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Invisible struggles: Examining behavioral health, trauma, and recurrent homelessness among single mothers

Abstract

Recurrent homelessness among single mothers with children is a critical public health issue, closely linked to behavioral health challenges such as trauma, mental illness, and substance use. This thematic literature review synthesizes findings from over 50 scholarly sources to examine how structural inequities and individual-level adversities intersect to perpetuate cycles of housing instability. Grounded in the frameworks of structural violence and trauma-informed care, the review explores how systemic factors- such as poverty, housing discrimination, and punitive child welfare policies-interact with trauma and behavioral health issues to increase vulnerability among single-mother families.

Key findings reveal that trauma operates both as a cause and consequence of homelessness. Single mothers frequently experience compounding stressors that are often unrecognized in traditional housing and service systems. By distinguishing between societal (structural) and personal (behavioral health-related) contributors to homelessness, this review calls for a paradigm shift toward trauma-responsive and equity-driven strategies.

Recommendations for practice include rapid rehousing, family-centered behavioral health services, and trauma-informed provider training. Policy recommendations include expanding access to affordable housing and aligning resource allocation with lived experience data. This review also highlights research gaps, particularly the underrepresentation of mothers' voices in homelessness scholarship.

Ultimately, the review advocates for integrative solutions that combine systemic reform with individualized support, ensuring that interventions address not only immediate needs but also the root causes of instability. A dual focus on structural change and personal healing is essential for fostering resilience and long-term well-being among homeless mothers and their children.

Keywords: homelessness, behavioral health, mental health, substance use disorders, trauma, single mothers, structural violence, trauma-informed care

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Introduction

Over the past decade, national trends in family homelessness have shifted in ways that significantly impact how services are planned and delivered.[1] One notable development is the growing reliance on administrative data from shelters to study patterns of homelessness.[2] However, many of these data sources—including composite systems like the Economic Social Development Canada (ESDC) database and the Homelessness Management Information Systems (HMIS)—lack direct input from individuals experiencing homelessness. Because shelter staff typically input the data, errors and omissions may occur, contributing to sampling bias and incomplete datasets.[2] These limitations can distort our understanding of homelessness, ultimately undermining the development of effective policies, budget decisions, and resource allocations.

Quantitative data alone are insufficient for understanding the root causes or experiences of homelessness, particularly when it comes to recurrent homelessness among vulnerable subpopulations. Insight into first-person experiences is crucial for identifying the sequence of events and intersecting challenges that lead to housing instability and for designing trauma-informed, evidence-based interventions. This is especially important for marginalized populations- such as single mothers—whose voices are frequently excluded from dominant narratives and data collection processes.[3]

Current research has notable gaps, particularly in addressing the unique experiences of single women with children who experience recurrent homelessness compounded by behavioral health challenges. While some studies reference causal mechanisms that lead to homelessness, they often fail to identify specific patterns of life events or describe how these mechanisms interact with individual and systemic factors. As Somerville notes,[4] "no connection is made between the identification of patterns of life events and the operation of these causal mechanisms" (p. 399). As such, further research is needed to explore how these patterns contribute to homelessness and to inform the design of preventative strategies and service delivery models.[4]

Importantly, homelessness is not merely the absence of housing—it involves multidimensional deprivation. Somerville[4] emphasizes that homelessness includes deprivation across physiological, emotional, territorial, ontological, and spiritual dimensions. These dimensions include a lack of comfort, love, privacy, rootedness, and hope. Despite a growing body of research, studies examining the relationship between recurrent homelessness and behavioral health among mothers with children remain limited. Much of the existing literature centers on other subpopulations, including young adults, veterans, older adults, and people with disabilities, thereby neglecting the unique needs and experiences of homeless mothers and their children.

The increasing prevalence of women and children in the homeless population with behavioral health challenges further underscores the importance of this line of inquiry. Federal agencies such as the U.S. Department of Housing and Urban Development (HUD) gather large-scale quantitative data to inform funding decisions. However, HUD data often fail to capture the multifaceted nature of homelessness, including the behavioral health challenges facing mothers and children. Data reporting inaccuracies—such as the underreporting of families or misclassification of individuals not attached to a "head of household"—result in resource allocations that may be misaligned with actual needs.[5]

Children who are homeless are especially vulnerable to being excluded from official counts. If they are not associated with a designated adult in the system, they may go uncounted entirely. This poses serious implications for policy development and service provision. As Duffield[5] notes, these data gaps may result in the under-allocation of housing assistance, behavioral health resources, and family support programs.

While prevalence data can illuminate the scope of homelessness, they do little to convey the lived realities of those affected. Most research relies on institutional or survey-based data and seldom includes qualitative insights from homeless mothers themselves. As such, there is an urgent need for studies that employ in-depth interviews or ethnographic methods to explore the intersection of behavioral health and recurrent homelessness among women with children.

