

Experiences of Trauma for Older Adults With Lived and Living Experiences of Homelessness in Middle to High Income Countries: A Systematic Review and Meta-Aggregation

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Abstract

Background and Objectives: Research has identified that the number of older adults experiencing homelessness in middle to high income countries is growing. Coincidentally, in recognition that individuals with housing precarity often have experiences of trauma, there have been increasing calls for trauma-and-violence-informed care (TVIC) in practice and research. We conducted this review to consolidate existing literature that explores experiences of trauma among older adults who have experienced homelessness.

Research Design and Methods: We conducted a systematic review of qualitative evidence and meta-aggregation following the Joanna Briggs Institute methodology, in adherence with PRISMA guidelines.

Results: Our search yielded 24 studies. Through a process of meta-aggregation, we generated 5 synthesized findings: (a) Being let down by society and systems; (b) the world is not a safe place; (c) survivor not victim; (d) living in the long shadow of trauma; and (e) homelessness as a deeply personal trauma.

Discussion and Implications: Our findings underscore the reality that older adults without housing face multiple experiences of trauma, including the trauma of homelessness itself. Considering these findings, research, practice, and policies need to focus on ways to better support older adults, both in preventing trauma and assisting those who have already experienced trauma. Our findings indicate the necessity of: (a) implementing TVIC across all sectors who work with older adults; (b) supporting older adults to age in place in safe, deeply affordable, accessible housing; and (c) creating shelter environments more suitable for older adults, and especially those who have experienced trauma.

Keywords: Aged, Homeless person, Poverty, Psychological trauma, Survivors

Experiences of Trauma for Older Adults With Experiences of Homelessness

Homelessness is a growing problem in middle and high-income countries, with low estimates indicating that over 235,000 Canadians (Gaetz et al., 2016), 580,000 people in the United States (De Sousa et al., 2022), and 895,000 people across Europe (FEANTSA, 2023) are homeless per year. Older adults are especially likely to be homeless, and researchers predict the number of older adults who lose their housing will continue to increase in the coming years (Canham et al., 2022; Crane and Warnes, 2010; Fernald, 2014; Gaetz et al., 2016). Older adults experiencing homelessness often contend with physical, mental health, and cognitive difficulties (Brown et al., 2016; Canham et al., 2020), that are either caused or complicated by previous traumatic experiences (Canham et al., 2020; Garibaldi

et al., 2005; Grenier, Sussman, et al., 2016; Hopper et al., 2010; Stergiopoulos and Herrmann, 2003). Recognition of these experiences has resulted in an increased emphasis on incorporating trauma-informed care across the homelessness sector (Canadian Observatory on Homelessness, 2020; United States Interagency Council on Homelessness, 2020). There is a need to identify the unique experiences of older adults as they may differ from the experiences of other age groups (Ramsey-Klawnsnik and Miller, 2017). While some researchers have explored the trauma experiences of older adults who have been unhoused (e.g., Pope et al., 2020), little is known about the number and findings of existing studies on this topic. The purpose of this review is therefore to attend to this gap by conducting a systematic review and meta-aggregation focused on experiences of trauma among older adults who have been unhoused.

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The Current State of Homelessness as It Relates to Older Adults

Homelessness is increasing among individuals over the age of 50 in middle- to high-income countries (Canham et al., 2022; Crane and Warnes, 2010; Fernald, 2014; Gaetz et al., 2016). While it is possible that this increase is partially due to the aging of individuals experiencing chronic homelessness, studies indicate approximately half of older adults experiencing homelessness first become unhoused after age 50 (Brown et al., 2016). Reasons given for older adults increasingly becoming unhoused include the rising cost of housing, changing labor markets, the rising cost of goods and services, the increased dissolution of long-term relationships, and the increased percentage of the general population who are above 50 (Brown et al., 2016; Crane and Warnes, 2010; Grenier, Sussman, et al., 2016). Due to their increased physical aging, in homelessness literature, “older adult” refers to individuals aged 50 and above (Grenier, Barken, et al., 2016). These findings suggest that the increasing number of older adults experiencing homelessness will continue to place additional demands on existing services in the coming years. Problematically, research indicates that services are not adequately set up to handle the needs of older adults (Canham et al., 2020).

The Intersection of Homelessness and Trauma

Psychological trauma is a widely discussed concept that has been broadly defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) as:

...an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and physical, mental, social, emotional, or spiritual well-being (SAMHSA, 2014, p. 7).

Homelessness and trauma are related in multiple ways, with some scholars indicating that homelessness should be characterized as an experience of violence that causes psychological trauma (Batterham, 2019; Fernández Evangelista, 2010; Gaetz et al., 2012; Milaney et al., 2019). Supporting this claim that homelessness and trauma are linked, findings from multiple studies indicate that 27%–87% of persons who experience homelessness have also experienced some form of violence or sexual assault (Dietz and Wright, 2005; Goodman et al., 1995; Kushel et al., 2003; Whitbeck et al., 2015). It is also important to note that individuals with physical or mental health concerns are particularly likely to be victimized in some way during their experience of homelessness (Lee and Schreck, 2005). Given both their extensive life experiences in which trauma may have occurred and their high rates of physical and mental health conditions (Brown et al., 2016; Canham et al., 2020; Hossain et al., 2020), older adults who are unhoused are likely to have faced or be at risk of facing traumatic experiences.

Trauma-Informed Care and Older Adults

In recognition of the vulnerability of older adults who become unhoused to experiences of trauma (Brown et al., 2016; Dietz and Wright, 2005; Kushel et al., 2003; Lee and Schreck, 2005; Stergiopoulos and Herrmann, 2003; Whitbeck et al., 2015), there has been a growing movement toward trauma-informed

care within organizations that support people experiencing homelessness (Canadian Observatory on Homelessness, 2020; United States Interagency Council on Homelessness, 2020). Hopper et al. (2010) defined trauma-informed care as “a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.” (Hopper et al., 2010, p. 82). Recognizing the impact of systemic and interpersonal violence, others have also called for the incorporation of trauma- and violence-informed care (TVIC; Wathen and Varcoe, 2023). Integral to the perspective of TVIC is understanding the experiences of people in context (Wathen and Varcoe, 2023). While it is known that unhoused older adults are more likely to experience trauma, service providers require insight into these experiences to appropriately utilize TVIC.

The Current Study

While some studies have explored experiences of trauma for older adults who have lived unhoused, this literature has not been consolidated. To address this gap, we conducted a systematic review of meaning and experience to identify and synthesize existing research on this topic. The research question that guided this review was: What are the experiences of trauma for older adults with lived and living experiences of homelessness as reported in existing interdisciplinary research in middle- to high-income countries? Due to a focus on meaning and experience, we only included qualitative literature. We chose to focus only on middle-to-high-income countries due to differences in the experience of homelessness in low-income countries (Busch-Geertsema et al., 2016; McConnachie, 2016).

Methodology

We conducted a systematic review of qualitative evidence using the methodology advanced by the Joanna Briggs Institute (JBI; Lockwood et al., 2020), which follows PRISMA guidelines (Aromataris and Munn, 2020). We prospectively registered our review with PROSPERO (https://www.crd.york.ac.uk/prospERO/display_record.php?RecordID=406437) in April 2023 (#CRD42023406437).

Search Strategy

In collaboration with an academic research librarian from Western University, a four-concept search strategy was developed, which included terms related to: (a) homelessness (i.e., homeless*, unhoused); (a) trauma (i.e., trauma*, PTSD); (c) older adults (i.e., senior*, aged); and (d) qualitative research (i.e., qualitative, theme). The search included both MeSH terms and keywords. Search terms within each concept were combined using a Boolean “OR” and then all four concepts were combined with a Boolean “AND”. The final search strategy was then translated for the following six databases: Ovid EMBASE, CINAHL, Ovid PsycINFO, Ovid Medline, Social science citation index (SSCI), and Nursing and Allied Health Database. *The European Journal of Homelessness* and the *International Journal of Homelessness* were also hand-searched. The search was conducted on April 14, 2023 in all databases. An updated search was also run on July 18, 2024 to find studies published after April 14, 2023. Following the

Table 1. Inclusion and Exclusion Criteria**Inclusion criteria:**

1. Explored the experience of trauma for older adults with lived and living experiences of homelessness^a
2. Were conducted at any time period
3. Were available in English
4. Included qualitative findings with themes related to the research question

Exclusion criteria:

1. Were nonempirical
2. Focused on individuals below the age of 50 (i.e., less than 60% of the sample was >50 or the mean age was <50)
3. Were not subjected to any form of peer review
4. Reflected only the experiences of support workers or individuals without lived experiences of homelessness and trauma or included both perspectives without a subsection focused only on individuals with lived experience
5. Did not include qualitative findings (i.e., studies without quantitative findings or studies that quantify the results of open ended questions or use qualitative data derived from survey questions)
6. Focused solely on evaluating an intervention
7. Focused on the experience of trauma for individuals living in refugee camps war or conflict (i.e., studies focusing on individual living in a refugee camp/war or conflict rather than experiencing other forms of homelessness)^b
8. Were conducted in low-income countries and middle-low income countries as defined by the world-bank**

^aThe Canadian observatory on homelessness (Gaetz et al., 2012) definition was used.

