1.4 TRAUMA-INFORMED CARE FOR STREET-INVOLVED YOUTH

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We are so much more than homeless. "Homeless" is not a character trait. It is just where we happen to be at the moment and the situation in which we find ourselves. We are often pretty phenomenal and interesting people—get to know us beyond what you see on the surface—without being too nosy about our histories.

—Excerpt from Y2Y Harvard Square Young Adult Advisory Council,
  Words of Wisdom and Advice for Staff and Volunteers

INTRODUCTION

Youth homelessness is a major public health problem that garnered increased interest and focus in recent years in Canada and the United States. The connections between youth homelessness and child welfare, foster care, and juvenile justice have been well established (Bender, Yang, Ferguson, & Thompson, 2015; Dworsky & Courtney, 2009; Zlotnick, 2009). Similarly, service providers and policy makers have become aware of the high rates of homelessness among sexual and gender minority youth and among young people of colour (Corliss, Goodenow, Nichols, & Austin, 2011; Keuroghlian, Shtasel, & Bassuk, 2014). Youth who experience homelessness also have high rates of traumatic stress and the mental health consequences that result from physical and sexual abuse, neglect, and other traumatic experiences (Whitbeck, Hoyt, Johnson, & Chen, 2007; Wong, Clark, & Marlotte, 2016). Despite these high rates of traumatic exposure among young people experiencing homelessness, service providers often feel ill-equipped to understand and respond to the trauma-related needs of the young people they serve. This chapter reviews trauma and youth homelessness, discusses specific strategies to implement trauma-informed care in service settings, and provides excerpts of interviews with youth and service providers that illustrate the challenges these youth face and how trauma-informed services address their unique needs.

CONTEXT & EVIDENCE

Trauma is pervasive in the lives of youth who are street involved or homeless, and is both a cause and a consequence of homelessness (Davies & Allen, 2017; Coates & McKenzie-Mohr, 2010). Childhood neglect and emotional, physical, and sexual abuse are common experiences for these young people; in one large multisite study, 79% of youth who were homeless reported multiple childhood abuses (Bender et al., 2015). Many of these youth have run from abusive or neglectful home environments, while others have been kicked out of their homes, including young people who are abused or rejected as a result of their sexual orientation or gender identity (Corliss et al., 2011; Keuroghlian et al., 2014).

Homelessness and street involvement leave these young people vulnerable to repeated victimization. They are at high risk for sexual and physical assaults (Stewart et al., 2004). Youth who have left home and are street involved often create street families, seeking the love or connection they did not receive at home (National Child Traumatic Stress Network [NCTSN], 2014). Opportunistic exploitative adults and peers may take advantage of their unmet emotional needs, placing these youth at high risk of sexual exploitation and sex trafficking (Dank et al., 2015; Gwadz et al., 2009; Heerde, Scholes-Balog, & Hemphill, 2015; Tyler & Johnson, 2006).

In addition to repeated victimization, young people experiencing homelessness are typically plagued by chronic stress, including unmet basic needs, food insecurity, loss of possessions and pets, lack of privacy, lack of routines and a sense of security, and loss of friends, family members, community and social supports. Many have been involved with various systems, such as the foster care, mental health, and criminal justice systems, that have failed to meet their needs or provide an adequate safety net.

This type of chronic and repeated exposure to adversity and trauma leads to serious mental health consequences (Davies & Allen, 2017). Repeated victimization tends to have cumulative impacts: in one multisite study of youth experiencing homelessness, the likelihood of a posttraumatic stress disorder (PTSD) diagnosis more than doubled with each additional experience of childhood abuse; each additional type of street victimization (robbery, physical assault, and sexual assault) was associated with almost twice the risk of a substance use disorder; and multiple childhood abuses and street victimization approximately doubled the likelihood of developing depression (Bender et al., 2015). This cumulative impact on mental health may be particularly true when early traumas include sexual victimization (Wong et al., 2016).

As is the case with most youth who are street involved or homeless, when children are exposed to chronic or repeated deprivation, losses, adversity, or abuse during pivotal developmental periods, without the context of a supportive caregiving environment, they often show wide-ranging impacts called complex trauma. Complex trauma can have devastating effects on a child's emotions and impulses, self-perception, interpersonal relationships, physiological responses, and ability to concentrate, think, and learn (Cook et al., 2005; D'Andrea, Ford, Stolbach, Spinazzola, & van der Kolk, 2012; Herman, 1997). Young people with complex trauma may have difficulty engaging with service providers and benefiting from traditional youth services.

