



HHS Public Access

Author manuscript

J Soc Distress Homeless. Author manuscript; available in PMC 2025 January 01.

Published in final edited form as:

J Soc Distress Homeless. 2024 ; 33(1): 103–111. doi:10.1080/10530789.2022.2080793.

“We Remember the Pain”: A qualitative study of intergenerational trauma among older adults experiencing homelessness in the HOPE HOME study

Anita S. Hargrave, MD^{a,*}, Cheyenne M. Garcia, BA^b, Marguerita Lightfoot, PhD^c, Margaret A. Handley, PhD MPH^{a,b,d}, John Weeks^b, Pamela Olsen, MA^b, Kelly R. Knight, PhD^{a,c}, Margot B. Kushel, MD^{a,b}

^aUniversity of California, San Francisco (UCSF). 505 Parnassus Ave, San Francisco, CA 94143 USA

^bUCSF Center for Vulnerable Populations, Zuckerberg San Francisco General Hospital. 2789 25th St, San Francisco, CA 94110 USA

^cOregon Health & Science University (OHSU). 3181 S.W. Sam Jackson Park Road, Portland, OR 97239

^dDepartment of Epidemiology and Biostatistics, UCSF. 550 16th St 2nd floor, San Francisco, CA 94158 USA

Abstract

Rates of homelessness among adults aged 50 and over are rising. Common strategies for exiting homelessness rely on social and family support. However, intergenerational trauma may disrupt these social support networks and contribute to homelessness. Understanding the impact of intergenerational trauma on living with family or friends may give insight into addressing homelessness among older adults. We purposefully sampled 46 adults who reported living with family or friends from the HOPE HOME study cohort (350 community-recruited adults, 50 years and experiencing homelessness in Oakland, California) and 19 family/friends who had hosted the participants in their living spaces. We conducted independent, semi-structured interviews and used grounded theory methodologies to analyze data. We identified four major themes from the interviews: (1) Intergenerational trauma was common and made it difficult to stay with family or friends; (2) Participants and hosts sought to protect future generations from intergenerational trauma; (3) Relationships endured despite intergenerational trauma; and (4) social structures exacerbated the impact of intergenerational trauma and played a significant role in perpetuating homelessness. Trauma-informed policies that confront the structures that propagate or exacerbate intergenerational trauma may mitigate their impact and facilitate housing for older adults.

*Corresponding author: Anita Hargrave (AH) Anita.Hargrave@ucsf.edu. 505 Parnassus Ave, San Francisco, CA 94143.

Competing interests: The author(s) declared no potential conflicts of interest.

Keywords

Trauma; Aging; Homelessness; Qualitative

Introduction

The homeless population is aging. Over a third of single adults experiencing homelessness are over the age of 50.[1] Adults experiencing homelessness are considered “older adults” at age 50 because they experience morbidity and mortality associated with housed individuals 70 to 80 years old.[2] Individuals experiencing homelessness report high prevalence of intergenerational trauma.[3] Intergenerational trauma refers to the ways in which psychological trauma experienced by one generation directly or indirectly affects subsequent family or community members.[4] To prevent, delay, and exit homelessness, many individuals live with family.[5] Some stay temporarily during episodes of homelessness, as a respite.[6] However, little is known about how intergenerational trauma may impact staying with family or friends.

Trauma can occur at the individual (e.g., sexual, physical or emotional violence) or collective level (e.g., slavery, colonization, or war)[7]; it can be experienced through direct or bystander exposure to traumatic events, repeated exposure to details of traumatic events or learning that traumatic events occurred to close family members.[8] The mechanisms by which trauma is “transmitted” across generations are thought to occur via biological or epigenetic pathways,[9] family dynamics or coping behaviors,[10] and cultural or societal contexts. [11] Intergenerational trauma has been associated with adverse health outcomes, socioeconomic hardship and homelessness.[3], [10]

Intergenerational trauma may be associated with homelessness through multiple processes. [12]–[16] Intergenerational trauma can lead to difficulty with social attachment and estrangement from families or communities of origin.[12] Disruption in social support networks increases an individual’s risk of becoming homeless and acts as a barrier to exiting homelessness.[13] Intergenerational trauma has been associated with substance use disorders and mental illnesses, known risk factors for homelessness.[14] Furthermore, early family separation and/or incarceration of a caregiver, resulting from racist structures and policies,[15] have been associated with intergenerational trauma and may contribute to future homelessness.[16]

Despite the growing number of older adults experiencing homelessness and the known health repercussions, few studies have analyzed the relationship between intergenerational trauma and homelessness among this structurally marginalized population. We analyzed interview data to understand the impact of intergenerational trauma on older adults experiencing homelessness. Using qualitative methodologies, we analyzed the ways in which intergenerational trauma led to difficulties in social support networks, and examined strategies used to protect others from its impact. We explored the continuation of relationships despite previous and ongoing trauma, as well as the barriers to sustaining or strengthening these relationships.

Methods

Study Rationale and Design

The Family-Assisted Housing (FAH) study purposively sampled 46 participants of the Health Outcomes of People Experiencing Homelessness in Older Middle Age (HOPE HOME) study, a cohort study of 350 older adults experiencing homelessness in Oakland, CA. [17] HOPE HOME used venue-based sampling techniques to recruit participants who were 50 and older and experiencing homelessness at enrollment. Venues included a random sample of homeless encampments, homeless shelters, low-cost meal programs and recycling centers. We followed participants longitudinally every six months, regardless of housing status.

