Understanding and describing how ACEs are linked to chronic adult homelessness begins with understanding the magnitude of resilience and what coping mechanisms children and young people possess when exposed to maltreatment, neglect,

physical and mental abuse, early-life homelessness, and abandonment. According to

Sonu et al. (2021), coping mechanisms are a vital part of living with the prolonged stress

that is responsible for altering the biological development of children. In other research,

Combs et al. (2020), Haile et al. (2020), and Nyarko et al. (2020) suggest that biological

alterations caused by the stress of ACEs and other catastrophic events can cause chronic

inflammation that may contribute to heart disease, stroke, cancer, COPD, diabetes,

Alzheimer's, and suicide. These biological alterations have also been noted to contribute

to substance and alcohol abuse which has been noted to increase the propensity for

chronic adult, homelessness, and mental illnesses (Huang et al., 2020; Nyarko et al.,

2020).

Additionally, as previously discussed in this chapter, ACEs also increase

proclivity for chronic mental health problems and social dysfunction, especially for

children who grow up in persistent economic deprivation, poverty, and economic

injustice (Bryant, Oo, & Damian, 2020). Other research has suggested that children who

are victims of famine, toxic living environments separations, and family turmoil often

suffer academic and social losses that may also be considered adverse childhood

experiences (see Gaetz, 2020; Hatch et al., 2020; Jackson & Fashant, 2021; Wekerle,

2020). Since adverse childhood experiences include such a broad scope of other events

such as famine, war, and toxic living environments that may result in the mass deaths of

people (ie. Parents, siblings, friends, and other relatives) due to disease, malnutrition,

murder, and suicide; understanding how coping mechanisms, are related to children's

survival may offer insight into what can be done to promote adverse childhood

experiences survivorship instead of continuing on the present pathway to an increase to chronic adult homelessness. Although much research has been done to explain the causation of chronic adult homelessness, there is little to no research that provides data that indicates that adverse childhood experiences are directly linked to chronic adult homelessness. That is to say, although ACEs have been included as a contributory factor in chronic adult homelessness, the specific impact of adverse childhood experiences and other catastrophic events on the likelihood of chronic homelessness as an adult is still unclear.

This research aims to pinpoint specific aspects of adverse childhood experiences and other catastrophic events that are directly related to chronic adult homelessness without the confounds of other issues such as mental illness, physical disabilities, alcohol addiction, illegal substance abuse, or any of the many other contributory factors that have been reported to increase the propensity of children and young adults to become chronically homeless as adults. The results of this literature review have provided several themes and categories that can be applied to chronic adult homelessness. The first theme is mental health. Several authors suggest that mental health issues are responsible for the increase in chronic adult homelessness (see Gorfido, 2020; Huang, Liu, & Masum, 2020; Kim et al., 2021; Lee, et al., 2017; Smith & Castañeda, 2020). In other research traumatic events have been cited as another theme that can be considered the primary cause of chronic adult homelessness (see Boone, 2017; Fajarito, 2017; Foley, 2018; Gaillard et al., 2019; Harman et al., 2021; Woodhall-Melnik et al., 2018).

According to some recent research catastrophic events such as earthquakes,

tsunamis, fires, floods, hurricanes, and tornadoes have been reported to be a third theme in the causation of chronic adult homelessness (see De Berardis, et al., 2020; Pixley et al., 2021; Yesodharan et al., 2021). With this in mind, any of these three themes could fall under the auspices of adverse childhood experiences, especially theme two or theme three among young, middle, or older adults who had these experiences as young children. Many links have been reported as being contributory factors in chronic adult homelessness, however, the specific link between ACEs and other adverse life experiences has yet to be defined in terms that illuminate the specificity of how much experience affects children and older people in ways that cancel the natural resilience that people possess to recover from devastating events. As previously discussed in this chapter some people have experienced ACEs and have continued to become successful, functional members of society while others have fallen into poverty, depression, and hopelessness thereby becoming another statistic in the homeless populations in their countries, societies, and communities.

Understanding the findings of the research in this exhaustive literature review, served as the underpinning for this study in that what is already known about ACEs and other catastrophic events that may contribute to chronic adult homelessness, might expedite pinpointing the specific link or links that connect these events to chronic adult homelessness. Pinpointing the specific link or links may also provide a strategic path to identifying indicators that put children and young adults at risk of becoming part of the chronically homeless population in time to provide programs and services that may intercept the progression of following the pathway to homelessness. In so much as many

researchers have already found that adverse childhood experiences, catastrophic events, post-traumatic stress syndrome, and cyclic generational homelessness among other trajectories such as alcohol abuse, illicit drug use and abuse, and prescription drug misuse and abuse have also been connected to aspects of chronic adult homelessness. Understanding how ACEs are linked to chronic adult homelessness may help prevent some of the other mitigating circumstances.

Smith et al. (2021) assert that adverse childhood experiences can be associated with numerous forms of mental, physical, and behavioral illnesses. Smith et al. (2021) also posit that the relationship between adverse childhood experiences and adult illnesses is not as prevalent or deterministic as much of the current literature suggests. The goal of these authors was to assess the factors that are associated between ACEs and adult illnesses. However, as with much current and seminal research, the sample for the study was comprised of marginalized, low-income populations that were predisposed to high rates of adversity and illness (Smith et al., 2021). Since ACEs are not exclusively prevalent in marginalized, low-income populations; it may be beneficial to investigate ACEs and catastrophic events on all levels of social economies and geographical locations to understand if there is an overarching link that can be identified that can be considered an absolute determiner relative to the adult illnesses that lead to chronic adult homelessness and ACEs.

According to Chen and Tsai (2021), natural disasters are global disasters such as earthquakes, hurricanes, typhoons, floods, landslides, fires, and other disasters that cause people to lose their homes, jobs, and the ability to recover their original livelihoods. In

the face of such catastrophic events people of all ages are affected (Chen & Tsai, 2021).

These events may cause children to suffer ACEs because they are thrust into a situation

that puts entire families at risk of homelessness (Chen & Tsai, 2021). According to Chen

& Tsai (2021) and Mardis, et al. (2020), catastrophic events occur every year leaving

millions of people at risk of becoming homeless for the first time and others chronically

homeless. While children affected by these horrific events are diagnosed with ACEs,

adults are diagnosed with post-traumatic stress syndrome. In essence, the effects of

adverse childhood experiences and post-traumatic stress syndrome the outcomes have

been reported to be similar relative to chronic adult homelessness indicating that there is

a breach in individuals coping mechanisms that cause them to be unable to recover

sufficiently to resume healthy and productive lives (Chen & Tsai, 2021; Fajarito, 2017;

Gaillard et al., 2019; Woodhall-Melnik, Dunn et al., 2018).

ACEs are generally associated with child maltreatment, neglect, parents with

mental illnesses, or substance abuse addictions. It is evident in current literature that there

are other causes for ACEs. Hence, finding the specific link that reduces the propensity for

resilience following any form of ACEs may provide the building blocks needed to reduce

chronic adult homelessness as it relates to ACEs, natural disasters, and other catastrophic

events such as genocide, terrorism, war, family violence, and other variables that have

been associated with adverse childhood experiences.

