

GLOBAL JOURNAL OF ENGINEERING SCIENCE AND RESEARCHES **“HOMELESSNESS AS PSYCHOLOGICAL TRAUMA”**

Sumit Chaudhary

Asst. Professor, Department of Mangement, Ganga technical Campus

ABSTRACT

This study demonstrates a link between trauma and the development of various mental illnesses and substance abuse within the homeless community. The study was conducted with 20 homeless families' lives in Delhi. The qualitative interviews are conducted in order to get an in-depth look at the lives of these families. Direct quotations are used in order to demonstrate how these families reflect on substance abuse, depression, and trauma in relation to their lives, as well as briefly touching upon their treatment experiences. This makes the study unique as we are able to view these issues from the perspectives and words of those who are directly experiencing them. The qualitative approach also allows us to gather a more personal account of the experiences of these families as opposed to a quantitative approach. Of particular importance in this study is the significance that is given to vicarious or secondary trauma: as children these families often witnessed trauma that impacted them in a serious way. For example, one man recalls that as a child his mother and father often got into violent fights, and afterwards this scarred him in the sense that he became even more sensitive to any fights around himself, and in a way saw the reflection of his parents fighting in their image.

Keywords: Homelessness, mental illnesses, trauma, substance abuse.

I. INTRODUCTION

Homelessness is the circumstance when people are without a permanent dwelling, such as a house or apartment. People who are homeless are most often unable to acquire and maintain regular, safe, secure and adequate housing due to a lack of, or an unsteady income. The legal definition of homeless varies from country to country, or among different jurisdictions in the same country or region.

According to Health centers funded by the U.S. Department of Health and Human Services (HHS) use the following: A homeless individual is defined in section 330(h)(5)(A) as “an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing.”

According to the UK homelessness charity Crisis, a home is not just a physical space: it also provides roots, identity, security, a sense of belonging and a place of emotional wellbeing.

The problem of homelessness across the world is acute and seems to be getting worse. Homelessness constitutes the worst violation of the human right to adequate housing, and homeless people, especially women and children, are among the most marginalized, ignored, and discriminated.

Homeless women, particularly young women, suffer the worst kinds of violence and insecurity, and are vulnerable to sexual exploitation and trafficking. Instances of rape, molestation, and women spending sleepless nights guarding their young adolescent girls are a common feature among homeless women. Accessing health care is a tremendous challenge for homeless people, especially women. The human rights of street children to security, adequate housing, education and development, are continually violated. Apart from being malnourished, poverty-stricken and often abused, most street children are unable to attend school.

II. HOMELESSNESS IN INDIA

The Census of India 2011 defines 'houseless household' as, 'households who do not live in buildings or census houses but live in the open on roadside, pavements, in hume pipes, under flyovers and staircases, or in the open in places of worship, mandaps, railway platforms, etc.'

According to the Census of 2011, India has more than 1.7 million homeless residents, of which 938,384 are located in urban areas. These figures, however, grossly underestimate the real numbers of the homeless. Civil society organizations estimate that at least one per cent of the population of urban India is homeless. Based on this, it can be extrapolated that the population of the urban homeless is at least 3 million. In the capital city of Delhi alone, at any given point, civil society estimates place the number of homeless at around 150,000 - 200,000, of which at least 10,000 are women. India also has the highest number of street children in the world but there is no official data on their numbers or adequate schemes to respond to their special needs and concerns.

In the year 2011, Census of India data claim that the two megacities known for their large homeless populations—Mumbai and Delhi—have just 57,416 and 46,724 homeless people, respectively. But these figures have been contested by many housing rights activists and organizations.

There is no central body in India to measure homelessness. Whatever data is available is collected at the local level by civil society organizations and local government departments. For instance, in Delhi the survey of homeless people has been conducted by civil society organizations. There is a vast difference between the survey done by the state department and NGOs. Most of the surveys done by government departments grossly underestimate the population of homeless people in their respective cities.

The priority of the government should be to address the structural causes of homelessness and to ensure that all homeless people are eventually able to move into adequate and affordable permanent housing. A shelter is an immediate, emergency, and humanitarian requirement, and must be provided by the state on a priority basis to the entire homeless population. On a 'continuum of housing rights,' shelters are the first step, with the end goal being the provision of affordable and adequate housing for all. Homeless shelters provided by the government in all cities across India, however, are insufficient and inadequate; and in many cities such as Patna, are completely uninhabitable. The majority of shelters are ill-equipped, poorly located, and characterized by the lack of basic services such as drinking water, toilets and bathing facilities, electricity, clean bedding, storage space, and facilities for cooking / food distribution.

III. THE PRIMARY SYSTEMIC AND STRUCTURAL CAUSES OF HOMELESSNESS IN INDIA

A wide array of factors contributes to homelessness in the country. These include:

- Extreme poverty;
- Lack of affordable housing;
- Changes in the industrial economy leading to unemployment;
- Forced eviction /demolition of homes without adequate resettlement;
- Displacement from land/home;
- Inadequate income support;
- The de-institutionalization of patients with mental health problems;
- The erosion of family and social support;
- Physical or mental illness;
- Disability;
- Substance abuse;
- Domestic violence/family abuse;
- Stigmatization of illness;
- Abandonment by family;

- Natural disaster;
- Absence of family; and,
- Need to send money home.

