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Journal:	*Mental Health and Social Inclusion*
Manuscript ID	MHSI-12-2021-0088
Manuscript Type:	Primary Research Paper
Keywords:	Homelessness, Neglect, Adverse Childhood Experiences, Attachment, Mental Health, Counselling Psychology

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Abstract

Purpose: This project explores the care experiences of individuals using short-term homeless services in the UK, who identify as being neglected in childhood. The study endeavours to give voice to the subjective experiences of homeless individuals in these specific domains and optimise therapeutic and housing services provided to individuals from this sub-population.

Methodology: Semi-structured interviews containing elements of the 'Adult Attachment Interview' (AAI), were conducted with eight individuals who had experienced childhood neglect and used short-term homeless services in adulthood. Interviews were analysed using an attachment informed version of Interpretative Phenomenological Analysis (AI-IPA).

Findings: Analysis parsed participants' data into four master themes: 'Everything was wrecking all the time': Unsafe spaces; 'Kind of pretending I was […] dead': Strategies for survival; 'My mum didn't believe me': Traumatic self-shaping; and 'My first reckoning with self': Restoration & Recovery. Together, themes indicated that participants had undergone traumatic early and later-life care experiences but were engaged in idiosyncratic recovery journeys. The meanings that participants derived from their past experiences of neglect were nuanced and interacted with their current relationships in complex and highly personal ways.

Originality: By applying an innovative methodology to a predominantly unchartered empirical area, this project extends existing research and presents a meaningful set of results. Implications for the delivery of short-term homeless services and therapeutic practitioners are discussed.

Introduction

Towards the end of 2019, 4,266 individuals were estimated to be rough sleeping in England (Ministry of Housing, 2020a), with a further 88,330 households in temporary accommodation and 34,010 threatened with homelessness (Ministry of Housing, Communites & Local Government, 2020). Whilst rising rates of Covid-19 saw local authorities house 15,000 homeless individuals within the space of two days (Fitzpatrick et al., 2020), homelessness remains a salient issue in the UK (Ministry of Housing, 2020b).

Adverse childhood experiences (ACEs) are highly prevalent among homeless adults (Putnam-Hornstein et al., 2017; Radcliff et al., 2019). A large literature indicates that, as a population group, homeless adults come from some of the most 'damaged or disrupted developmental backgrounds in terms of abuse, trauma, neglect, and broken attachments' (Seager, 2011, p. 186). A recent observational study (N= 7,490) found that 68.1% of individuals with a history of homelessness recalled four or more ACEs – including childhood physical, sexual, and emotional abuse - compared to only 16.3% of those who had never been homeless (Radcliff et al., 2019).

Research from North America suggests that childhood neglect appears to play a central role in the early lives of many homeless adults. While childhood emotional and physical neglect are common amongst homeless adults (Patterson et al., 2014; Putnam-Hornstein et al., 2017), qualitative research highlights this phenomenon's complexity (Mendez et al., 2018; Woodhall-Melnik et al., 2018). For example, research from Schmitz and Tyler (2016) found that childhood neglect amongst individuals who later became homeless in adulthood had often involved a process of 'early adultification', in which they performed household and caregiving duties on behalf of their parents. For some this was felt to enhance their overall resilience and

preparedness for street life, whereas for others it was perceived to be a wholly stressful experience.

Although qualitative studies such as these offer a glimpse into the complex early histories of homeless adults living in North America, they provide limited insight into what neglect-based experiences might *mean* for adults experiencing homelessness as *individuals* in a UK context (Woodhall-Melnik et al., 2018). Further, the paucity of existing research on this topic risks silencing the voices of those belonging to one of the UK's most disenfranchised communities (Elliott, 2015; Phipps et al., 2017), adding to what has been termed the empirical 'neglect of neglect' (Dubowitz, 2007).