In chapter three I discuss the research method in detail and outline and explain the

data collection process. Chapter three includes a detailed description of the research

design and the methodology that has been chosen to execute this research study.

Chapter 3: Research Method

There is a growing need to address chronic homelessness in North Carolina, especially are the COVID-19 pandemic. Chronically homeless individuals who sleep in shelters, on the streets, or in abandoned buildings are more susceptible to contracting diseases and are at greater risk of mortal consequences due to underlying health conditions (Lima et al., 2020). In addition to the prevalence of mental illness caused by ACEs, psychological and physical congenital disabilities, or post-traumatic stress disorders resulting from traumatic experiences as a child or young adult, the chronically homeless are now faced with coping with the effects of the COVID-19 pandemic. In response to these conditions, the purpose of this phenomenological research project was to explore and understand the daily lived experiences of chronically homeless adults in North Carolina and how ACEs and other catastrophic events are linked to chronic homelessness. Chapter 3 provides details regarding the appropriateness and rationale for the phenomenological approach to answering the research question and how the mental processes and low-income status of the participants affect continued chronic homelessness and the possibility of chronically homeless adults becoming permanently housed.

Research Design and Rationale

Using a phenomenological approach to gather data can be instrumental in discovering and describing paradigms from a naturalistic perspective as long as the researcher exercises reflexivity, wherein a systematic assessment of the researcher's identity, positionality, and subjectivities are assessed through an ongoing process that is

intended to address the researchers influence in the construction and interpretation of the

data throughout the study (Ravitch & Carl, 2016). The role of the researcher in qualitative

research is both emic and etic, which requires forming a series of ethical constructs that

provide for studying a select or focus group in their natural environment without

interfering with the naturalistic nature of the phenomenon (Cumyn, 2019).

Role as the Researcher

My role as a researcher was to collect raw data using interviews, pictures, letters,

and other biographical artifacts that are relevant to discovering the answer to the

question: "What is the impact of adverse childhood experiences and other catastrophic

events on the likelihood of chronic homelessness as an adult?" I collected data from

individuals I do not know and who do not know me. I have no professional relationship

with any of the respondents, nor did I seek to select my sample from the caseloads of any

of my coworkers or through the agency for which I work. The sample for this study was

random in that the first people who accepted the invitation to participate were included as

long as they met the criteria for inclusion. For this study, potential participants were

screened to only include those who have been chronically homeless in the past 2 years or

who became homeless due to the COVID-19 epidemic. All others were excluded.

I obtained informed consent to record the interviews, and I informed the

participants that they have the right to refrain from answering questions that make them

unduly uncomfortable and exercise their right to terminate the interview without any

threat of negative consequences. I only used my instrument to elicit more detailed,

descriptive narratives from the interviewees and encourage them to elaborate on the item

while respecting their boundaries regarding information they did not wish to share. I will

guard all data by keeping the recordings in a fireproof locked safe and all electronic data

in a password-protected database on a computer that is not accessible to anyone other

than myself.

I managed my biases by exercising reflexivity and maintaining an open mind. I

used bracketing and member checking to make sure the data remains free of my opinions,

influence, or bias (Babbie, 2017). I am interested in this social issue because I have

worked with the chronically homeless for many years and see a vicious cycle of chronic

and generational homelessness. I wanted to get a better understanding of the overarching

causes and underlying factors that explain and describe the impact of ACEs on the

likelihood of chronic adult homelessness in hopes of being able to help policymakers,

government officials, and community leaders improve the programs and services thereby

improving the chances of homeless people to become permanently housed. To this end, I

did not offer any incentives or payments for participating in this study. The primary

purpose was to give homeless individuals an opportunity to tell their stories and share

what they feel will help them resettle into society. Whether it be a story about adverse

childhood experiences, unemployment, physical or mental disabilities, post-traumatic

stress syndrome, or an untold circumstance that has never been discussed in the literature,

this study has allowed chronically homeless individuals to be heard.

Methodology

The population in this study includes individuals who met the criteria of having

experienced at least two instances of homelessness that are ACEs related have exceeded a

time frame of 6 months or more, and are between 21 and 75 years old. All others were excluded. Other criteria for inclusion were that the respondents read at an eighth-grade level, have no severe mental illnesses or were under the influence of any illicit drugs or alcohol at the time of the interview, and were lucid during the interview, at the time of providing informed consent and reviewing the transcript for validity.

I invited individuals to participate in the study using purposive sampling to identify participants who meet the criteria of this study. The plan was to interview six to 10 participants depending on the number of interviews it took to reach the point of saturation (Baker et al., 2012). The rationale for the sample size is that in other research focused on the homeless population, five participant interviews were used to create a codebook, followed by double coding three additional interviews, which totaled eight interviews (Reid et al., 2020). Though more than 10 participants would impede completing the study promptly, the total number of participants was 13.

Procedures for Recruitment, Participation, and Data Collection

Participants were identified and recruited using a flyer with tear-off tabs that have my contact information. These flyers were posted, with the proper permissions, on bulletin boards in places that are frequented by homeless people such as shelters, white flag facilities, soup kitchens, and in the lobby of motels that provide temporary shelter for families with children and homeless individuals who have underlying health conditions. The initial contact with potential participants was used to introduce myself and explain the purpose of the study, make arrangements to obtain written informed consent and schedule a time for a second contact session. During the second contact session, a time

for the interview was scheduled, and the medium for recording the interview was agreed

upon. The third contact session was used to record the interview. The fourth contact

session included reviewing the interview transcript to ensure that the transcription reflects

precisely what the interviewee had intended to share. The relationship between sample

size and saturation depended on when no new information was being collected during the

interview sessions (Baker et al., 2012), which occurred with 13 participants.

Instrumentation

Data collection included semi-structured telephone conversations and video

conferencing when possible using Google Duo and Facetime following IRB approval.

These means of communication were used due to social distancing, and in some cases,

quarantine mandates issued resulting in the COVID-19 pandemic. Although a vaccine has

been offered, some people are electing not to be vaccinated; therefore, digital equipment

or telephone services were used for all interviews in the interest of public health. All

interviews were recorded with the respondents' written consent (see Appendix). I

transcribed each interview and provided the interviewee with a copy of the transcription

to review for accuracy. All transcriptions and recordings will be password-protected on a

flash drive that will remain locked in a fireproof safe in my home until this project has

been completed. To protect the participants' identity and privacy, no names or any

information identifying the respondents will be kept.

Data Analysis Plan

Because semi-structured interviews were conducted using a purposive sample of

13 respondents, Van Kaam's psych-phenomenological method was used to account for

respondents' different experiences. There are still commonalities ascribed to the same or

similar themes and characteristics (Sumskis & Moxham, 2017), so Van Kaam's

psychophenomenological method combines experiences, as recounted by the person who

had them, with the researcher listening attentively to grasp hidden meanings that can be

used to describe the experiences. Then the researcher must repeatedly reflect on the data

to gain an intuitive understanding of the essence of the experiences, which must be

unified with the respondent's external perceptions as they describe them, which makes

understanding the phenomenon possible (Sumskis & Moxham, 2017). The elements

explicitly expressed by some of the samples must be implicitly or explicitly defined by

most and be compatible with the whole (Sumskis & Moxham, 2017). The transcribed

data were examined to confirm preciseness and preclude any ambiguity regarding what

the respondents intended to communicate during the interviews (Sumskis & Moxham,

2017).