In summary, more comprehensive research is needed to inform the development of prevention models and targeted interventions for this population.[6] Existing models are often inadequate in capturing the complexity of homelessness, making it difficult to evaluate the effectiveness of housing subsidies and behavioral health services. This literature review seeks to address these gaps by examining the intersecting roles of behavioral health, trauma, and structural inequities in the recurrent homelessness of single mothers and their children.

Purpose and research questions

This literature review seeks to explore how structural and behavioral health factors intersect to shape the experiences of recurrent homelessness among single mothers in the United States. Using structural violence and trauma-informed care as guiding frameworks, this review synthesizes empirical findings to illuminate how systemic inequities and personal adversities interact to perpetuate cycles of housing instability. In doing so, it highlights the urgent need for equity-centered, trauma-informed interventions that address both the root causes and the lived realities of homelessness among single-mother families.

The review is guided by the following research questions:

(i) What structural (societal) and personal (individual-level) factors contribute to recurrent homelessness among single mothers with children?

(ii) How does trauma function as both a cause and consequence of housing instability for this population?

(iii) What are the implications of these findings for trauma-informed policy, practice, and future research?

Methods

This thematic literature review utilized a systematic, iterative approach to examine the intersection of recurrent homelessness, behavioral health, and the lived experiences of single women with children. The primary aim was to synthesize findings from peer-reviewed journal articles, government reports, and qualitative research to identify recurrent themes, patterns, and gaps in the literature. A total of **52 scholarly sources** published between 1991 and 2023 were selected and analyzed based on clearly defined inclusion criteria.

Literature search strategy

The literature search was conducted through multiple academic databases, including PsycINFO, PubMed, SocINDEX, and the University of Maine Fogler Library system,[7] as well as reputable government and organizational websites. Boolean operators and truncation techniques were used to refine search terms, which included combinations of: *"recurrent homelessness," "single mothers," "behavioral health," "mental health," "substance use," "domestic violence," "trauma,"* and *"structural factors related to homelessness."*

Inclusion and exclusion criteria

Articles were included if they met the following criteria:

(i) Published between **1991 and 2023**.

(ii) Written in **English**.

(iii) Focused on **homeless women with dependent children**, particularly those with behavioral health needs.

(iv) Explored issues related to **trauma, substance use, mental illness, domestic violence**, or other psychosocial stressors.

(v) Utilized **quantitative, qualitative, and/or mixed-methods approaches**.

(vi) Contributed to understanding **personal (individual-level)** or **structural (systemic-level)** contributors to homelessness.

Exclusion criteria included articles that did not address recurrent homelessness, focused solely on male populations or child-only samples, or were not accessible in full-text form.

Thematic analysis approach

The selected literature was analyzed using thematic analysis (TA), a qualitative method used to identify, analyze, and report patterns (themes) within data.[8]

Thematic analysis is particularly useful in reviewing complex social phenomena, such as homelessness and trauma, where diverse methodologies and conceptual frameworks intersect. Articles were initially coded using open coding strategies to identify recurring topics, language, and theoretical orientations. These codes were then clustered into overarching themes representing both personal and structural dimensions of homelessness.

A conceptual matrix was used to categorize key findings into "personal factors" (e.g., substance use, mental illness, trauma history) and "societal factors" (e.g., housing policy, poverty, discrimination). This process was informed by sensitizing frameworks of **structural violence**[9] and **trauma-informed care**,[10] which helped guide both the interpretation and contextualization of the data. This combination of a systematic literature search with thematic synthesis provided a robust foundation for highlighting underexplored intersections and advocating for policy and practice recommendations grounded in both empirical evidence and lived experiences.

Incorporation of theoretical frameworks structural violence as a necessary framework

A structural violence framework offers a vital perspective for comprehending the interplay between behavioral health challenges and homelessness, particularly when analyzing the experiences of single mothers. Structural violence, a term popularized by Paul Farmer,[9] refers to the systematic ways in which social structures harm or disadvantage individuals by preventing them from meeting their basic needs. These harms are embedded in institutions, policies, and social norms and are often invisible, normalized, or dismissed as unfortunate consequences rather than preventable conditions.

For single mothers, structural violence manifests in multiple forms: gender wage gaps, limited access to affordable childcare, racial discrimination in housing markets, underfunded mental health services, and punitive child welfare policies. These systemic barriers not only create the conditions for homelessness but also sustain cycles of trauma and instability. For example, a mother who loses housing due to eviction or domestic violence may encounter shelter systems that fail to accommodate her children, compelling her to choose between safety and family unity.[11] These choices are not the result of individual failings, but of systemic failures to offer equitable, trauma-informed support.