To recruit the purposive subsample for the FAH study, we recruited 46 participants who reported stays, of at least one day, with family or friends in the prior six months. We recruited 19 family and friends for “host” interviews, who participants experiencing homelessness had endorsed staying with and had given us permission to contact. Stays lasted several days to months and occurred multiple times over the course of participants’ homelessness.

Data Collection

Trained qualitative researchers conducted one-time semi-structured interviews that lasted 60–90 minutes. We provided a \$25 gift card for participation. All interviews were audiotaped and professionally transcribed verbatim. The transcripts were de-identified of patient information and were digitally stored in a password protected data analysis program. The institutional review board of the University of California, San Francisco approved all study activities. Key study personnel completed a required human subjects protection training on The Collaborative Institutional Training Initiative (CITI) website. All study staff signed a study-specific confidentiality agreement and were trained on ethics for research with historically excluded communities. We ceased interviewing when we reached thematic saturation.

Data Analysis

Consistent with grounded theory methodologies, we began data analysis simultaneous to data collection. Immediately after completing each qualitative interview, researchers wrote detailed summaries. In these documents, researchers included their thematic impressions. [18] After the team interviewed ten participants, the data analysis team (project director, four study investigators, and three interviewers) met to discuss the transcripts and summaries. After discussing all summaries and transcripts, we held a final data analysis consensus meeting to develop the preliminary codebook. Next, two coders independently coded five interviews and met with study investigators to revise the codebook. We continued this iterative process until we established inter-rater reliability. We used Atlas.ti Qualitative Data Analysis Software to code the interviews.[19]

For the final thematic analysis, we re-read the available transcripts, the detailed summaries of the interviews and the search results of pertinent codes in Atlas-ti. We identified areas

within the interviews that discussed intergenerational trauma and discovered emergent themes or subthemes. Our guiding research questions were: “How does intergenerational trauma impact older adults experiencing homelessness, their relationships, and their stays with hosts?” Then our full analytic team met to reach a consensus regarding the salient themes and the presentation of our data. We conducted our analysis in the context of current literature addressing experiences of homelessness among older adults, intergenerational trauma, and relationships with family or friends.

Results

In our study of 46 older adults experiencing homelessness who had stayed with family or friends for at least one day in the past six months, 87% were Black, 11% were white, and 2% were Latinx. Approximately 75% were men. Almost half (45%) first experienced homeless when they were aged 50 years and older. Of the 19 host participants, the majority identified as a woman (74%) and as Black (89%). Four hosts were men (21%) and one (5%) was white (Table 1). We identified four common themes within the interviews: (1) Intergenerational trauma was common and made it difficult to stay with family or friends; (2) Participants and hosts sought to protect future generations from intergenerational trauma; (3) Relationships endured despite intergenerational trauma; and (4) Social structures exacerbated the impact of intergenerational trauma and played a significant role in perpetuating homelessness. A summary of additional participant quotes is located in Table 2.

1. Intergenerational trauma was common and made it difficult to stay with family or friends

Excess morbidity and mortality among families contributed to intergenerational trauma and homelessness—Older adults were exposed to premature death and excess morbidity in their families - and this trauma caused them to leave stable housing. A 57-year-old participant left his housing in Texas and moved to California (where he became homeless) because he saw that too many of his friends and family becoming sick, dying, or going to jail: *“I had two cousins in the penitentiary, one cousin had a stroke. I had friends who were a couple years older than me and couple years younger than me who had died, so I said, ‘I’m goin’.”* Older adults experiencing homelessness described an intergenerational cycle of disease in which they were caregivers for their ill parents and were now developing the same diseases as they aged. This cycle of disease impeded their ability to secure stable housing. A 67-year-old participant relinquished his Housing Choice Voucher to take care of his sick mother in another state. After becoming homeless, he developed his own chronic illnesses and reflected on how they hindered his ability to find housing: *“It’s kinda difficult to find a place to live when you’re worried about – did I take my injection? Did I take my vitamins?”*

Living with family and friends provoked intergenerational trauma—Living with family would elicit difficult memories and previous trauma. A 57-year-old man, who had grown up with an abusive father and grandfather, reflected on how it impacted his relationship with his siblings: *“We came up with a lot of pain... so it’s like when we be*

around each other, we remember the pain. When we see each other we kind of like feel that, so we don't want to be around each other." He worried about the consequences for their children, saying *"and what we went through, our kids, are going through now... what they had to go through by us not really being there for them."*

Lacking personal space and caregiving for children made it difficult to cope with trauma while living with family. A 63-year-old participant experiencing homelessness described that she could only stay with her daughter and grandchildren temporarily because she could not properly grieve the deaths of her son and five other family members: *"Since my son passed – I really haven't grieved. I'm always comfortin' people and I don't have anyone that I could go to."*

Intergenerational trauma fostered feelings of betrayal and resentment—A 71-year-old man summarized his thoughts on previous conflict and trauma within his family saying: *"I done forgave 'em, but I can't forget."* Several older adults explained that they felt uncomfortable staying with younger generations due to residual conflict with their children. A 65-year-old man explained that he was estranged from his son because *"he feels like I abandoned him (as a child) but he abandoning me...It makes me feel really bad."*

Intergenerational trauma generated conflict with role-reversal—Older adults believed younger generations harbored resentment toward them due to past trauma and would treat them poorly because of it: *"I can see how elder abuse happens and everything else, because you switch, and the child is now the parent...And (they) might feel a little resentful."* Younger generations struggled with the role-reversal. A host voiced frustration with his father, who was currently unhoused, because he *"was never like a father."* He explained that he did not want to shelter his father for extended periods of time because *"he's a grown man. He's supposed to be my father."*