The second step of analyzing the data was hand-coding and separating the data

into categories and themes to achieve some preliminary results. These themes and

categories were hand-coded by compiling, disassembling, and reassembling the data until

they were arranged into a systematic set of classifications that can be interpreted by

category (Saldaña, 2016). Finally, the data were recategorized for interpretation relative

to the patterns, images, and characteristics that emerged during the third coding cycle.

These patterns and themes were used to frame and reframe the categories, subcategories,

and concepts used in the final analysis (Saldaña, 2016). The last step was to use the

output of the third cycle of coding to formulate theories and assertions about the impact

of ACEs and other catastrophic events on the likelihood of chronic homelessness as an adult.

Ethical Procedures

The ethical procedures followed during this study include obtaining written consent from all participants and exercising the policies and protocol as outlined by Walden University's International Review Board regarding the protection of data and interviewee identity. I did not collect any data or engage in any form of research activities until I had permission to do so. I only collected data relevant to this research and verified the transcription of interviews by providing hard copies to the interviewees for verification that what they intended to communicate was explicitly described in the transcript. These de-identified data have only been shared with my Walden University Dissertation Committee if requested. Finally, the respondents for this qualitative research study were selected in adherence to the guidelines of purposive sampling; no discriminatory practices regarding ethnicity, race, religion, gender, or any other social characteristic were used during the participant selection process.

Summary

In this chapter, I reviewed the purpose of this study, the research design, the inclusion and exclusion criteria for the sampling selection, and the data collection procedures. The analysis procedure has also been explained in this chapter. Chapter 4 includes a review of the purpose and the research question, and personal or organizational conditions that influenced participants or their experiences at the time of the study that may affect the interpretation of the study results, participants' demographics, and any

other characteristics that are relevant to the study. Chapter 4 includes a detailed report on

the data collection process, data analysis, evidence of trustworthiness, the results and

findings of the study, and a detailed summary of the answers to the research question.

Chapter 4: Results

This research study was conducted to describe and understand the lived, financial, social, and educational experiences of chronically homeless adults and the early life circumstances that are used to become predisposed to chronic homelessness. The research question that this study sought to answer is "What is the impact of ACEs and other catastrophic events on the likelihood of chronic homelessness as an adult?" This chapter focuses on the presentation of the data analysis, results of the study, the setting, and the demographics relative to the 13 chronically homeless adults who participated in this study. The research question guided the selection of the questions chosen to be included in the research tool and was key in formulating the design and theoretical framework of the study.

Research Setting

This phenomenological, qualitative study was conducted using face-to-face interviews in a private conference room in a public library. Flyers that were preapproved by the Walden University Review Board were made available in places frequented by homeless individuals as well as hand-delivered to prospective participants in a nearby public park. To protect the identity of the participants, separate entryways were used by me and the interviewees. Interviews were also conducted on different days to prevent interviewees from passing each other in the library. Social distancing was maintained, and clean masks were provided. The interview room was cleaned using sanitizing wipes, and interviewees were asked to use hand sanitizer when they entered the room. Participants were selected from those who responded to the handbills and fliers that were

distributed. See Appendix A for interview questions.

All interviews were recorded with the permission of the interviewees and transcribed. All interviewees received a copy of their transcribed interview at the second meeting and were allowed to change or clarify statements that were made during the initial interview. No monetary payment was made; however, a complementary 5-dollar McDonald's gift certificate was given to each respondent as a token of gratitude for their participation.

Demographics

A purposeful sample of 13 chronically homeless adults was selected for this qualitative, phenomenological study. The number of interviews was selected based on data saturation as discussed in Chapter 3. All participants were volunteers who met the inclusion criteria for this research study. The participants were solicited using flyers that were circulated in a public park and other public venues where chronically homeless people were known to frequent. A screening tool was used to determine the inclusion/exclusion status of each respondent. All eligible respondents were 18 years old or older, spoke fluent English, and had been chronically at home for at least 2 years or several times in the 3 or more years. Respondents who were not included in the study received a phone call thanking them for their willingness to participate. The sample of participants included African American, Caucasian, Hispanic, Caucasian/Hispanic, and African American/Caucasian. All applicants under age 18 or who have not had at least two instances of homelessness in the past 2 years were excluded from this research study. Table 1 presents a demographic profile of the participants.

Table 1

Demographics

Participant	Age	Ethnicity	Gender	Years of Homelessness
1	29	Caucasian/Hispanic	Transgender	11
2	47	Caucasian	Male	14
3	32	Hispanic	Female	7
4	36	Caucasian	Male	19
5	25	African American	Female	2
6	39	African American	Female	18
7	41	African	Transgender	8
8	40	Amer/Caucasian	Female	5
9	36	Hispanic	Female	28
10	42	African American	Male	23
11	30	Caucasian	Male	13
12	27	African American	Male	17
13	48	African American Caucasian	Female	41

Participant 1

Participant 1 is a 29-year-old Caucasian/Hispanic, transgender man, born and raised by his single mother. He self-reports of being homeless for 11 years that does not include the time he was incarcerated. He stated that his mother was responsible for having him arrested early in life. After being released he went to live with someone who put him out because he would not clean up his living space before going to work. "It was just attitude and pettiness," he stated. Participant 1 also stated that his childhood was very stressful. He said, "My brothers, they used to mess with me a lot … Kinda put emotional scars on me throughout my life."

He also noted that remaining chronically homeless is a direct result of insufficient financial assistance from the government. Participant 1 suggested that the government should give people who are homeless or who have a disability enough money to meet the cost of living instead of just enough to survive on the street. Participant 1 suggested that the government should work with organizations to provide a warm place to stay during

the winter and enough money for food, shoes and clothing, and personal hygiene products, homelessness would be more bearable.

Participant 2

Participant 2 is a 47-year-old, Caucasian male. He states that he became homeless when he was 10 years old. He said, "It all started when my daddy died, and my momma started getting all of these bad boyfriends." He stated,

> My momma had a boyfriend who didn't like the children. He picked on me
>
> mostly. She would get mad at me and say I was always causing trouble. So, I
>
> would go stay with my friends or with my aunt when she would let me.

He has remained homeless because of a lack of employment, being abused, and being in bad relationships. Participant 2 stated, "I used to do drugs and I couldn't find a place for the amount I was getting for disability."

Participant 2 indicated that the most challenging part of being homeless is not having a safe place to sleep and no place to bathe. He also said that finding places to eat is challenging. He has tried working with several different agencies but feels that the people he was working with lost interest in helping him as he neared the final steps of the program. Participant 2 said, "You start feeling bad and you don't complete the program." Participant 2 suggested that local and state-funded programs should benefit children and young adults. He also noted that agencies should follow up on clients for at least a year after they become housed and help them get the training they need to remain permanently housed.