Empirical understanding of the later-life care experiences of homeless individuals living in the UK appears to be equally lacking; particularly in relation to care provided by short-term homeless services (here on in referred to as 'STHs'). Of the little research that exists, results indicate that homeless individuals may experience a heightened sense of threat and ambivalence whilst using short-term services (Cameron et al., 2016; Holt et al., 2012) and their service-departures may be complicated by a range of practical and emotional factors (Archard & Murphy, 2015; Hennessy & Grant, 2006; Phipps et al., 2017). This raises the question as to what these experiences might mean for those who have experienced chronic abandonment in their formative years; an idea explored in this study.

Whilst one unique qualitative study from McCabe and O'Connor (2016) explores how women's experiences of living in supported accommodation were regularly impacted by their memories of adverse childhood events (demonstrating the impact of the past upon their present service usage), most existing research has adopted a quantitative focus when comparing past and present in this context (Woodhall-Melnik et al., 2018). These studies examine how early adverse childhood experiences including neglect may be *associated with* the development of

homelessness in later-life, but do not consider how homeless individuals *make sense of* their early and later-life experiences of care.

Aims

This study seeks to redress this gap, by exploring the sense given to early and later-life care experiences by individuals using STHs, who identify as being neglected in childhood. Its research questions are:

1. What were participants' experiences of early care-giving relationships/environments, and what meaning do they derive from them in their present circumstances?

2. How do participants view their relationships with STHs?

3. How do participants experience departure from STHs?

4. How do participants' experiences of early care-giving environments influence their later experiences with STHs?

Methods

Participants were recruited from three UK-based homeless services and were interviewed using a semi-structured Interpretative Phenomenological Analysis (IPA) interview schedule. This explored participants' experiences of early care-giving environments, using and leaving short-term homeless services, and potential parallels between these different care-related experiences. Elements of the study's IPA interview schedule were informed by the 'Adult Attachment Interview' (George et al., 1985); an attachment procedure known for its ability to sensitively procure rich historical information about individuals' early care experiences (Steele & Steele, 2008).

To participate, individuals had to have used STHs in adulthood, identify as having experienced childhood neglect, be able to give informed consent, speak fluent English and pose no identifiable risk to self or others.

An attachment-informed Interpretative Phenomenological Analysis was then conducted on data from eight participants' interviews. Following published guidelines (Smith et al., 2009), this involved the study's primary researcher summarising each interview's descriptive, linguistic, and conceptual content. Separately, another member of the research team then analysed the data using attachment theory-based discourse analysis,(Crittenden & Landini, 2011).

Overlaps and divergences between these two analyses were considered by the research team. Whilst the initial IPA analysis concentrated on participants' perceptions of their experiences, the attachment analysis considered how these perceptions might have been shaped by participants' historical experiences of danger, threat and trauma. Elements of this attachment informed analysis were integrated into the final IPA when it was felt by the research team to be phenomenologically upheld.

Once it was judged that the themes sufficiently captured the nuance of the data, the same process was repeated for the remaining cases. Finally, consideration was paid to how themes from different participants' cases connected.

Ethical approval for this study was obtained from the University of Roehampton Ethics Committee (PSYC 19/ 339).

Results

Four master themes emerged from data analysis, which broke down into 13 sub-themes (see Figure 1).

In conjunction, themes revealed that participants' experiences of early and later-life care had been defined by adversity, which had impacted upon who they were and how they saw the

world. Despite this, analysis highlighted participants' ability to survive and heal from these experiences.

<div align="center">FIGURE 1 ABOUT HERE (approx 85 words)</div>

Figure 1: Summary of master & sub-themes

Master theme A - 'Everything was wrecking all the time': Unsafe spaces

Master theme A explored participants' early and later-life experiences of care. Whilst some participants recalled receiving support from non-abusive extended family members, most highlighted how care provided by their parents and STHs had failed to provide them with a sense of safety or nourishment.

Early experiences of abuse, neglect & loss

Descriptions of childhood abuse and loss were salient within participants' accounts of childhood care, despite being a study focussed on childhood neglect. Although there were some commonalities between participants' accounts of neglect, what this word meant for each individual varied and hinted at the complexity of this phenomenon. For some, it related to a lack of material provision from their childhood caregivers, while for others it was associated with not being emotionally or psychologically tended to.