Structural violence also compounds behavioral health challenges. Poverty, racism, and gender-based violence are not just social determinants of health—they are chronic stressors that wear down physical and psychological resilience over time. This cumulative stress can lead to higher incidences of anxiety, depression, substance use disorders, and PTSD.[12] Importantly, these conditions are often met with inadequate or inaccessible care, as many mental health services are not designed to account for the trauma of poverty, displacement, or systemic marginalization.[13]

Applying a structural violence lens shifts the focus from individual pathology to systemic accountability. It allows researchers, practitioners, and policymakers to critically examine how policies, funding mechanisms, and institutional practices either perpetuate or mitigate harm. In doing so, it aligns closely with trauma-informed care, which seeks not only to treat symptoms of trauma but also to recognize and respond to the context in which trauma occurs.

By integrating structural violence into the analysis of behavioral health and homelessness, we are better positioned to design interventions that are not only compassionate but also just. This includes advocating for policy changes that dismantle inequitable systems, funding programs that address root causes, and implementing services that reflect an understanding of trauma as both a personal and structural phenomenon.

Trauma-informed care as a critical framework

Trauma-informed care complements this approach by addressing the psychological and emotional dimensions of homelessness. Recognizing homelessness as both a cause and consequence of trauma,[14] this framework informed the synthesis of literature on how traumatic experiences—such as domestic violence, childhood abuse, systemic poverty, and housing instability—shape the behavioral health of homeless mothers. For many women, trauma is not a singular event but a compounding, chronic experience rooted in both personal histories and structural inequities.[15]

A trauma-informed approach is grounded in the understanding that trauma affects not only psychological well-being but also neurobiological development, emotional regulation, and relational capacities—factors that are central to parenting and navigating support systems.[16] Many homeless single mothers have experienced complex trauma across the lifespan, including interpersonal violence, foster care placement, and economic displacement.[17] These experiences often impair trust, increase hypervigilance, and affect one's ability to access or sustain services, thus perpetuating cycles of housing instability.

Trauma-informed care emphasizes five key principles: **safety, trustworthiness, choice, collaboration, and empowerment**.[10] In homelessness interventions, these principles shift the service paradigm away from pathologizing or blaming individuals for their housing status and instead foster environments where people feel seen, heard, and supported. For example, providing predictable shelter routines, involving mothers in decision-making processes about housing placements, and acknowledging the impact of trauma on daily functioning are critical components of trauma-informed housing services.[18]

Moreover, the trauma-informed lens helps service providers understand behaviors that might otherwise be interpreted as "noncompliance" or "lack of motivation"—such as missed appointments or resistance to shelter rules—as adaptive survival strategies developed in response to unsafe or disempowering environments. When staffs are trained in trauma-informed practices, they are better equipped to respond with empathy, reducing the likelihood of retraumatization and fostering stronger client engagement.

Trauma-informed care, therefore, is not merely a clinical add-on but a systemic framework that aligns with equity, justice, and compassion. It is especially relevant for single mothers navigating homelessness, whose experiences of trauma are often compounded by caregiving responsibilities and fear of child welfare involvement. Integrating trauma-informed care into housing and behavioral health services ensures that these mothers are not only housed, but also healed and empowered.

Data synthesis

Findings were synthesized into overarching themes to articulate the interplay between behavioral health and recurrent homelessness among single mothers. Thematic tables were created to illustrate the division between personal and societal factors. Recurring issues such as mental health challenges, substance use, and systemic discrimination were analyzed alongside protective factors and intervention strategies. This synthesis aimed to bridge the gap between quantitative prevalence data and qualitative insights into lived experiences.

Ethical considerations

As this study relied solely on secondary data, no direct ethical/institutional review board approval was required. However, the principles of respect for participants and the integrity of original research were maintained by ensuring accurate representation of authors' findings and interpretations. The integration of structural violence and trauma-informed care frameworks further emphasized a respectful and empathetic approach to understanding the complexities of recurrent homelessness, as evidenced by the literature review section below.

A review of the literature

Homeless women with children

A substantial body of research has established that the majority of homeless families in the United States are composed of women with dependent children.[19] The likelihood of homelessness among women

increases significantly when they are single parents, have multiple dependent children, or face persistent financial insecurity.[20] Within this population, important distinctions exist—not only between mothers with and without children but also between mothers and fathers. Research indicates that mothers are far more likely than fathers to retain custody of their children during episodes of homelessness, making them the primary caregivers and more frequent users of emergency shelters.[21,22]

Further compounding their vulnerability is the presence of structural discrimination. For instance, housing discrimination against single mothers has been shown to be more severe than that faced by single fathers or married couples. In one study, single mothers were disproportionately denied housing opportunities based solely on their familial status.[23]

Mother-headed single-parent families are among the fastest-growing subgroups within the homeless population. Tischler et al.,[24] reported that approximately 40% of all homeless individuals are part of homeless families, of which 53% include dependent children, and 10% are pregnant women. These families often experience chronic homelessness and are highly transient, which complicates efforts to track their housing status and assess their needs accurately.[25] As a result, women and children in these circumstances are frequently undercounted in data collection efforts. In fact, an estimated 80% of homeless households are headed by single mothers, and over half of children experiencing homelessness are under the age of six, with roughly 11% being infants.[26]