2. Participants and hosts sought to protect future generations from intergenerational trauma

Older adults wanted to use previous life experiences to break the cycle of intergenerational trauma—A 55-year-old woman, who was a participant in our study, used her experiences with intimate partner violence to identify and understand her daughter's abusive relationship: *"I didn't want to see her go down that abuse path that I went down, pickin' abusive men 'cause I notice when women are – the families abuse them, they get abused, and it keeps goin' on. Because that's all you know."* When the woman later obtained housing, she let her daughter live with her so she could leave the abusive relationship: *"I could finally help her."*

Older adults experiencing homelessness wanted to use their life experiences to guide younger generations towards a better future. A 66-year-old man stayed at his son's home because he wanted to provide childcare and stability in his grandson's life: *"My belief is... lookin' at my grandson and tryin' to instill something in him that's different. That has become my sole purpose, is do something - seein' them do somethin' different"*

There were times that older adults decided that maintaining housing was more important than attempting to stop intergenerational trauma. A 53-year-old woman who had experienced intimate partner violence, noticed that her daughter was in a similar abusive relationship. Although she worried about her daughter's wellbeing and realized that the abusive behavior was being transmitted to her grandchildren (*"he's teaching them how to be an aggressive verbal abuser"*) she believed that her daughter had to stay in the relationship to keep her housing: *"it's his place, she's staying there, and so if she wants to continue to stay there, it's kind of like – you gotta put up with stuff, I guess."*

Distancing from family to stop transmission of intergenerational trauma resulted in homelessness

Older adults emotionally and physically distanced themselves from their family while attempting to stop the transmission of trauma; however, this could lead to loss of housing. A 65-year-old man explained why he left his family and became homeless: *"If I can't stay around to help you, I'm not going to stay around to hurt you."* Similarly, a 54-year-old man refused to contact his family when he became homeless because, *"I'm not trying to offload my problems on my family so it's just best for me to go on my way."*

3. Relationships endured despite intergenerational trauma

Relationships with family and friends remained a central part of participants' lives

Families united at weekly faith gatherings, annual family reunions or holidays, over meals, and with phone calls. A 56-year-old man who had been homeless for 30 years while struggling with substance use disorder recalled, *"I was away from my family for a lot of years and I finally got back with my family. I don't plan on losing my family again."*

Despite previous trauma and conflict, older adults maintained relationships with social and family networks. A 62-year-old man who lived with his stepdaughter intermittently explained, *"I got good family members and have a better outlook on life right now. Most of my family members, especially my son, if he don't hear from me in a day or two, he come lookin' for me. We had our ups and downs. Just like my stepdaughter. It's kinda like, you have a fight with somebody, then after a while 'all become the best friends. That's the way it is with my family here."* The man stated that he could stay only temporarily at his stepdaughter's apartment because if the landlords knew he lived there, they would increase the rent.

Leveraging relationships with family or friends to achieve housing despite intergenerational trauma

Some older adults found that the benefits of staying with family, such as mutual support in maintaining safety, health, and finances, would outweigh the pain of intergenerational trauma now that they were older. *"I feel that we're grown now, we passed that [trauma]... [I could] share rent with her, for a lot of safety reasons: for her health, her stress, and her depression."* A host explained that she had her brother move in with her while he was experiencing homelessness because *"he was in need of a place, and I needed the help. So, it just came together like that. And it's worked out great."* They both had experienced trauma associated with alcohol use disorder in their family: *"I used to try to be a drinker. I came from that – (it) was something that was a problem in my family. I*

grew up with it.”The host found comfort in living with someone that she knew well and who would understand this shared trauma: *“It’s – the security of known’ that you don’t have to struggle as hard when you have somebody that you know you can depend on.”*

4. Social structures exacerbated the impact of intergenerational trauma and played a significant role in perpetuating homelessness

Structural violence and racism perpetuated intergenerational trauma—The impact of intergenerational structural violence (i.e. harm produced by social structures that prevent individuals from meeting their basic needs)[22] was apparent prior to exploring the narratives of the participants. It was evident in the disproportionately high proportion of Black older adults who were experiencing homelessness in the HOPE HOME study. The participants’ narratives illustrated several forms of structural violence including racism, overcrowded housing, and family separation.

Racism contributed to the intergenerational trauma experienced by Black participants and increased their risk of homelessness. A 61-year-old Black man remembered being sent to an all-white school during the time of Brown versus Board of Education. He was subjected to increasing interpersonal racism and violence which made him fear for his life and ultimately stopped him from graduating high school. The police witnessed these acts of violence without intervening, illustrating the ways in which racism was systemically perpetuated: *“We’re walkin’ through an all-white neighborhood, it’s getting dark, and in between the school and the train station, these white kids is waitin’ for us with bats, chains. And the cops sittin’ there lookin’... I never seen ‘em stop anybody. I’ve seen some kids get beat so bad that – I was fourteen years old, it scared the shit out of me. I said no, I’m not comin’ back here (to school).”*

Similarly, a host explained how difficult it was for her father (a participant experiencing homelessness) to get a job as a Black man and pay for his own housing: *“It’s a struggle (getting a job) for everybody, but in general, it’s a struggle bein’ Black...They watch you more because you are a Black male. It’s even harder, and people don’t understand that. I’m talkin’ about in general, white corporations, white people in general. It’s harder being a Black man.”*She went on to explain that it became more difficult to be hired as an older adult, *“They’re not lookin’ at you as much because you’re older. The only thing they’re thinking is how much time you have left.”* Although she would occasionally have her father stay in her apartment, she lived in a one-bedroom apartment so he would sleep on the couch, and she worried that the landlord would evict her for it.