^bWe have chosen to exclude studies conducted in low income and low-middle income countries, and studies focused on the experiences of individuals in refugee camps or situations of war/conflict due to the experience of homelessness in these situations being fundamentally different from experiences of homelessness in middle to high income countries (Busch-Geertsema et al., 2016; McConnachie, 2016).

title and abstract screening and full-text review stages, the reference lists of included articles were hand-searched to identify any additional, relevant studies. (Refer to [Supplementary Table 1](#) for a sample of the search conducted in Medline.)

Study Selection

In line with recommendations provided by Lockwood et al. (2015), two independent raters (RG and BW) conducted both a title and abstract screening as well as a full-text review in Covidence (2023) informed by a set of inclusion and exclusion criteria (see [Table 1](#)). Conflicts that emerged were resolved through a process of discussion and consensus.

Data Extraction

The first author (RG) extracted data using a data extraction form in Microsoft Excel. The following information was extracted: gender, race/ethnicity, sleeping arrangements at the time of study, and sexuality of the participants. Data extracted also included: year of publication, study design, sample Country, specific focus of the study, journal focus, and disciplines of the authors.

Critical Appraisal

The first author (RG) conducted a critical appraisal of included studies using the JBI critical appraisal checklist for qualitative research (Lockwood et al., 2020; see [Supplementary Material](#)). Each study was given a score between 1 and 10 corresponding with the number of items on the checklist. Studies were given a “1” for each item rated as “yes,” and “0” for items rated as “no” or “unclear.” For descriptive purposes, we assigned a summary score to each included article and defined an article of low quality as corresponding with a score of 0–4, a medium-quality study as corresponding with a score of 5–7, and a high-quality study as corresponding with a score of 8–10. To ensure the trustworthiness of our aggregated findings, only studies with

a critical appraisal score of 5 or higher were included in the meta-aggregation. The use of a cutoff score is consistent with the JBI methodology, with methodological scholars indicating that not using a cutoff score would go against the pragmatic nature of meta-aggregation (Hannes and Lockwood, 2011; Lockwood et al., 2015) and lead to a low-quality analysis.

Data Synthesis—Meta-Aggregation

We conducted a meta-aggregation using the process outlined by Lockwood et al. (2020). Meta-aggregation is a method that embodies the practices of transcendental phenomenology (Lockwood et al., 2020), a phenomenological tradition developed by Husserl, that aims to come to an understanding of a phenomenon or experience (Dowling, 2007). In practice, findings from the included studies are examined in relation to each other and synthesized to develop a higher level of evidence that transcends the individual study results and better describes a particular experience. The JBI guidelines for conducting a meta-aggregation, which we followed, include a three-step process: (a) The extraction of relevant themes from the included studies; (b) the categorization of these themes based on shared meaning; and (c) the consolidation of categories into synthesized findings (Lockwood et al., 2015). To conduct this process rigorously, the first author (RG) read and reread the findings of included studies, which were presented in the form of themes. Subsequently, using a table in Word, all themes relevant to our research question were extracted from the included studies in the form of 2–5 sentence summaries. As different authors had various perspectives on trauma, and some authors did not provide definitions, themes were included if we believed there was a strong focus on experiences of trauma, based on SAMSHA's (2014) definition of trauma. Based on shared meaning, extracted themes were then clustered into categories. Finally, the relationships between categories were considered, and synthesized findings were created by grouping related categories.

Findings

Our search yielded 2,841 articles following the removal of duplicates, of which 225 were published between April 2023 and July 2024. A total of 81 studies were included in the full-text review, of which 24 met inclusion criteria. Details of this process can be found in [Figure 1](#).

Participant Characteristics

The 24 studies included in this review represented 459 participants. Participants included 257 (56%) individuals identifying as men, 162 (35%) identifying as women, and 1 (0.2%) identifying as another gender. The race/ethnicity of participants reported was as follows: Black ($n = 230$; 50%); White

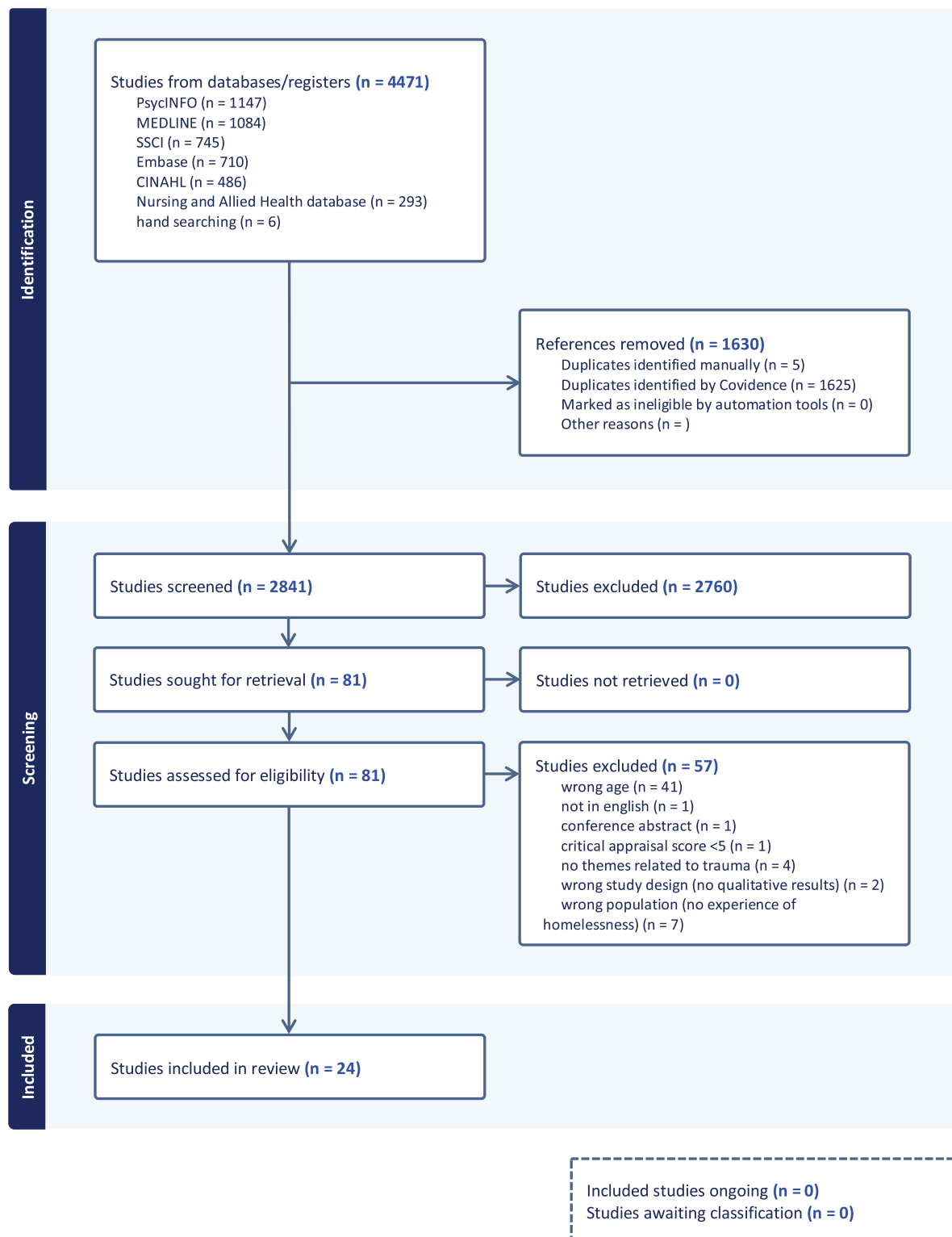


Figure 1 PRISMA diagram.

Table 2. Demographic Characteristics of Participants in Included Studies

Participant characteristics (<i>n</i> = 423)	<i>n</i> (%)
<i>Gender</i>	
Men	257 (56%)
Women	162 (35%)
Not reported	39 (8%)
Other genders	1 (0.2%)
<i>Race/ethnicity</i>	
Black	230 (50%)
White	101 (22%)
Indigenous	16 (3%)
Hispanic/Latinx	13 (3%)
Other	8 (2%)
Mixed race/ethnicity	4 (1%)
Not reported	87 (19%)
<i>Sleeping arrangements at time of study</i>	
Sheltered	196 (43%)
Unspecified homeless	131 (29%)
Transitional housing	44 (10%)
Housed	29 (6%)
Unsheltered	20 (4%)
Not reported	39 (8%)

Note. *N* = sample size.

(*n* = 101; 22%). Few participants identified as any other race/ethnicity; full results can be found in Table 2. Multiple studies also reported on sleeping arrangements at the time of the study. Participants in the included studies were living: sheltered (*n* = 196; 43%); unspecified homeless (*n* = 131; 29%); in transitional housing (*n* = 44; 10%); housed (*n* = 29; 6%); unsheltered (*n* = 20; 4%); or not reported (*n* = 39; 8%). A summary of the characteristics of participants and publication characteristics of included studies are presented in Table 3. A detailed description of the characteristics of individual studies is presented in Table 4.

Critical Appraisal

Critical appraisal scores ranged from 5 to 10. Scores assigned to individual studies can be found in Table 4. Of these, 10 studies were rated as medium quality (score of 5–7), and 14 studies were rated as high quality (scores of 8–10). One further study had a low score of 4 and was excluded.