Participant 3

Participant 3 is a 32-year-old Hispanic female, who has been homeless for 7 years. She said she recently became homeless again when she could not pay her rent. She said she first experienced homelessness when she was 7 years old. She recalled living with her grandmother when she was 5 years old because her mother was a victim of drug addiction and lost their place to stay. She said as a child she was disobedient and there were drugs in the house, which played a role in her becoming homeless as an adult. Yet she spoke fondly about her grandmother saying, "She was the nicest person that I had run into, been around that she treated me like I was a person." After her grandmother died and her mother could not keep a job, she also said she had been moving from city to city and getting put out of shelters. As an adult said she was unsuccessful in locating affordable, permanent housing or anyone to stay with was currently living downtown in the park after being put out of the last place where she was staying. Participant 3 said. "I have used Alliance Health and North Carolina Recovery support services after I lost my job that I recently got due to COVID, then I lost housing, no food, no shelter." Participant 3 noted that government assistance with housing, health care, and an increase in food stamps would help make life for chronically homeless people easier.

Participant 4

Participant 4 was a 36-year-old Caucasian male who self-reported having been chronically homeless for 19 years. He said he had been living in Denver, Colorado when he got put out. He had spent his childhood in foster care and when foster care was no longer an option, he became homeless for the first time. Participant 4 said, "I spent my

early years around toxic people, toxic family members who were always lying and backstabbing. I couldn't get my disability." When asked about his opinion about being homeless he said, "I feel free to roam wherever I want to go. My biggest challenge is transportation and housing. My early childhood experiences affected my mental growth, it is hard to explain." Participant 4 has used programs and services in the area and feels the Love Land program was the most helpful. He suggested that the government should allot a specific amount of patrolled land in the woods, similar to a wilderness camp, where homeless people could put up tents, be fed, and live in peace.

Participant 5

Participant 5 was a 25-year-old African American female who has been homeless for 2 years said she had been living with her sister and chose to leave because her sister was taking advantage of her:

> I was getting SSI and I was only getting like $50 a week, I felt like my sister was using my money for something else. They were sending her $200 for rent, but she wasn't using it for rent. So, I left.

She said she had been molested when she was 8 years old by a close family friend who was a pastor: "That kind of gave me PTSD growing up." Participant 5 stated that the most challenging part of being homeless was when she encountered her abuser at a church where food had been served: "That kind of upset me." She said she is unable to use the programs and services in the area because she has plans to move to another county. She said she thinks the government should help people focus on themselves to help them work toward raising their standards.

Participant 6

Participant 6 was a 39-year-old African American female who has been chronically homeless for 18 years except for the time she spent incarcerated. Upon her release, she was sent to a shelter but left because she did not like the environment: "Still had a lot of people that were from prison, they had that prison mentality." She said she remembers becoming homeless when she was about 12 years old. Her mother was on drugs, and they went to live with her grandmother. She also said that the grandmother was verbally abusive and because of that abuse she had been diagnosed with PTSD and depression: "There were a lot of drugs and alcohol in the house." She also said,

> My childhood impacted me a lot because I had low self-esteem. … When I went
>
> to California, I got addicted to crystal meth, I didn't care about keeping myself
>
> clean or anything like that, yeah stuff I was told as a child by my family members
>
> affected me growing up and being homeless."

When asked about what homelessness was like she responded saying, "It is rough, lots of stereotyping because people think all homelessness is caused by drug and alcohol problems. Finding places to eat, getting information, staying warm, and finding safe places to sleep," are some of the biggest challenges.

Participant 7

Participant 7 was a 41-year-old, African American/Caucasian, transgender woman. She has been homeless for 8 years. Participant 7 was living with her mother when they were evicted for non-payment of rent. She says she currently has a Section 8 voucher and hopes to find permanent housing soon. She says the waiting list is extremely

long and even with the Section 8 voucher it seems almost hopeless. She recalls her first instance of homelessness at age 32 as somewhat traumatizing but since then she was able to find shelter and food and eventually a room, she thought it would be over. But within months she was homeless again and has been living in a different shelter since that time.

> Participant 7 said,

> My mom was a single parent, my dad was not in my life growing up. My grandmother raised me for the most part but then I had to live with my aunt who told me 'You know your momma was going to flush you.' That hurt me. That had a negative effect on me. You know not growing up with a father is hard. Cuz, I see some people with their father, and it makes me, gives me a down fall.

Participant 7 also stated,

> When I got into high school, I started having a relationship with my dad, but it wasn't good because he was so negative about things. … Although I'm out here doing what I am doing, you live from home to home. I don't consider myself really there yet because I still got somewhere, it doesn't feel permanent, but I am still able to take a shower.

Participant 7 admits to taking advantage of several of the programs and services in the area. She said her biggest challenge with being chronically homeless is not knowing who to talk to or who to trust. Although she receives a disability check and food stamps, she says that problem is not having a place to store food or to cook a meal.

Participant 8

Participant 8 was a 45-year-old, Hispanic female. She has experienced five

instances of chronic homelessness in her life with the last two instances occurring during

the COVID-19 pandemic. "The last time I had a job that I lost and I wasn't able to pay

for the place that I was staying in and so I have to stay out on the streets for a while until

I am able to get another job to be able to find a place." Participant 8 also stated, "It has

been hard to find different places that I can afford to stay in and the cost of living is so

high here, so I have to do what I had to do to be able to make ends meet." Participant 8

receives food stamps and has been working with several agencies in the area that have

helped her receive health care and locate safe places to eat and sleep. For the most part,

she says her biggest challenge is "Not knowing if you are going to live to see tomorrow

because something is going to happen to you out in the streets." Participant 8 said she

believes that if the government would provide affordable housing for people

homelessness can be eliminated.

Participant 9

Participant 9 is a 36-year-old, African American female. She said she has been

homeless for the most part for approximately 28 years. She experienced her first instance

of homelessness when she was 8 years old. She spent 11 years living in shelters with her

mother and sleeping in an old car when they did not have any other options. "My momma

was on drugs, and we stayed with my grandmother whenever we could but when I got

older I started hanging out with the wrong people, and doing the wrong things. I spent my

entire childhood around drugs and living from place to place." "It would be good if the government could provide money for housing to help people have a second chance."

Participant 10

Participant 10 was a 42-year-old, Caucasian male. He experienced his first instance of homelessness when he was 19 years old. "I had no one to turn to and I just ended up homeless." Participant 10 revealed that he has a criminal background which makes it harder to find work. "I knew I would always be homeless when I could not find a cheap place to stay or a job due to my criminal record." "As a child from time to time, I stayed with my grandmother, my aunt, and then back with my mom. It is complicated. My mom was on drugs. Drugs were always in the house but a lot of the time we didn't even have food. People were always in and out of wherever we were staying. I never knew what to expect next." Participant 10 says he appreciates the support he gets from the programs and services he gets from different organizations in the area but feels that the government needs to do more for children and young adults. "Temporary housing for single mothers with children would be a big help."

