Working with Homeless and Runaway Youth

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Learning Objectives

• Identify the number and characteristics of homeless youth in the US.
• Review the unique aspects of trauma for runaway and homeless youth
• Identify the key treatment implications for runaway and homeless youth
Are homeless youth a cultural group?

Many cultural groups defined not only by language, art, and traditions but also by a shared history of trauma, oppression, and discrimination
Why is it important?

Providers need to understand the cultural context for the behaviors exhibited by runaway and homeless youth.
Introduction to Homeless Youth

• Estimates suggest that over 1.6 million youth in the U.S. runaway or are thrown-away each year (OJJDP)

• Homeless youth appear throughout the nation but are most visible in major cities

• Many homeless youth have multiple, overlapping problems including medical, substance abuse, and mental health problems.
Characteristics of Homeless Youth

• Generally more males than females
• Tend to reflect the ethnic/racial make-up of the community
• Homeless youth are more likely to be gay, lesbian, bisexual, or transgender than non-homeless peers.
National Data on Trauma and RHY

- Family conflict sited as primary reason for homelessness
- Neglect, physical and sexual abuse are common. (Sexual abuse 17-35%; physical abuse 40-60%)
- High rates of victimization on the street
- Multi-generational cycle of trauma
Emotional and Mental Health Problems of Runaway and Homeless Youth

- 19-50% have serious mental health disorders such as
  - Major depression
  - Major affective disorders
  - Co-occurrence of substance abuse and serious mental health
  - PTSD or PTSD symptoms
Trauma History #1

Client reports having had family members involved in a war, hospitalizations for multiple car accidents, having his head “cracked open” with a baseball bat, experiencing a natural disaster, as well as a fire. Reports being physically assaulted by gangs, physically abused by both mother and stepfather, and witnessing mother being physically abused. Reports history of neglect and staying with multiple caretakers. Reports having seen/heard people being beaten/killed. Reports being threatened with a weapon and stalked.
Trauma History #2

Witnessed mother being beaten from age 6-17, was involved in a serious car accident, having been intentionally hit or beaten by a family member resulting in bruises, scars/injuries. Client also reports having witnessed or heard others in his family being hit/beaten, having been homeless, threatened with a weapon, and stalked. Client also reports having been forced to perform sexual acts (no details available).
Trauma History #3

At age 6 client was set on fire (no details available). Client reports being seriously hurt or injured from age 10-12. Client reports having been physically assaulted one at the age of 14 but does not specify by whom. Client reports having been sexually abused by a family member from ages 5 – 6. Client reports a history of abuse and neglect and has lived in both foster and group homes.
What do you notice?

- Numerous types of trauma
  - War
  - Car accidents
  - Physical assault
  - Child abuse
  - Multiple caregivers
  - Witness to family and community violence

- Sustained trauma over time
- Much of trauma is perpetrated by caregivers
Homeless Adolescents as Victims

• High rates of victimization on the street
  - Physical assault
  - Sexual assault
  - Beaten up/robbed
  - Intimate partner abuse
  - Witnessing above
Adolescents and Stress

- Adolescents are more disrupted by stressors than adults
  - Physiologically show increased response to stress
  - Respond with greater negative affect than children or adults
  - Higher risk for drug abuse may be tied to elevated stress responsivity
Homeless Adolescents and Stress

- Enormous stress associated with survival on the street
- Few resources to manage stress
- Alcohol and drugs readily available
- General resistance to mental health services due to past experiences.
The Adolescent Brain and Trauma

• Brain still developing during adolescence
• Development of brain can be impaired by exposure to trauma, violence and abuse
Why Homeless youth need Trauma-Focused and Trauma-Informed Services

• Most of the youth on the street have experienced potentially traumatizing events

• Traumatic experiences interfere with their ability to successfully obtain employment, housing, and get off the streets.
Challenges of Addressing Trauma with Homeless Youth

• Often do not meet PTSD criteria
• No parent involvement
• Difficult to sustain interventions
• Experienced chronic and complex trauma - not a single event
• Still vulnerable - trauma may be ongoing
More Challenges

• Generally not seeking out treatment
• Negative prior experiences with mental health providers
• Fear of being labeled or being seen as “damaged” or “broken”
Responding to the Challenges

- Provide individual, group, and community-wide interventions
- Promote system change
Individual Treatment*

- Healing relationship
- Safety
- Remembrance and Mourning
- Reconnection

*Judith Herman: Trauma and Recovery
Group curriculum-SPARCS

- Psychoeducation about trauma
- Regulation of impulses
- Problem solving skills
- Enhancing communication skills
- Building community
Program-wide or Community Interventions

• Using ARC Framework—Attachment, Self-Regulation, and Skill Competency*

• Training for clinical and non-clinical staff

• Developing non-clinical interventions designed to reduce the impact of trauma

*Kinniburgh & Blaustein (2005)*
Promote System Change

- Review agency policies and procedures to minimize additional trauma and support positive attachment
- Identify how agencies can promote attachment, self regulation, and skill competence (ARC)*