Families experienced incarceration across generations, and it contributed to homelessness. A host reflected on this saying *“I think it’s a generational curse on my family.”*She explained that her family members were *“in and out of foster homes and jail”* so *“the police knew our family.”* An older adult recalled being wrongly incarcerated, *“I went to jail, for somethin’ I didn’t do.”*He was released after being found innocent, but the experience impacted his ability to trust law enforcement: *“Police up there actin’ crazy.”*He believed it stopped him from getting a Housing Choice Voucher: *“I signed up for Section 8 before, with my daughter, and we got denied, [because] I have a [police] record.”*Family and friends explained that they would not call the police when they were concerned about the safety

of older adult participants because they thought it may harm the older adults more than help. A host explained that he would no longer call the police when his son (an older adult participant experiencing homelessness) was having a mental health crisis because the last time he called them, his son was arrested and lost his housing: *“I want to call the cops, but I can’t do it.”*

Overcrowded living spaces hindered living with family and facilitated intergenerational transmission of trauma—An older adult experiencing

homelessness recalled that he lived with 20 people in a four-bedroom house growing up: *“it was my mother and us, seven – my auntie and her four – my other auntie and her two – and my other auntie and her one, all in the same house, plus my sister and her two kids. All in one house. It was a four-bedroom, but it was a lot of folks. Just imagine. People on couches and pallets on the floor.”* Overcrowding increased tension between homeless older adults and their families, impeding their ability to sustain long stays. A 58-year-old participant enjoyed living at his mother’s house but would only stay for three days at a time before returning to unsheltered or sheltered settings because it was too crowded, *“There’ve been other times I’ve stayed there for a few days. But the house is packed, so there’s really no room. My niece is there, my nephew’s there, and my younger sister.”* Overcrowding led to increased transmission of intergenerational trauma. A participant who was intermittently staying with his daughter, her children, and her grandchildren, explained that he could not exit homelessness by living with her because of his grandson’s *“yelling and drunken fights”*, which reminded him of his childhood. He stated, *“Maybe when I was younger I coulda dealt with it but –I don’t like livin’ like this.”*

White hosts had more generational wealth and protection from additional social stressors—In contrast to Black hosts, many white hosts had more generational

wealth and did not voice the same concern about landlord eviction for violating their lease. A 53-year-old white participant who had been homeless at the initiation of the study stated that he was able to live with his mother and use Supplemental Security Income (SSI) to go to nursing school. His mother owned a large house therefore he had personal space and did not worry about landlord eviction: *“I have my own refrigerator, my own shower, my own toilet, my own computer. It’s real nice, it’s overlooking the water.”* When a white host was asked if he worried that he could lose his housing for having his son live with him while not on the lease, he responded: *“I think that it’s not... I’m sure (the landlord) knows my son’s here (not on the lease). But I pay my rent... and I figure that’s what I would want if I was a landlord.”*

Early family separation was associated with intergenerational trauma and homelessness—A 64-year-old Black transgender participant (they/them pronouns)

described being separated from their mother when they were a child that led to a lifetime of violence and homelessness. When they were 10 years old, they ran away from home for breaking their sister’s doll and their aunt called the police. When the police visited the house, they found their mother’s drugs and removed the participant and their sister from their mother’s custody. Their mother died from an overdose shortly after and the participant explained, *“I always blamed myself for her death, I thought maybe if I hadn’t ran away she would never have been involved in the situation she was in...”* After her death, they were

placed in several houses where they were physically abused “(the appointed guardians) hit me with an extension cord so I ran away at 14.” They ultimately became homeless and were forced into sex work. At the time of the interview, they had physical impairments from an assault, leading them to use a wheelchair for mobility.

Another participant recalled the emotional toll of being separated from her parents at a young age: “I got taken away from my parents – I was about, what, maybe five? I wasn’t even goin’ to school...I didn’t understand how come I would cry sometimes in church – (I was) a little girl, I wasn’t understandin’.” The pain of the separation continued to impact her as an adult: “I was listenin’ to a record the other day that my dad used to sing. I couldn’t hear it, it just –it hurt.” To cope, she would go to church and write: “I write and just throw everything away.” However, she stated that she could not live with her family because she needed to “be by myself where no one bothers me.”

Discussion

In this population of older adults who were homeless at cohort entry, we found that intergenerational trauma impacted the experience of staying with family and friends. Older adults attempted to protect subsequent generations from transmitted trauma and despite a history of trauma, they maintained relationships across generations and social networks. However, these relationships were limited in their ability to house older adults, in part because of ongoing structural violence. Our research builds upon prior work through analyzing the influence of intergenerational trauma on a growing population of older adults experiencing homelessness. [7], [23]

We found that intergenerational trauma took many forms, including repeated exposure to excess morbidity and premature mortality across generations. Experiencing the death of close family or community members has been shown to cause intergenerational transmission of grief and stress.[20] Intergenerational trauma made it difficult for homeless older adults to live with their family or friends. As indicated in previous studies, intergenerational trauma provoked unpleasant memories and fostered feelings of resentment. [10] Additionally, we discovered that intergenerational trauma generated conflict when younger generations as they transitioned into being caregivers for older adults.