Participant 11

Participant 11 is a 30-year-old, African American male who reports being homeless for 13 years. He lost his last job because he tested positive for substance abuse and has found it difficult to find employment because of his criminal record and substance abuse. "Being around drugs as a child and people who don't care caused me to go in the wrong direction. Trying to figure out things on my own." Participant 11 also stated. "I went to a lot of support groups and the people there had the same issues that I

have and some worse. They gave me different options where I could go and get extra help."

Participant 12

Participant 12 was a 27-year-old, African American male whose last instance of homelessness began in March 2022. He had been staying with a female friend until an argument ensued resulting in him being asked to leave. "I didn't have anywhere to go, so I ended up in the park. Participant 12 said he had been sporadically homeless since his father died and his mother started dating. Her boyfriend was mean. He didn't like children. He was very abusive and said I was always starting trouble. At first, I would go stay with a friend or my aunt whenever they let me." He says his mother finally forbade him to come back home and he has remained homeless for more than 14 years. Participant 12 says he could become permanently housed if he could find some affordable housing. He also said he has remained chronically homeless because of his mental illness. "I have a mental illness caused by the abuse I had to go through as a child. Things happen when you are young, it carries over into your adult life. When you don't have any structure, you don't know how to live and be productive in life." He says it would be helpful if the government could have more programs for children who need help.

Participant 13

Participant 13 was a 48-year-old Caucasian female who had been homeless for all but 7 years of her life. Her mother suffered from drug addiction. She says she has fond memories of spending some time with her grandmother when she was about 5 years old

but after that time, life seemed to be hopeless. She has spent most of her life working odd jobs and trying to find places to sleep. "Not being able to be in an enclosed place for a period of time, you know, being able to at least being 12 hours someplace where you can feel comfortable." Participant 13 says her most recent instance of homelessness began during the COVID-19 pandemic. She lost her job and subsequently was unable to afford to stay in the one small room she had been renting for nearly 7 months. Although, she has attempted to find employment and another place to live it has been difficult because she does not have an address. "You know they always ask for an address and phone number when you go for a job." "The worst part of being homeless is that people look down on you. Not all homeless people are homeless because of things they do wrong, sometime people are homeless because they never had a chance to do better. I never had a stable environment when I was a kid, but I am still trying to do better even though most people who have a place to live think I am bad or they are better than me. One day I will have a place to live."

Data Collection

Data collection for this study began using semi-structured, one-on-one interviews. All participants were interviewed face-to-face in a private conference room in a local library. The participants were randomly selected, and an inclusive/exclusive tool was implemented and used to determine which respondents were a good fit for the study. This purposeful sample was briefed regarding the nature of the study and given an opportunity to move forward with the study or to decline to participate.

Respondents who were accepted and agreed to participate in the study were

informed of their rights and the conditions for participation and provide with an informed consent form which was completed prior to the interview process. A time was agreed upon and scheduled for the formal interview. All interviews were conducted in a semi-structured format, recorded, and later transcribed. Most of the interview questions were open-ended to allow participants to relate their experiences in a way that expressed their opinions, thoughts, and ideas. Some probing questions were also asked to encourage the participants to provide in depth details about their lived experiences as chronically homeless adults. The structure of the interviews provided for maintaining the scheduled time limit of approximately 45 minutes to an hour for each interview and maximizing the amount of data collected. All participants received a copy of the transcribed interview to review before the coding process began. The data were then coded using a data coding matrix constructed in a Microsoft Excel program. The coded data was analyzed, recorded, and reported.

Data Analysis

The patterns and characteristics that emerged from the coded data were color-coded into a second matrix that was developed to define coded data, determine the frequency that codes appeared in each dataset, categorize codes, and record themes (Saldaña, 2016). The second cycle of coding was performed by verifying that the participants' statements coincided with the coded data (Saldaña, 2016). Data was coded by highlighting phrases or sentences that contained descriptions of the participants' lived experiences relative to adverse childhood experiences, substance abuse, single-parent homes, criminal history, mental illness diagnosis, employment, and chronic

homelessness.

Specific codes were used to create a visual representation of patterns and clusters that were later re-coded as new patterns and themes emerged (Saldaña, 2016). The third cycle of coding used the previous coding cycle results to answer the research questions. Finally, the coding results were recorded (see Table 2). After application of the a priori codes, transcripts were coded according to the responses of the participants. Codes were then combined to create categories that constructed the framework from which the themes emerged. See Table 3 for the codebook.

Table 2

A Priori Code Used in This Study

Code ID Code	Description experience
Adverse childhood experiences	Experiencing abuse, neglect, an unstable home environment, parents, family dysfunction parent, and frequent episodes of adversity in childhood (Huang et al. 2020).
Substance abuse	Homeless parents tend to use substances more than their peers who do not have children (Combs, et al. 2020).
Homeless single parent	Homelessness among single-parent families where the mother has an average of 2-3 children impacts the children's development due to fewer social networks, school drop-out, and an increased risk of behavioral challenges and mental health concerns (Murran & Brady, 2023).
Criminal history	Low self-esteem reduces optimism as do prior instances of incarceration and social factors related to incarceration increase the risk of chronic homelessness and recidivism (Cid, Pedrosa, et al., 2021).
Mental health diagnosis	As the homeless population continues to increase due to the number of individuals who have been diagnosed with mental illness a different approach regarding hospitalization and coercive treatment is being reevaluated (Zare & Oetjen, 2018).
Unemployment	The unavailability of gainful employment and patterns of dangerous substance use among young parents is another risk factor for experiencing ACES and becoming chronically homeless as an adult (Combs et al., 2020).
Chronic homelessness	Chronic hardships during childhood such as neglect, abuse, health problems, extreme poverty, and being raised by a nonbiological parent can cause ACES that may contribute to chronic homelessness as an adult (Huang et al., 2020)

Table 3

Codebook Used in This Study

Theme Category, and Code	Number of Participants	Number of References
Theme 1: Adverse childhood experiences can increase the risk of chronic adult homelessness		
Category: Abuse during early years		
Physical abuse	13	26
Emotional abuse	13	12
Sexual abuse	13	3
Neglect	13	8
Category: Single mother		
Unsafe living conditions	13	11
Exposure to illegal substances	13	12
Few learning opportunities	13	5
Physical abuse	13	3
Emotional abuse	13	12
Sexual abuse	13	
Theme 2: Substance use can increase the risk of chronic adult homelessness		
Category: Parental substance use		
Physical abuse	13	3
Emotional abuse	13	12
Criminal activity	13	16
Category: Early access to drugs		
Poor academic performance		
Juvenile delinquency		
Theme 3: Homeless single parents can increase the risk of chronic adult homelessness		
Category: Unstable living conditions		
Unsafe living condition	13	11
Living with extended family	13	9
Physical abuse	13	14
Living in shelters	13	3
Sleeping in cars	13	8
Sleeping outside	13	2
Few learning opportunities	13	5
Theme 4: Criminal history can increase the risk of chronic adult homelessness		
Category: Unable to secure gainful employment		
Lack of income for housing	13	13
Recidivism	13	5
Theme 5: Mental illness diagnoses can increase the risk of chronic adult homelessness		
Category: Limited access to healthcare		
Insufficient mental health care	13	9
Few opportunities for counseling	13	2
Few opportunities for medicinal treatment	13	2
Few opportunities for gainful employment	13	11
Lack of income for housing	13	13
Criminal activity	13	16
Substance abuse as a child	13	8
Theme 6: Unemployment can increase the risk of becoming and remaining chronically homeless		
Category: Limited jobs that pay well		
Criminal history	13	8
Lack of education	13	2
No permanent address	13	4
Lack of transportation	13	6
Failure to pass drug tests	13	12
No suitable attire	13	3
Personal hygiene	13	3