In several instances, participants' memories of neglect were elusive and involved a combination of different elements which they struggled to pinpoint. This perhaps reflected the complexity of trying to talk about a phenomenon founded on the *absence* of something else. This was illustrated in Sam's memory of neglect.

> *I wasn't given like baby milk and that, cos we couldn't afford (R: Ok). So*
> *we… had to apparently make do with like whatever and that. And my parents*
> *weren't there apparently so my sisters had to look after us and I don't even*
> *know who my sisters are, like.*

Here, one can see how Sam's implicit allusions to being relationally neglected sit behind his more explicit references to experiencing physical neglect.

Feeling unsafe and uncared for in short-term homeless accommodation

Many participants recalled unsafe and unnourishing care experiences whilst using STHs. Three participants – including Ali - alluded to experiencing sexual threats and violence whilst staying in these settings.

> *But the the… the bedroom had no door and there was no… no no staff like um… You know, err making sure that you know that m… the guys didn't go into the woman's err bedroom. And I woke up to find a man on top of me [Ali].*

Ali's allusion to having neither a bedroom door nor any support from staff implies that the service has failed to protect them. This image of the short-term homeless service as an unwilling, reluctant caregiver was seen in other participants' accounts, who drew on money-related explanations to make sense of services' apparent ambivalence towards them. Indeed, several participants felt that STHs had a vested interest in maintaining their homelessness, for 'if you stop being homeless, they close down'. This, in turn, was believed to lead to the provision of unhelpful, inauthentic care, aimed at maintaining service-users' dependence on their service, rather than helping them to exit homelessness.

Although participants' accounts of unsafe care from STHs echoed many of their earlier childhood homes – highlighting potential continuity between their past and more contemporaneous care experiences - participants varied in relation to how much they felt their longitudinal care experiences overlapped.

Master theme B - 'Kind of pretending I was […] dead': Strategies for survival

Participants appeared to have utilised a range of survival strategies, to withstand the dangers of unsafe and unnourishing care provided by childhood caregivers and STHs. These strategies were comparable to the 'fight, flight, freeze, friend' trauma responses (Porges, 2017) and included finding ways to challenge, escape, befriend or psychologically disassociate from care-related threats.

Fighting back

Whilst participants such as Toby recalled physically fighting back against dangerous childhood care, participants' utilisation of this survival strategy in adulthood was more abstract – as seen in the extract from Karen below.

> *I had certain words that I would use or certain phrases that I would make*
>
> *sure and say you know - empower myself […] you know, 'I'm gonna go out*
>
> *(R: Uh huh) and I'm gonna get up in the morning. And I'm gonna - you know*
>
> *- get up, go out and I won't come back in until like lunchtime.'*

For Karen, it is evident that this strategy involved using proactive statements of intended action to overcome difficulties presented by insufficient care provided by STHs.

Escape

Departure was another strategy used by participants to protect themselves from care-related threats. Several recalled how leaving their childhood homes had been facilitated by intervention from non-abusive family members, whilst for others it had been carried out alone.

Whilst leaving behind difficult or dangerous care environments in childhood and adulthood incurred a range of feelings for participants - including euphoria, happiness, trepidation, and anxiety – being *unable* to leave was viewed as a wholly stressful event, associated with overwhelm and entrapment. Bobby's recollections of how staff at his short-term homeless

service helped him to feel less trapped, provides an excellent example of client-oriented, adaptive care.

> *Although there's nobody allowed in the back garden at night-time, they*
>
> *used to turn round and say to me, 'If you need to go out (R: Uh huh) let us*
>
> *know and we'll... we'll hit the buzzer and let you out for five minutes.'*

Befriending the threat

Bobby's ability to working with hostel staff in the above manner, also highlights his ability to utilise a more relational 'friend' survival strategy. This strategy involved participants befriending or making themselves useful to abusive caregivers and forming positive relationships with non-abusive others.

