

# APA RESOLUTION on Ending Homelessness

OCTOBER 2021

## *Five-year policy review*

**WHEREAS** safe, stable, affordable, accessible, and permanent housing is a human right, and its absence negatively impacts typical development; physical and mental health functioning; nutrition; social and emotional wellbeing; education, employment, and training opportunities; academic success; family and social cohesion; and the ability to exercise individual rights and responsibilities (e.g., American Psychological Association, 2021a; Report of Special Rapporteur on Adequate Housing A/HRC/31/54, 2015; Tars, 2017; United Nations, 1948; United Nations Human Rights, Office of the High Commissioner, 1966);

**WHEREAS** certain activities associated with individuals who lack a home or shelter or are in unstable living conditions, such as sleeping outdoors, in cars, or in abandoned buildings, doubled up, congregating in specific settings, violating curfews, or sharing food have been criminalized or sanctioned under specific state and local civil ordinances, and can result in encounters with law enforcement officers and legal systems causing stigmatization, increased hardship, and a further curtailment of legal rights and liberties, including incarceration, loss of the ability to vote, financial penalties and costs, forfeiture of possessions and property, employment loss, ineligibility for public housing and other benefits, and in some instances separation from children and loss of legal custody (Bailey, 2016; Batko et al., 2020; MacDonald et al., 2015; Muentner et al., 2019; National Coalition for the Homeless, 2014; National Law Center on Homelessness and Poverty, 2014);

**WHEREAS** at least 1.5 million Americans yearly live without homes, and many more unaccounted-for persons live doubled up and in crowded and unsafe settings as a result of insufficient supplies of adequate affordable housing and in combination with other factors, and where health and homelessness are inextricably linked insofar as poor health often contributes to homelessness and living without homes can cause or exacerbate health conditions, housing instability and homelessness are matters of significant public health concern. Homelessness and housing instability have a deleterious impact across the life span on physical and emotional health and wellbeing, and the societal costs associated with unstable housing are staggering. From infancy through childhood, adulthood, and old age, persons living without homes, when compared with the general population, are disproportionately at risk for the neuro-psychological, developmental, cognitive, social, emotional, and health consequences of toxic exposures, infectious diseases and chronic illnesses, unclean water, faulty plumbing,

unsafe wiring, inadequate food, unhealthy living spaces and crowded conditions, air pollution, and environmental injustice; are more likely to be displaced by natural disasters, pandemics, and the outcomes of climate change; and tend to die on average twelve years sooner than persons who are housed. Additionally, whereas persons living without homes have been particularly impacted by higher than average rates of severe acute respiratory syndrome-coronavirus disease 2019 (SARS-COVID-19) and human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS; Ahmed et al., 2016; Briggs et al., 2013; Chun et al., 2020; Cutili et al., 2016; Donovan & Shineski, 2013; Elder & King, 2019; Grant et al., 2013; Haskett et al., 2015; Karb et al., 2020; Milloy et al., 2012; Montgomery et al., 2016; National Alliance to End Homelessness, 2020; National Center for Homeless Education, 2020; National Health Care for the Homeless Council, 2019; Sandel et al., 2018; United States Conference of Mayors, 2016);

**WHEREAS** populations who have historically been marginalized and discriminated against are disproportionately impacted by the lack of affordable, accessible, safe, and stable housing and are evicted from existing housing at significantly higher rates, and whereas these same populations are least likely to benefit from neighborhood revitalization and economic recovery. Such oppressed groups include those living in poverty or of low socioeconomic status; persons of color including Black, Indigenous, and other people of color (BIPOC) and other minorities; immigrants and refugees; persons with disabilities along with cognitive, physical, behavioral, and/or mental health challenges; single parents or caregivers with children; older adults; unaccompanied youth including those who hold sexual orientation and/or gender diverse identities (e.g., gay, lesbian, bisexual, queer, transgender, and nonbinary gender); emerging adults transitioning from foster care, juvenile justice, or child welfare settings; victims of interpersonal violence; veterans; and persons who have been incarcerated, arrested, paroled, on probation, or otherwise court-involved; (e.g., Crane & Joly, 2014; Desmond, 2016; Dworsky et al., 2013; McCann & Brown, 2019; Muentner et al., 2019; Shinn & Khadduri, 2020; Stone et al., 2018; Wiltz, 2019);