The themes for this study emerged during data analysis. The codes were grouped into categories from the themes that emerged. The six themes were constructed to show differences and similarities in the themes. As can be seen in Figure 1 children who are subjected to adverse childhood experiences especially those who grow up with a chronically homeless parent may be predisposed to substance use. Many homeless children have been diagnosed with some form of mental illness during their early lives Adverse childhood experiences compounded by substance abuse and mental illness diagnosis may result in incarceration. Once a homeless person has been incarcerated their criminal record makes it difficult to find gainful employment when released. The themes that emerged in this study support the theory that adverse childhood experiences may cause chronic adult homelessness. Chronic adult homelessness can also be attributed to growing up in unstable environments such as with relatives, and friends, in cars, or in homeless shelters. Many children of homeless adults have few opportunities for learning or positive socialization. The lack of nurturing and gross neglect may cause young children to suffer emotional strain that in some cases results in low self-esteem, anxiety, anxiety, or hopelessness (see Figure 1)

Figure 1

Risk Factors for Chronic Adult Homelessness
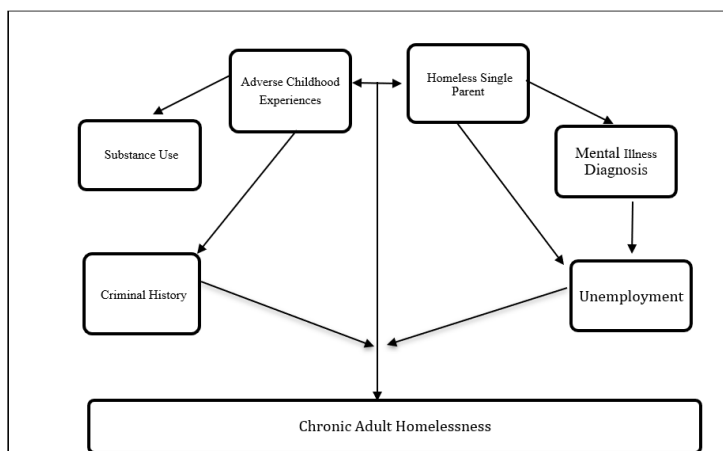
Evidence of Trustworthiness

In this study, trustworthiness was determined through the rigor of credibility, confirmability, dependability, and transferability.

Credibility

Credibility refers to the truth of the data or the participant's views and the interpretation and representation of them by the researcher (Lincoln & Guba, 1985). Credibility is enhanced by the researcher disclosing his or her role as the researcher and verifying the research findings with the participants. Qualitative studies are considered credible if the human experiences being described are immediately recognized by those who have shared the same or similar experiences (Lincoln & Guba, 1985; Ravitch & Carl, 2016). To demonstrate credibility in a qualitative study, the researcher has shown evidence of engagement, methods of observation, and audit trails when reporting the research findings (Ravitch & Carl, 2016). Finally, I provided a copy of the interview

transcripts to the interviewees for review to ascertain if the transcript reflects precisely what the interviewee said.

Transferability

Lincoln and Guba (1989) posit that transferability refers to the researcher's responsibility to ensure that the phenomenon is set in a location and time suitable for the participants to allow the reader to experience transferability sufficiently. Lincoln and Guba further hold that the criteria for inclusion and exclusion be specific, full disclosure regarding the sample size, and a full description of the methodology be presented in the final report (see Table 4). This study provides for accessing chronically homeless adults who live in other environments, spaces, or times. To ensure transferability in this study the same steps were used during data collection and analysis for each respondent indicating that this model can be used to investigate chronic adult homelessness in other social environments.

Table 4

Number of Unique Codes Generated by Each Participant

Participant	Number of unique codes generated
1	25
2	12
3	16
4	15
5	34
6	31
7	9
8	9
9	10
10	16
11	19
12	5
13	8

Dependability

The dependability of the findings of a qualitative research study refers to the consistency of the results regarding duplicating the study in a different venue and yielding the same or similar outcomes (Lincoln & Guba, 1985). The respondents in this study provided written consent to be recorded during the interview process and agreed that the interviewer could take notes periodically to ensure the accuracy of what is being said. The respondents received a copy of the transcript to review for accuracy before the data was coded or analyzed (Abdalla et al., 2016).

Confirmability

Confirmability refers to the measure to which the research study's findings reflect the respondents' narrative rather than evidence of the researcher's bias, motivation, or interest (Lincoln & Guba, 1985). As the researcher, I depended on self-checking, transcript review, and transparency relative to my beliefs and other aspects of myself that might be construed as detrimental to the confirmability of this study (Abdalla et al., 2016; Saldaña, 2016).

<div align="center">

Results

</div>

The results are presented in this section based on the six themes that emerged during data analysis. One theme is discussed in each section relative to answering the research questions and the lived experiences of chronic adult homelessness as it pertains to adverse childhood experiences.

Theme 1: Adverse Childhood Experiences Can Increase the Risk of Chronic Adult Homelessness

In each interview, participants shared their experiences about childhood trauma that contributed to becoming chronically homeless. The categories that were most prevalent during their early childhood were: physical, emotional, sexual abuse, and neglect. The second commonality was being raised by a single mother and living in unsafe conditions, early exposure to illegal substances, and having few learning opportunities which was closely related to physical abuse and neglect in that they reported the primary caregivers were single mothers who were addicted to controlled substances or other relatives who contributed to physical, emotional, and sexual abuse.

Participant 1 stated that his childhood was very stressful. He said, "My brothers, they used to mess with me a lot." "Kinda put emotional scars on me throughout my life." According to Participant 1, becoming homeless was caused by childhood trauma caused by his mother and siblings, and remaining chronically homeless is a direct result of insufficient financial assistance from the government.

Participant 2 said, "My momma had a boyfriend who didn't like the children. He picked on me mostly. She would get mad at me and say I was always causing trouble. So, I would go stay with my friends or with my aunt when she would let me." He has remained homeless because of a lack of employment, being abused, and being in bad relationships."

Participants 3 through 13 also described in detail how they had been subjected to being abused by the adults in their lives and how that abuse led to them becoming

chronically homeless as adults. Participant 3 described how the best years were spent living with their grandmother but, after her grandmother died the mother could not keep a job and began moving from city to city and getting put out of shelters resulting in living on the streets as young as 8 years old. Participants 4 and 9 also related how they too were raised by addicted single mothers who neglected to provide a safe place to live which exposed them to physical, emotional, and sexual abuse. These patterns of adverse childhood experiences gave rise to theme 2.