Meta-Aggregation

A total of 77 themes were extracted from the 24 included studies. These themes were clustered into 13 categories which were in turn clustered into five synthesized findings: (a) Being let down by society and systems; (b) the world is not a safe place; (c) survivor not victim; (d) living in the long shadow of trauma; and (e) homelessness as a deeply personal trauma. Themes, categories, and synthesized findings are presented in Table 5 and are described narratively below.

Synthesized finding 1: being let down by society and systems

Twenty-three themes extracted from 18 studies (Bazari et al., 2018; Burns, 2016; Burns and Sussman, 2019; Burns et al., 2018; Ko et al., 2015; Mostowska and Dębska, 2020; Moxley et al., 2012, 2015; Pope et al., 2020; Reynolds et al., 2016;

Table 3. Combined Characteristics of Included Studies

Characteristics (<i>n</i> = 24)	<i>n</i> Studies (%)
<i>Year of publication</i>	
1991–2000	1 (4%)
2001–2010	2 (8%)
2011–2020	15 (62%)
>2021	6 (25%)
<i>Study design</i>	
Qualitative	21 (87%)
General qualitative	9 (38%)
Grounded theory	5 (21%)
Narrative inquiry	3 (13%)
Case study	2 (8%)
Phenomenology	2 (8%)
Mixed methods	3 (13%)
<i>Sample country^a</i>	
USA	16 (67%)
Canada	5 (21%)
England	1 (4%)
Australia	1 (4%)
Poland	1 (4%)
<i>Specific focus of studies^b</i>	
Women	9 (38%)
Men	3 (13%)
African American individuals	4 (17%)
Veterans	1 (4%)
No specific focus	12 (50%)
<i>Journal focus^a</i>	
General Health	9 (38%)
Aging	6 (25%)
Homelessness	3 (13%)
Social work	3 (13%)
Thesis	2 (8%)
Gender	1 (4%)
<i>Disciplines of authors</i>	
Interdisciplinary	9 (38%)
Social work	6 (25%)
Nursing and health	4 (17%)
Psychology/psychiatry	3 (13%)
Geography	2 (8%)

Note. *N* = sample size.

^aPercentages do not add up to 100% due to rounding.

^bNumbers do not add up to 22 because some studies had multiple specific foci.

Rooks, 2020; Rudolph et al., 2023; Sutherland et al., 2022; Vance, 1995; Waldbrook, 2013; Webb et al., 2020; Yuan et al., 2024) focused on experiences of being let down by society and systems that were meant to be supportive. Being let down by the system was experienced both by older adults who had become unhoused early in life and those who lost their housing for the first time during older adulthood. We created this synthesized finding from four categories, including: (a) Shelters as prisons; (a) homelessness resulting from trauma; (c) forgotten and rejected; and (d) trying to cope with the effects of trauma.

Table 4. Information for Included Studies

Authors	Journal	Discipline	Country	Methodology	Sample size	Age	JBI critical appraisal score (range 1–10)
Bazari et al., 2018	<i>Journal of Pain and Symptom Management</i>	Interdisciplinary	United States	General qualitative	N = 20	Md = 62	8
Burns, 2016	<i>Journal of Aging Studies</i>	Social work	Canada	Constructivist grounded theory	N = 15	Range = 50–80	9
Burns et al., 2018	<i>Canadian Journal of Aging</i>	Social work	Canada	Constructivist grounded theory	N = 15	Range = 50–80	10
Burns and Sussman, 2019	<i>The Gerontologist</i>	Social work	Canada	Constructivist grounded theory	N = 15	Range = 50–80	9
Durfor, 2015	Thesis	Nursing	United States	Narrative inquiry	N = 10	M = 56.6	10
Hargrave et al., 2022	<i>Journal of Social Distress and Homelessness</i>	Interdisciplinary	United States	Grounded theory	N = 46	>50	7
Kenny and Yoder, 2019	<i>Archives of Psychiatric Nursing</i>	Nursing	United States	Case study	N = 5	M = 55	8
Knight et al., 2022	<i>Qualitative Social Work</i>	Interdisciplinary	United States	Grounded theory	N = 46	>50	7
Ko et al., 2015	<i>Death Studies</i>	Social work	United States	General qualitative	N = 21	M = 65	7
Mostowska and Dębska, 2020	<i>Journal of Gender Studies</i>	Geography and regional studies	Poland	General qualitative	N = 25	>48	8
Moxley et al., 2012	<i>The Arts in Psychotherapy</i>	Interdisciplinary	United States	Narrative inquiry	N = 8	>50	9
Moxley et al., 2015	<i>Practice</i>	Interdisciplinary	United States	Narrative inquiry	N = 8	>50	6
Padgett et al., 2006	<i>American Journal of Orthopsychiatry</i>	Social work	United States	Collective case study	N = 13	M = 50	8
Paul et al., 2020	<i>Journal of Social Distress and Homelessness</i>	Interdisciplinary	United States	General qualitative	N = 65	>50	5
Pope et al., 2020	<i>Journal of Gerontological Social Work</i>	Social work	United States	General Qualitative	N = 18	M = 58	7
Reynolds et al., 2016	<i>Canadian Journal of Community Mental Health</i>	Psychology and psychiatry	Canada	General qualitative	N = 14	M = 51	5
Rooks, 2020	Thesis	Psychology	United States	Phenomenology	N = 7	Range = 57–65	5
Sutherland et al., 2022	<i>Australian and New Zealand Journal of Public Health</i>	Health	Australia	General qualitative	N = 22	M = 60	7
Vance, 1995	<i>Journal of Social Distress and the Homeless</i>	Psychology	United States	General qualitative	N = 4	Range = 55–63	8
Walderbrook, 2013	<i>Journal of Women and Aging</i>	Geography	Canada	General qualitative	N = 15	Range = 45–65	7
Washington et al., 2009	<i>Journal of Religion and Health</i>	Interdisciplinary	United States	General qualitative	N = 10	>45	9
Webb et al., 2020	<i>International Journal of Palliative Nursing</i>	Nursing	England	Interpretive phenomenology	N = 21	Range = 40–65+	9
Rudolph et al., 2023	<i>Journal of Health Care for the Poor and Underserved</i>	Interdisciplinary	United States	Mixed methods	N = 16	M = 57	9
Yuan 2024	<i>BMC Public Health</i>	Interdisciplinary	United States	Mixed methods	N = 20	M = 57	10

Note. N = sample size. M = mean. Md = median.

Shelters as prison.

Seven themes extracted from six studies (Burns et al., 2018; Moxley et al., 2012; Pope et al., 2020; Reynolds et al., 2016; Rudolph et al., 2023; Waldbrook, 2013) discussed the many ways homelessness was experienced as traumatic. Older adults across studies described shelters as akin to prison where they were controlled, pathologized, patronized, humiliated, mistreated, discriminated against, victimized, and depersonalized (Burns et al., 2018; Moxley et al., 2012; Pope et al., 2020; Reynolds et al., 2016; Waldbrook, 2013). Services were described as inaccessible, forcing older adults to walk long distances, despite multiple physical injuries, to receive supports (Reynolds et al., 2016). One study described how older adults were sometimes forced to sleep on the floor and were only provided with unhealthy food which exacerbated health conditions (Rudolph et al., 2023). Further, shelters were described as noisy, lacking in privacy, uncomfortable, dangerous, and overstimulating (Pope et al., 2020; Rudolph et al., 2023). Such conditions led to participants feeling like they were being misunderstood and lacking in agency, self-determination, and autonomy (Pope et al., 2020). Further, such experiences led to helplessness, hopelessness, constant fear, exhaustion, anxiety, and stress (Burns et al., 2018; Moxley et al., 2012).

Homelessness resulting from trauma.

Six themes extracted from five studies (Burns and Sussman, 2019; Mostowska and Dębska, 2020; Moxley et al., 2015; Reynolds et al., 2016; Sutherland et al., 2022) highlighted how homelessness was a direct result of trauma. Across studies, loss of housing was described as the end results of a slow build toward homelessness in which older adults found increasingly creative solutions for maintaining housing until they reached a tipping point and found homelessness to be their only option (Burns and Sussman, 2019; Mostowska and Dębska, 2020; Moxley et al., 2015). Slow movement into homelessness was therefore caused, at least partially, by an unresponsive and inadequate social support system in which older adults who reached out for help were turned away or put on long waitlists. Experiences of trauma faced directly prior to homelessness included domestic violence, elder abuse, violence, discrimination, illness, harassment, lack of maintenance on apartments, and social exclusion (Burns and Sussman, 2019; Mostowska and Dębska, 2020; Moxley et al., 2015). For some, experiences of trauma occurred across the life course (Mostowska and Dębska, 2020; Reynolds et al., 2016), while for others, experiences of trauma occurred during older adulthood. Domestic violence in particular left older adults financially insecure and often with no recourse for getting money from abusive partners or family (Mostowska and Dębska, 2020; Sutherland et al., 2022). Across studies, older adults described feeling lonely, overwhelmed, unsafe, distressed, exhausted, and stressed (Burns and Sussman, 2019; Mostowska and Dębska, 2020; Moxley et al., 2015). Loss of housing was even described by some participants as a relief because they could finally stop desperately trying to hold everything together (Burns and Sussman, 2019).