Despite intergenerational trauma, older homeless adults maintained multigenerational social networks. Extended kinship networks and chosen family have been shown to be important survival mechanisms in hostile environments.[24] Studies have also found that individuals who share historic trauma have stronger personal relationships.[25] Given that the majority of our participants identified as Black, maintaining social connections may mitigate the impact of Eurocentric culture and shared trauma from slavery, racism and mass incarceration of Black individuals.[26]

Older adults experiencing homelessness attempted to protect younger generations from the impact of intergenerational trauma. Many wanted subsequent generations to have a better future. Older adults placed physical and emotional distance between themselves and younger generations as a mechanism to buffer the effect of intergenerational trauma. This is likened

to the “conspiracy of silence,” an approach to minimizing transmission of trauma through avoiding communication about previous traumatic events.[27] However, this approach may not be efficacious, as younger individuals can interpret the silence as ongoing pain.[27]

Our data suggest that societal structures exacerbated the impact of intergenerational trauma on homelessness. This structural violence primarily harms Black families, [22] as demonstrated by the overrepresentation of Black individuals who are homeless in the United States.[28] Prior literature has illustrated that structural racism, transmitted since slavery, is tied to intergenerational trauma (i.e. “Post-Traumatic Slave Syndrome”). [29] These overlapping experiences of racism and intergenerational trauma continue to limit social mobility and generation of wealth for Black Americans.[30]

Over-crowded housing and forced separation from family during childhood heightened the negative impact of intergenerational trauma. Older homeless adults in our study were staying in multigenerational homes. We found that overcrowded living spaces increased interpersonal conflict and heightened existing intergenerational trauma. This aligns with work showing that overcrowded living conditions have detrimental effects on health and lead to increased psychological distress.[31] Child separation and early family fragmentation were other forms of intergenerational trauma that led to difficulty with housing for older adults. Trauma associated with early childhood separation from core family structures may lead to homelessness through chronic mental illness and weakened social support.[32] Our older adults likely struggle with these same factors when finding long term housing with family and friends.

Policies aimed at providing housing for older adults may be more successful if they consider the impact of intergenerational trauma on family support. Current practices, such as distributing transportation vouchers to people experiencing homelessness so they can relocate to live with family, may be more beneficial if they are paired with trauma-informed family-based interventions.[33] Policies such as the Fair Housing Act and low-income housing vouchers have been implemented to oppose “redlining” or historical housing discrimination of minoritized communities of color which continue to contribute to homelessness and poor outcomes for Black Americans[34] Addressing the intergenerational trauma associated historical housing discrimination offers new opportunities for housing programs and policies.

We acknowledge several limitations to this study. Our analysis is based on a subsample of the HOPE HOME participants who reported staying with family or friends, which presents potential for selection bias in our study sample. It is possible that those that hadn’t stayed with family were even more impacted by intergenerational trauma. Similarly, we may have found persistent relationships in the setting of intergenerational trauma because we were interviewing participants who had reported staying with family or friends. Finally, although we have used the wording “transmitted trauma,” we acknowledge the complex ongoing conversations regarding capturing the impact of trauma over generations.[35]

Conclusions

In conclusion, intergenerational trauma had a significant impact on the lives of older adults experiencing homelessness and their social networks. Although it contributed to increased difficulty living with family and friends, social relationships endured. Societal structures exacerbated the impact of intergenerational trauma and limited the ability of social networks to support older adults in obtaining long-term housing. Public policy that is trauma informed has the potential to diminish the growing burden of homelessness among older adults.

Acknowledgements:

We thank the FAH study participants and the HOPE HOME Community Advisory Board members.

Funding:

This work was supported by the US National Institute on Aging grants R01AG050630 (MK, KK, JW, PO), R01AG041860 (MK, KK, JW, PO), and K24AG046372 (MK) as well as the Health Resources and Services Administration grant T32HP19025 (AH).

Biographies

Anita S. Hargrave, MD, is a National Clinician Scholar Program (NCSP) Fellow at the University of California, San Francisco and Internal Medicine Physician at the Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG). Her research focuses on addressing the impact of interpersonal violence on health and health equity.

Cheyenne Garcia, BA, is a research analyst with the UCSF Center for Vulnerable Populations and the Benioff Homelessness and Housing Initiative. She focuses on informing policies to address the housing crisis. Her other research interests include transgenerational transmission of trauma, parenting ethnotheories, and attachment.

Marguerita Lightfoot, PhD, is the Associate Dean for Research at the OHSU-PSU School of Public Health. Her research focuses on improving the health and well-being of adolescents and young adults, as well as the development of culturally competent, efficacious interventions to reduce acquisition and transmission of HIV among populations disproportionately burdened by the epidemic.

Margaret A. Handley, PhD, MPH, is a public health-trained epidemiologist in the Departments of Epidemiology and Biostatistics and the Center for Vulnerable Populations, at the University of California San Francisco, Zuckerberg San Francisco General Hospital. She co-Directs the UCSF PRISE Center, Partnerships in Research in Implementation Science for Equity. Dr. Handley's research focuses on bridging the fields of primary care, public health, and health communication for improving health outcomes and equity in healthcare access.

John Weeks is a Clinical Research Coordinator for the HOPE HOME Study in the UCSF Center for Vulnerable Populations. His work has focused on HIV prevention among MSM populations and homelessness in San Francisco and Oakland.