Theme 2: Substance use Can Increase the Risk of Chronic Adult Homelessness

Theme 2 emerged as the participants shared their experiences with personal and parental substance use during their early childhood and adolescent years. According to participants 6, 7, 8, and 11 children of single mothers who used illegal substances were exposed to such substances at very early ages. Participants 1 and 10 indicated that parental substance abuse was the primary cause of much of the physical, and emotional abuse to which they were subjected as children. Participant 1 said, "My mother was always bringing her friends home and they would get high and beat on us kids. Other times she would put us outside and make us wait until really late at night to come in the house … She wouldn't step in when my siblings would push me around or do things to me that they shouldn't." Participant 10 experienced homelessness for the first time at 19 years old: "I had no one to turn to and I just ended up homeless. I knew I would always be homeless when I could not find a cheap place to stay or a job due to my criminal record."

Theme 3: Homeless Single Parents Can Increase the Risk of Chronic Adult Homelessness

As children of homeless single parents some of the participants shared what living in unstable, unsafe environments felt like. They also shared their traumatizing experiences while living in shelters, sleeping in cars, and sleeping outside on the street. Participant 8 stated:

> "Just the fear of not knowing if you are going to live to see another day. Doing drugs to stay awake because you are afraid to go to sleep on the streets. Some of the shelters are just as bad because sometimes people try to rob you when you are asleep."

Participant 5 talked about how sleeping on the street with a single mother who did try to make sure you were safe was the most challenging part of childhood. Participant 4 attributed becoming chronically homeless as an adult to not having a father to take care of them: "When my dad left everything fell apart; what can I say, my mother was high all the time and did not have time for me because she was always chasing that next high."

Theme 4: Criminal History Can Increase the Risk of Chronic Adult Homelessness

All thirteen participants indicated that they had criminal histories. Five of the participants said that they had been arrested and convicted more than one time for committing crimes that were described as just doing what they had to do to survive on the street. Once released from prison 7 participants stated that because of their criminal histories they were unable to qualify for certain kinds of work and that many places they tried to rent turned them away because of felonies they had committed or other criminal

activity they were involved in that led to incarceration. According to Participant 4: "You just do what you gotta do survive in these streets and if you get locked up it's no big deal. At least if you locked up you have someplace to sleep and you get fed."

Participant 7 said " Once you get convicted for a felony people won't give you a chance to start over even though you have served your time. I caught a felony when I was a teenager, and it is still hanging over my head. That is why I am still out here on the street. I haven't been in any trouble since I got out and that was years ago, but as soon as people find out I was in prison for a felony they slam the door in my face. It is just how it is out here."

Theme 5: Mental Illness Diagnoses Can Increase the Risk of Chronic Adult Homelessness

This emerged in the second cycle of coding where specific coded 13 codes were identified as mental illness diagnoses that were untreated. Insufficient mental health care contributed to criminal activity, and few opportunities for gainful employment. According to participants 1, 5, 6, 8, and 9, there were few opportunities for counseling and medical treatment. Participant 5, a mental health patient, stated, "They give us cell phones but no place to charge them. I can't get my medicine when my phone is dead. It's frustrating!"

Theme 6: Unemployment Can Increase the Risk of Becoming and Remaining Chronically Homeless

Unemployment is a social issue that chronically homeless adults face daily. Their criminal histories, lack of education, transportation, and failure to pass drug tests are

some of the main reasons chronically homeless adults give as the reason they remain

unhoused. As the participants talked about their experiences as children, they spoke of

the lack of opportunity to practice healthy personal hygiene and that living on the streets

did not provide many opportunities to bathe or keep their clothes clean. Although some

reported that the primary reason that they remained chronically homeless was their failure

to pass drug tests they also reported that they did not have the skills to work the kind of

jobs that would pay enough to get a place to stay. Several others said that if they could

get a job they were afraid that their food stamps and government checks would get cut

off. That fear stemmed from being afraid of what would happen if they lost their job

considering how long it takes to get back on food stamps and to get the disability checks

again.

Summary

This chapter begins with details regarding how the data was collected and the data

analysis procedures for this study. Semi-structured interviews were conducted which

included both open-ended and closed-ended questions based on the interview tool and the

responses of participants. Some questions emerged from responses participants gave to

get a deep understanding of their lived experiences that were not specifically asked in the

questionnaire. The data was analyzed using a thematic-based approach underpinned by

the thematic framework of this study. Chapter 4 evaluates the ethical considerations of

trustworthiness, credibility, transferability, confirmability, and dependability.

This chapter also includes a detailed exposition of the findings of the study as

they relate to adverse childhood experiences and chronic adult homelessness. I studied

each data set individually taking care to annotate codes and other patterns. The codes

were entered into an Excel file where they were clumped and broken down into

categories several times. As themes began to arise from the data a second Excel file was

created to separate and organize categories. This process was repeated with each theme.

Chapter 5: Discussion, Conclusions, and Recommendations

Homelessness is a problem faced by many worldwide, impacting individuals and their families (Ayed et al., 2020). Homelessness in adulthood stems from ACEs during childhood and from experiencing traumatic situations or during the early adolescent years (Austin et al., 2016). ACEs may create lasting impacts that are felt for years. As a result, it becomes necessary to understand the lived experiences of homeless adults who have experienced adverse outcomes associated with ACEs or other life-changing traumatic events during childhood or early adulthood (Copeland et al., 2018). Fully understanding ACEs is a significant process in implementing programs and services.

A purposeful sample of 13 chronically homeless adults was selected for this qualitative, phenomenological study. The sample of participants included African American, Caucasian, Hispanic, Caucasian/Hispanic, and African American/Caucasian. All applicants under age 18 or who have not had at least two instances of homelessness in the past 2 years were excluded from this research study. The findings of this research study describe and explain how ACEs affect the lived experiences of chronically homeless adults. Six themes emerged from the analysis of the data. Each theme was analyzed, and the results were used to answer the research questions: What is the impact of adverse childhood experiences and other catastrophic events on the likelihood of chronic homelessness as an adult? This chapter presents the interpretation of the study findings, limitations of the study, recommendations, study implications, and conclusion.

Interpretation of Findings

The findings in this study confirm that ACEs affect the probability of chronic adult homelessness. The analysis and interpretation of the data collected confirms the literature presented in Chapter 2 and extends the knowledge regarding chronic adult homelessness by providing recent data that can be used to improve the possibility of helping chronically homeless adults live an improved quality of life by informing non-profit organizations, state and local governments, and other helping organizations and professionals about some of the specific needs of chronically homeless adults. Based on the findings in this study, although there is a link between ACEs and chronic adult homelessness, there are several other mitigating factors that contribute to remaining unhoused for significant periods. Some circumstances include but are not limited to mental health diagnosis, criminal histories, few learning opportunities as adults, unemployment, and other unsurmountable barriers to the resources needed to settle into society as independent functional individuals.