Forgotten and rejected.

Six themes extracted from five studies (Bazari et al., 2018; Ko et al., 2015; Vance, 1995; Webb et al., 2020; Yuan et al., 2024) focused on the experience of being rejected by family and society. In the face of intense social exclusion, older adults

feared being forgotten and dying alone (Ko et al., 2015; Webb et al., 2020). Older adults felt they had little to offer, and constant rejection from employers and general society, was experienced as traumatic, leaving older adults feeling isolated, hopeless, abandoned, fearful, lonely, and lacking in identity (Bazari et al., 2018; Vance, 1995; Yuan et al., 2024).

Trying to cope with the effects of trauma.

Four themes extracted from four studies (Bazari et al., 2018; Burns, 2016; Kenny and Yoder, 2019; Rooks, 2020) focused on the experience of trying to cope with the effects of trauma. Coping was made difficult, however, by unresponsive systems that provided inadequate support. Older adults across studies described using substances and self-harm to cope with the mental effects of trauma (Kenny and Yoder, 2019; Rooks, 2020). While one theme highlighted that some participants reported receiving support in shelters, and that supports, when provided, were extremely helpful (Burns, 2016), other themes described the hopelessness that came with being continually denied supports (Bazari et al., 2018; Burns, 2016; Kenny and Yoder, 2019; Rooks, 2020). Further, shelters were described as not being set up in a way that facilitated the treatment of physical injuries or mental health support. An example of this is found in a theme from Bazari et al. (2018) that discussed how participants were unable to properly take medications and follow healthcare advice due to lack of storage and inflexible mealtimes.

Synthesized finding 2: the world is not a safe place

Eighteen themes extracted from ten studies (Hargrave et al., 2022; Kenny and Yoder, 2019; Knight et al., 2022; Padgett et al., 2006; Paul et al., 2020; Pope et al., 2020; Rudolph et al., 2023; Sutherland et al., 2022; Vance, 1995; Webb et al., 2020) comprised the synthesized finding of “the world is not a safe place.” Older adults described how through experiencing multiple instances of traumatic violence, discrimination, and betrayal, they had learnt that the world was not safe for them. We generated this synthesized finding from three categories that were identified during our analysis, including: (a) Violence around every corner; (b) trauma erodes trust; and (c) racism as a form of trauma.

Violence around every corner.

Eight themes extracted from five studies (Kenny and Yoder, 2019; Padgett et al., 2006; Pope et al., 2020; Rudolph et al., 2023; Vance, 1995) focused on older adults’ detailed descriptions of violence and abuse they had experienced across the lifespan, experiences that still affected them in the present and led to feeling unsafe. Both Vance (1995) and Kenny and Yoder (2019) described the older adults in their studies as demonstrating incongruent affect by being flat, matter of fact, apathetic, and nonchalant while discussing horrific violence. Such descriptions capture how, across studies, violence and abuse were described as common facts of life. Older adults described experiences of childhood abuse including verbal abuse, physical violence, sexual abuse, family members denying their experiences of abuse, and family substance abuse (Kenny and Yoder, 2019). Across the life course, older adults also discussed violence experienced in the military, including sexual assault (Kenny and Yoder, 2019), and multiple experiences of violence during homelessness (Kenny and Yoder, 2019; Padgett et al., 2006; Pope et al., 2020; Vance, 1995). Older adults across studies described needing to be

Table 5. Synthesized Findings

Study	Themes	Category	Synthesized finding
Waldbrook, 2013	The importance of supportive housing and other community services (p. 351)	Shelters as prison (7) ^a	Being let down by society and systems (23) ^a
Reynolds et al., 2016	Controlled lives (p. 8)		
Pope et al., 2020	Trauma while homeless—homelessness as imprisonment (p. 150)		
Pope et al., 2020	Trauma while homeless—mistreatment by service providers (p. 152)		
Moxley et al., 2012	Souls in extremis: Pervasive risk and vulnerability (p. 476)		
Burns et al., 2018	Shelter life helped and hindered processing grief (p. 177)		
Rudolph et al., 2023	Impact of shelter on health: Meeting basic daily physical needs (p. 1008)		
Moxley et al., 2015	The narrative of plight (p. 126)	Homelessness resulting from trauma (6) ^a	
Mostowska and Dębska, 2020	Older women in homeless shelters in Podkarpackie (p. 451)		
Burns and Sussman, 2019	Gradual pathways: Feeling “Homeless at Home” (p. 254)		
Burns and Sussman, 2019	Strategies of resistance: Stopping at nothing to maintain housing (p. 255)		
Reynolds et al., 2016	Pathways to homelessness (p. 6)		
Sutherland et al., 2022	Financial insecurity (p. 65)		
Webb et al., 2020	Practical concerns/“I shall end up in a pauper’s grave” (p. 124)	Forgotten and rejected (6) ^a	
Vance, 1995	Absence of ties (p. 66)		
Vance, 1995	Employment (p. 64)		
Ko et al., 2015	Dying alone (p. 428)		
Bazari et al., 2018	Relationships between symptoms (p. 197)		
Yuan et al., 2024	Lonely—distressed: Impairment and isolation (p.4)		
Bazari et al., 2018	Symptom causes through the life course (p. 198)	Trying to cope with the effects of trauma (4) ^a	
Kenny and Yoder, 2019	Personal substance abuse (p. 403)		
Burns, 2016	Oscillating in and out of place: The role of interpersonal relations (p. 16)		
Rooks, 2020	Mental health factors contributing to homelessness (p. 78)		
Vance, 1995	Victimization (p. 64)	Violence around every corner (8) ^a	The world is not a safe place (18) ^a
Pope et al., 2020	Trauma while homelessness—physical danger and external threats (p. 153)		
Padgett et al., 2006	Horrific nature of traumatic events (p. 464)		
Kenny and Yoder, 2019	Sexual abuse while in the military (p. 403)		
Kenny and Yoder, 2019	Family upheaval (p. 403)		
Kenny and Yoder, 2019	Family history of abuse (p. 403)		
Rudolph et al., 2023	Impact of shelter on health: Meeting basic daily psychological needs (p. 1010)		
Rudolph et al., 2023	Impact of shelter on health: Interruptions in medical care		
Sutherland et al., 2022	Additional barriers to access support and healthcare services (p. 66)	Trauma erodes trust (6) ^a	
Webb et al., 2020	Fear of needing care/“my idea of hell” (p. 124)		
Pope et al., 2020	Trauma precipitating homelessness (p. 149)		
Padgett et al., 2006	Betrayal of trust (p. 464)		
Knight et al., 2022	Interpersonal barriers to stays with kin (p. 550)		
Hargrave et al., 2022	Intergenerational trauma was common and made it difficult to stay with family or friends (p. 3)		
Paul et al., 2020	Structural racism (p. 5)	Racism as a form of trauma (4) ^a	

Table 5. Continued

Study	Themes	Category	Synthesized finding
Paul et al., 2020	Overt racism in early life (p. 4)		
Hargrave et al., 2022	Social structures exacerbated the impact of intergenerational trauma and played a significant role in perpetuating homelessness (p. 5)		
Hargrave et al., 2022	Relationships endured despite intergenerational trauma (5)		
Durfor, 2015	Maintaining safety (p. 146)	Survival in the face of adversity (8) ^a	Survivor not victim (15) ^a
Durfor, 2015	Blending in (p. 152)		
Knight et al., 2022	Motivations for stays (p. 548)		
Padgett et al., 2006	The desire for a place of one's own (p. 464)		
Rooks, 2020	Outcomes of feeling isolated and alone on the street: Emotional and physical side effects (p. 73)		
Vance, 1995	Deviance (p. 68)		
Webb et al., 2020	Prioritizing autonomy/self-determination/"I'm in control" (p. 125)		
Yuan et al., 2024	Lonely—rather be isolated: trauma and resignation (p. 4)		
Washington et al., 2009	Faith and spirituality (p. 437)	Resilience, recovery, and hope (7) ^a	
Sutherland et al., 2022	Accommodation and safety (p. 64)		
Moxley et al., 2015	The narrative of efficacy (p. 127)		
Moxley et al., 2015	The narrative of hope (p. 128)		
Moxley et al., 2015	The narrative of recovery (p. 129)		
Moxley et al., 2012	Interpreting resilience within the context of the telling-my story inquiry (p. 474)		
Bazari et al., 2018	Coping and alleviating factors (p. 200)		
Bazari et al., 2018	Effects of symptoms on daily life (p. 200)	Trauma takes a toll (8) ^a	Living in the long shadow of trauma (11) ^a
Durfor, 2015	Managing sleep (p. 156)		
Ko et al., 2015	Experiencing death by accident or violence (p. 427)		
Sutherland et al., 2022	Women's experiences of violence and abuse (p. 64)		
Sutherland et al., 2022	Mental health (p. 65)		
Sutherland et al., 2022	Complex interaction of physical and mental health needs (p. 65)		
Waldbrook, 2013	Perceptions of current health (p. 346)		
Webb et al., 2020	Spiritual concerns/why me? (p. 124)		
Padgett et al., 2006	Anxiety related to getting out and speaking up (p. 464)	Trauma catches up to you (3) ^a	
Reynolds et al., 2016	Challenge of disentanglement from the cycle of homelessness (p. 9)		
Waldbrook, 2013	Adapting to home (p. 352)		
Burns et al., 2018	Homelessness evoked a grief response: Initial reactions (p. 175)	How did I get here? I feel so ashamed (7) ^a	Homelessness as a deeply personal trauma (10) ^a
Burns et al., 2018	The stigma of homelessness and aging complicated experiences of grief (p. 176)		
Burns and Sussman, 2019	Rapid pathways: Abrupt life changes and shocks contributed to homelessness (p. 255)		
Burns and Sussman, 2019	Strategies of resistance: Preserving an independent sense of self at all costs (p. 256)		
Reynolds et al., 2016	Shame and desire for self-reliance (p. 9)		
Sutherland et al., 2022	Inability to fulfill their role as family nurturer (p. 64)		
Sutherland et al., 2022	Stigma, shame, embarrassment and fear of being judged (p. 66)		
Burns, 2016	Oscillating in and out of place: The role of housing conditions (p. 14)	Dealing with the trauma of homelessness in different ways (3) ^a	