In 2016, families with children who experienced homelessness stayed an average of 50 nights in emergency shelters and approximately 4.5 months in transitional housing over the course of a year.[26] Their most pressing needs included concerns related to child safety, psychological well-being, education, and healthcare.[27]

Alarmingly, a longitudinal study revealed that the mortality rate among children aged one to four living in homeless shelters was significantly higher than for children living in low-income neighborhoods or in the general population.[25]

Fear of child welfare intervention also deters many homeless mothers from seeking shelter. Women often worry that disclosing their housing instability may lead to child removal by child protective services (CPS), which contributes to underreporting and limits their access to potentially life-saving resources. These complex realities underscore the need for continued, nuanced research focused on the lived experiences of single mothers navigating recurrent homelessness and behavioral health challenges.

Understanding homelessness: The multifaceted nature of homelessness

Homelessness is widely recognized as a complex and multifactorial phenomenon that extends beyond the absence of physical shelter. In addition, the literature suggests that homelessness is not typically experienced as a single event, but rather a cyclical process, which is often termed as chronic homelessness. Although the term *chronic homelessness* may vary slightly across studies, it is generally understood to refer to individuals who experience extended periods of homelessness (e.g., lasting longer than one year) or who have had multiple episodes—typically three or more within a three-year period.[28] Some research further defines chronic homelessness as two or more episodes lasting longer than three months each. Homelessness is widely recognized as a recurring cycle, and many families find themselves returning to homelessness on more than one occasion.[24]

Despite growing attention to this issue, relatively little is known about the specific predictors of *repeated* homelessness. However, studies have documented that recurrent housing instability is common and often extends the total duration of homelessness.[29] For example, McQuistion et al.,[30] reported that approximately one in five individuals returned to homelessness within an 18-month period after being rehoused. Factors that initially contributed to homelessness—such as poverty, mental health challenges, and substance use—are often the same underlying issues that lead mothers and families to experience homelessness again.[24,31]

According to prior research, some of the drawbacks of homelessness include structural and individual factors such as problems meeting physical and psycho-social needs, a lack of safe and stable housing placement, imposed housing, an increase in mental and emotional health issues, and physical and mental health needs. As Wallace et al.,[32] argue, there are numerous intersecting pathways that both lead to and perpetuate housing instability. Research has consistently identified a broad range of contributing factors, which may be categorized into structural (societal) and individual (personal) domains (Figure 1).

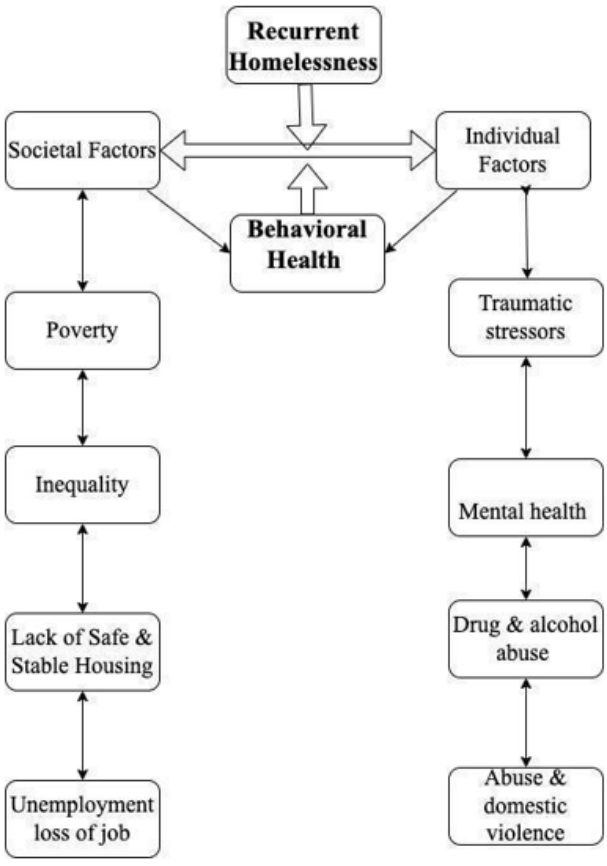

Figure 1 Behavioral health, trauma & recurrent homelessness conceptual framework.

Figure 1 visually represents the dual influence of societal (structural) and individual (personal) factors contributing to recurrent homelessness among single mothers. This conceptual framework illustrates how external systemic barriers (such as poverty, discrimination, and housing insecurity) intersect with internal behavioral health challenges (such as trauma, substance use, and mental illness), reinforcing complex cycles of housing instability and highlighting the need for integrated, trauma-informed interventions.

Structural factors refer to systemic, society-wide issues that create and sustain conditions of vulnerability. These include poverty, a lack of affordable housing, unemployment, housing discrimination, and inadequate access to healthcare and social services. In contrast, individual-level factors encompass more personal circumstances or conditions, such as mental and physical health challenges, substance use disorders, experiences of domestic violence, and histories of trauma.