Bobby's use of this strategy dates back to childhood, where he recalled teaching his abusive stepmother domestic skills and looking after his siblings when she stayed out overnight:

> *It was me that taught her how to cook, how to make Yorkshire pud... (R:*
>
> *Right) you know. It was me that was teaching her.*

Whilst acting in this manner provided Bobby some protection from his stepmother, it arguably led to a domestic role-reversal, in which child Bobby provided parental care to his adult caregiver.

Dissociation & Disconnection

Dissociation and disconnection were final threat responses, unconsciously used by participants to survive early and later-life care related dangers. When talking about their childhoods during interviews, several participants appeared to encounter word and memory gaps. In some instances, it was possible to question whether this was because participants had been in disconnected psychological states when these memories had been encoded.

More explicitly, several participants also described entering dissociative states as children and rough-sleeping adults, after encountering unsurmountable dangers.

Master theme C- 'My mum didn't believe me': Traumatic self-shaping.

Master theme C indicated that whilst participants had survived their difficult care-related experiences, they had felt silenced, immobilised, and physically/psychologically scarred by them.

Feeling unseen & unheard

Feeling silenced and overlooked was central to participants' early and later-life care experiences. Along with explaining how their disclosures of abuse had been disbelieved as children, several participants also outlined how parents and professionals had overlooked their needs.

Participants' experiences of feeling unseen as adults using short-term homeless services were more nuanced. On a general level, participants expressed frustration at having their housing rights and accommodation concerns overlooked by short-term housing providers. They also alluded to experiencing racism and mental-health related stigma; a process in which participants felt that labels or biases had been imposed upon them by housing providers, meaning that they were not truly being seen. In some instances, this led participants to disengage from help on offer.

This arguably highlights the crucial role that upholding anti-discriminatory practice – along with making service-users feel recognised and validated - plays in the effective provision of short-term homeless care.

Going nowhere

Whilst several participants' experiences of childhood care and using STHs had involved relocation, their memories of moving around appeared to be non-directional and thus contained

a noticeable sense of stasis and hopelessness. This was evident in Ali's recollection of using a never-ending carousel of short-term homeless services.

> *I was like in 40 places [...] because they... they have maximum stays. They*
>
> *don't give you any help at all, yeah? You just go from one. And then you had*
>
> *to find yourself the next one, and then the next one and the next one and the*
>
> *next one*

Here, Ali's repeated use of 'and the next one' hints at the physical and psychological disorientation associated with this continual movement between services. Although homeless services offering longer-term accommodation provided participants with apparent respite from constant movement, this was not always felt at a psychological level. Karen, for example, spoke of not wanting to unpack her belongings after moving into longer-term accommodation, due to a belief that 'I know as soon as I start to settle, that I'm gonna move'. This belief appeared to be confirmed when she was asked to move rooms, shortly after arriving in the project.

Constant, directionless movement was perceived by participants to have a resoundingly negative impact upon their mental health. For some, this was because it was associated with a need to keep adapting to challenges posed by new environments. For others, it brought back painful memories of childhood relocation. This latter point applied to Karen, whose ability to make this link during her interview felt comparable to a 'light bulb moment'.

> *D'ya know what? I've just realised: I've been moved all my life [slight laugh]*
>
> *... It's something that I've had to deal with all my life. I've just... Wow.*

Karen's ability to reflect on her experiences and make this connection, hints at the appropriateness of providing therapy to individuals with experience of homelessness, so that difficult life events can be processed, and semantic narratives made.

Physical & psychological scarring

Several participants explained how their early and later-life care experiences had also left them feeling psychologically and physically scarred. Many spoke explicitly about experiencing intrusive memories and feelings about their traumatic childhood care.

Unsurprisingly, feelings relating to past events also appeared to creep into participants' interviews, highlighting the potential continuity between participants' pasts and presents. This was particularly striking with Sam, whose choice of wording when talking about his childhood in his interview implied that his feelings were pulling him off topic and making it hard to focus.