DEVELOPING TRAUMA-INFORMED SERVICES FOR STREET-INVOLVED YOUTH

Despite serving people affected by trauma, many agencies that work with street-involved youth have not adapted their services to meet the unique needs of young people with trauma generally, or with complex trauma specifically. Without a clear understanding of complex trauma, service providers may misinterpret trauma-related symptoms, interpreting challenging behaviours as markers of youth who are "manipulative," "lying," or "hostile." If they personalize difficult interactions with these young people, service providers can experience increased stress and emotional reactivity, which may lead to a cyclical escalation of conflict. Because of the extensive trauma exposure common to youth who are homeless and street involved, trauma-informed care is needed for these young people.

Providing trauma-informed care that is expansive enough to address complex trauma requires a philosophical and cultural shift within an agency in which all staff members—from the decision makers to clinicians to support staff—are knowledgeable about trauma-informed approaches and are able to shift their fundamental approach to services. The entire organization and staff must understand how trauma affects young people and how they interact and engage with service providers, and must be committed to implementing trauma-informed strategies. In addition, staff must understand how the relationship of severe trauma at critical developmental stages impedes the formation of trusting interpersonal relationships (Hopper, Bassuk, & Olivet, 2010).

Using a theoretical framework guides change toward becoming trauma informed. Ideally, this framework would target the unique needs of young people experiencing complex trauma. The ARC (Attachment, Regulation, and Competency) model provides a theoretical framework, core principles of intervention, and a guiding structure for service providers working with youth and families who have experienced multiple or prolonged traumatic stress (see Blaustein & Kinniburgh, 2010). It has been applied with street-involved youth (Hollywood Homeless Youth Partnership, n.d.). Another complex trauma framework is TARGET-A (Trauma Affect Regulation: Guide for Education and Therapy, for Adolescents and Pre-adolescents), which is geared toward managing current post-trauma responses and developing concrete skills to cope with triggered responses (Ford & Russo, 2006). The TARGET model has been applied heavily with juvenile justice–involved youth, as well as within homelessness service settings (Advanced Trauma Solutions, n.d.).

BASIC PRINCIPLES & STRATEGIES

Several key principles guide our recommendations for designing trauma-informed interventions for youth who are homeless and street involved.

Understanding traumatic stress in street-involved youth

Young people end up on the streets because every system that was supposed to support them has failed. Often there is trauma—the bad things that happen to you or the good things that don't happen—that drives young people into homelessness. Then once young people are on the streets, that experience is also traumatic. Being homeless is traumatic for youth on many levels. First, there is the basic anticipatory stress of the unknown. Where am I going to sleep, how will I get enough food? There is fearing for safety: Will I be assaulted, will my stuff get stolen? Then there is the actual violence of being young and vulnerable: sexual exploitation, violence, assault.

—Ayala Livny, advocate and former director of a drop-in centre for youth
   experiencing homelessness

Before adapting services to meet the unique trauma-related needs of youth who are homeless and street involved, we first need to clearly understand what those needs might be. Education and training are essential in shifting the perspective from "What's wrong with you?" to "What has happened to you?" Training is needed for all staff, from administrators to direct care staff to support staff, to better understand trauma. Training should explore:

- The prevalence of trauma exposure among young people experiencing homelessness;
- The meaning of complex trauma and its association with forming trusting interpersonal relationships;
- The implications of adaptation to trauma at different ages and developmental levels; and
- The link between traumatic experiences and adverse health and mental health outcomes.

This understanding is enhanced by learning about the neuroscience that underlies post-trauma responses. The Trauma Center at Justice Resource Institute (www.traumacenter.org) offers training on traumatic stress and complex trauma, along with training and consultation on the ARC framework (arcframework.org). The Hollywood Homeless Youth Partnership, a consortium of agencies affiliated with the NCTSN, has implemented the ARC model with youth who are homeless or who have left home. The consortium has developed an 11-module online training course for direct care staff working with youth who are experiencing homelessness, including modules on trauma and resilience (NCTSN, n.d.1).