While the term "structural" is often used to capture the societal determinants of homelessness, this review adopts a more differentiated framework by organizing contributing factors into two overarching categories: **societal** factors, which are external and systemic in nature, and **personal** factors, which are more closely tied to individual life experiences and behaviors. This dual-framework approach allows for a more nuanced understanding of how macro-level inequities interact with micro-level vulnerabilities to shape patterns of homelessness.

Societal "structural" factors

Societal factors are broader, more systemic across society, and enable the environments within which homelessness occurs.[4] These factors are beyond homeless mothers' own control. Societal factors such as low wages/poverty, unemployment, unsafe and unstable housing, and inequalities are some of the core causes of homelessness.[33]

Poverty: The literature revealed that "poverty is the primary risk factor for homelessness, while other factors are secondary".[4] Poverty and homelessness are inextricably linked. Poor people frequently lack the financial means to pay for housing and health care. For most single mothers, poverty means they may be an illness, an accident, or a paycheck away from being homeless.[34] Poverty is more than just a fixed position in which a person lacks the fundamental tools and financial assets needed to live. It is more of a social process in which people acquire, lose, and regain access to critical resources and objects.[35]

According to research, women who are single mothers have poverty rates that are more than five times higher than those of married couples and more than twice as high as those of single men. This is further exacerbated by the potential loss of benefits, which places women at higher risk of recurrent homelessness,[6] benefits such as income and other behavioral health services. In one study, participants were able to acquire sustenance by using some income generation strategies, such as panhandling, and other activities, but they were confronted by law enforcement while attempting to do so.[36] Poverty is detrimental to one's well-being. Low income was identified as one of the causes of homelessness and, for many families, the financial implications of homelessness continued even when their housing situation improved, making recovery more difficult for them.[35]

Unemployment: The result of one study established that the structural problem of unemployment is another major cause of homelessness.[37] For example, half of shelter users need career literacy and assistance in finding jobs even though they have high academic or professional education.[37] Career literacy is the skill of understanding the demands of a future career and using education to meet those demands.[38] When compared to men, homeless women have a higher rate of unemployment and underemployment.[1] Homeless single mothers have issues in obtaining jobs and keeping jobs due to their homelessness and behavioral health issues.

Not much research has been done on homeless women with children experiencing unemployment issues. Unemployment and underemployment issues often associated with this population have been the impetus for other studies on types of programs and resources that provide opportunities that meet the basic needs of the homeless, as well as studies on other co-occurring social, mental, and physical health challenges.[1]

Inequality: In the context of inequality, structural factors, and unequal ownership opportunities, such as discrimination in housing markets and home financing, are also major factors of inequality that can contribute to homelessness.[39]

Minorities and economically disadvantaged families are often isolated from the larger community due to their culture, beliefs, and stereotypes. Their social participation is limited, further decreasing their chances of mobility to a better status.[38] Women, racial and ethnic minorities, and persons living in poverty are examples of groups that have a long history of marginalization in our society.[34]

Furthermore, everyone has a right to a standard of living that is adequate for their personal wellbeing and the welfare of their families. This right includes access to basic needs including food, clothes, shelter, medical care, and important social services, as well as security in the event of unemployment. These are the rights to which we are all equally entitled, without discrimination.[34] Research suggests discrimination is a significant structural risk factor, as marginalized minority groups are historically overrepresented among the homeless population in several countries. As a result of the over-saturation of a particular demographic, some families that need assistance may decline in social sector housing, which is more commonly known as affordable housing in the US.

Lack of safe and stable housing: Housing insecurity remains one of the most significant contributors to family homelessness. In the private rental market, instability is often driven by affordability challenges, including landlords' premature termination of leases, which is cited as a leading cause of housing loss among vulnerable families.[34] A consistent finding across the literature is that the lack of safe and affordable housing is a core structural driver of homelessness.[40] For many individuals and families, especially those exiting shelters, unaffordable housing is a primary barrier to securing long-term stability. In fact, the absence of accessible housing options is frequently associated with shelter re-entry and the recurrence of homelessness.[29]

Supporting these findings, Ji[41] conducted a structural analysis and identified housing-related variables as the strongest predictors of homelessness. Although the data were drawn from the 1980s, the study's conclusions remain relevant: the availability of low-cost housing continues to be one of the most significant structural risk factors for homelessness today. Ji's study also found that rental prices and unemployment rates were statistically significant predictors of housing insecurity, highlighting the persistent link between macroeconomic conditions and homelessness.

Individual "personal" factors

As noted above, research often categorizes factors related to homelessness under one big umbrella using the term "structural." However, some factors appear to be more closely related to individual or personal life choices and circumstances, rather than systemic conditions. Individual factors such as drug and alcohol abuse, mental health challenges, interpersonal violence, and traumatic and/or adverse experiences are also linked to recurrent homelessness.