> *P: Yeah… sorry… I keep drifting off!*
>
> *R: No no… it's a…*
>
> *P: Quite pissed off really.*

Although this implies a strength of feeling, how Sam describes these emotions is noticeably low-key; indicating a potential reluctance to bring them fully into the interview.

Master theme D – 'My first reckoning with self': Restoration & Recovery

Despite undergoing adverse care experiences, Master theme D indicated that participants were engaged in idiosyncratic recovery-focussed processes. These involved finding ways to understand their pasts, get their voices heard and connect with others.

Relational re-shaping

A striking finding from this study was that many participants reported transformative relational experiences, in which specific relationships were perceived to help them heal from past experiences of relational trauma. For some participants it was early positive relationships that played this transformative role, whilst for others it was relationships they had formed whilst using STHs.

Moments of relational connection in this latter context seemed to have given participants a new sense of what proper care felt like and led to increased engagement with services. This was the case for Toby, whose memory of arriving at his short-term homeless accommodation is described below.

> *I felt at ease (R: OK). I felt… tranquil almost […] I felt comfortable with*
>
> *them (R: Yeah) around me and I felt… I didn't feel fear.*

Moments of meaningful and transformative connection were also shown to have occurred between participants and other service-users living in STHs. Despite his initial reservations, Bobby recalled how other residents in his short-term homeless accommodation' had thrown him a surprise birthday party. In turn, this had challenged his perception of other service-users and arguably increased his sense of connection to the service. Such a point seems crucial for STHs to consider, when thinking about how to enhance service-user engagement with the ephemeral form of service being provided.

Processing the past

Participants revealed an interesting tension in that they both sought to block out and avoid, as well as engage with and make sense of, their previous difficult care-related experiences. For participants such as Kerry this had involved working out *why* she had been abused, 'And I said to myself, 'Why is it only me? Why isn't it not my sister? Why is it always the youngest one?'' By contrast, for participants such as Simon, making sense of the past was more focussed upon understanding *what* had happened to him. How participants made sense of their experiences also varied. For some, this process involved input from a trusted other, while for others this process had been conducted alone.

Engaging with meaning-making processes appeared to have led participants to reach a range of conclusions about their experiences. Although many viewed their parents' inability to care

for them as a product of poverty and stress, this did not invariably lead to forgiveness. Indeed, whilst Karen had been able to forgive her father for his domestically violent behaviour, others outlined how they continued to have emotionally fraught, difficult relationships with their parents.

Finding a voice

Finding a way to get their voices and experiences recognised also appeared to be a significant part of participants' recovery journeys. This was unsurprising, given the impact that feeling made invisible had played in their experiences of dangerous and deficient care. As such, speaking out not only appeared to be a positive act of self-determination, but also helped participants to break free from experiencing a repeat of the past.

In the context of using STHs as adults, participants recalled an array of episodes in which they had voiced concerns or raised challenges to the treatment they had received. This was exemplified by Liz, in her recollection of filling out a feedback form during her departure from short-term homeless accommodation. Her confident re-shaping of the form's language conveys her determination to make her feelings known and – quite literally – shows her refusal to be boxed into saying anything else. Liz's assertion of her thoughts and feelings provides a striking contrast to her childhood experiences, in which she was expected to be 'seen and not heard' and thus can also be seen to be another example of growth and transformation.

> *Don't ever give me a form where it's a one liner… if I feel I put my name*
> *there and I don't agree with something on the form, I will rearrange it (R:*
> *Uh huh). Yeah. So if the wording's 'have not'… and I'm not happy with the*
> *'have not' I'll cross out the 'not' and then I'll sign it.*

Given the power of speech, participants were also understandably careful to ensure that their words were being properly understood by the study's primary researcher in their interviews.

Self-growth

Engaging with recovery-orientated processes appeared to have led many participants to experience positive self-development. Some described their development in terms of growth and flourishing, which provided a noticeable contrast to their descriptions of stasis and non-directional movement associated with their difficult care experiences. Toby, for example, recalled how, after having his development 'inhibited […] slightly' by his mother, he had done 'a lot of growing in a short space of time' in his short-term homeless service.