Limitations of the Study

This study has several limitations. First, a purposeful sample of participants of homeless adults who had two or more instances of chronic homelessness was selected from three specific North Carolina counties. Therefore, these findings cannot be generalized to the broader population. Second, the respondents were included or excluded based on the number of years they had been chronically homeless in a specific geographical location. Many were included who had mental diagnoses and were living independently from place to place over several years while few participated who had

experienced ACEs but did not have a mental diagnosis or criminal history. Since a relatively small sample was taken from a large population of chronically homeless adults a limited amount of data were collected, which may have skewed the outcome of the study relative to the link between adverse childhood experiences and chronic adult homelessness.

Recommendations

In this section I present several recommendations for helping professionals, especially in the areas of child protection services; programs and services for chronically homeless adults with children; early intervention programs that help lower or prevent the risk of homeless children dropping out of school; drug intervention programs for under age children; and additional ways of identifying sexually, physically, and emotionally abused children during their early learning years. The results can help improve current policy regarding policies that address ACEs and provide incentives to encourage single mothers to provide care for children and to nurture children to help reduce the risk of mental diagnosis. Since helping professionals are tasked with the education and medical care of young people's suspected cases of abuse, the protocol for investigating such allegations may need to be revisited. Those who are responsible for providing child protective services should also consider redefining what constitutes legitimate concerns that should be reported regarding children suspected of neglect and abuse. Since physical abuse is more visible revising the definition of child neglect and other forms of abuse may help professionals make better decisions. When children are suspected victims of neglect or any other forms of harm, legislation should be enforced that allows children to

discuss their experiences in a safe space such as a school without their abusers being present.

Recommendations for Improving Programs and Services for Homeless Single Parents

State and local governments should consider revising the Point-in-Time survey procedure to include the condition and well-being of children. The data can be used to locate homeless children and intervene before it becomes necessary to separate families by providing programs and services that encourage parents to improve their lives by making better choices. Homeless single parents are in some cases responsible for the adverse effects of their behavior and that of their friends or family. Given that they may sometimes feel hopeless, they may choose to make decisions that are unhealthy for themselves and their children. Children who are exposed to or witness unhealthy lifestyles often learn to view these behaviors as normal. Consequently, the children may become part of the cyclic family behavior that trickled down from their grandparents to their parents and therefore they find it normal to follow the tradition of risky behaviors and substance abuse. Implementing improved early intervention programs may help reduce the risk of homeless children becoming chronically homeless adults.

Recommendations for Implementing Early Intervention Drug Rehabilitation for Children

Drug rehabilitation programs are needed for children as young as 5-6 years old since many young children are exposed to illegal and controlled substances early in life. Some chronically homeless adults in this study stated that drugs and alcohol were

abundant in the environments in which they lived. They also attributed their drug use to being abused, molested, or neglected to start to follow the behaviors of the adults in their lives. Parents who expose their young children to drugs and alcohol may need to consider getting help from organizations that offer enhanced family rehabilitation and restitution programs.

Recommendations for Public School Officials

Based on the results of this study it is also recommended that school teachers, counselors, principals, coaches, and any other staff or faculty in elementary, middle, and high school venues receive training on recognizing the signs and symptoms of ACEs and be instructed on the proper protocol for safely getting help for the child. In cases where children are being physically and mentally abused, sexually assaulted, or involved in the use of drugs or alcohol, it is recommended that stringent protocols be implemented and enforced.

Recommendations for Further Research

Chronic adult homelessness is widespread in North Carolina, and it affects rural and urban communities economically, socially, culturally, and academically. Although people of all ages can experience homelessness at any juncture in life, this study shows that chronically homeless adults have been more significantly affected as a result of insufficient income, criminal records, ACEs, and lack of low-income housing. In exploring the causes and disadvantages of chronic adult homelessness, several themes emerged. However, the most frequently occurring themes were single-parent homes, mental diagnoses, criminal records, and lack of low-income, new, and few to no

employment opportunities. This study was limited to a small purposive sample of respondents consisting of chronically homeless adults in several North Carolina counties. Further research is needed to compare the effects of chronic adult homelessness on a broader scope to understand how ACEs and other catastrophic effects contribute to chronic adult homelessness.

Implications for Positive Social Change

The implications of this study reinforce the need to close gaps in recent research and program development regarding implementing additional, more assistive programs and services for the chronically homeless. Second, this study illuminates the need for state and local governments to utilize environmental scans to evaluate and potentially allocate funding and other resources to reduce the hardships endured by chronically homeless citizens in North Carolina. Third, this study reinforces the North Carolina Department of Health and Human Resources' need to identify potential risk factors for homelessness and provide the interventions needed to render the assistance needed to help those who are housed to remain housed and to better assist those who are already chronically homeless in finding permanent solutions for their situations and circumstances.

Conclusion

The purpose of this phenomenological, qualitative study was to explore and understand the socioeconomic challenges and underlying causes of chronic adult homelessness in a specific county in North Carolina primarily during and after the Covid-19 pandemic among those who had already experienced early life trauma. The

predominant theme that emerged in this study is that chronically homeless adults who live in North Carolina face various barriers regarding survivorship and attaining permanent housing due to the many social and economic changes that have occurred since 2020. Since the onset of Covid-19 chronically homeless adults have found it increasingly more difficult to find work and affordable housing. Second, limited availability of space in homeless shelters and motel restrictions have created a sense of urgency among chronically homeless adults when the summer months end. Finally, some participants indicated that job training programs and more opportunities for individuals with criminal histories would help chronically homeless adults gain and maintain permanent housing. Although many of the participants have been homeless for more than 5 to 10 years, some are still hopeful that they will become permanently housed at some point in life.

This research also demonstrates that although low-income rural and urban North Carolina residents have faced a loss of employment and domestic sustainability since 2020, many are still striving to engage in self-help programs offered by area nonprofit organizations hoping to regain their dignity. Within this research, the best practice for supporting chronically homeless adults is to continue to involve the community, philanthropists, and local and state governments in providing for and advocating for better programs and services.

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Appendix: Interview Questions

1. Have you had more than one instance of homelessness in the past 2 years?

2. Can you tell me about your last instance of homelessness?

3. Can you tell me about your first instance of homelessness and how old you were at the time?

4. What can you tell me about why you have remained homeless?

5. Is there anything that you can think of that could help you become permanently housed?

6. Can you talk to me about your childhood beginning as far back as you can remember?

7. Do you remember when you knew that homelessness was going to be the only option for you?

8. What do you believe was the main reason you became homeless and what was that like for you?

9. Have you experienced any catastrophic events in your life, if so can you tell me about what it was and how you were affected?

10. Do you believe that something that happened to you as a child contributed to your chronic state of homelessness? If so please explain.

11. Can you tell me more about what it is like being homeless?

12. What is the biggest challenge that you face as a homeless person?

13. What do you think about Adverse Childhood Experiences and how they affect how a person's life can be affected?

14. Tell me about other reasons you believe have caused you to be chronically homeless.

15. Have you utilized any of the programs and services that are offered to help homeless people resettle into society? If so, what helped you and what did not help you meet the challenges of being homeless?

16. If you could make a statement to local and state government officials about homelessness that would benefit children and young adults what would that be?

17. Is there anything else you would like to talk about before we end this interview?