Drug and alcohol abuse: Drug and alcohol abuse are widely recognized as significant contributors to an individual's risk of experiencing homelessness. As Mahoney[42] notes, these forms of

substance use often heighten vulnerability to housing instability. Supporting this, McQuistion et al.,[30] found that substance use is frequently intertwined with the lived experiences of homelessness. Research focusing specifically on homeless mothers reveals a stark disparity: substance abuse is far more prevalent among homeless mothers than among their housed counterparts. Dashora et al.,[43] reported that at intake, 50% of homeless mothers disclosed substance abuse problems. Within one year of assessment, 74% reported drug use, and 12% reported engaging in drug sales.

Additional research by Whitbeck et al.,[12] demonstrated that women experiencing homelessness exhibit significantly higher rates of alcohol and drug misuse and dependency compared to the general female population. Alarmingly, many of these women continue to engage in substance use throughout their homelessness. This ongoing use is often driven by a complex web of socio-demographic and psychological factors. As Whitbeck et al.,[12] found, elements such as unemployment, single motherhood, symptoms of anxiety and depression, and specific treatment experiences are all correlated with continued substance abuse during episodes of homelessness.

Mental health challenges: "Mental illness is a risk factor for homelessness, and the experience of homelessness is a risk factor for developing a serious mental illness".[40] Homeless women have been identified as being particularly vulnerable to negative mental health outcomes. Women experiencing homelessness had higher mental health difficulties than the general population, with anxiety disorders, depression, various mental disorders, and suicidality reported more frequently than men experiencing homelessness.[1] In one longitudinal study, researchers discovered significant changes in the health of homeless mothers, including increased reporting of major depressive symptoms and worse physical health.[34]

In some studies, it was observed that the prevalence of psychiatric disorders among women experiencing homelessness was slightly higher than that reported in previous research. These women in the study presented complex histories of numerous, significant psychiatric problems in shelters and treatment facilities. Also, lifetime PTSD prevalence was more than four times that of women in the general population, and the past year PTSD prevalence was more than five times that of women.[12] Therefore, mental health problems seem to contribute to homelessness and there is an increased risk of mental health issues when women become homeless.

Abuse and domestic violence challenges: Research suggests that one homeless woman in four experiences housing insecurity due to exposure to domestic and intimate partner violence.[20] Also, individuals who sought shelter were more likely to have been physically abused than those who did not seek safety, and they were twice as likely to have been sexually abused. In one study, the needs of about half of the women with children were related to understanding how the abuse had affected their children, and counseling for their children.[27]

Research estimates that 1.3 to 2.1 million women yearly, suffer physical abuse from an intimate or ex-partner.[44] This is significantly high, and for mothers with children, it increases their chances of becoming homeless. Domestic violence calls are made more often to shelters than to the police. Calls are also made more frequently to shelters than emergency room visits. The calls are typically made in search of temporary housing and not to report a crime or the effects of violence.[43] In other words, domestic violence victims are seeking a safe haven instead of involving the police or receiving treatment. Also, finding temporary housing for mothers with children fleeing abuse may be difficult and daunting, especially in areas where shelters are overpopulated or have no capacity to house large families.[20] This is especially true in rural states or cities with limited emergency housing options. For example, in major cities in the United States alone, 88 percent of the shelters had to turn away families because of a lack of resources.[45]

Traumatic stressors: Trauma refers to a set of responses to extraordinary and uncontrollable life events.[13] Homelessness is known to be a traumatic stressor.[24] A growing body of literature suggests that a significant proportion of homeless people, especially women, have histories of traumatic experiences prior to and including the experience of homelessness.[14] The complex traumas that homeless or insecurely housed mothers have experienced can be traced to early childhood traumas, often underlying difficulties in relationships in their present circumstances.[46] Studies have suggested that multiple traumatic events may increase the level of traumatic stress among individuals.[47] Traumatic stressors, such as homelessness, can affect an individual's entire lifespan, especially when the individual internalizes such an experience. Unfortunately, only one study specifically investigated the number of potentially traumatic life events experienced by homeless mothers. That research considered only trauma exposure and did not include measures for traumatic stress.[47]

The impact of recurrent homelessness on behavioral health

Recurrent homelessness has profound consequences for individuals and communities, particularly in the realm of behavioral health. Homeless individuals are often viewed as socially disconnected, lacking stable relationships with family and peers.[48] Chronic homelessness disrupts family functioning and contributes to psychosocial stressors that affect not only the individual, but also the broader family system. The negative consequences are especially acute for women and their children, who often face compounding emotional, physical, and relational challenges.

Emotional health challenge: Most homeless mothers experience limited emotional support and high levels of social isolation. Studies indicate that becoming homeless frequently leads to the breakdown of personal relationships and a sense of estrangement from others.[24] Homeless single mothers often express ambivalence about the factors contributing to their housing instability. Some minimize the roles that substance use, mental health challenges, and weakened social support systems play in their trajectories into homelessness.