Pamela Olsen, MA, has a Master's Degree in Gerontology from San Francisco State University (SFSU) and has worked for years with vulnerable individuals as a criminal and legal investigator. She has also been an ombudsperson for individuals in assisted living facilities in San Francisco. She worked on the HOPE HOME project, researching the aging homeless in Oakland.

Kelly R. Knight, PhD, is a Professor and the Vice-Chair of the Department of Humanities and Social Sciences at the University of California San Francisco (UCSF). Her research interests include the social construction and experience of addiction; Co-morbidity (HIV, substance abuse, mental illness), homelessness, and US urban health; Chronic non-cancer pain, clinical uncertainty, and scientific evidence; Post-traumatic stress disorder (PTSD), bipolar disorder, and the US welfare state; Gender, reproduction, motherhood and citizenship.

Margot B. Kushel, MD, is a Professor of Medicine in the Division of General Internal Medicine at Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG) and the Director of the UCSF Center for Vulnerable Populations. Dr. Kushel's research focuses on reducing the burden of homelessness on health through examining efforts to prevent and end homelessness, as well as mitigating the effects of housing instability on health care outcomes.

References

- [1]. Hahn JA, Kushel MB, Bangsberg DR, Riley E, and Moss AR, "BRIEF REPORT: the aging of the homeless population: fourteen-year trends in San Francisco," *J Gen Intern Med*, vol. 21, no. 7, pp. 775–778, Jul. 2006, doi: 10.1111/j.1525-1497.2006.00493.x. [PubMed: 16808781]
- [2]. Brown RT, Kiely DK, Bharel M, and Mitchell SL, "Geriatric Syndromes in Older Homeless Adults," *J GEN INTERN MED*, vol. 27, no. 1, pp. 16–22, Jan. 2012, doi: 10.1007/s11606-011-1848-9. [PubMed: 21879368]
- [3]. Menzies P, "Homeless Aboriginal Men: Effects of Intergenerational Trauma," in *Finding Home: Policy Options for Addressing Homelessness in Canada*, vol. 6.2, University of Toronto: Cities Centre Press, 2009.
- [4]. Heart MYHB, "The Historical Trauma Response Among Natives and Its Relationship with Substance Abuse: A Lakota Illustration," *Journal of Psychoactive Drugs*, vol. 35, no. 1, pp. 7–13, Mar. 2003, doi: 10.1080/02791072.2003.10399988. [PubMed: 12733753]
- [5]. Caton CLM et al. , "Risk Factors for Long-Term Homelessness: Findings From a Longitudinal Study of First-Time Homeless Single Adults," *Am J Public Health*, vol. 95, no. 10, pp. 1753–1759, Oct. 2005, doi: 10.2105/AJPH.2005.063321. [PubMed: 16131638]
- [6]. Knight KR, Weiser J, Handley MA, Olsen P, Weeks J, and Kushel M, "Temporary stays with housed family and friends among older adults experiencing homelessness: Qualitative findings from the HOPE HOME study," *Qualitative Social Work*, p. 147332502110127, May 2021, doi: 10.1177/14733250211012745.
- [7]. Heart MYHB, "The Historical Trauma Response Among Natives and Its Relationship with Substance Abuse: A Lakota Illustration," *Journal of Psychoactive Drugs*, vol. 35, no. 1, pp. 7–13, Mar. 2003, doi: 10.1080/02791072.2003.10399988. [PubMed: 12733753]
- [8]. American Psychiatric Association and American Psychiatric Association, Eds., *Diagnostic and statistical manual of mental disorders: DSM-5*, 5th ed. Washington, D.C: American Psychiatric Association, 2013.
- [9]. Yehuda R and Lehrner A, "Intergenerational transmission of trauma effects: putative role of epigenetic mechanisms," *World Psychiatry*, vol. 17, no. 3, pp. 243–257, 2018, doi: 10.1002/wps.20568. [PubMed: 30192087]