Table 5. Continued

Study	Themes	Category	Synthesized finding
Hargrave et al., 2022	Participants and hosts sought to protect future generations from intergenerational trauma (4)		
Padgett et al., 2006	Outcasts versus outlaws: Status loss and gender (p. 464)		

^aTotal number of extracted themes included within the category or synthesized finding.

constantly on guard because violence occurred in both shelters and on the streets and nowhere felt safe. Rudolph et al. (2023) described how participants constantly feared the theft of precious belongings and were hindered from attending to their health due to incessant theft of medications, accessibility devices, and documents, leading to worsening of physical and mental health.

Trauma erodes trust.

Six themes extracted from six studies (Hargrave et al., 2022; Knight et al., 2022; Padgett et al., 2006; Pope et al., 2020; Sutherland et al., 2022; Webb et al., 2020) described how experiences of trauma had led to older adults being wary of relying on anyone. In one included study, older women discussed being wary of male service providers after continued experiences of domestic violence (Sutherland et al., 2022). In another included study, older adults described intense fear at the thought of needing to rely on anyone (Webb et al., 2020). Early, and later life experiences of betrayal had taught older adults that other people were dangerous, making it difficult to form healthy relationships with family, partners, and children (Padgett et al., 2006; Pope et al., 2020). Further, experiences of childhood abuse meant that many older adults found it difficult to stay with family for long periods of time due to complicated relationships and memories that brought up painful emotions (Hargrave et al., 2022; Knight et al., 2022).

Racism as a form of trauma.

Four themes extracted from two studies (Hargrave et al., 2022; Paul et al., 2020) focused on racism experienced by older adults. Themes centered around experiences of both structural and interpersonal racism and demonstrated how racism could be experienced as a form of trauma (Hargrave et al., 2022; Paul et al., 2020). Across both studies, older adults who grew up during Black desegregation in the United States, described how they had witnessed racially motivated violence, been personally threatened, and experienced multiple forms of systemic racism during their childhood and across adulthood. Experiences of racism were experienced as traumatic, with participants discussing how their experiences had led to the understanding that the world was not a safe place for them, an understanding that still affected them today and led to distress. Further, older adults described how racism had affected their lives through cumulative disadvantage that made it difficult to survive and negatively affected their mental and spiritual wellbeing (Hargrave et al., 2022; Paul et al., 2020).

Synthesized finding 3: survivor not victim

While discussions of trauma can sometimes appear to characterize individuals as victims, this synthesized finding, created from 15 themes extracted from 12 studies (Bazari et al., 2018;

Durfor, 2015; Knight et al., 2022; Moxley et al., 2012, 2015; Padgett et al., 2006; Rooks, 2020; Sutherland et al., 2022; Vance, 1995; Washington et al., 2009; Webb et al., 2020; Yuan et al., 2024), focuses on the many ways older adults showed strength and resilience in the face of adversity. This is not to say that strengths and resilience meant overcoming and not experiencing trauma, but rather that older adults experienced violence and adversity as traumatic and were able to survive through inner strength and through learning strategies for survival. We generated this synthesized finding from two categories: (a) Survival in the face of adversity; and (b) resilience, recovery, and hope.

Survival in the face of adversity.

Eight themes extracted from seven studies (Durfor, 2015; Knight et al., 2022; Padgett et al., 2006; Rooks, 2020; Vance, 1995; Webb et al., 2020; Yuan et al., 2024) focused on the wide range of strategies older adults used to survive in the face of adversity. Strategies included, but were not limited to, keeping to oneself, exchanging sexual favors, staying away from shelters, using shelters to avoid dangers on the street, using substances, panhandling, fraud, compliance with rules, staying in control and avoiding environments in which they weren't in control, careful strategies around toileting, blending in, taking medications they disagreed with, submitting to being pathologized, and putting on a tough act (Durfor, 2015; Knight et al., 2022; Padgett et al., 2006; Rooks, 2020; Vance, 1995; Webb et al., 2020; Yuan et al., 2024). These strategies showed that participants were actively trying to keep themselves safe; however, in the face of multiple adversities this was not always possible. Further, such safety measures had consequences. For example, staying constantly vigilant led to exhaustion, being isolated led to loneliness, and seeking control meant sometimes leaving places like hospitals despite needing medical care (Durfor, 2015; Knight et al., 2022; Padgett et al., 2006; Rooks, 2020; Vance, 1995; Webb et al., 2020; Yuan et al., 2024). However, such strategies also kept older adults alive and were discussed as necessary for their safety.

Resilience, recovery, and hope.

Seven themes extracted from five studies (Bazari et al., 2018; Moxley et al., 2012, 2015; Sutherland et al., 2022; Washington et al., 2009) focused on the ways older adults maintained and fostered hope despite ongoing trauma. Resiliency was not described as the opposite to trauma but rather the ways through which older adults survived and looked toward the future. For some, spirituality and faith were described as sources of optimism, hope, and sense of community (Moxley et al., 2012, 2015; Sutherland et al., 2022; Washington et al., 2009). For others, relying on the teachings and resilience of their ancestors allowed them to survive

(Moxley et al., 2015; Sutherland et al., 2022; Washington et al., 2009). Further, creativity, cultural wisdom, finding role models to emulate, and trust in oneself and one's ability to survive were sources of strength (Moxley et al., 2012, 2015; Sutherland et al., 2022; Washington et al., 2009). Aging was described as bringing wisdom and knowledge that since one had survived thus far, one could survive further (Moxley et al., 2015; Sutherland et al., 2022; Washington et al., 2009). Older adults also discussed what they needed in the future to thrive including safety, control, resources to care for one's body, and community (Bazari et al., 2018; Sutherland et al., 2022).

Synthesized finding 4: living in the long shadow of trauma

Eleven themes extracted from eight studies (Bazari et al., 2018; Durfor, 2015; Ko et al., 2015; Padgett et al., 2006; Reynolds et al., 2016; Sutherland et al., 2022; Waldbrook, 2013; Webb et al., 2020) focused on the experience of living in the aftermath of trauma. Trauma here was described as a longitudinal experience in which both during and following homelessness, older adults dealt with the long-term physical, mental, emotional, and spiritual effects of negative experiences. We generated this synthesized finding from two categories: (a) Trauma takes a toll; and (b) trauma catches up to you.

Trauma takes a toll.

Eight themes extracted from six studies (Bazari et al., 2018; Durfor, 2015; Ko et al., 2015; Padgett et al., 2006; Reynolds et al., 2016; Sutherland et al., 2022; Waldbrook, 2013; Webb et al., 2020) focused on the longitudinal nature of trauma, discussing the long-term mental, physical, emotional, and spiritual effects. Sutherland et al. (2022), Durfor (2015), and Ko et al. (2015) all described in detail the intense fear often felt by older adults living on the streets. Trauma was therefore not simply the one instance of assault or violence, but the knowledge that one was not safe. Living in constant fear took a toll, leaving older adults exhausted, stressed, anxious, angry, sad, irritable, and depressed (Bazari et al., 2018; Durfor, 2015; Sutherland et al., 2022; Waldbrook, 2013). Further, experiences of trauma led to spiritual distress, with older adults asking questions like "why me?" and "what did I do to deserve this?" (Webb et al., 2020). Flashbacks were discussed in one study by a few participants (Sutherland et al., 2022), but for the most part older adults seemed to discuss their emotional and mental experiences of trauma in less clinical terms. Trauma was also described as having a physical effect, both through somatization and through direct physical injuries (Bazari et al., 2018; Sutherland et al., 2022; Waldbrook, 2013). While the physical, spiritual, emotional, and mental experiences of trauma have been laid out individually here, they were all connected, with older adults discussing how each led to the others.

Trauma catches up to you.

Three themes extracted from three studies (Padgett et al., 2006; Reynolds et al., 2016; Waldbrook, 2013) focused on how experiences of trauma were felt after transitioning back into housing following homelessness. Adapting to being housed was described by older adults as very challenging. For some, being housed meant having to deal with their trauma, and that was often very difficult. Older adults across studies described experiencing intense anxiety and fear of leaving the house, intense fear about the possibility of returning to

homelessness, and lingering distrust and insecurity (Padgett et al., 2006; Reynolds et al., 2016; Waldbrook, 2013). The trauma that had been pushed down was now causing significant distress and some participants described a lack of proper support for dealing with this.