IV. RESEARCH METHODOLOGY

The study was conducted includes two steps, beginning with a survey of possible accessible homeless people living on the various streets and pavements of the city-state of Delhi. A small sample of 20 people (included individuals and families) was assessed with the help of semi-structured proforma (Annexure1) for analyzing the situation of homeless people in Delhi. In second step a further in-depth study of the sub-sample of 10 people was conducted to explore the mental health issues. The assessment included inquiry with help of a semi-structured proforma (Annexure 2), as well as assessment for psychological symptoms carried out using the widely used mental health screening instrument namely General Health Questionnaire (GHQ-12) (Annexure 3).

V. CONCLUSIONS

This study, using multiple research methods in sequential order, and the complementarity of standard questionnaire methods and Qualitative Research Methods (QRM), has provided extremely useful observations. The important conclusions drawn from a combination of research methods are described here:

- i) A large majority of the homeless people living on the streets with their families migrated to Delhi in search of better jobs, income and economic prospects. On the other hand, a smaller proportion of homeless people who live alone, were found to be unemployed, depending on charity/alms for food with virtually no family/social support.
- ii) The large majority of homeless people migrated to Delhi in search of livelihood and better prospects of living, the course of their homelessness has ended up being long term and chronic. As such, while addition of newer homeless groups continues to occur, there is nearly no exit from the homeless populations, thus enlarging the total number continuously.
- iii) In the absence of basic need of shelter and any organized services being available, dealing with the difficulties and coping with problems of daily living was reported to be a continuous struggle and a huge burden. The psychological state of homeless people was found to be mainly one of distress (77%) with also symptoms of mental disorders of depression (38%) and anxiety (14%). The symptoms of depression commonly found in homeless people viz. hopelessness, sadness of mood, inability to enjoy daily life, sleep disturbance can become difficult to distinguish from the possible effects of extreme marginalization and deprivation.

REFERENCE

1. Hamid W.A, Wykes TIL, Stansfeld S. "The homeless mentally ill: Myths and Realities". *International Journal of social Psychiatry*, 1993; 38(4): 237-254
2. Chadwick E. A report on "The Sanitary Conditions of the Labouring Population" 1942
3. Bassuk .E.L., Rubin L., & Lauriat A. "Is homelessness a mental health problem?" *American Journal of Psychiatry* 1984; 141: 1546-1550
4. Arce A.A., Tadlock M., Vergare M.J. et al. "A psychiatric profile of street people admitted to an emergency shelter". *Hospital and Community Psychiatry*, 1984; 34: 812-817.
5. Austerberry H. & Watson S., "Housing and Homelessness". 1986, London, Routledge & Kegal Paul.
6. Rossi P.H., Wright J.D., Fisher G.A. et al. "The Urban Homeless: Estimating composition and size". *Since* 1987; 235: 1336-1341.
7. Kay R. "The homeless mentally ill". *Washington DC: American Psychiatric Press*. 1985; 9(11): 6-9.
8. Burt M.R. & Cohen B.E. "Differences among homeless single women, women with children and single men". *Social Problems*, 1989; 36: 508-524.
9. Johnstone M.J., "Stigma, social justice and the rights of the mentally ill: Challenging the status quo", *Australian and New Zealand Journal of Mental Health Nursing*, 2001; 10: 200-209
10. Rog D.J., Buckner J.C., "Homeless Families and Children". 2007 National Symposium on Homelessness Research Discussion Draft. (February 12, 2007). Available from www.nationalhomeless.org

11. Desai N.G., Paramjeet Kaur, Bhardwaje J., Singh N. et al., “Health Care Beyond Zero: Ensuring a basic right for the Homeless by Health Initiative Group for the Homeless (HIGH)”. A collaborative Effort of Aashray Adhikar Abhiyan (AAA), Institute of Human Behaviour & Allied Sciences (IHBAS) and Sahara, Delhi, 2003.
12. Priest R.G., “The homeless person and the psychiatric services: An Edinburgh Survey”, *British Journal of Psychiatry*, 1976; 128: 128-136.
13. Fischer P.J., Shapiro S, Breaky W.R., et al., “Mental health and social characteristics of the homeless: A survey of mission users”, *American Journal of Psychiatry*, 1986; 76: 519-524.
14. Miles B., Haan K., Fay M., “Count us in! Inclusion and Homeless women in Downtown East Toronto”, 2006. Available from <http://www.owhn.on.ca>.
15. Hare-Mustin R.T., Marecek J., “The meaning of difference: Gender theory, postmodernism and psychology”. *Am Psychol*. 1988;43:455–64.
16. Rao V. *Suicidology: The Indian context*. In: Agarwal SP, editor. “Mental Health: An Indian Perspective”, 1946-2003. New Delhi: Directorate General of Health Services/Ministry of Health and Family Welfare Nirman Bhawan; 2004. pp. 279–84.