

Traumatic Brain Injury (TBI) is caused by a bump, or jolt to the head that disrupts the normal function of the brain (CDC, 2017). TBI contributes to about 30% of all injury deaths and every day 153 people in the United States die from injuries that include TBI. In 2013, TBI was responsible for more than 282,000 hospitalizations and nearly 50,000 deaths. Some of the important risk factors for TBI are falls, intentional self-harm, motor vehicle crashes and assaults (CDC, 2017).

A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation [Section 330 of the Public Health Service Act (42 U.S.C., 254b)]. According to the U.S. Department of Housing and Urban Development, “On a single night in 2017, 553742 people were experiencing homelessness in United States”. That effects to 17 people experiencing homelessness among every 10,000 people in the U.S. There was an increase in 1% in homelessness from 2016 to 2017. (Henry, Watt, Rosenthal, & Shivji, 2017). Some of the notable risk factors that lead into the path to homelessness are childhood adversity, poor relationships with parents, physical and sexual abuse and poor social networks (Shelton, Taylor, Bonner, & Bree, 2009).

TBI is of special interest in the homeless population as it is a possible contributor to poor physical and mental health, and a risk factor for chronic homelessness. The prevalence estimates of TBI among homeless populations and vulnerably housed is as high as 53% (Toby, et. Al., 2017). The relationship between TBI and homelessness can be contrariwise, with a few studies suggesting 48-90% of the homeless experience their first TBI before becoming homeless; and being homeless could be associated with substance abuse, assaults etc. leading to TBI (Barnes, et. Al., 2015).



In a study conducted on 207 homeless veterans with a history of TBI, there were a total of 630 injuries recorded with a majority of them due to assault, transportation related, falls and sports related. Out of the 207 participants, 90 reported of having a TBI after becoming homeless, with 23.3 % having a moderate or severe TBI (Barnes, et al., 2015).

In another study conducted on 372 homeless and runaway adolescents in metropolitan Seattle, 47% reported to have been physically abused as a child, where 67% of them reported to have been victim to extremely violent physical abuse on a Likert scale of 1 to 7 with 1 being not at all violent and 7 being extremely violent. Some of the types of abuse reported were being slapped, pushed or shoved in anger, something being thrown at them in anger or hit with an object (Tyler & Cauce, 2002).

The above studies give an insight on the need for intervention in this specific populations. The above literature is focused on the homeless and TBI populations in the United States which is our primary demographic area of interest.

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