Synthesized finding 5: homelessness as a deeply personal trauma

Ten themes extracted from seven studies (Burns, 2016; Burns and Sussman, 2019; Burns et al., 2018; Hargrave et al., 2022; Padgett et al., 2006; Reynolds et al., 2016; Sutherland et al., 2022) focused on the more nuanced and individual experiences of trauma. While in previous themes trauma was often discussed in relation to violence, here trauma was seen as more personal, and what was experienced as a trauma by one person was not experienced as a trauma by others. We created this synthesized finding from two categories: (a) How did I get here? I feel so ashamed; and (b) dealing with the trauma of homelessness in different ways.

How did I get here? I feel so ashamed.

Seven themes extracted from four studies (Burns and Sussman, 2019; Burns et al., 2018; Reynolds et al., 2016; Sutherland et al., 2022) focused on how the move into homelessness could itself be experienced as traumatic. In a way, what made loss of housing traumatic was the shame associated with it, and what older adults across a few studies described as a shattering of identity (Burns and Sussman, 2019; Burns et al., 2018; Reynolds et al., 2016; Sutherland et al., 2022). Experiencing the loss of housing as a failure to be properly independent in the world seemed to come mostly from older adults who lost their housing later in life. Participants described a fear of being judged and blamed for losing their housing, leading them to strive for independence despite needing support (Burns and Sussman, 2019; Burns et al., 2018; Reynolds et al., 2016; Sutherland et al., 2022). Further, the shock of rapidly losing their tenancies led to feelings of shame and hopelessness that for some intensified into suicidal ideation and behavior (Burns and Sussman, 2019; Burns et al., 2018; Reynolds et al., 2016; Sutherland et al., 2022). For these participants, the loss of housing, stability, and independence was experienced as traumatic.

Dealing with the trauma of homelessness in different ways.

Three themes extracted from three studies (Burns, 2016; Hargrave et al., 2022; Padgett et al., 2006) discussed the more personal nature of trauma. These themes were categorized in this manner because they discuss how homelessness and trauma were experienced differently by different participants. The personal nature of trauma could be seen across three examples. Burns (2016) focused on the experience in shelters, describing how for some, a move to a shelter was experienced as a relief from trauma, while for others' shelters were experienced as traumatic. In particular, surveillance was discussed as a personal experience, with older adults who had experienced domestic violence generally experiencing surveillance as a source of safety, while others experienced surveillance as violation of privacy. Hargrave et al. (2022) discussed the personal nature of trauma in a different setting, describing how in a population of older adults who had experienced intergenerational trauma, different people sought to disrupt the cycle of trauma in different ways. For some, disrupting a cycle of trauma meant removing oneself from the situation and cutting

off contact. For others, this meant trying to provide stability for grandchildren by being present. Padgett et al. (2006) also focused on the individual experience of trauma, highlighting how women faced additional challenges compared to men during homelessness, leaving them with fewer options for “socially acceptable” ways to make money. These three themes convey the interwoven idea that trauma is a deeply personal experience. Even when people encounter objectively similar events, they experience these events uniquely, shaped by their own previous experiences.

Discussion

We conducted this systematic review to consolidate the existing studies exploring experiences of trauma among older adults who were currently or formerly unhoused. We identified five key findings through our meta-aggregation that highlight important implications for research, practice, and policy. Consistent with previous literature (Batterham, 2019; Fernández Evangelista, 2010; Gaetz et al., 2012; Goodman et al., 1991; Milaney et al., 2019) our findings underscore the reality that not only do many older adults have experiences of trauma prior to homelessness, but that homelessness was experienced *as* trauma by older adults. There are two main ways that homelessness was experienced as trauma in our study. First, our findings indicated that for many older adults, loss of housing was experienced as a failure to age well which led to feelings of shame, resulting in depression and suicidal thoughts (Burns and Sussman, 2019; Burns et al., 2018; Reynolds et al., 2016; Sutherland et al., 2022). Such a finding is consistent with other literature that has problematized the concept of “positive aging” for promoting a neoliberal agenda by placing the responsibility for healthy aging solely on individuals and leading to a belief that to experience health decline and not live a fully independent lifestyle is an individual failing (Asquith, 2009; Mendes, 2013). Considering that many older adults live in housing that does not adequately support their needs (Puxty et al., 2019), this is particularly worrying. Second, after losing their housing, older adults experienced shelters as unaccommodating, and felt they had been abandoned and forgotten by society (Bazari et al., 2018). Older adults described the strategies they had learned through years of surviving through poverty, discrimination, and trauma (Durfor, 2015; Moxley et al., 2015; Vance, 1995). However, cumulative trauma had created a wariness of relying on anyone (Pope et al., 2020; Sutherland et al., 2022), which made it difficult for older adults to feel safe accessing health care and housing supports. These findings underscore the critical importance of research on experiences of trauma among older adults who are currently or have been unhoused, and the need for focused practice and policy approaches in this area.

Research Implications

Our findings highlight two key implications for future research. First, our review demonstrated a lack of research focusing on or substantially including the voices of 2SLGBTIA+, Indigenous, and Hispanic older adults with experiences of trauma and homelessness. As these populations are overrepresented among people experiencing homelessness (Gaetz et al., 2016), there is a clear need for research to attend to the unique experiences of these populations and their experiences of intersectional vulnerabilities. Second, our findings

highlight the need for research into interventions across the experience of housing precarity, and especially during the transition to housing following homelessness. The findings of our review indicate that little research has been conducted with older adults transitioning out of homelessness who experience trauma and that those studies that have focused on older adults who have transitioned to housing following homelessness were only of moderate quality. This is a gap in the literature because research indicates that experiences of trauma affect people’s transition to housing (Marshall et al., 2018). Research needs to focus on what is needed to support older adults who have experienced trauma to age in the right place following homelessness (Weldrick et al., 2022).

Practice and Policy Implications

The current study’s finding that older adult’s experience homelessness as trauma highlights a need for policy makers to implement, and for service providers to enact, TVIC (Wathen and Varcoe, 2023) across all organizations that interact with older adults experiencing housing precarity. TVIC is important because it extends the principles of trauma-informed care beyond the individual level to recognize and address structural violence (Wathen and Varcoe, 2023). Further, through accounting for structural violence, TVIC highlights the need to consider current experiences of structural violence, which older adults in the included studies indicated occurred during homelessness. Our findings highlight that, within a system that fundamentally gives services all of the power, individual actions of service providers are not enough to address trauma and violence. Instead, policies need to shift dynamics to give opportunities to individuals experiencing homelessness to create safe environments for themselves. Tiny homes show promise for this purpose. McGuffin (2021) highlights how tiny homes were beneficial for veterans due to providing environmental control which is important for individuals who have experiences of trauma. We argue this could be extended to older adults experiencing homelessness who have indicated they also desire environmental control. Another suggestion comes from Humphries and Canham (2021) who promote permanent supportive housing that provides support for end-of-life care and is trauma-informed. Further, to prevent older adults experiencing homelessness in the first place, greater support is needed so that older adults can age in the right place in safe, deeply affordable, accessible housing (Danielson and Ray-Degges, 2022; Weldrick et al., 2022).

Limitations

While this study has been conducted with rigor, and has many strengths, our findings are limited in their transferability. Limitations of this study include that we were unable to include studies not written in English due to lack of proficiency in other languages, and one study was excluded for this reason, although it is unclear if reading the full text would have led to its inclusion. The reader should be aware that studies written in languages other than English may provide important information that can contribute to an understanding of experiences of trauma for older adults who are currently or have been unhoused. A dearth of studies representing samples in countries outside of the United States and Canada further limits transferability to contexts outside of these countries. The reader should transfer the findings of this study outside of North America with caution, while recognizing that some of the findings presented here may reflect the experiences of

older adults in other contexts. A final limitation is that we did not make use of the ConQual (Munn et al., 2014); however, readers can refer to the critical appraisal for information on study quality, and no studies of poor quality were included in the review.

Conclusion

Older adults with experiences of homelessness experience trauma in diverse and broad ways. Further, older adults do not simply experience trauma but are active in both preventing further experiences of trauma and in living with the effects of past and present experiences of trauma. Despite demonstrating survival skills, older adults describe multiple ways in which trauma affects their lives prior to homelessness, during homelessness, and after finding housing, indicating a need for trauma-and-violence-informed services. Our findings indicate the need for continued research into how older adults experiencing housing precarity can best be supported in coping with the effects of trauma and finding long-term safety and wellbeing.

Supplementary Material

Supplementary data are available at *The Gerontologist* online.

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Conflict of Interest

None.

Data Availability

Included Studies, Materials, and Analytic methods are available by contacting the corresponding author. This study was not preregistered.