Treating youth with respect

> *Dignity and self-worth are not things you are going to "give" us. Confidence and self-esteem are byproducts of our own skills and resilience. You can treat us with respect and dignity, and help create opportunities for us to build our skills and showcase our resilience. But please don't think you are going to give us self-esteem or dignity. We give these things to ourselves.*
> —Excerpt from Y2Y Harvard Square Young Adult Advisory Council,
>   *Words of Wisdom and Advice for Staff and Volunteers*

Systems can be dehumanizing. Frustration and helplessness can lead some service providers to become cynical or to distance themselves from the young people they are serving. Unfortunately, living in settings that are depersonalizing can reinforce messages that some young people experiencing homelessness learned very early in life: "You are not worthwhile," "You are not good enough," or "Something is wrong with you." Trauma-

informed systems for these young people take a non-judgemental approach instead. They should be person-centred, which includes using person-first language; for example, "a young person experiencing homelessness," not "a homeless kid"; "a child struggling with substance use problems," not "an addict"; "a child who has been sexually exploited," not "a teen prostitute." Staff should model and encourage pro-social behaviour by treating one another and the young people they are serving with respect and dignity. Within trauma-informed systems, diversity is valued and embraced. The setting and staff should reflect the diversity of the young people served, including differences in race and ethnicity, sexual orientation and gender identity, language, and culture (see also chapters 2.1–2.4 on working with minority youth). Services should be made accessible to diverse populations, including considering differences in abilities and language.

Establishing emotionally safe caregiving systems

Some people ask me why I never stay in shelters. [The adult] shelters are meat markets where the strong prey on the weak, the scared, and the lonely. I have seen way too many injustices, and frankly, I feel safer on my own. In street life you are alone anyway and can trust only yourself.

—TC, age 21

Many street-involved young people have had complicated relationships with the adults in their lives. Many are isolated from their families or other sources of support, and some have never had stable, consistent, or safe caregivers. For many of these young people, systems become their caregiving environment. This raises many questions, including, Do these settings feel safe to these youth, or are they on guard? Do they feel understood by the staff members? How is the program working to build trust with them? What happens when their favourite staff person leaves or when they are transitioned to a different service setting? These types of transitions and relational losses can further reinforce mistrust and alienation already experienced by many of these young people.

Trust and boundaries

Programs that serve youth who are homeless and street involved and who have complex trauma must attend to the relationships between a young person and their service provider network. Trauma-informed service providers aim to be trustworthy by responding in similar ways over time and following through on what they say they are going to do. Although service providers should be authentic and flexible enough to allow real connection with the young people they serve, they must remember that clear boundaries

contribute to emotional safety. For example, while outreach workers might use familiar lingo and thoughtfully share elements of their own experience (e.g., "I think I get what you're saying; I was on the streets myself when I was young"), they should also be mindful of their professional role (e.g., as a mentor versus a friend) and limitations (e.g., avoiding promises like "I'll always be there for you").

Self-awareness and emotional regulation

When a person becomes agitated, aggressive, or dismissive, it is natural for people to respond with their own emotional responses, such as anger or defensiveness. When a young person makes unhealthy choices, service providers who care about them might feel anxious and helpless. However, these types of emotional responses and associated efforts to control the person's behaviour can be triggering for traumatized youth and can unintentionally escalate their responses. In these situations, service providers should focus on being aware of their own emotional responses, use emotional regulation tools (such as deep breathing, grounding, or counting backwards from 10) to modulate their own responses, and depersonalize the situation by considering the behaviour as a potential reaction to trauma, rather than as a personal attack.

Attunement

Attunement, which means sensitivity to another person's emotions and needs, is another important component of healthy attachment relationships and plays a crucial role in de-escalating triggered reactions in youth with complex trauma. Instead of focusing on behaviour management, trauma-informed service providers attempt to understand the meaning behind these behaviours—the unmet need or coping effort that is driving the behaviour. For example, some young people may break rules to prove to themselves and to authorities that they have some control over their lives. Similarly, when young people are "fronting," which means showing power emotions such as anger or excessive confidence, service providers should be aware that this type of reaction is a common complex trauma response that avoids more vulnerable feelings such as fear, shame, or even hopefulness.

Management of triggered responses

Service providers should be aware of potential triggers for youth, including common emotional triggers associated with complex trauma, such as feeling rejected, controlled, or blamed. At the systemic level, homelessness service settings and street outreach programs should review policies, procedures, and physical space to identify and mitigate potential triggers. For example, punitive models (e.g., "three strikes and you're out") tend to be

triggering for young people with complex trauma and leave particularly impacted young people without options for services. When young people are triggered, staff members might provide support by helping the youth to notice that they are upset, and to calm down, become aware of the trigger, and plan for the next time they are triggered. Because people do not think clearly when they are very upset, it is helpful to focus on the emotion instead of the behaviour to help the young person calm down before trying to problem solve. To support this emphasis on managing overwhelming emotion, some programs for youth with complex trauma create calming spaces with sensory tools (e.g., music, stress balls, weighted blankets) to help young people regulate. (For a further description, see the SMART program manual by Warner, Cook, Westcott, & Koomar [2014].)

