

## FOCUS ON TRAUMATIC BRAIN INJURY

### Exploring the Link Between TBI and Homelessness



**Are people with traumatic brain injury more likely to become homeless than their non-injured peers? Are homeless people more likely to experience a traumatic brain injury than the non-homeless?**

Two recent studies have explored the complex linkages between homelessness and head or brain injury. And, while further research is necessary, their findings indicate that the connections between homelessness and traumatic brain injury may be significant.

Theresa Petrenchik, Ph.D., assistant professor in the School of Rehabilitation Science at McMaster University in Hamilton, Ontario, and Georgiana Herzberg, Ph.D., a professor at Nova Southeastern University in Ft. Lauderdale, Florida, surveyed more than 2,100 homeless individuals in Broward County, Florida within a seven-day period in 2002.

They found that 24% of individuals surveyed reported having a head injury at some time during their lifetime. By comparison, the rate of head injury in the general U.S. population is approximately 1%.

"Empirical research shows a strong and irrefutable relationship between head injury and homelessness," says Dr. Petrenchik. "However, the exact nature of the relationship – which comes first for whom – is somewhat unclear."

Dr. Petrenchik believes that there is not a simple answer to that question.

"The fact is," she says, "this relationship is likely to vary among different subgroups within the general population of persons who are homeless – for example, veterans, survivors of domestic violence

and/or physical trauma, prisoners, the elderly, and persons with mental health and/or substance abuse problems."

Dr. Petrenchik's research indicates that homeless individuals with head injuries generally fare far worse than homeless individuals without injuries.

For example, homeless adults with head injuries are more likely to live on the streets (as opposed to in shelters) than their non-injured peers. In addition, they tend to be homeless longer and more often than homeless individuals without head injuries.

They also report significantly higher rates of substance abuse and mental health problems and are more likely to have emergency room visits or hospitalizations than their non-injured peers.

These results are consistent with those of a project conducted in Massachusetts under the leadership of Francesca LaVecchia, Ph.D., Chief Neuropsychologist for the Massachusetts Rehabilitation Commission.

In 2003 the Massachusetts Statewide Head Injury Program (SHIP) initiated an extensive outreach program to identify homeless individuals with acquired brain injury.

Researchers screened individuals in homeless shelters and, if brain injury was evident, conducted a needs assessment and referred the individuals to community-based programs.

The outreach dramatically increased the number of homeless individuals who qualified for SHIP services.

Historically, since the program's inception in 1985, approximately 3% of SHIP referrals had been homeless individuals with acquired brain injury. During the first 24 months of the project, the percentage of SHIP referrals that were homeless persons with acquired brain injury increased to 19%. Currently, says Dr. LaVecchia, approximately 25% of SHIP referrals are homeless.

Among SHIP referrals with acquired brain injury, Dr. LaVecchia notes, the leading cause of injury is trauma. In her study, she found that the majority of these individuals were male (84%), Caucasian (61%), and between the ages of 41–60 years (65%).

In the Massachusetts study, according to Dr. LaVecchia, "most of the individuals studied experienced their brain injury prior to becoming homeless." In other cases, she notes, the injury was a result of an assault or being hit by a motor vehicle while homeless.

For women, brain injury was often the result of domestic violence that occurred prior to homelessness or the result of physical violence experienced while living on the streets.

Dr. LaVecchia believes that in many cases, "Homelessness is an extension of a downward cycle that can occur when an individual experiences a brain injury. Cognitive impairment leads to behavioral problems, money issues, and substance abuse, which all contribute to the individual's inability to maintain a stable living situation."

As in the Florida study, Dr. LaVecchia found that, once homeless, individuals with brain injuries fare worse than their non-injured peers.

"These are people who can't advocate for themselves," she says, "None of the people we saw had SSI (Social Security Income) or Medicaid, and most hadn't received a day of rehabilitation. I couldn't believe the level of need."

These findings have important implications for service providers, both researchers believe.

"Most transitional living programs for homeless people focus on employment — getting a job, learning to budget," says Dr. Petrenchik. "However, for people with cognitive impairment, we need to provide more specialized, more customized services. They need more than money in the bank to prevent a recurrence of homelessness."

She notes that "Even a mild to moderate head injury may result in a complex set of cognitive, behavioral, and affective problems, which create difficulties in daily functioning, interpersonal relationships, and employment. These difficulties pose powerful barriers to accessing needed services, exiting homelessness, and remaining stably housed."

Unfortunately, many service providers who work with the homeless are not trained to recognize head injuries. "Consequently," she says, "we have people residing in prisons, mental health institutions, homeless shelters and on the street with an unidentified head injury."

Dr. LaVecchia concurs. "Most shelters didn't screen for brain injuries, so people are often inaccurately labeled as having psychiatric problems," she says. "And to put someone with a cognitive impairment in a shelter over night and then expect him fend for himself on the streets all day simply makes no sense."

To serve homeless people with brain injuries, Massachusetts initially developed a 13-bed transitional living facility. The program, however, was discontinued after two years.

"What we learned," says Dr. LaVecchia, "is that this population has incredibly intense and long-term needs for case management and support."

Currently, Massachusetts is developing a system of community residences to better serve this population. The program has continued to do outreach in urban homeless shelters and is expanding to shelters in the rural part of the state.

Dr. Petrenchik is working on developing a screening tool to identify individuals with head injuries among the homeless population. While screening may be costly, she notes, the community is already bearing the cost of caring for homeless people with brain injury through both the health care and social service systems.

"I believe that the cost of ignoring this problem — both in terms of preventable human suffering and health and social services expenditures — is in all probability enormous," she says.

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