Such a journey also appeared to have been undertaken by Kerry, who explained how support provided by her support-worker, along with her own inner-strength, had bestowed her with increased confidence and independence. This had seemingly challenged her view of herself as someone who was unable to live independently, due to having learning difficulties.

> *I have been on a real journey! And it's been a terrible journey - you know,*
>
> *one of them ones? Cos my brain started to think, 'Kerry, you can't do this*
>
> *(R: Mmm), like.' But I said to myself, 'Kerry, be strong (R: Mm hmm… mm*
>
> *hmm). And do it, for yourself and for my children.' (R: Ok). You know? And*
>
> *I did (R: Mm hmm). Knowing that I've got learning difficulties, but I don't*
>
> *let that bother me (R: Mm hmm).*

Here, Kerry's resilience and hope are inspiring. Despite undergoing significantly traumatic events in early and later-life Kerry – along with all the study's other participants - shows a determination to survive and heal. In some instances, professionals had been trusted enough to be included in this process. In other instances, they had not.

Discussion

Results from this study indicated that participants perceived care provided by childhood caregivers and STHs to have lacked emotional nourishment and involved exposure to danger

in ways that appeared to echo participants' childhood experiences of neglect. Whilst some participants explicitly compared their early and later-life care experiences, others did not. The apparent overlap between participants' experience of early and later-life care related threats, supports a key attachment concept: that historical care experiences have the potential to impact our more contemporaneous relational interactions (Crittenden, 2016).

Participants had subsequently developed protective strategies to survive their early and later-life adverse care experiences. Once again, it was possible to draw parallels between survival strategies used by participants in childhood and as adults using STHs, highlighting the potential continuity between past and present. These threat responses included challenging, escaping, befriending, or physically dissociating from care-related dangers. Although these strategies ensured participants' physical survival, participants still appeared to have been experientially impacted by their episodes of early and later-life care. Many outlined how these experiences had caused them to feel silenced, unseen, scarred and stuck. This fits into existing literature highlighting the experiential complexity of childhood neglect along with other forms of adversity (Mendez et al., 2018).

Despite this, participants displayed determination to heal and grow from their experiences; aligning with a substantial body of research emphasising individuals' capacity for post-traumatic growth and healing (Southwick et al., 2014) For some participants, this involved processing their trauma alone. For others, this involved collaboration with a trusted confidant – including, in some instances, professionals working for STHs. This hinted at how, whilst having the capacity to do harm, STHs could also have a profoundly beneficial impact upon some service-users.

Implications

By focussing upon a novel and highly specialised research area, the study has generated several recommendations for professionals working with individuals with experience of childhood neglect and usage of STHs in later-life. The study highlights the necessity for STHs to think carefully about how they can provide service-users with reparative care experiences, whilst preventing them from further trauma. This seems essential, given the potentially integral role services play in service-users' recovery journeys. To do this, services will need to ensure that they have fully assessed and thought about how to manage potential risks faced by service-users. Here, utilising a co-production approach will be crucial, given that staff may have a very different perception of danger and threat to service-users.

Despite their efforts to ameliorate risk, STHs will need to recognise that some service-users with a history of relational trauma will continue to feel unsafe whilst using their services and may continue to reflexively utilise trauma-related threat responses. Attempting to take these defences away from service-users can be re-traumatising and can lead to escalated levels of risk. Thus, it will be important for staff to respond in a reflective, rather than reactive manner to these behaviours.

In addition to decreasing service-users' exposure to danger, STHs should adopt a range of approaches to increase the likelihood of them feeling contained and safe. One example of how to do this could involve providing service-users with a secluded 'break out' room to visit when they are becoming emotionally overwhelmed, in which they can listen to prosodic sounds (Porges, 2007). On a psychological level, the study indicates that it will also be important for services to be as consistent, anti-discriminatory and non-punitive as possible in their provision of care, to avoid triggering associations of past care experiences for service-users.