Self-care

Because this work requires an emotional investment and can involve secondary trauma exposure to service providers, many of whom have their own history of exposure to trauma or adversity, it is essential that service systems acknowledge the impact of this work and support staff by providing supervision, promoting self-care, and offering resources to manage burn-out and vicarious trauma responses (for more discussion of vicarious trauma and self-care, see chapter 3.1).

An empowerment approach for trauma-informed services

Because youth who have experienced trauma and homelessness often have had power taken from them, services should provide the opportunity for youth to reclaim power in their lives.

Structure and predictability

Young people can feel out of control when they do not know what to expect; this lack of predictability is a central part of the lives of many children who do not have a stable place to live or a stable caregiving environment. A clear structure, with a consistent schedule and regular routines and rituals, can help build a sense of predictability. Providing information can be an important part of increasing a young person's sense of control. This means sharing clear guidelines about expectations within the service setting, with transparency around decision-making processes, and defined incentives and consequences. As opposed to punishment, which is used to assert control, trauma-informed consequences are clearly connected to the behaviour, intentionally designed to teach and shape behaviour, and given with empathy. Although rules and consequences should be generally consistent, it is important to have enough flexibility to adapt consequences so they are consistent with the

needs and functioning of a particular young person. There should be a predictable process for discussing and addressing conflicts and concerns on either side. (For more discussion and examples of trauma-informed consequences for youth who are homeless, see Schneir et al. [2009].)

Individualized approaches emphasizing resilience and coping

To further increase young people's control, they should be involved in developing collaborative agreements about goals and behaviours. Assessment of socio-emotional needs can be overlooked in some settings, where the extent of unmet daily needs sometimes overwhelms attention to social and emotional concerns; these individualized needs should be included in service plans. Consistent with an empowerment approach, a strengths-based framework emphasizes identifying each person's own resilience, along with their internal and external resources. Coping plans should be individually tailored and developed in conjunction with each young person. This interactive process gives young people the opportunity to share their biggest challenges and unique coping strategies, and provides structure to the concept that staff is available for regulatory support.

Collaborative engagement

The young people we work with are the experts on their own needs. We learn the most from listening to their voices. They shape our understanding of how to do this work well.

—Sarah Rosenkrantz, co-executive director, Y2Y, Cambridge, Massachusetts

Choice and the opportunity to make decisions should be a central part of programming. Even small opportunities can be important, such as involving youth in decisions about what types of food to have available, the physical surroundings, and what types of communal activities to arrange. Service providers offering services to this population should avoid power assertion (the "because I said so" approach). Explanations should be made available about the reasoning behind certain policies, and young people should have an active voice in discussions about establishing and making adaptations to policies. A clear process should be developed for youth to provide feedback on programming and services, including methods for direct feedback (individual conversations or community forums), as well as opportunities for anonymous feedback (such as a suggestion box). A collaborative approach should be used, in which both service providers and youth are involved in developing and refining organizational mission and goals, establishing rules and regulations, developing materials, and contributing to all aspects of programming.

Offering trauma-specific services

Any program working with young people who have been exposed to trauma should develop or ensure access to trauma-specific services. Many programs choose to develop collaborations with community agencies that are motivated to serve this population and are knowledgeable about their unique needs.

Screening

Screening for trauma history can identify trauma survivors and be used as a springboard for psychoeducation and normalization of complex trauma responses. This screening might include detecting adverse childhood experiences, which can help identify young people who are in need of additional supports (a brief screening questionnaire can be found at the National Council of Juvenile and Family Court Judges [n.d.] website). Trauma screening should include questions about recent or current victimization. For example, young people can be asked if they have safety concerns about where they are staying, if they feel unsafe around anyone else, or if they have been recently robbed, physically assaulted, or sexually assaulted. Asking about commercial sexual exploitation should also be part of a standard trauma exposure screening ("Have you ever exchanged sex for money or for something else of value, like shelter, drugs, or food?"). The NCTSN (n.d.2) describes various measures for assessing trauma exposure and complex trauma symptoms. In developing screening procedures, service settings should balance the potential advantages of identifying young people who are at current risk or who may benefit from complex trauma treatment with the potential risks of alienating or overwhelming young people with extensive questions that feel intrusive or may be triggering. Because many young people are reluctant to disclose personal information, particularly trauma exposure, without the development of trust, a trauma screening might occur over time as relationships with service providers are strengthened (NCTSN, 2014).