References

- Aromataris, E., & Munn, Z. (Eds.). (2020). *JB1 manual for evidence synthesis*. JBI. <https://doi.org/10.46658/JBIMES-20-01>
- Asquith, N. (2009). Positive ageing, neoliberalism and Australian sociology. *Journal of Sociology*, 45(3), 255–269. <https://doi.org/10.1177/1440783309335650>
- Batterham, D. (2019). Homelessness as capability deprivation: A conceptual model. *Housing, Theory and Society*, 36(3), 274–297. <https://doi.org/10.1080/14036096.2018.1481142>
- Bazari, A., Patanwala, M., Kaplan, L. M., Auerswald, C. L., & Kushel, M. B. (2018). 'The thing that really gets me is the future': Symptomatology in older homeless adults in the HOPE HOME study. *Journal of Pain and Symptom Management*, 56(2), 195–204. <https://doi.org/10.1016/j.jpainsymman.2018.05.011>
- Brown, R. T., Goodman, L., Guzman, D., Tieu, L., Ponath, C., & Kushel, M. B. (2016). Pathways to homelessness among older homeless adults: Results from the HOPE HOME study. *PLoS One*, 11(5), e0155065. <https://doi.org/10.1371/journal.pone.0155065>
- Burns, V. F. (2016). Oscillating in and out of place: Experiences of older adults residing in homeless shelters in Montreal, Quebec. *Journal of Aging Studies*, 39(1), 11–20. <https://doi.org/10.1016/j.jaging.2016.08.001>
- Burns, V. F., & Sussman, T. (2019). Homeless for the first time in later life: Uncovering more than one pathway. *The Gerontologist*, 59(2), 251–259. <https://doi.org/10.1093/geront/gnx212>
- Burns, V. F., Sussman, T., & Bourgeois-Guérin, V. (2018). Later-life homelessness as disenfranchised grief. *Canadian Journal on Aging = La revue canadienne du vieillissement*, 37(2), 171–184. <https://doi.org/10.1017/S0714980818000090>
- Busch-Geertsema, V., Culhane, D., & Fitzpatrick, S. (2016). Developing a global framework for conceptualising and measuring homelessness. *Habitat International*, 55(1), 124–132. <https://doi.org/10.1016/j.habitatint.2016.03.004>
- Canadian Observatory on Homelessness (2020, April 1). Trauma-Informed Care. Homelessnesslearninghub.ca. <https://homelessnesslearninghub.ca/learning-materials/trauma-informed-care/>
- Canham, S. L., Custodio, K., Mauboules, C., Good, C., & Bosma, H. (2020). Health and psychosocial needs of older adults who are experiencing homelessness following hospital discharge. *The Gerontologist*, 60(4), 715–724. <https://doi.org/10.1093/geront/gnz078>
- Canham, S. L., Humphries, J., Moore, P., Burns, V., & Mahmood, A. (2022). Shelter/housing options, supports and interventions for older people experiencing homelessness. *Ageing and Society*, 42(11), 2615–2641. <https://doi.org/10.1017/s0144686x21000234>
- Covidence systematic review software. (2023). <https://www.covidence.org/>
- Crane, M., & Warnes, A. M. (2010). Homelessness among older people and service responses. *Reviews in Clinical Gerontology*, 20(4), 354–363. <https://doi.org/10.1017/s0959259810000225>
- Danielson, R. A., & Ray-Degges, S. (2022). Aging in place among older adults with histories of traumatic experiences: A scoping review. *The Gerontologist*, 62(1), e1–e16. <https://doi.org/10.1093/geront/gnab127>
- De Sousa, T., Andrichik, A., Cuellar, M., Marson, J., Prestera, E., & Rush, K. (2022). *The 2022 Annual Homelessness Assessment Report (AHAR) to Congress*. The U.S. Department of Housing and Urban Development. <https://veteransmentalhealth.texas.gov/wp-content/uploads/2023/01/2022-AHAR-Part-1.pdf>
- Dietz, T., & Wright, J. D. (2005). Victimization of the elderly homeless. *Care Management Journals: Journal of Case Management; The Journal of Long Term Home Health Care*, 6(1), 15–21. <https://doi.org/10.1891/cmaj.2005.6.1.15>
- Dowling, M. (2007). From Husserl to van Manen. A review of different phenomenological approaches. *International Journal of Nursing Studies*, 44(1), 131–142. <https://doi.org/10.1016/j.ijnurstu.2005.11.026>
- Durfor, S. L. (2015). *Personal hygiene self-management of chronically unsheltered homeless women* [Doctoral dissertation, University of Wisconsin, Milwaukee]. https://minds.wisconsin.edu/bitstream/handle/1793/94281/Durfor_uwm_0263D_10977.pdf?sequence=1
- FEANTS. (2023). *Eighth overview of housing exclusion in Europe 2023*. https://www.feantsa.org/public/user/Resources/reports/2023/OVERVIEW/Rapport_EN.pdf
- Fernald, M. (Editor). (2014). *Housing America's older adults: Meeting the needs of an aging population*. https://www.jchs.harvard.edu/sites/default/files/media/imp/jchs-housing_americas_older_adults_2014_0.pdf
- Fernández, G. (2010). Poverty, homelessness and freedom: An approach from the capabilities theory. *European Journal of Homelessness*, 4(1), 189–202. <https://www.feantsaresearch.org/download/think-piece-1-24509888171455826499.pdf>
- Gaetz, S., Barr, C., Friesen, A., Harris, B., Hill, C., Kovacs-Burns, K., Pauly, B., Pearce, B., Turner, A., & Marsolais, A. (2012). *Canadian definition of homelessness*. Canadian Observatory on Homelessness Press.
- Gaetz, S., Dej, E., Richter, T., & Redman, M. (2016). *The state of homelessness in Canada 2016*. Canadian Observatory on Homelessness Press.
- Garibaldi, B., Conde-Martel, A., & O'Toole, T. P. (2005). Self-reported comorbidities, perceived needs, and sources for usual care for older and younger homeless adults. *Journal of General Internal Medicine*, 20(8), 726–730. <https://doi.org/10.1111/j.1525-1497.2005.0142.x>
- Goodman, L. A., Dutton, M. A., & Harris, M. (1995). Episodically homeless women with serious mental illness: Prevalence of physical