This pattern extends to individuals who rely on shelters, many of whom report difficulties adhering to medical treatment plans—particularly in managing chronic conditions.[49] One common concern is the experience of chronic pain, which can be worsened by the physical and psychological stress of homelessness.[50] As a result, many individuals become dependent on opioid medications. Unfortunately, healthcare providers may misinterpret their behaviors as drug-seeking, which can compromise access to appropriate pain management and undermine substance use prevention and treatment efforts.[51] These emotional burdens, when left unaddressed, often lead individuals to seek temporary relief through substance use, further compounding their vulnerability and deepening the cycle of homelessness.

Increased alcohol and drug use/misuse: Homeless women are significantly more likely to be hospitalized for drug misuse than their low-income, housed counterparts, and extended periods of homelessness tend to intensify these substance-use challenges. Even when compared to low-income, housed mothers, homeless mothers had significant rates of drug and alcohol use in one study.[26] It was found that 74% of homeless women had used drugs within a year of the evaluation, 12% had sold drugs during that time, and 50% had

substance addiction concerns at the time of entrance into shelter.[43] Homeless women with dependent children are also more likely to have alcohol or drug use problems, compared to homeless women without dependent children.[17] Frequent drug and alcohol use has been shown to predict higher rates of future intimate partner violence. In addition to physical abuse//intimate partner violence and other stressors, homeless mothers struggle with substance abuse problems such as alcohol, marijuana, opioids, and other prescription drugs.[43]

Increased mental health challenges: Literature suggests that about 50% of single mothers with a substance use disorder also suffer from mental health problems.[42] Research established that homeless mothers with children are also more likely to have mental health problems compared to homeless mothers without children.[17] In addition, more than one-third of homeless children, to be precise (36.3 %), show symptoms of mental health; with homeless children under the age of six years old being most vulnerable to developing emotional and behavioral disorders compared to school-age children and adolescents.[17] Homeless mothers diagnosed with major depression have a higher incidence rate of this illness, estimated to be 52.4%, and 15% that have been hospitalized.[17] It is evident that mental illness and homelessness are intertwined in a complex way and that some homeless mothers that suffer from poor mental health have been affected by traumatic experiences.[11]

Increased traumatic stressors: Trauma is one of the many life stressors that homeless women frequently experience[13] and has a significant effect on their daily life. The results of prolonged stress can cause adaptive changes in cognition, behavior, neurophysiology, and physiology. Traumatic stress is one of the most prevalent yet often misunderstood disorders in behavioral health. Professionals often generalize the symptoms without accounting for individual experiences (i.e., what is traumatic to one person might not be traumatic to another). For example, an individual might migrate to a new town and consider the process manageable and less stressful, while the same experience might be traumatic for another, depending on the individual's processing pattern. Traumatic stressors often lead to a fear of rejection and inability to properly communicate needs and receive support. Studies state that women who become homeless may not be affected by traumatic experiences only, but may also suffer from deprivation, demoralization, and destitution and be exposed to related misfortunes such as rape or assault.[52]

Increased abuse and violence challenges: Research indicates that women who access shelters are twice as likely to have experienced sexual abuse and more severe physical aggression than non-users of shelters.[26] Several studies suggest that half of the homeless mothers are not only fleeing from domestic violence but have experienced intimate partner violence throughout their lifespan.[17] Other findings indicate that homeless individuals who seek to stay at shelters were more likely to have been physically abused compared to those that did not seek shelter stay.[27] The increased difficulty of coping with these obstacles and caring for children in the face of these substantial life challenges demonstrates that women are unable to secure their basic requirements, which precipitates further webs of complex challenges.

Discussion

This review highlights the complex interplay between structural and individual factors contributing to recurrent homelessness among single mothers with children. The findings underscore how systemic inequities, such as poverty, housing insecurity, and discrimination, intersect with personal challenges, including trauma, mental health issues, and substance use, to perpetuate cycles of instability. By leveraging structural violence and trauma-informed care as sensitizing theoretical frameworks, this discussion provides a nuanced understanding of the issue and offers implications for practice, policy, and research.

Structural contributors to recurrent homelessness

The literature consistently identifies structural violence as a critical lens for understanding homelessness. Structural violence, as described by Farmer,[9] refers to systemic inequities that constrain individual agency and perpetuate marginalization. For single mothers, poverty, housing insecurity, and unemployment emerge as predominant drivers of homelessness.[4,34] These societal factors are compounded by systemic discrimination in housing and employment markets, disproportionately affecting women of color and those with low socioeconomic status.[39] Policies addressing housing affordability and labor market inclusion are therefore paramount in disrupting these structural barriers.