Complex trauma treatment

Some street-involved youth may benefit from individual or group treatment for complex trauma. Various treatment approaches for youth with complex trauma have been developed that may be appropriate to use with street-involved young people. These approaches include the ARC model and TARGET. The NCTSN (n.d.3) website provides detailed information about different approaches.

Adjunctive services

Adjunctive services may help street-involved youth who have been exposed to complex trauma regulate their emotions. Psychopharmacological treatment may support this regulatory capacity and often plays a more central role for young people who have biologically based conditions. Non-Western healing modalities, such as yoga or meditation, have been shown to reduce stress and promote emotional well-being, and have been used to address complex trauma symptoms.

An ecological approach for trauma-informed services

An ecological approach understands young people within their contexts and provides services that target not only the individual, but also the larger context. For example, in the case of a young woman who is homeless because she has fled a conflictual home environment and who is planning to return home, service plans should consider her larger family context. Psychoeducation, parenting support, and individual therapy may be helpful for family members of street-involved youth. Family or dyadic counselling can address issues in family relationships that contribute to a young person's lack of an effective support network.

IMPLEMENTATION CONSIDERATIONS

There is sometimes a misconception that being a trauma-informed, gender-inclusive space is difficult and expensive. For us, the best, most trauma-informed fixes were inexpensive, like making sure doors don't slam hard, that guests don't have to have their backs to open spaces, and that they have multiple ways to leave a situation.
—Sam Greenberg, co-executive director, Y2Y, Cambridge, Massachusetts

Organizations and systems serving street-involved youth should recognize and respond to trauma in the lives of the people they serve, adopting specific principles, practices, and policies that create places of safety and connection for young people who have lost much and witnessed more than many people do in a lifetime. As organizations strive to become trauma informed, they should engage in self-assessment and craft a long-term strategy and action plan that involves various dimensions such as staff development and training, the physical environment, policies and procedures, community collaboration, service delivery, and amplifying the voices of young people. Consulting with external experts in trauma-informed services can provide structured support for this type of systems change.

Unfortunately, many organizations serving street-involved youth have few resources and little staff time for conducting formal research or intensive program evaluations. Organizations need easy-to-use evaluation tools to help them measure changes over time in their capacity to provide trauma-informed care. One such measure is the TICOMETER (Trauma-Informed Organizational Meter), an online tool with strong psychometric properties that takes about 15 minutes to complete (Bassuk, Unick, Paquette, & Richard, 2016). The TICOMETER involves ratings from staff at all levels of the organization, then aggregates these data into a composite score that can guide recommendations for training and improvement in specific domains.

Service agencies face many challenges as they strive to become trauma informed. Barriers include limited money for staff training, high staff turnover, and inadequate physical facilities. We have worked with many agencies that have overcome these challenges by focusing their energy and limited resources on transforming their space, policy decisions, and skills and attitudes of their staff—all of which can be done without a massive influx of new funding. Such transformation begins with a decision to recognize trauma as a major thread in the lives of young people experiencing homelessness and continues with a deep commitment to responding to that trauma in ways that promote healing and reconnection.

KEY MESSAGES FOR PRACTITIONERS & AGENCIES

- Many street-involved youth have experienced multiple layers of adversity and trauma, often beginning at an early age, that have affected them at key developmental periods. Therefore, in addition to becoming informed about trauma in general, service providers should also learn about complex trauma and the unique ways in which chronic or repeated early trauma can affect young people and their relationships.
- In addition to understanding the nature and impact of traumatic stress, trauma-informed organizations serving street-involved youth need to:
  - Engage consumers with respect, honouring differences and each person's unique coping efforts;
  - Provide an emotionally safe caregiving environment, with reliable, regulated, attuned service providers;
  - Use an empowerment framework to support each young person's self-efficacy;
  - Ensure access to trauma-specific services; and
  - Consider each young person within the larger contextual environment.

- Any type of change is hard and requires commitment, and this is particularly true of systems change. A guiding framework (e.g., ARC, TARGET), self-assessment, and consultation are important tools in changing the culture and nature of service delivery to ensure that programs for street-involved youth are trauma informed. Regularly assessing and measuring progress and service impact is critical to the success and sustainability of trauma-informed organizations.

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