- [10]. Bombay A, Matheson K, and Anisman H, "Intergenerational Trauma: Convergence of Multiple Processes among First Nations peoples in Canada," *International Journal of Indigenous Health*, vol. 5, no. 3, Art. no. 3, 2009, doi: 10.3138/ijih.v5i3.28987.
- [11]. Bryant-Davis T, Adams T, Alejandre A, and Gray AA, "The Trauma Lens of Police Violence against Racial and Ethnic Minorities: Trauma Lens of Police Violence against Ethnic Minorities," *Journal of Social Issues*, vol. 73, no. 4, pp. 852–871, Dec. 2017, doi: 10.1111/josi.12251.
- [12]. Bar-On D et al. , "Multigenerational Perspectives on Coping with the Holocaust Experience: An Attachment Perspective for Understanding the Developmental Sequelae of Trauma across Generations," *International Journal of Behavioral Development*, vol. 22, no. 2, pp. 315–338, Jun. 1998, doi: 10.1080/016502598384397.
- [13]. Mayock P, Corr ML, and O'Sullivan E, "Homeless young people, families and change: family support as a facilitator to exiting homelessness: Family support in exiting homelessness," *Child & Family Social Work*, vol. 16, no. 4, pp. 391–401, Nov. 2011, doi: 10.1111/j.1365-2206.2010.00753.x.
- [14]. Ingram L, Qaio S, Li X, and Deal M, "The Inner Working of Trauma: A Qualitative Assessment of Experiences of Trauma, Intergenerational Family Dynamics, and Psychological Well-Being in Women With HIV in South Carolina," *J Psychosoc Nurs Ment Health Serv*, vol. 57, no. 4, pp. 23–31, Apr. 2019, doi: 10.3928/02793695-20181023-01.
- [15]. Roberts DE, *Shattered bonds: the color of child welfare*. New York: Basic Books, 2002.
- [16]. Halsey M and de Vel-Palumbo M, *Generations Through Prison: Experiences of Intergenerational Incarceration*, 1st ed. Abingdon, Oxon; New York, NY: Routledge, 2020. |: Routledge, 2020. doi: 10.4324/9781351240574.
- [17]. Lee CT, Guzman D, Ponath C, Tieu L, Riley E, and Kushel M, "Residential Patterns in Older Homeless Adults: Results of a Cluster Analysis," *Soc Sci Med*, vol. 153, pp. 131–140, Mar. 2016, doi: 10.1016/j.socscimed.2016.02.004. [PubMed: 26896877]
- [18]. Montgomery P and Bailey PH, "Field Notes and Theoretical Memos in Grounded Theory," *West J Nurs Res*, vol. 29, no. 1, pp. 65–79, Feb. 2007, doi: 10.1177/0193945906292557. [PubMed: 17228061]
- [19]. ATLAS.ti Scientific Software version 7.5.17. Berlin, Germany: Scientific Software Development.
- [20]. Gajdos KC, "The Intergenerational Effects of Grief and Trauma," *Illness, Crisis & Loss*, vol. 10, no. 4, pp. 304–317, Oct. 2002, doi: 10.1177/105413702236514.
- [21]. Bush H and Shinn M, "Families' Experiences of Doubling Up After Homelessness," *Cityscape*, vol. 19, no. 3, pp. 331–356, 2017. [PubMed: 29326758]
- [22]. "Structural Violence," in *Violence*, John Wiley & Sons, Ltd, 2019, pp. 123–142. doi: 10.1002/9781119240716.ch7.
- [23]. Menzies P, "UNDERSTANDING ABORIGINAL INTERGENERATION TRAUMA FROM A SOCIAL WORK PERSPECTIVE," p. 26.
- [24]. Cox D and Fafchamps M, "Chapter 58 Extended Family and Kinship Networks: Economic Insights and Evolutionary Directions," in *Handbook of Development Economics*, vol. 4, Schultz TP and Strauss JA, Eds. Elsevier, 2007, pp. 3711–3784. doi: 10.1016/S1573-4471(07)04058-2.
- [25]. Mangassarian SL, "100 Years of Trauma: the Armenian Genocide and Intergenerational Cultural Trauma," *Journal of Aggression, Maltreatment & Trauma*, vol. 25, no. 4, pp. 371–381, Apr. 2016, doi: 10.1080/10926771.2015.1121191.
- [26]. Dilworth-Anderson P, "Extended Kin Networks in Black Families," in *Families and Aging*, Routledge, 1993.
- [27]. Nagata DK, Kim JHJ, and Nguyen TU, "Processing Cultural Trauma: Intergenerational Effects of the Japanese American Incarceration: Japanese American Incarceration," *Journal of Social Issues*, vol. 71, no. 2, pp. 356–370, Jun. 2015, doi: 10.1111/josi.12115.
- [28]. Henry M, de Sousa T, Roddey C, Gayen S, and Bednar TJ, "The 2020 Annual Homeless Assessment Report (AHAR) to Congress," p. 102, Jan. 2021.
- [29]. Degruy J, *Post traumatic slave syndrome: America's legacy of enduring injury and healing*. Milwaukie, Oregon: Uptone Press, 2005.
- [30]. Paul DW, Knight KR, Olsen P, Weeks J, Yen IH, and Kushel MB, "Racial discrimination in the life course of older adults experiencing homelessness: results from the HOPE HOME

- study,” *Journal of Social Distress and Homelessness*, vol. 29, no. 2, pp. 184–193, Jul. 2020, doi: 10.1080/10530789.2019.1702248.
- [31]. Fuller TD, Edwards JN, Sermsri S, and Vorakitphokatorn S, “Housing, stress, and physical well-being: evidence from Thailand,” *Soc Sci Med*, vol. 36, no. 11, pp. 1417–1428, Jun. 1993, doi: 10.1016/0277-9536(93)90384-g. [PubMed: 8511630]
- [32]. Shelton KH, Taylor PJ, Bonner A, and van den Bree M, “Risk Factors for Homelessness: Evidence From a Population-Based Study,” *PS*, vol. 60, no. 4, pp. 465–472, Apr. 2009, doi: 10.1176/ps.2009.60.4.465.
- [33]. Milburn NG et al. , “A Family Intervention to Reduce Sexual Risk Behavior, Substance Use, and Delinquency Among Newly Homeless Youth,” *J Adolesc Health*, vol. 50, no. 4, pp. 358–364, Apr. 2012, doi: 10.1016/j.jadohealth.2011.08.009. [PubMed: 22443839]
- [34]. Nardone A, Casey JA, Morello-Frosch R, Mujahid M, Balmes JR, and Thakur N, “Associations between historical residential redlining and current age-adjusted rates of emergency department visits due to asthma across eight cities in California: an ecological study,” *The Lancet Planetary Health*, vol. 4, no. 1, pp. e24–e31, Jan. 2020, doi: 10.1016/S2542-5196(19)30241-4. [PubMed: 31999951]
- [35]. Hesse E and Main M, “Disorganized Infant, Child, and Adult Attachment: Collapse in Behavioral and Attentional Strategies,” *J Am Psychoanal Assoc*, vol. 48, no. 4, pp. 1097–1127, Aug. 2000, doi: 10.1177/00030651000480041101. [PubMed: 11212184]

Table 1.