Housing insecurity, in particular, is a recurring theme in the literature. The chronic lack of affordable housing increases the likelihood of repeated shelter use and extends the duration of homelessness.[29] Even when housing is attained, precarious employment and unstable income sources often result in families cycling back into homelessness. These findings suggest that interventions must go beyond immediate housing solutions to include long-term supports such as rental assistance, job training, and childcare services to promote sustainable stability.

Behavioral health and trauma

The literature also illuminates how individual factors, particularly behavioral health challenges, intersect with systemic inequities to deepen vulnerability to homelessness. Mental health disorders, substance use, and experiences of domestic violence are disproportionately prevalent among homeless single mothers.[12,40] Notably, trauma plays a dual role as both a cause and consequence of homelessness, creating cyclical patterns of instability. For example, exposure to intimate partner violence often leads to displacement, while the experience of homelessness itself exacerbates mental health issues such as anxiety, depression, and PTSD.[14,20]

The trauma-informed care framework provides critical guidance for addressing these challenges. Trauma-informed approaches emphasize safety, empowerment, and the reduction of re-traumatization, making them particularly well-suited to interventions with homeless populations. By integrating these principles into service delivery, practitioners can better support the psychological and emotional needs of single mothers and their children, while fostering pathways toward recovery and resilience.

Implications for practice and policy

The interconnected nature of structural and personal factors necessitates a holistic approach to addressing recurrent homelessness. Rapid rehousing programs and permanent supportive housing models have demonstrated effectiveness in reducing shelter re-entry rates, particularly when paired with behavioral health interventions.[1] However, these interventions must be adapted to account for the unique needs of single mothers, including access to trauma-informed care and family-centered support services.

Policy reforms are equally essential. Federal and state housing policies should prioritize affordable housing development, strengthen tenant protections, and expand eligibility for housing subsidies to include families at risk of recurrent homelessness. Additionally, investments in behavioral health services and trauma-informed

training for shelter staff can mitigate the compounding effects of mental health challenges and substance use disorders on housing instability.[6]

Limitations and future directions

While this review provides valuable insights, it also highlights critical gaps in the literature. Much of the existing research relies on quantitative data from shelter systems, which often fail to capture the lived experiences of homeless mothers and their children who may not have access to the same type of shelter programs. Qualitative studies that amplify the voices of homeless mothers with children are needed to enrich our understanding of the social, emotional, and systemic factors driving recurrent homelessness.[3] Moreover, longitudinal research exploring the effectiveness of trauma-informed interventions in preventing homelessness could provide actionable guidance for service providers and policymakers.

Future research should also integrate feminist and complex systems theories to examine the gendered and relational dimensions of homelessness. These frameworks can shed light on the systemic intersections of race, class, and gender that shape mothers' experiences, while offering new pathways for advocacy and intervention. By embracing a multidimensional approach, scholars can contribute to a more comprehensive understanding of recurrent homelessness and inform solutions that are both equitable and effective.

Conclusion

This literature review makes a critical contribution to our understanding of how structural violence and behavioral health challenges converge to create and sustain recurrent homelessness among single mothers with children. By synthesizing findings from more than 50 scholarly and governmental sources through the dual lenses of trauma-informed care and structural violence, this article challenges conventional views that frame homelessness as an isolated or solely personal failure. Instead, it offers a multidimensional account of how systemic inequities—such as poverty, housing discrimination, gendered caregiving burdens, and racial injustice-compound the psychological and emotional tolls of trauma, substance use, and mental illness.

At the core of this analysis is the assertion that trauma is both a driver and a consequence of homelessness. Single mothers navigating these cycles are not only facing material deprivation but are also contending with institutional systems that often retraumatize them-whether through punitive child welfare policies, inflexible shelter rules, or inaccessible behavioral health services. These women are frequently excluded from dominant data narratives, and their stories must be centered in both research and reform efforts.

To disrupt the cycle of recurrent homelessness, a paradigm shift is urgently needed—one that combines systemic reform with individualized, trauma-responsive care. This means moving beyond short-term shelter fixes to invest in long-term supports such as affordable housing, trauma-informed behavioral health care, parenting support, and economic mobility programs. It also means training frontline providers to understand and respond to the effects of complex trauma and chronic stress within the context of systemic oppression.

Implications for practice, policy, and research

(i) **For practitioners:** Implement trauma-informed principles at every stage of service delivery, ensuring environments that prioritize safety, trust, and empowerment for both mothers and their children.

(ii) **For policymakers:** Allocate resources based on both prevalence data and lived experiences, and expand eligibility for housing and health services to include at-risk families before they reach crisis.

(iii) **For researchers:** Deepen qualitative inquiry that centers the voices of single mothers and applies intersectional and feminist frameworks to unpack the relational and structural dimensions of homelessness.

Ultimately, this review calls for a holistic, equity-driven response to family homelessness—one that honors the dignity of mothers, restores safety and stability for children, and envisions housing not just as a basic need, but as a fundamental human right.[53]

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