- and sexual assault. *The American Journal of Orthopsychiatry*, 65(4), 468–478. <https://doi.org/10.1037/h0079669>
- Goodman, L. A., Saxe, L., & Harvey, M. (1991). Homelessness as psychological trauma: Broadening perspectives. *American Psychologist*, 46(11), 1219–1225. <https://doi.org/10.1037//0003-066x.46.11.1219>
- Grenier, A., Barken, R., Sussman, T., Rothwell, D., Bourgeois-Guérin, V., & Lavoie, J.-P. (2016). A literature review of homelessness and aging: Suggestions for a policy and practice-relevant research agenda. *Canadian Journal on Aging = La revue canadienne du vieillissement*, 35(1), 28–41. <https://doi.org/10.1017/S0714980815000616>
- Grenier, A., Sussman, T., Barken, R., Bourgeois-Guérin, V., & Rothwell, D. (2016). “Growing old” in shelters and “on the street”: Experiences of older homeless people. *Journal of Gerontological Social Work*, 59(6), 458–477. <https://doi.org/10.1080/01634372.2016.1235067>
- Hannes, K., & Lockwood, C. (2011). Pragmatism as the philosophical foundation for the Joanna Briggs meta-aggregative approach to qualitative evidence synthesis. *Journal of Advanced Nursing*, 67(7), 1632–1642. <https://onlinelibrary.wiley.com/doi/10.1111/j.1365-2648.2011.05636.x>
- Hargrave, A. S., Garcia, C. M., Lightfoot, M., Handley, M. A., Weeks, J., Olsen, P., Knight, K. R., & Kushel, M. B. (2022). “We remember the pain”: A qualitative study of intergenerational trauma among older adults experiencing homelessness in the HOPE HOME study. *Journal of Social Distress and Homelessness*, 33(1), 103–111. <https://doi.org/10.1080/10530789.2022.2080793>
- Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *The Open Health Services and Policy Journal*, 3(1), 80–100. <https://doi.org/10.2174/1874924001003010080>
- Hossain, M. M., Sultana, A., Tasnim, S., Fan, Q., Ma, P., McKyer, E. L. J., & Purohit, N. (2020). Prevalence of mental disorders among people who are homeless: An umbrella review. *The International Journal of Social Psychiatry*, 66(6), 528–541. <https://doi.org/10.1177/0020764020924689>
- Humphries, J., & Canham, S. L. (2021). Conceptualizing the shelter and housing needs and solutions of homeless older adults. *Housing Studies*, 36(2), 157–179. <https://doi.org/10.1080/02673037.2019.1687854>
- Kenny, D. J., & Yoder, L. H. (2019). A picture of the older homeless female veteran: A qualitative, case study analysis. *Archives of Psychiatric Nursing*, 33(4), 400–406. <https://doi.org/10.1016/j.apnu.2019.05.005>
- Knight, K. R., Weiser, J., Handley, M. A., Olsen, P., Weeks, J., & Kushel, M. (2022). Temporary stays with housed family and friends among older adults experiencing homelessness: Qualitative findings from the HOPE HOME study. *Qualitative Social Work : QSW : Research and Practice*, 21(3), 542–558. <https://journals.sagepub.com/doi/10.1177/14733250211012745>
- Ko, E., Kwak, J., & Nelson-Becker, H. (2015). What constitutes a good and bad death?: Perspectives of homeless older adults. *Death Studies*, 39(7), 422–432. <https://doi.org/10.1080/07481187.2014.958629>
- Kushel, M. B., Evans, J. L., Perry, S., Robertson, M. J., & Moss, A. R. (2003). No door to lock. *Archives of Internal Medicine*, 163(20), 2492–2499. <https://doi.org/10.1001/archinte.163.20.2492>
- Lee, B. A., & Schreck, C. J. (2005). Danger on the streets. *American Behavioral Scientist*, 48(8), 1055–1081. <https://doi.org/10.1177/0002764204274200>
- Lockwood, C., Munn, Z., & Porritt, K. (2015). Qualitative research synthesis. *International Journal of Evidence-Based Healthcare*, 13(3), 179–187. https://journals.lww.com/ijebh/fulltext/2015/09000/qualitative_research_synthesis_methodological.10.aspx
- Lockwood, Porritt, Munn, Rittenmeyer, Salmond, Loveday, Carrier, & Stannard. (2020). Chapter 2: Systematic reviews of qualitative evidence. In E. Aromataris & Z. Munn (Eds.), *JBI manual for evidence synthesis* (pp. 23–71). JBI. <https://doi.org/10.46658/JBIMES-20-03>
- Marshall, C. A., Lysaght, R., & Krupa, T. (2018). Occupational transition in the process of becoming housed following chronic homelessness. *Canadian Journal of Occupational Therapy. Revue Canadienne d'ergothérapie*, 85(1), 33–45. <https://doi.org/10.1177/0008417417723351>
- McConnachie, K. (2016). Camps of containment: A genealogy of the refugee camp. *Humanity: An International Journal of Human Rights, Humanitarianism, and Development*, 7(3), 397–412. <https://doi.org/10.1353/hum.2016.0022>
- McGuffin, R. D. (2021). Tiny home villages for homeless veterans. In J. J. Gonzalez & M. P. McGee (Eds.), *Cities and homelessness: Essays and case studies on practices, innovations and challenges* (pp. 195–199). McFarland & Company, Inc.
- Mendes, F. R. (2013). Active ageing: A right or a duty? *Health Sociology Review*, 22(2), 2262–2281. <https://doi.org/10.5172/hesr.2013.2262>
- Milaney, K., Lockerbie, S. L., Fang, X. Y., & Ramage, K. (2019). The role of structural violence in family homelessness. *Canadian Journal of Public Health = Revue Canadienne de Santé Publique*, 110(5), 554–562. <https://doi.org/10.17269/s41997-019-00219-y>
- Mostowska, M., & Dębska, K. (2020). An ambiguous hierarchy of inequalities. The political intersectionality of older women’s homelessness in Poland. *Journal of Gender Studies*, 29(4), 443–456. <https://doi.org/10.1080/09589236.2020.1716699>
- Moxley, D. P., Washington, O. G. M., & Calligan, H. F. (2012). Narrative insight into risk, vulnerability and resilience among older homeless African American women. *The Arts in Psychotherapy*, 39(5), 471–478. <https://doi.org/10.1016/j.aip.2012.08.002>
- Moxley, D. P., Washington, O. G. M., & Crystal, J. (2015). The relevance of four narrative themes for understanding vulnerability among homeless older African-American women. *Practice*, 27(2), 113–133. <https://doi.org/10.1080/09503153.2015.1014333>
- Munn, Z., Porritt, K., Lockwood, C., Aromataris, E., & Pearson, A. (2014). Establishing confidence in the output of qualitative research synthesis: The ConQual approach. *BMC Medical Research Methodology*, 14(1), 1–7. <https://doi.org/10.1186/1471-2288-14-108>
- Padgett, D. K., Hawkins, R. L., Abrams, C., & Davis, A. (2006). In their own words: Trauma and substance abuse in the lives of formerly homeless women with serious mental illness. *The American Journal of Orthopsychiatry*, 76(4), 461–467. <https://doi.org/10.1037/1040-3590.76.4.461>
- Paul, D. W., Knight, K. R., Olsen, P., Weeks, J., Yen, I. H., & Kushel, M. B. (2020). Racial discrimination in the life course of older adults experiencing homelessness: Results from the HOPE HOME study. *Journal of Social Distress and Homelessness*, 29(2), 184–193. <https://doi.org/10.1080/10530789.2019.1702248>
- Pope, N. D., Buchino, S., & Ascienzo, S. (2020). “Just like jail”: Trauma experiences of older homeless men. *Journal of Gerontological Social Work*, 63(3), 143–161. <https://doi.org/10.1080/01634372.2020.1733727>
- Puxty, J., Rosenberg, M., Carver, L., & Crow, B. (2019). *Report On Housing Needs of Seniors*. Federal/Provincial/Territorial Ministers Responsible for Seniors. https://publications.gc.ca/collections/collection_2019/edsc-esdc/Em12-61-2019-eng.pdf
- Ramsey-Klawnsnik, H., & Miller, E. (2017). Polyvictimization in later life: Trauma-informed best practices. *Journal of Elder Abuse & Neglect*, 29(5), 339–350. <https://doi.org/10.1080/08946566.2017.1388017>
- Reynolds, K. A., Isaak, C. A., DeBoer, T., Medved, M., Distasio, J., Katz, L. Y., & Sareen, J. (2016). Aging and homelessness in a Canadian context. *Canadian Journal of Community Mental Health*, 35(1), 1–13. <https://doi.org/10.7870/cjcmh-2015-016>
- Rooks, F. (2020). *Older Chronically Homeless African American Men on the Fringes of Society*. [Doctoral dissertation, The Chicago School of Professional Psychology]. Available from ProQuest Dissertations & Theses Global; ProQuest Dissertations & Theses Global Closed Collection. (2507703700).
- Rudolph, K. A., Stewart, M., & Borba, C. P. C. (2023). “Shelter is stressing me out”: Challenges meeting health care needs of older adults in

- congregate shelters. *Journal of Health Care for the Poor and Under-served*, 34(3), 1003–1020. <https://muse.jhu.edu/article/903059>
- Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Substance Abuse and Mental Health Services Administration.
- Stergiopoulos, V., & Herrmann, N. (2003). Old and homeless: A review and survey of older adults who use shelters in an urban setting. *Canadian Journal of Psychiatry. Revue canadienne de psychiatrie*, 48(6), 374–380. <https://doi.org/10.1177/070674370304800603>
- Sutherland, G., Bulsara, C., Robinson, S., & Codde, J. (2022). Older women's perceptions of the impact of homelessness on their health needs and their ability to access healthcare. *Australian and New Zealand Journal of Public Health*, 46(1), 62–68. <https://doi.org/10.1111/1753-6405.13156>
- United States Interagency Council on Homelessness. (2020). *USICH Report to Congress on Steps that can be Taken to Improve Access to Trauma-Informed Housing Services and Supports Across all Federal, State, and Local Homeless Services, Outreach, and Prevention Programs*. <https://usich.gov/sites/default/files/document/CLEARED-DJM-102-USICH-Report-on-Trauma-Informed-Care.pdf>
- Vance, D. E. (1995). A portrait of older homeless men: Identifying hopelessness and adaptation. *Journal of Social Distress and the Homeless*, 4(1), 57–71. <https://doi.org/10.1007/bf02087251>
- Waldbrook, N. (2013). Formerly homeless, older women's experiences with health, housing, and aging. *Journal of Women & Aging*, 25(4), 337–357. <https://doi.org/10.1080/08952841.2013.816213>
- Washington, O. G. M., Moxley, D. P., Garriott, L., & Weinberger, J. P. (2009). Five dimensions of faith and spirituality of older African American women transitioning out of homelessness. *Journal of Religion and Health*, 48(4), 431–444. <https://doi.org/10.1007/s10943-008-9198-6>
- Wathen, C. N., & Varcoe, C. (2023). *Implementing trauma- and violence-informed care: A handbook*. University of Toronto Press. EPUB: 9781487529284
- Webb, W., Mitchell, T., Snelling, P., & Nyatanga, B. (2020). Life's hard and then you die: The end-of-life priorities of people experiencing homelessness in the UK. *International Journal of Palliative Nursing*, 26(3), 120–132. <https://doi.org/10.12968/ijpn.2020.26.3.120>
- Weldrick, R., Canham, S. L., Sussman, T., Walsh, C. A., Mahmood, A., Nixon, L., & Burns, V. F. (2022). "A right place for everybody": Supporting aging in the right place for older people experiencing homelessness. *Health & Social Care in the Community*, 30(6), e4652–e4661. <https://doi.org/10.1111/hsc.13871>
- Whitbeck, L. B., Armenta, B. E., & Gentzler, K. C. (2015). Homelessness-related traumatic events and PTSD among women experiencing episodes of homelessness in three U.S. cities. *Journal of Traumatic Stress*, 28(4), 355–360. <https://doi.org/10.1002/jts.22024>
- Yuan, Y., Knight, K. R., Weeks, J., King, S., Olsen, P., & Kushel, M. (2024). Loneliness among homeless-experienced older adults with cognitive or functional impairments: Qualitative findings from the HOPE HOME study. *BMC Public Health*, 24(1), 1–8. <https://doi.org/10.1186/s12889-024-18052-5>