**WHEREAS** oppressed groups, persons of low socioeconomic status, and all individuals living in poverty are disproportionately impacted by housing loss related to destruction following natural disasters; illness, loss of income, and eviction during pandemics; inequitable wages based on gender, race, or immigration status;

wage theft and underpayment; insufficient income and savings; higher rates of unemployment and under-employment; gentrification and dislocation; job loss owing to plant shutdowns and job relocations; financial scams; predatory lending and subprime loans; discriminatory leasing practices; and inaccessible or unaffordable public transportation, all of which contribute to housing instability and homelessness (Boustan et al., 2017; Byrne et al., 2020; Desmond, 2020; Duffy et al., 2016; Shinn & Khadduri, 2020);

**WHEREAS** in times of economic downturn, pandemics, job loss, and periods of high rates of under-employment and unemployment, persons of low socioeconomic status and those living in poverty in urban, suburban, and rural locations are at significantly heightened risk of losing stable housing resulting in homelessness (e.g., Blustein et al., 2019; Desmond, 2016; Kopf, 2017; Shinn & Khadduri, 2020; United States Conference of Mayors, 2020);

**WHEREAS** homelessness results from structural racism, anti-LGBTQ+ discrimination, systemic barriers, and embedded social injustices including the lack of safe and affordable housing; discriminatory gaps in wages based on gender, race, ethnicity, and immigration status; high costs of food, childcare, transportation, and utilities; health disparities and unequal access to health care treatment; insufficient supportive community services, including those targeted to treat mental health and substance disorders; under-funded schools ill equipped to prepare students for academic or vocational success; scarce job training programs; limited early childcare and after school programs to support working families; inadequate and unfair wages; job layoffs and under-employment (e.g., Barile et al., 2018; Byrne et al., 2020; Desmond, 2016; Duffield, 2020; Ecker et al., 2019; Grant et al., 2013; Institute of Medicine and National Research Council, 2012; National Alliance to End Homelessness, 2020; Shelton & Bond, 2018; Shinn & Khadduri, 2020);

**WHEREAS** psychosocial stressors that impact physical, social-emotional, and behavioral health functioning are often associated with entrance into and exit from homelessness, and where rapid and supportive housing as well as expanded access to culturally competent health and mental health care; community-based prevention, intervention, and treatment services; and job training opportunities along with structural changes and the creation of affordable housing contributes to the remediation of homelessness (e.g. Armstrong et al., 2014; Desmond, 2016; Duffy et al., 2016; Garrett-Akinsanya, 2014; Guarino, 2014; Haskett & Armstrong, 2019; Kerman et al., 2018; Morton et al., 2018; Navarro-Lashayas & Elroa-Orosa, 2017; Stone, 2019; Thurston et al., 2013; van den Berk-Clark & McGuire, 2013; Warren & Font, 2015; Yu et al., 2020);

**WHEREAS** the field of psychology is uniquely poised to contribute to the amelioration of homelessness through culturally competent scientific research, program design, and evaluation; empirically

supported, culturally competent, trauma-sensitive interventions for those experiencing homelessness or at risk of housing instability; culturally competent education and job training for persons wishing to work at the programmatic or individual levels with persons experiencing homelessness or at risk of housing loss; and culturally competent assessment and treatment of persons across the life span who are without homes or are at risk of homelessness and advocacy around issues and policies associated with racial and socioeconomic injustice; increased access to safe and affordable housing; mandatory fair wages, the decriminalization of homelessness, and the abolishment of cash bail; structural and race-based barriers to health care; and climate justice (e.g., American Psychological Association, 2010; Cutuli & Herbers, 2014; Duffield, 2020; Guarino, 2014; Rogers et al., 2012);