Demographic Characteristics of Participants

Characteristics	Older Adults (n=46)	Hosts (n=19)
Gender, number (%)		
Women	10 (22)	15 (74)
Men	35 (75)	4 (21)
Transgender Women	1 (2)	--
Race/ethnicity, number (%)		
Black	40 (87)	17 (90)
White	5 (11)	1 (5)
Latinx	1 (2)	1 (5)

Author Manuscript

Author Manuscript

Author Manuscript

Author Manuscript

Table 2.

Intergenerational Trauma in the Lives of Older Adults Experiencing Homelessness

Theme(s)	
(1) Intergenerational trauma was common and made it difficult to stay with family or friends	
Excess morbidity and mortality among families contributed to intergenerational trauma and homelessness	<p><i>“My mom passed, then my dad passed. I had two brothers before my mom and dad passed, (who) drown at the same time. I had another brother that drowned and most of my immediate family (has died).”</i></p> <p><i>“People bein’ shot. My niece was shot, another nephew’s been shot, another one was shot. I just had somebody die. I’ve got one kin who’s been murdered, and then I got another one that’s just been shot. It’s nuts. So I had to leave.”</i></p> <p><i>“God knows his business. I will never complain. I never want to complain. He won’t put no more than you can bear.”</i></p>
Living with family and friends provoked intergenerational trauma	<p><i>“Mentally, we can only be in each other’s presence for so long because we get to talking about a lot of pain and suffering that we went through...”</i></p>
Intergenerational trauma fostered feelings of betrayal and resentment	<p><i>“I have to really choose my, my conversation very carefully...They don’t want to hear about no one else’s successes because of our failures...I don’t know what subject to bring up and that’s sad, you know.”</i></p> <p>Host: <i>“He doesn’t have anyone, ‘cause when you’re not there when your kids are young, they don’t too much be carin’ to be in your life, especially if they’re doin’ the same thing you were doin’.”</i></p> <p><i>“(My children) hold me hostage, hold me prisoner, a prisoner to the past.”</i></p>
Intergenerational trauma generated conflict with role-reversal	<p><i>“They (my children) want to treat me like I am a child and I’m not.”</i></p> <p>Host: <i>“So you know, when he gets money, he doesn’t come around – only time he comes is when he needs something.”</i></p>
(2) Participants and hosts sought to protect future generations from intergenerational trauma	
Older adults wanted to use previous life experiences to break the cycle of intergenerational trauma:	<p><i>“With my younger brothers, I was hard on them with their schoolwork...and I taught them the value of avoiding peer-pressure...all you have to say is ‘I don’t need that to feel good’.”</i></p> <p><i>“The life that I led, kids are leading now.”</i></p>
Distancing from family to stop transmission of intergenerational trauma resulted in homelessness:	<p><i>“[I] didn’t want [him] to see his daddy go down like [he] did.”</i></p> <p><i>“I just didn’t have the heart to be around nobody”</i></p> <p><i>“The only reason why I was resistant (to going home) – because I was on drugs, and I didn’t like to go around my family when I was on drugs.”</i></p>
(3) Relationships endured despite intergenerational trauma	
Relationships with family and friends remained a central part of participants’ lives:	<p><i>“We sit, we talk, we cook together. We just do whatever come up...and that’s what makes life good.”</i></p> <p><i>“We keep in contact by phone...The holiday’s comin’ up so I’m gonna see everybody.”</i></p> <p><i>“I [would] go to church every Sunday with the grandkids.”</i></p> <p>Host: <i>“[He] knows he’s always welcome to come back to me.”</i></p>
Leveraging relationships with family or friends to achieve housing despite intergenerational trauma:	<p><i>“When he made the statement that it was going to be hard on him to let me stay there, that let me know that he was willing to go out of his comfort zone in order to help me out.”</i></p>
(4) Social structures exacerbated the impact of intergenerational trauma and played a significant role in perpetuating homelessness	
Structural violence and racism perpetuated intergenerational trauma:	<p><i>“The reason why (I’m uncomfortable here) is because in the immediate area, it’s nothing but Caucasians.”</i></p> <p><i>“You don’t know what a DA will do because they don’t even really look at your case. They look at your record and then your case.”</i></p>
Overcrowded living spaces hindered living with family and facilitated intergenerational transmission of trauma:	<p><i>“The first two were a year apart, then it was two years between my sister and my oldest brother, and then my three brothers and my sister...then a sister and two brothers, then my baby sister. We all grew up together in the same house.”</i></p>

Author Manuscript

Author Manuscript

Author Manuscript

Author Manuscript

Theme(s)	
White hosts had more generational wealth and protection from additional social stressors:	<i>"(I have) shelter, a place to cook food and eat it. I'd be the only one in a (bed)room...it gave me a little bit of time to collect my thoughts, remember who I am and not have to deal with people I otherwise probably wouldn't be hanging out with."</i>
Early family separation was associated with intergenerational trauma and homelessness:	<i>"The state didn't want to be responsible for me. I told 'em don't put me in no foster home, I was gonna run away. They said, 'well, we'll just emancipate her. Get rid of her real quick.' I've been on my own since I was sixteen... But I ended up having a baby at seventeen." Q: Did all the siblings go their own way? "Yes." Q: And did you see each other very often then? "No."</i>

Author Manuscript

Author Manuscript

Author Manuscript

Author Manuscript