For professionals working therapeutically with individuals who have experience of childhood neglect and STHs, the study emphasises the importance of helping clients to understand what their experiences of care mean for them as subjective, feeling individuals – beyond their homeless or survivor-based identities. This will be essential when helping clients to unpack their experiences of childhood neglect, where language appears to meet its limitations. Forcing clients' experiences into formal, clinical terminology threatens to alienate them from their own histories, and potentially replicates the intrusive, overbearing elements of the original trauma they have been subjected to.

Instead, what is needed is the gradual formation of a meaningful and curious therapeutic relationship, in which both parties can help the client to untangle what is both tragic and incomprehensible. Teaching clients to use experiential techniques to down-regulate their nervous systems, so that they can experience a sense of physical safety prior to and whilst undergoing this exploration, will be equally important.

Ending comments

By exploring the care experiences of a select group of homeless and ex-homeless participants, this study has thrown itself into navigating the knotty terrain of care-related phenomena. In doing this, the study has told a tale of trauma and resilience. It has highlighted participants' experiences of traumatic and un-nourishing care and outlined the experiential impact of these events upon them. However, it has also illuminated participants' capacity to survive and grow. In this sense, this project is one of hope, rather than despair.

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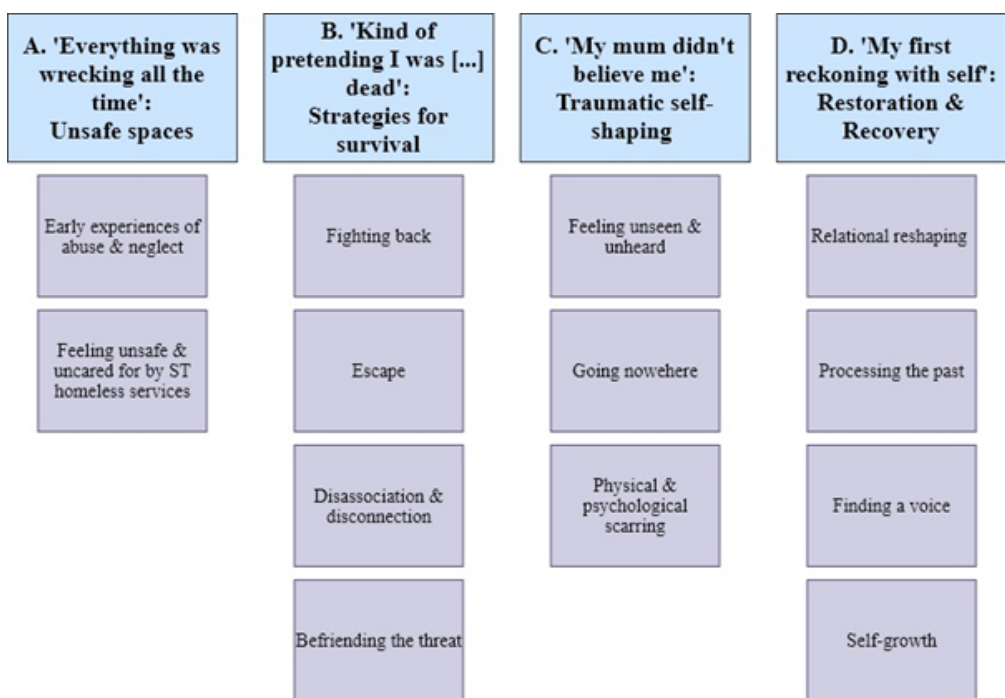| A. 'Everything was wrecking all the time': Unsafe spaces	B. 'Kind of pretending I was [...] dead': Strategies for survival	C. 'My mum didn't believe me': Traumatic self-shaping	D. 'My first reckoning with self': Restoration & Recovery
Early experiences of abuse & neglect	Fighting back	Feeling unseen & unheard	Relational reshaping
Feeling unsafe & uncared for by ST homeless services	Escape	Going nowehere	Processing the past
	Disassociation & disconnection	Physical & psychological scarring	Finding a voice
	Befriending the threat		Self-growth

Figure 1: Summary of master & sub-themes

159x109mm (96 x 96 DPI)