**AND, WHEREAS** psychologists aspire to promote the human rights and dignity of all persons, through the creation of equal opportunities for work, education, and physical, emotional, and behavioral wellbeing, including equal access to culturally competent treatment and care, especially for those who are most vulnerable owing to systemic racism and classism, structural inequity, or bias based on the intersectionality of marginalized identities (American Psychological Association, 2021a, 2021b);

**THEREFORE, BE IT RESOLVED** that the Council of Representatives of the American Psychological Association reaffirms its commitment to advance psychology's contributions to ending homelessness and supports the following:

Research efforts directed towards the prevention of homelessness among marginalized and vulnerable populations, evidence-based intervention plans for those currently experiencing homelessness or at imminent risk of homelessness, applied research on service use among populations at risk for homelessness, and the evaluation and assessment of programs that support rapid and permanent housing.

Investigation of methods and interventions to promote resilience in different populations at risk for homelessness, including those within rural, suburban, or urban areas; single female or male heads of household with children; unaccompanied youth (including lesbian, gay, bisexual, transgender, and gender nonbinary youth); emerging adults (e.g., youth aging out of foster care system and leaving the juvenile justice system); people of color; refugees and immigrants; adults reentering communities following incarceration; older adults; persons with disabilities (including physical, cognitive, and mental health conditions); and veterans.

Recognition that success based on scientific findings may require a change of policy as well as program rules and procedures.

Focus on training and educational practices that enhance the cultural competency and trauma sensitivity of psychologists to

effectively work with populations currently, or at risk of, experiencing homelessness. Such practices include: expansion of graduate school curricula focused on the ways in which harmful stereotypes and individualistic attributions are culturally constructed and hold the potential to influence service provisions; enhancing training to include diverse and underserved populations; creating internships and continuing education opportunities that encourage psychologists to work with populations experiencing homelessness; enlisting psychologists to offer appropriate mental health education programs focused on the remediation of homelessness to service providers, community-based organizations, community volunteers, and the public.

Recognition that psychologists should promote vocational training, decent work, and fair and equitable remuneration for all people.

Encouragement of psychologists to provide strength-based clinical assessment services to populations who are currently, or are at risk of, experiencing homelessness. Culturally competent services address a continuum of needs, focus on serving people in the communities in which they and their families live, and take into consideration how specific structural/systemic issues intersect and interact in different combinations and in discrete ways for specific populations. Psychologists are encouraged to establish meaningful collaborations with physicians, nurses, social workers, attorneys, educators, service providers, community organizations, outreach services, and advocates committed to addressing the multifaceted needs of persons who are experiencing homelessness or at risk of losing their homes.

Promotion and advocacy for policies and legislation that support the rapid reentry of persons into stable, safe, affordable, and permanent housing, including:

- Comprehensive services, as well as safe, stable, affordable, less restrictive, and accessible housing in urban, suburban, and rural areas;
- Targeted comprehensive services, such as education and job training opportunities for youth in foster care, and for transitional services for those returning to home placement and/or communities;
- Education, job training, and affordable day care to support families, including but not limited to low-income families;
- Health care coverage for those without homes and at risk of losing stable housing;
- Increased programs and services in mental health, substance abuse, and alcohol dependency prevention and treatment;
- Public funds to support emergency responses to homelessness and implement preventative programs to reduce the incidence and prevalence of persons and families experiencing homelessness;
- Stricter regulations governing financial institutions, predatory lending, credit, and mortgage practices and support for living wages;
- Dissemination of accurate information about homelessness to psychologists, policymakers, and the public in an effort to call attention to the structural/systemic issues that exacerbate homelessness.

Both psychological (e.g., clinical) and structural/systemic interventions are needed for those experiencing the consequences of poverty and homelessness.

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